

Parenting Teaching Guide for

**CHILD BEHAVIORAL AND
PARENTING CHALLENGES FOR
ADVANCED PRACTICE NURSES**
A Reference for Frontline Health Care Providers

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PARENT TEACHING GUIDE: ADOLESCENT ANGST

- Realize that most mood swings are temporary and are best dealt with by being supportive.
- Offer more praise than criticism and learn to overlook little mistakes. Adolescence is a period of trial and error, and your teen may make decisions that do not seem logical. When discussing points of dispute, use “I” statements instead of accusatory “you” statements. For example, say, “I feel angry when you. . . .”
- Listen carefully to your teen’s opinions, and foster decision-making skills by providing opportunities and choices, but set limits.
- Behaviors such as arguing or refusing to do chores may relate to normal adolescent egocentrism and independence seeking; however, they are not socially acceptable. Know that, despite protests, most adolescents recognize discipline as a sign of caring.
- Respect your child’s need for privacy, and take adolescent concerns seriously.
- Encourage peer interaction, but get to know your child’s friends. It is okay to tolerate peer-imitating behaviors—within reason. These behaviors, however, should be safe and permissible under family and house rules.
- Nurture independence and self-esteem by encouraging your teen to take on responsibilities, such as household chores and volunteer work.
- Most of all, spend time with your adolescent to listen and to engage in mutually enjoyable activities. Frequent heart-to-heart talks let your teen know that you will always be available when needed.

PARENT TEACHING GUIDE: ADOLESCENT RELATIONSHIP ABUSE

- The American Academy of Pediatrics (2000) recommends that parents:
 - Understand that teens: do not often tell their parents that they are being abused; may not know it is abuse and confuse jealousy with love; feel that being in a relationship is critical; and feel afraid that they will be forced to break up or be punished.
 - Know the signs of abuse: school problems; changes in personality; crying jags; bruises and other injuries; sudden changes in make-up or clothes; avoiding friends; sleeping and eating changes; substance use; and thinking that having a baby will make things better.
 - Know the signs of abusive behavior: wanting the relationship to become serious quickly and refusing to take no for an answer; jealousy and possessiveness; controlling and bossy behaviors, threatening and verbally abusive; trying to create guilt; blaming partner for wrongs; giving excuses or apologizing for negative behavior (may also give gifts after violent/negative episodes).
 - Talk about healthy relationships.
- Youth.gov recommends that parents teach teens about the characteristics of healthy relationships: mutual respect, trust, honesty, compromise, individuality, good communication, anger control, fighting fair, problem solving, understanding, self-confidence, being a role model, and healthy sexual relationships.

PARENT TEACHING GUIDE: AGGRESSION AND VIOLENCE

Teach parents to observe for atypical behaviors (Muscari, 2002):

- Your Toddler or Preschooler

Occasional and controllable outbursts are typical of very young children, and isolated instances of aggressive behavior, regardless of the degree of physical injury or property damage, may be part of the normal growth process. But when your preschooler becomes overly aggressive and difficult to handle, be concerned. Researchers now know that children who have behavior problems in preschool do not outgrow them. Most continue to have problems in grade school, and they are subsequently less competent and more likely to have significant problems in adolescence and adulthood.

The following circumstances warrant professional evaluation:

- Chronic anger or anxiety: Your angry child may not feel good about himself or herself and may displace those feelings on others. Aggressive children may actually be depressed since chronic sadness and depression are frequently masked by hostile behavior in children.
- Serious aggressive behavior (behavior that results in bodily harm or property damage)
- Frequent or recurring aggressive behaviors
- Biting beyond the age of 2.5 years: This indicates considerable anger, high frustration levels, or a language delay.
- Aggressive behavior that occurs in multiple settings (home, school, playground)
- Your child is expelled from preschool.
- Multiple temper tantrums in a single day or several that last for more than 15 minutes when the child often cannot be quieted
- Persistent breath holding or head banging, or tantrums with deliberate injury are not normal, and may be early signs of aggressive behavior as well as other behavioral problems.
- Extreme activity level, impulsiveness, and fearlessness
- Constant refusal to listen and follow directions
- Your child does not appear to be attached to you. Unattached children do not touch parents or look for them in strange places.
- Your child frequently engages in play with violent themes, watches violent television shows, or is cruel to other children.
- Your child intentionally causes harm to animals.
- Intentional destruction of objects
- Anger and aggression *may* be disguised under the following behaviors:
 - Soiling pants with stool
 - Smearing stool
 - Intentional self-injury (biting self, head banging)
 - Frequent unintentional injuries (“accident-prone child”)

AGGRESSION AND VIOLENCE (*Continued*)

- Your School-Age Child

During the school years, playful behavior becomes more intense, purposeful, and consequential. Rough play is not unusual, but when it persists in the pursuit of domination, it becomes bullying, a precursor to aggressive behavior. Bullying occurs frequently in children who lack appropriate social or academic skills and usually represents an attempt to act out resentment for poor peer relationships. A key factor to watch for is the intent to do harm. School-age children begin to understand the consequences of injury and the finality of death. They know they can hurt and even kill someone. Considering this knowledge level, planned aggressive acts (carrying a weapon, deliberately destroying property) are very worrisome.

The following behaviors warrant professional attention:

- Ages 6 to 8 years
 - Problems making and keeping friends: Making friends is an important step at this age. It is so important that by age 7, some children care more about the opinion of their friends than their parents.
 - Prefers to stay home alone: School-age children tend to enjoy the company of other children, so it is very unusual for them to want to stay home alone.
 - Unable to say something special about self: Poor self-esteem plays an important role in the development of many childhood problems, including violence.
- Ages 8 to 10 years
 - Lack of hobbies or interests: “Doing things,” such as sports, clubs, music, and collections (cards, dolls, the latest fad), is critical in this age group. Idle hands really are the devil’s workshop.
 - Lack of best friend: Children normally begin to develop best friends by age 8, and they start to dress and act like their friends.
- Ages 10 to 12 years
 - Lack of participation in extracurricular activities or team sports: Many children of this age select an activity that they want to excel in. Participation boosts self-esteem and promotes peer interaction.
 - Lacks understanding of rules: Children become aware of rules and the difference between right and wrong well before this age. At this point, they face variation in rules between the family and the outside world, and they may even have trouble making decisions. However, they should understand the basic rules.
 - Poor peer influence, interest in gangs: Gang violence is no longer isolated in inner cities. Children who feel the need for a “family,” as well as those who feel alienated from the mainstream, may seek camaraderie through gang membership.
- Entire school-age period
 - Frequently disrupts classroom activities
 - Frequently gets into fights
 - Reacts with revenge or extreme anger or blame to criticism, disappointments, or teasing
 - Prefers violent TV shows, movies, and video games
 - Actively and consistently refuses to listen to adults, or shows consistent defiance

- Does not care about the feelings of others
- Abuses animals
- Makes friends with children known to be aggressive
- Is labeled a bully by the other children
- Creates drawings with teeth, strong force lines, or uses extensive forceful coloring-in
- “Sneaky” behavior in girls (may be a covert aggressive behavior)
- Threats
- Lying, cheating, and overt stealing
- Destruction of property
- Interest in fires or fire setting
- Temper tantrums and a high rate of annoying behaviors such as yelling and whining
- Consistently blames others for own mistakes
- The following *may* precipitate or accompany aggressive behaviors, and thus also warrant professional attention:
 - Difficulty paying attention and concentrating
 - Does poorly in school
 - Has few friends
 - Is easily frustrated
- Your Adolescent

Some degree of teen–parent friction is expected, but disruptive family conflict is not normal. Neither is persistent defiance, fighting, or property destruction. This turmoil represents pathology, and it will not be outgrown. The early appearance of antisocial behavior is associated with more serious problems later in the adolescent period and on into adulthood.

The following behaviors warrant professional attention:

- Early adolescence (12–14 years)
 - Early experimentation with alcohol or drugs, including tobacco
 - Persistent refusal to participate in household chores
 - No close or best friends
- Middle adolescence (15–17 years)
 - Recurrent experimentation or frequent use of drugs or alcohol, or blackouts
 - Excessively oppositional, defiant of all authority
 - Abusive dating relationships
 - No identified peer group
 - No life goals
 - Poor judgment
- Late adolescence (18–21 years)
 - Substance abuse; drinking and driving
 - Lacks intimate relationships
 - Abusive dating relationships
 - Unable to keep a job

AGGRESSION AND VIOLENCE (*Continued*)

- Does not dream about adult career
- Poor judgment
- Entire adolescent period
 - Negative feelings of self-worth
 - No identified peer group, extreme isolation, and withdrawal from the family
 - Deterioration in physical appearance or personal hygiene
 - Pervasive sad or depressed mood
 - School fights
 - Secretive and defensive behavior regarding actions
 - Stealing money or objects from family, friends, or relatives (may be using the money for drugs)
 - Disruptive behavior
 - Poor grades, chronic absenteeism, class skipping, suspension, drop out
 - Unable to control own behavior (anger, impulsivity)
 - Consistently does not listen to authority figures
 - Does not pay attention to the rights or feelings of others
 - Mistreats people and seems to rely on threats or physical violence to solve problems
 - Believes that others or life have treated him or her unfairly
 - Preoccupation with TV shows, movies, video games, TV games, Internet sites, or books with violent themes
 - Themes of violence and death appear in conversations, writings, or art work
 - Steals or destroys property
 - Indulges in fire setting or is fascinated with fire
 - Joins a gang or cult
 - Carries weapons, brings them to school

Some children and teens make threats, most of which are not carried out. The threats are usually the child's way of getting attention or acting tough, or they are reactions to perceived hurts or rejections. Potential danger exists if your child threatens to hurt or kill himself or herself or someone else, damage or destroy property, or run away from home. It is difficult at best to predict future behavior with complete accuracy. However, your child's past behavior is one of the best predictors of future behavior, and children with a past history of violence, carrying weapons, refusing to accept responsibility, or bullying are at higher risk for carrying out threats. Do not dismiss serious threats, including those made in a joking manner. In other words, if your child kids about bringing his or her father's gun to school to shoot classmates, take it seriously. If your child makes a serious threat, talk to him or her immediately. If your child is at risk, or refuses to talk, is argumentative or defensive, or continues to express violent thoughts, make arrangements for immediate evaluation by a mental health professional. If your child refuses to go, you may need to contact the local police.

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PARENT TEACHING GUIDE: ANIMAL CRUELTY

Children who spend most of their lives indoors have minimal contact with nature and wild animals, which may result in their developing fear or aversion to even simple creatures such as spiders, snakes, and skunks. This can cause them to treat wildlife with minimal respect (Rule & Zhanova, 2012). Foster children's compassion toward all animals (American Humane Society, 2013; PETA, n.d.; Rule & Zhanova, 2012):

- Live by the rule "Do unto others as you would have them do unto you."
- Teach children to respect and protect even the smallest and most despised.
- Foster empathy development.
- Teach by example.
- Include animals in your life.
- When little creatures make their way into your home, help them out nonviolently.
- Keep your pets healthy and safe.
- Watch animal-friendly movies, and read animal-friendly books with your children to help them understand that animals have feelings.
- Use art, poetry, drawings, and other types of play to help young children develop greater understanding of animals and to develop greater compassion and empathy.
- Create a space in your garden to attract butterflies and hummingbirds.
- When wildlife gets too close to home, handle the situation humanely, and find ways to coexist with animals.

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PARENT TEACHING GUIDE: ANXIETY AND FEAR

- Everyone gets anxious from time to time, and we all have our fears. However, signs of excessive anxiety mean that your child should be evaluated by a professional. Talk to your health care provider if your child exhibits any of the following:
 - Shows difficulty concentrating
 - Becomes more or less active than usual
 - Eats a lot more or less than usual
 - Regresses to earlier behavior (starts sucking his or her thumb again)
 - Has trouble sleeping
 - Complains of stomachaches or headaches
 - Wets or soils his or her pants
- Take care of yourself first. Kids detect parental anxiety in a heartbeat, and it becomes contagious.
- Realize that fears do not go away overnight.
- Do not belittle your child's fears, but do not cater to them either.
- Be matter-of-fact when you talk to your child about his or her fears to avoid increasing anxiety. But do not force your child to face his or her fears. This can make the situation worse and frighten your child even more. Let your child face them at his or her own pace.
- Tell your child it is okay to be afraid and not to feel guilty or embarrassed by such fears.
- Praise success, but do not tell children that they are big boys or girls when they overcome their fears. This places too much pressure on them.
- Sit down and talk with older kids and teens, but do so while assuring them that you are there for them and that they are safe. Younger children may do better with puppet play, coloring, painting, or play-acting. And make sure to listen to what they have to say.
- Help your child understand his or her fears: play shadow puppets to help the child deal with fear of the dark; explain that dogs bark because that is how they talk.
- Take the time to point out what is right with the world, including school. Yes, there are a lot of drugs and bullies, but there are a lot of positive people and role models, too. Use positive talk about one's self and situation.
- Minimize the amount of time your kids spend watching the news on TV and the Internet. Kids under 6 years old should not watch the news at all.
- Encourage your kids to talk about what is bothering them as well as what they are happy with. If they are hesitant, ask them to draw their feelings.
- Let your kids be kids. Childhood should be a journey, not a race. Do not push them to grow up too fast. Instead, allow them to tackle developmentally appropriate challenges on their own, even if they stumble, so that they can become independent and self-assured.
- Get them a pet (as long as they are old enough and responsible)! Cuddling up with a bundle of unconditional love can help decrease anxiety.
- Encourage quick return to school, if your child is refusing to go, and encourage him or her to participate in all normal/routine activities.

PARENT TEACHING GUIDE: ASPHYXIAL GAMES

Talk to your child about the dangers of this activity. Explain that a person can become unconscious in seconds, making it impossible for them to stop the choking. Talk about the consequences, including the effects of brain damage and that brain damage can occur in as little as 3 minutes.

Be observant for signs that your child may be playing the choking game (NYS Department of Health, 2010):

- Belts, ropes, scarves, computer cables, shoelaces, and anything else that can be made into a noose tied to doorknobs or bedroom furniture
- Presence of unexplained dog leashes, choke collars, or bungee cords
- Acting “out of it” after spending time alone
- Signs of increased or uncharacteristic irritability or hostility
- Frequently wearing high neck shirts or scarves
- Physical signs: bloodshot eyes, headaches, marks on neck, pinpoint blood spots on face, eyes, and eyelids
- If you think your child is playing the choking game (NYS Department of Health, 2010):
 - Talk to them and discuss the dangers.
 - Increase supervision.
 - Remove items that can be used to hurt themselves.
 - Talk to your health care provider about injuries that may have occurred because of the game, and discuss the possibility of the child having a mental health evaluation.
 - Contact the school because other children may be involved.

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NYS Department of Health. (2010). *Choking game prevention, children ages six to 19 years*. Retrieved from www.health.ny.gov/prevention/injury_prevention/children/fact_sheets/6-19_years/choking_game_prevention_6-19_years.htm

PARENT TEACHING GUIDE: BULLYING

- For Parents Whose Child Is a Victim
 - Look for signs that your child is being bullied: unexplained injuries; missing personal items; frequent aches and pains; changes in eating and/or sleeping habits; school problems (not wanting to go to school, dropping grades, loss of interest); withdrawing from activities; feelings of hopelessness; and self-destructive behaviors, including harming themselves.
 - Do not overreact, and do not let your child see that you are upset. Your child may interpret that reaction to mean that you are disappointed with him or her.
 - Talk to your child, and listen carefully to his or her concerns.
 - Reinforce the idea that the incident was not your child's fault: "The bully has a problem, not you, and picked on you for no reason. You didn't do anything to cause it."
 - Minimize bullying opportunities. Do not allow your child to take valuable possessions to school. Instruct your child to try to avoid places where the bully hangs out. Staying out of harm's way is sensible, not "chicken."
 - Teach your child possible strategies to help handle the problem:
 - Instruct your child not to react by crying or becoming upset, because this is what the bully wants. Bullies get bored when they do not get the expected response.
 - Foster friendship, and tell your child to walk with a buddy.
 - Encourage your child not to do everything the bully says or wants and not to give any belongings to the bully. Your child needs to repair his or her self-esteem and recapture dignity, which will not be accomplished by giving in to the bully.
 - Persuade your child to stand tall, look the bully in the eye, and say something like "Stop it right now." Tell your child to then walk away and ignore any further comments from the bully.
 - Tell your child not to get angry or fight back. These reactions will not solve the problem; they actually make matters worse. It gives bullies what they want and encourages them to come back to taunt again. Fighting can also put your child at greater risk for physical injury.
 - Discourage your child from retaliating, because it only reinforces violence as a solution to problems.
 - Tell your child to find a teacher or other adult and report the incident.
 - Seek professional help if the bullying seems to have affected your child's self-esteem.
- For Parents Whose Child Is a Bully
 - Look for signs that your child is a bully: has friends who bully, gets into fights, is aggressive, has unexplained money or possessions, blames others for own negative behavior, is very competitive and worries about his or her popularity or reputation.
 - Stay calm. Try to be objective, even though this may be difficult. Do not become angry or defensive. These reactions tend to make a bad situation even worse.
 - Because your child most likely will not confess to the behavior, ask your child to tell you exactly what he or she has been doing. Talk to other parents and teachers to find out what has been happening.

- Explain how your child’s behavior constitutes bullying, and ask why your child thinks he or she bullies and what might help your child to stop this behavior. But do not tolerate any excuses for the behavior.
- Because bullying often stems from unhappiness, try to find out what is bothering your child, and help him or her develop ways to cope with it.
- The following strategies will help modify your child’s bullying behavior:
 - Take the problem very seriously. If your child is a bully, he or she is at risk for more severe problems later in life.
 - Supervise your child more closely, and stay nearby when your child plays with other children. If you cannot stay nearby, arrange for other adults to supervise the children, or ask that your child only participate in supervised activities.
 - Set limits. Tell your child that bullying will not be tolerated, and make sure your child understands you. Create consequences and follow through on them when needed. For example, limit or remove all media devices if the child engaged in cyberbullying.
 - Help your child to understand the rights and feelings of others. Ask how your child would feel if someone bullied him or her. Use examples from books, television, and movies.
 - Encourage your child to apologize to the victims.
 - Stop displays of aggression immediately, and help your child find nonviolent outlets to handle frustrations and problems.
 - Foster your child’s participation in physical activities such as sports so that your child will have healthy ways to feel powerful and strong.
 - Praise your child for appropriate behaviors.
 - Teach your child to be assertive rather than aggressive.
 - Talk to your child’s school counselor and teacher, and explain that your child is trying to improve his or her behavior, and ask them for their assistance. Support the school if it institutes consequences for the child’s bullying behavior.
 - If older siblings tease your bullying child, instruct them to stop, and administer consequences as needed.
 - Be a positive role model. Control your own aggression, including road rage.
 - Seek professional help. Bullying behavior frequently requires outside assistance. Take advantage of the counseling services offered at your child’s school or in your community.
- For All Parents Whose Child May be a Bystander (U.S. Department of Health and Human Services, n.d.)
 - Do not give bullies an audience.
 - Be a role model—set a good example.
 - Tell a trusted adult.
 - Be their friend, and let them know they are not alone.
 - Help them get away without putting yourself in harm’s way.

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PARENT TEACHING GUIDE: CYBERDELINQUENCY

- The National Crime Prevention Council provides signs that a teen may be cyberbullying. However, these can be signs of other cyberdelinquent behaviors, too:
 - Stops using the computer or turns off the screen when someone approaches
 - Becomes anxious when using the computer or cell phone
 - Is secretive about their computer activity
 - Spends excessive time on the computer
 - Becomes angry or upset when technology privileges are limited or taken away
- Here is a list of helpful tips for parents and teenagers to prevent/avoid sexting.

Tips for teens:

- Think twice before you click the send button. Once you send or post your photos, you cannot change your mind, and things never truly disappear in cyberspace.
 - The receiver may not react the way in which you expect.
 - If your boyfriend/girlfriend asks you to send a suggestive photo, say, “No.” Do not do it on a dare, either. No one is worth compromising your reputation.
 - Your photos may be shared with other classmates and posted on social media sites where they can go viral and everyone can see them, including your parents, friends, and teachers as well as police, potential employers, college admissions personnel, scholarship committee members, and sex offenders.
 - Think about how classmates will react to you or what they will say behind your back. One photo can severely damage your reputation.
 - Nothing is really anonymous; your photos can be traced back to you.
 - You can be arrested, charged, and convicted for possessing and distributing child pornography, even when sending a photo of yourself. You may even be labeled a sex offender.
 - If someone sends you a suggestive photo of himself or herself, tell a responsible adult (parent, teacher, and counselor). Do not forward it because it is a crime, and you will be held as responsible as the person who originally sent it.
 - If you are sharing your photos with someone you only know online, you may be sharing them with a sex offender, and that sex offender may use your photos to blackmail you into doing things that you do not want to do.
- Tips for parents:
 - If you are not tech savvy, start learning. Get instructional materials, take a course, or, better yet, have your child teach you.
 - Know what your children are doing in cyberspace.
 - Talk with them about relationships and the importance of their reputations. Make sure that they understand that their cell and online activities are not truly private or anonymous.
 - Set rules for technology use, and make sure to include consequences for breaking the rules. Consider limiting the number of texts or other messages that they can send.
 - Know whom your children are spending time with, online and on the phone.

- Monitor and limit their device use. The simplest way to do this is to keep tech toys out of their bedrooms. Keep computers, tablets, and other devices in an area where they can be monitored, and have cell phones and other interactive devices turned in before bedtime to prevent nightly text fests and potential sexting.
- If you are concerned that something is wrong, talk with your child. Monitor his or her computer and phone use. It is your right and obligation as a parent when your child's health and safety are compromised.

PARENT TEACHING GUIDE: CYBERVICTIMIZATION

- Know the signs that your child may be a cybervictim: suddenly stops using his or her device(s), appears anxious when using device(s); appears anxious about being at school or outside; appears angry, depressed, or frustrated after using phone or media; becomes abnormally withdrawn; or avoids talking about online activities (Hinduja & Patchin, 2014). Other signs include: child spending large amounts of time online, especially at night; pornography on your child’s computer; child receives phone calls from an adult you do not know; child receives gifts from someone you do not know; and child uses someone else’s account (Federal Bureau of Investigation [FBI], n.d.).
- Discuss the danger of sexual exploitation.
- Not all children are honest about their online behavior. Learn the secretive language that children use, such as PAW (parents are watching), POS (parent over shoulder), PIR (parent in room), P911 (parent emergency), and LMIRL (let’s meet in real life).
- Should you suspect your child is communicating with a sexual predator: talk to your child about your suspicions; review your child’s computer for any signs of sexual communication or pornography; use caller ID to determine who is calling your child; obtain a device to see what numbers are called from your home; monitor your child’s live Internet communications, especially social networking sites. Contact your local police immediately for the following: your child or anyone at home receives child pornography; your child is sexually solicited; or your child receives sexually explicit images (FBI, n.d.).
- Use apps that can prevent bullying (Apple and Android):

APP	URL	FEATURES
Substance Abuse and Mental Health Services Administration (SAMHSA)	http://store.samhsa.gov/apps/knowbullying/index.html	Conversation starters Tips for ages 7–13 and teens Warning signs Reminders Social media Section for educators
Cyberbully Hotline	www.cyberbullyhotline.com/mobile-app.html	Provides rapid response to cyberbullying
Professor Garfield Cyberbullying	https://learninglab.org/	Helps identify cyberbullying behavior Provides antibullying strategies
STOPit	http://stopitcyberbully.com/	Helps report and deter inappropriate behaviors Apps for K-12 and higher education

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PARENT TEACHING GUIDE: DANGEROUS DRIVING

The Centers for Disease Control and Prevention (CDC; www.cdc.gov/parentsarethekey/danger/index.html) provides tips for parents to minimize teen crash risk by focusing on the eight danger zones:

- **Danger Zone #1: Driver Inexperience**
 - Provide at least 30 to 50 hours of supervised driving practice over at least 6 months.
 - Practice on a variety of roads, at different times of day, and in varied weather and traffic conditions.
 - Stress the importance of continually scanning for potential hazards including other vehicles, bicyclists, and pedestrians.
- **Danger Zone #2: Driving With Teen Passengers**
 - Follow your state's GDL system for passenger restrictions. If your state does not have such a rule, limit the number of teen passengers your teen can have to zero or one.
 - Keep this rule for at least the first 6 months that your teen is driving.
- **Danger Zone #3: Nighttime Driving**
 - Make sure your teen is off the road by 9 or 10 p.m. for at least the first 6 months of licensed driving.
 - Practice nighttime driving with your teen when you think your teen is ready.
- **Danger Zone #4: Not Using Seat Belts**
 - Require your teen to wear a seat belt on every trip. This simple step can reduce your teen's risk of dying or being badly injured in a crash by about half.
- **Danger Zone #5: Distracted Driving**
 - Do not allow activities that may take your teen's attention away from driving, such as talking on a cell phone, texting, eating, or playing with the radio.
 - Learn more about distracted driving.
- **Danger Zone #6: Drowsy Driving**
 - Young drivers are at high risk for drowsy driving, which causes thousands of crashes every year. Teens are most tired and at risk when driving in the early morning or late at night.
 - Know your teen's schedule so you can be sure he or she is well rested before getting behind the wheel.
- **Danger Zone #7: Reckless Driving**
 - Make sure your teen knows to follow the speed limit and adjusts his or her speed to match road conditions.
 - Remind your teen to maintain enough space behind the vehicle ahead to avoid a crash in case of a sudden stop.
- **Danger Zone #8: Impaired Driving**
 - Be a good role model: Never drink and drive.
 - Reinforce this message with a Parent–Teen Driving Agreement.
 - Learn more about impaired driving.
 - Get the stats on teen drinking and driving.

PARENT TEACHING GUIDE: DEPRESSION AND SUICIDAL IDEATION

Teach parents how to prevent suicide (American Academy of Pediatrics, 2015; Nevada Division of Public and Behavioral Health Office of Suicide Prevention, n.d.):

- Trust your instincts. If you think your child is in trouble, you are probably right.
- Talk with your teen, making plenty of time to listen to him or her—both what is and what is not said.
- Share your feelings, and let your teen know he or she is not alone.
- Encourage healthy stress management—proper eating, exercise, activity, and rest.
- Spend quality (and quantity) time with your child.
- Develop a good relationship with your child.
- Provide a safe and stable emotional and physical home environment.
- Be supportive, not intrusive.
- Encourage healthy expression of emotions.
- Take all threats of self-harm and suicide seriously.
- Watch for warning signs, and call your health care provider if you notice that your child:
 - Appears sad, depressed, irritable, or hostile
 - Neglects appearance
 - Alters eating or sleeping habits
 - Engages in risky behaviors
 - Focuses on songs, literature, movies, or art about death, separation, and loss
 - Gives away prized possessions to siblings or friends
 - Hints that he or she might not be around anymore
 - Loses interest in favorite things or activities
 - Shows trouble concentrating or thinking clearly
 - Talks about feeling hopeless or guilty
 - Talks about suicide or death
 - Uses drugs or alcohol
 - Withdraws from friends or family
 - Hurts himself or herself (cutting, severe dieting)
 - Exhibits any suicidal behavior
- Make sure firearms are stored safely, or move them elsewhere until the crisis is over.
- Contact your health care provider immediately if you have any concerns.

REFERENCES

American Academy of Pediatrics. (2015). *10 things parents can do to prevent suicide*. Retrieved from www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/Ten-Things-Parents-Can-Do-to-Prevent-Suicide.aspx

Nevada Division of Public and Behavioral Health Office of Suicide Prevention. (n.d.). *What can parents do to prevent youth suicide?* Retrieved from <http://suicideprevention.nv.gov/Youth/WhatYouCanDo/>

PARENT TEACHING GUIDE: DISORDERED EATING AND BODY IMAGE

- The following are signs that your child may have an eating disorder. Should you suspect that he or she has a problem, contact your health care provider.
 - Recent weight loss or weight fluctuations of more than 5 lb (bulimia)
 - A fear of gaining weight or of being fat
 - Preoccupation with being fat or with a specific body part
 - Signs of purging behaviors: going into the bathroom right after meals (to vomit); scrape or scar on her knuckles (sticking her fingers down her throat to induce vomiting); laxatives or diuretics found in room
 - Having a distorted image of body's size or shape
 - A preoccupation with thoughts of food, calories, and weight
 - Restrictive eating patterns, such as skipping meals, fasting, or eliminating entire food groups
 - Preference for eating alone
 - Preoccupied with food-related items, like cookbooks
 - Telling family what to eat and commenting on calorie content of family members' food
 - Loss of periods or delayed onset of puberty and menarche (first period)
 - Being underweight
 - Exercising compulsively (gets stressed if exercise ritual is broken)
 - Shows extreme denial about weight loss and eating disorder
 - Withdraws from friends and family, or has very superficial friendships
 - Wearing bulky clothing to hide weight loss
 - Shoplifting
 - Large quantities of household food missing frequently; stealing money or items to buy food
 - Recent or past event in life that was very stressful
- Tips for coping with mealtimes when your child has an eating disorder (NHS & UK, 2015):
 - Ask your child's treatment team for suggestions.
 - Shop and plan meals together.
 - Create agreement about meals with the entire family to help set everyone's expectations.
 - Avoid talking about calories, fat content, and portion sizes of food.
 - Keep meal time lighthearted.
 - If your child attempts to take over the cooking as a means of control, have him or her set the table instead.
 - Avoid focusing on the affected child.
 - Plan an activity after the meal to distract the child from purging.
 - If things go wrong, just move on.

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National Health Service, United Kingdom. (2015). Eating disorders: Advice for parents. Retrieved from www.nhs.uk/Livewell/eatingdisorders/Pages/eating-disorders-advice-parents.aspx

From Child Behavioral and Parenting Challenges for Advanced Practice Nurses: A Reference for Frontline Health Care Providers
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PARENT TEACHING GUIDE: FIRESETTING

- Once your children ask about fire or show an interest in fire by playing with fire trucks or cooking on a play stove, it is time to begin educating them about fire. They especially need to understand that fire is hard to control, fast, and very harmful.
- Have clear rules and consequences about fire misuse.
- Discourage unsupervised fire starts.
- Keep matches and lighters out of children's reach and sight, preferably in a locked cabinet or container, and do not leave them any place where children may be unsupervised.
- Use child-resistant lighters, but realize that child-resistant does not mean child-proof.
- Do not ask your child to get you your lighter or matches.
- A child who has an interest in fire may develop firestarting behaviors that can lead to firesetting. Do not wait for it to get to that point; speak to your health care provider.

PARENT TEACHING GUIDE: GAMBLING

Your child may have a gambling problem if he or she (American Academy of Pediatrics, 2015):

- Has gambling items, such as lottery scratch cards, betting sheets, and casino chips
- Watches an excessive amount of televised sports and has an intensive interest in the outcome of sporting events
- Visits a casino, despite being underage
- Spends excessive time online and/or checks the Internet frequently
- Accumulates unexplained debts
- Flashes large amounts of money or buys expensive items
- Cuts school or work
- Is anxious or nervous
- Steals

REFERENCES

American Academy of Pediatrics. (2015). Teen gambling: How can I tell if my son or daughter is having a problem with gambling? Retrieved from www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/Teen-Gambling.aspx

PARENT TEACHING GUIDE: GANG MEMBERSHIP

Teach parents to:

- Spend quality time with your child and convey a strong sense of family.
- Supervise your child's activities, and know his or her whereabouts at all times.
- Know your child's friends and their families.
- Be a positive role model.
- Teach values, and let your child know why you think gangs are dangerous.
- Get involved in your child's activities.
- Stress the importance of schooling, and encourage good study habits.
- Create rules; set limits; and be consistent, firm, and fair.
- Respect your child's feelings and attitudes.
- Foster healthy self-esteem.
- Help your child develop self-control and deal effectively with problems.
- Tell your child not to:
 - Associate with gang members or wannabe members
 - Communicate with gang members
 - Hang out near or where gangs hang out
 - Approach strangers in cars
 - Wear gang-related clothing
 - Wear gang-initialed clothing (BK [British Knights] also stands for Blood Killer)
 - Use words like "slob" where gang members may be, like malls
 - Attend parties sponsored by gangs
 - Hang out near graffiti or take part in graffiti activity
 - Use any type of hand signal in public
- Teach your child what to do if approached by a gang member. The best response is to walk away. Tell your child not to respond with the same gesture as a gang member could be "false flagging," using a sign of a rival gang, which could result in violence.
- Contact your school if any gang activity takes place there. If they are not helpful, contact the police.
- Look for signs of gang activity in your community, especially graffiti and young people hanging out on corners or near school property.

PARENT TEACHING GUIDE: HOARDING

- Do not allow the child to accumulate additional items.
- Encourage donating old items to charities that are meaningful to the child. Create a special place or bin for this purpose.
- Help the child to organize by making it a fun game. The child can also create a special place for treasured items.
- Use plastic bins and open shelves to organize items, so that the child can still see his or her treasures while undergoing the decluttering process.
- Be supportive; this process can be long and stressful.

Sometimes it is the parent, not the child, who has HD, and this can be very stressful, as well as dangerous, to the child who can suffer the consequences of cramped and unusable living space, dangerous conditions related to potential injury, fire and health hazards, and financial strain. The embarrassment of their living conditions can also take its toll, possibly even causing children to become isolated because of fear of their peers finding out about their home life. The International OCD Foundation's website has a pdf of agencies that should be involved when HD becomes disruptive to families; among those on the list is Child Protective Services. There is also an organization called Children of Hoarders that can provide supportive information: www.childrenofhoarders.com

PARENT TEACHING GUIDE: HYPERACTIVITY

To help your child manage ADHD (American Academy of Child and Adolescent Psychiatrists, 2016; CHADD, n.d.; Tartakovsky, 2013):

- Take control. Learn everything you can about ADHD and its treatment, including medications and successful behavioral management; keep current, and know what to expect as your child ages. You are the captain of your child's wellness team.
- Find out if you or your partner has ADHD. It runs in families and can make parenting difficult.
- Do not blame yourself or your child for the ADHD. It is an illness, just like asthma or diabetes.
- Trust your instincts—if you think something is wrong, it probably is—talk to your health care provider about it.
- Know your child's rights—your child may be entitled to additional services or accommodations in school, as per federal laws.
- Talk to your child's high school guidance counselor and your health care provider when readying your child for college; you will want to choose a college that is supportive and that has adequate resources for your child's emotional, academic, and social needs.
- Communicate with your child, family, and health care team.
- Follow the rules, both at home and at school, and make sure they are clear and consistent. But expect some rule breaking, and manage it appropriately when it happens.
- Embrace challenges and wrestle with them one at a time.
- Know when to compromise and when to adjust to change.
- Help your child adjust to change and to make smart choices.
- Foster your child's success in academics, activities, and friendships.
- Boost your child's self-image, self-esteem, and self-confidence. Acknowledge successes, and help your child learn from mistakes. Give your child special time, and, most important, give unconditional love and show it.
- Take care of yourself. Enjoy date nights with your partner, outings with friends, help from a support group, quiet alone time, or whatever helps you de-stress and refresh.
- Celebrate being a family, and embrace your child's energy and enthusiasm.

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Tartakovsky, M. (2013). Parenting kids with ADHD: 16 tips to tackle common challenges. *Psych Central*. Retrieved from <http://psychcentral.com/lib/parenting-kids-with-adhd-16-tips-to-tackle-common-challenges>

PARENT TEACHING GUIDE: LGBTQI2

When your child comes out (i.e., telling people one is LGBTQI2):

- “Coming out is a life-long journey of understanding and sharing one’s gender identity and sexual orientation with others” (American Academy of Pediatrics, 2015).
- Each child is unique, and coming out may be quick and easy for some, but long and difficult for others; however, most people come out gradually, usually first telling family, friends, or a counselor (American Academy of Pediatrics, 2015; Lazarus, 2013; Nemours Foundation, 2015):
 - Coming out can be difficult because your child may be concerned about how you or other family members will react.
 - Understand that human sexuality is complex and essentially genetic/epigenetic, not a conscious choice.
 - Accept your child for who he or she is, and do not blame anyone for your child being who he or she is.
 - Avoid criticism, disapproval, and rejection.
 - Support your child, and provide unconditional love.
 - Validate your child’s sexual identity and preferences by telling your child that you want him or her to be happy in life.
 - Do not demand or suggest that your child seek help to get straight.

REFERENCES

American Academy of Pediatrics. (2015). *Coming out: Information for parents of LGBT teens*. Retrieved from www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Four-Stages-of-Coming-Out.aspx

Lazarus, C. (2013). What to do if your child comes out. *Psychology Today*. Retrieved from www.psychologytoday.com/blog/think-well/201312/what-do-if-your-child-comes-out

Nemours Foundation. (2015). Coming out. KidsHealth/TeensHealth. Retrieved from http://kidshealth.org/teen/your_mind/friends/coming-out.html

PARENT TEACHING GUIDE: MISSING CHILDREN

- Wandering:

Utilize tips from the National Autism Association (www.autismsafety.org/prevention.php?way=12) and Autism Speaks (www.autismspeaks.org/wandering-resources) to help prevent wandering and wandering-related tragedies:

- Understand wandering patterns. Know your child's wandering type (goal-directed, non-goal directed, random, sudden runner, etc.). Take steps to identify and manage known triggers for wandering.
- Dress your child in bright clothing, so that he or she is visible.
- Secure your home. Contract a professional locksmith, home improvement professional, or security company to help assess your home for safety. You may need deadbolt locks that require keys on both sides, and alarms. You can also install hook and eye locks and battery-operated door alarms.
- Install a fence.
- Put up "stop" and "do not enter" signs on doors, windows, and gates to provide visual prompts.
- Increase physical activity during the day, and promote sleep hygiene to minimize night wandering.
- Consider a personal tracking device. Talk to your local law enforcement agency about Project Lifesaver (www.projectlifesaver.org) or LoJak SafetyNet services (www.safetynetbylojack.com/). The devices can be worn on the wrist or ankle to help track and locate your child.
- Consider an ID bracelet. An ID bracelet can identify your child, provide your contact information, and note if he or she is nonverbal.
- Teach your child to swim. Autistic children are attracted to water.
- Teach your child about the dangers of wandering.
- Make sure responsible adults monitor the child at all times during times of crises, transitions, or other stressors.
- Watch the news, and take note of how other wandering children absconded, then assess your home and family to see whether these situations may apply to your child. Minimize risk if they do.
- Alert neighbors and first responders that your child wanders, and tell them about your child's method of communication.
- Prevent wandering at school, camp, and other settings. Ask about their wandering policies, including how they minimize risk and respond when a child does wander. Inform the facility of any noticeable breeches.
- Do not develop a false sense of security. Make sure to adapt for your child's developmental growth, and update your child's profile and photo at least annually.

MISSING CHILDREN (*Continued*)

- Abductions:
 - Teach your children about personal safety:
 - Fear tactics do not work; instead, build the child's confidence.
 - Teach children how to make safe decisions and how to recognize potentially dangerous situations (e.g., the luring techniques noted in the Description section).
 - Instruct children not to go anywhere with anyone without parental permission.
 - Encourage the buddy system.
 - Role-play different scenarios, so children can practice what they learned.
 - Teach children Internet safety.
 - Teach active resistance strategies: shouting "NO," screaming, kicking, and biting.
 - When it becomes apparent that you need to file for custody of your child, consider the abduction prevention tips recommended by the U.S. Department of State (n.d.):
 - A detailed custody order and good legal advice can go a long way in protecting your parental rights.
 - Detailed custody orders include special provisions on the custody decree such as specifying the beginning and end dates of visits; relocation restrictions; supervised visitation for the potential taking parent; requiring the court's approval to take the child out of the state or country; and asking for the court or a neutral third party to hold passports.
 - Consult your attorney about the drawbacks to joint-custody orders in parental abduction cases, if ordered. Ensure that you clearly specify the child's residential arrangements at all times.
 - Do not ignore any abduction threat. Notify police, and give them copies of any restraining order on your ex-spouse. You may also request restricted locations for visitation rights if you can prove potential harm to your child.
 - Be on the alert for sudden changes in the other parent's life. Changes such as quitting a job, selling a home, or closing a bank account may be signs that the parent may be planning to leave the country.
 - Do not delay action if you think your child has been taken by the other parent. Make sure that if your child is abducted, the police take a detailed report and that your child is entered into the FBI's NCIC system right away (a warrant is not required).
 - Be aware that if one parent is a citizen of another country, your child may have dual nationality. Contact the embassy of that country, and inquire about their passport requirements for minors.

REFERENCES

U.S. Department of State. (n.d.). *International parental child abduction*. Retrieved from <http://travel.state.gov/content/childabduction/en/preventing/tips.html>

PARENT TEACHING GUIDE: MOOD DYSREGULATION

Parents can help children who have difficulties with self-regulation by (Scholastic, n.d.):

- Modeling self-control and self-regulation in their own words and actions.
- Maintaining a structured routine.
- Keeping the environment as calm as possible, and make it calmer if they suspect their child is getting upset.
- Being firm when their child has an episode (e.g., do not try to converse with him or her).
- Helping their child choose his or her friends wisely, and limiting interaction with other impulsive children.
- Taking time out for themselves if they feel overwhelmed.
- Getting help when needed.

REFERENCES

Scholastic. (n.d.). *Developing self-regulation*. Retrieved from www.scholastic.com/parents/resources/article/social-emotional-skills/developing-self-regulation

PARENT TEACHING GUIDE: NONSUICIDAL SELF-INJURY

The CRPSIR provides the following information for parents:

- Know the signs of self-injuring: physical and emotional withdrawal; long periods in their bedroom or bathroom; cuts or burn marks on the arms and legs; finding hidden razors and other sharp objects or rubber bands, used to increase blood flow or numb an area; and wearing long sleeves or other concealing clothing in hot weather.
- Validate your own feelings, as many parents experience a wide range of emotions: shock, denial, anger, frustration, sympathy, empathy, sadness, and guilt.
- Stay calm. Talk with your child as soon as possible. Be constructive and focus on your own concern. Validate your child's feelings, and be reassuring. Ask your child what you can do to help.
- Avoid lecturing, harsh punishments, threats, and ultimatums.
- Take your child seriously.

PARENT TEACHING GUIDE: SEXUAL AGGRESSION

When your child has sexual behavior problems (ATSA, n.d.; National Center on the Sexual Behavior of Youth, 2012; National Child Traumatic Stress Network, n.d.):

- Realize that this is a very stressful situation for parents.
- You may experience a range of emotions that include denial, anger, sadness, depression, shame, guilt, disappointment, and confusion.
- You may experience nightmares and other trauma reactions, especially if you were sexually abused as a child.
- Participate in your child's treatment, as effective treatment needs to address the context of family relationships.
- Create and enforce clear and consistent privacy rules for all members of your family. This includes not touching others' private parts or not touching one's private parts in public.
- Minimize opportunities for sexual acting out. Closely supervise your child around other children, and do not allow your child to share a bed with another child. Use caution or completely avoid high-risk situations, such as sleepovers, contact sports, or camping.
- Keep your child away from sexually explicit media, print and online, and supervise your child when he or she uses the Internet or cell phone.
- Use appropriate words for body parts.
- Teach your child about respecting other people's boundaries and to respect his or her own.
- Get support—it will help you and your child get through this.
- Know you are not alone; there are other parents dealing with this same issue.
- Always remember that your child is still your child; he or she made a very poor decision, but he or she can still learn how to make good ones.

REFERENCES

Association for the Treatment of Sexual Offenders. (n.d.). *Children with sexual behavior problems*. Retrieved from www.atsa.com/children-sexual-behavior-problems

National Center on the Sexual Behavior of Youth. (2012). *Safety planning*. Retrieved from www.ncsby.org/content/safety-planning-0

National Child Traumatic Stress Network. (n.d.). *Understanding and coping with sexual behavior problems in children*. Retrieved from http://nctsn.org/nctsn_assets/pdfs/caring/sexual-behaviorproblems.pdf

PARENT TEACHING GUIDE: SEXUAL VICTIMIZATION

Although you can never completely protect your child from sexual abuse, you can do your best to drastically minimize his or her chances of being abused:

- Preschoolers:
 - Teach the child the proper name for body parts, including genitals and breasts.
 - Tell the child that no one—strangers, friends, or relatives—has the right to touch his or her private parts (parts covered by a bathing suit) or hurt him or her.
 - Tell the child it is okay to say “NO” to people who make him or her feel scared, uncomfortable, or embarrassed.
 - Instruct the child to tell you if adults ask him or her to keep secrets.
- School-age children:
 - Give the child straightforward information about sex.
 - Emphasize that the child’s body belongs to the child and that no one has the right to touch his or her private parts.
 - Explain that some grown-ups have problems and are confused about sex and that these adults may try to do things that make the child feel uncomfortable.
 - Teach the child personal safety and to get away from those adults who make him or her feel uncomfortable.
 - Tell the child her to come to you immediately if such an adult bothers him or her.
- Teenagers:
 - Explain that unwanted sex is an act of violence, not an act of love.
 - Discuss rape, date/acquaintance rape.
 - Reinforce the teen’s right to say “NO.”
 - But remember, sexual abuse can occur under your own roof—family members, babysitters—so keep the lines of communication open at all times. Listen to your children, and be alert for unusual behaviors from them and others in your household.

PARENT TEACHING GUIDE: STALKING

The following are modified from the University of North Alabama (2015) for parents of stalking victims:

- Learn about stalking and its consequences.
- Encourage your child and do not disbelieve what they tell you; stalking is hard to prove, and your child vocalize may self-doubt or a loss of a sense of reality.
- Obtain pictures and other information about the stalker from your child so that you can warn your child and help keep track of the stalker's behavior.
- Screen all visitors and calls for the victim.
- Do not provide your child's personal information unless necessary.
- Do not confront the stalker; this can be more dangerous than helpful.
- Be cautious of your own safety, as well as that of other family members and pets.
- Talk to the parents of your child's friends so that they are mindful of your child's safety, as well as their own.

REFERENCES

University of North Alabama. (2015). Stalking: Safety and resistance. Retrieved from www.una.edu/assault/stalking-safety-and-resistance.html

PARENT TEACHING GUIDE: STATUS OFFENSE BEHAVIORS

Primary care providers can encourage family members to stay actively involved in the youth's treatment. Also foster their participation in parenting classes, and family therapy and support groups.

PARENT TEACHING GUIDE: SUBSTANCE ABUSE

- Drug Proof Your Child

No one is immune to alcohol and drug problems. You may be the best parent in the world with the world's greatest kid. But circumstances can put your child in the wrong place at the wrong time. You are your child's most important source of information when it comes to drugs and alcohol. To prevent your child from abusing alcohol and drugs, start at an early age, and continue open communication throughout his or her development.

- Get the facts. You need to know about drugs and alcohol so that you can provide your child with correct and current information. Know what is out there, and know their effects on the body. Get familiar with the street names of drugs and drug using. Know what drugs look like. Learn the signs of alcohol and drug use, and know how to get help if you suspect that your child is using drugs.
- Set family standards and rules on drug and alcohol use. Be specific. Explain the rules, what behavior is expected, and what the consequences will be if your child breaks them. Be consistent; keep the rules the same at all times—at home, in school, at friends' houses, anywhere he or she goes. Be reasonable; “the punishment should fit the crime” if rules are broken. Make sure to state the rules early in grade school, and repeat them often.
- Set an example. Actions speak louder than words, and you will not be too effective telling him or her not to use tobacco and alcohol when you sit there with a cigarette in one hand and a beer in the other. Follow your own rules, and demonstrate your attitude toward drugs and alcohol. Do not use illicit drugs. Use prescription drugs and other pharmaceuticals properly. Avoid alcohol, but if you do drink, drink responsibly.
- Let your child know that there are consequences for breaking the rules, and be sure to set up and clarify the consequences before rules are broken.
- Foster his or her self-esteem. Strong self-esteem minimizes the chances of your child abusing substances. Help your child to set realistic goals for his or her academic, athletic, social, and other activities. Praise your child when he or she does well, and get excited about the things your child cares about.
- Do things as a family. Have family meetings to discuss important family issues, and let your child have a say. Discuss responsibilities, the child's and yours. Make your home a happy, safe, positive place.
- Keep the lines of communication open, and create a warm, caring environment that tells your child you are available whenever your child has questions or wants to talk about his or her feelings. Make time every day to talk to your children about their lives, how their day went, their feelings, and what they think. Talk to them about the future. Make sure to listen and show them that you care.
- Be nosy. Get to know their friends. Ask questions. Know where they are, who they are with, and what they are doing. Make sure they know that you ask questions because you love them, not because you do not trust them. Limit the time they spend without adult supervision, and realize that the hours between 4 and 6 p.m. are the most dangerous times for them to be on their own. Peer pressure and boredom can too easily lead to an after-school drug habit.
- Get involved. Know what your child learns in school about drugs and alcohol. If they have an antidrug program, join it. Know your neighborhood. Different communities have different trends in drug use.

SUBSTANCE ABUSE (*Continued*)

- Talk to your child about drugs and alcohol. Be open and straightforward. Remember that more than half of all children try alcohol by the time they reach the eighth grade. Start your discussions early.
 - Under 4 years old: Attitudes and habits that form during the preschool years may greatly influence your child later on. Little ones may not understand statistics, but they can develop the baseline for the problem-solving and decision-making skills they will have when they get older.
 - Allow your child to make small decisions, such as what he or she wants to wear. Do not worry if those choices do not match; just let your child know that he or she is able to make good decisions.
 - Encourage your child to help around the house as best he or she can, and express your appreciation for the help your child provides.
 - Be careful about the messages you send. Do not ask your child to get you a beer and then praise him or her for it. You do not want them to associate drinking with praise.
 - 4 to 6 years old: At this age your child still thinks and learns primarily from experience, and does not understand things that will happen in the future. Focus on the present and people and places he or she knows.
 - Talk to your child about how he or she has to take medicine when ill because the doctor said so, and therefore, your child should take only the medicine that the doctor prescribes.
 - Instruct your child to refuse offers of candy from a stranger and to tell you or another adult he or she trusts about it. Role-play scenarios with you being the stranger to allow your child to practice this skill.
 - Watch for teachable moments, such as when you both see someone smoking or drinking on television. Bring up the topic about these chemicals, and that they can harm the child's body.
 - 6 to 9 years old: Your child loves school and the new opportunities that it provides. He or she loves to learn, but still learns by experiences and still lives in the present. Keep discussions in the here and now.
 - Your child will be interested in how his or her body works, so discuss ways to maintain good health (brushing teeth, washing hands before eating, and eating nutritious food) and to avoid things that may be harmful (smoking, drugs, drinking to excess).
 - Adults are important role models, and your child is generally trusting, believing that all decisions adults make for him or her are right. Talk to them about the adults your child can trust. Create a file of people your child can rely on with their phone numbers: relatives, family friends, neighbors, teachers, religious leaders, the police, and the fire department. Remind your child not to talk to strangers.
 - Discuss how advertisers try to persuade children to buy their products, such as toys and candy bars. This will prepare your child to face the advertising pressures for tobacco and alcohol when he or she gets older.
 - Talk about the differences between medicine and illicit drugs. Medicine helps one to get better, illicit drugs make one sick. However, your child should also know that medicines are drugs that can be harmful if misused.

- Ask whether your child knows anyone in school who smokes or uses alcohol or other drugs. Launch into a basic discussion of the effects of these products, especially tobacco, inhalants, and alcohol. Talk about incidents in the news. For example, in Media, Pennsylvania, five girls were killed when their car plowed off the road into a utility pole. The girls had been huffing a commercial spray duster used for cleaning keyboards. When tragic events like this happen, use them to start a discussion with your child.
- Practice ways for your child to say no. Describe simple situations that would make him or her uncomfortable, such as eating live worms. Practice the following steps to make it easier for your child to turn down an offer of alcohol or drugs. Tell your child to:
 - Ask questions when something is offered. “What is it, and where did you get it?”
 - Say no—no arguments or discussions. Say no, and show them that you mean it.
 - Give a reason if the person persists. The old “My parents would kill me if I did” line still works today.
 - Suggest other things to do when a friend offers alcohol or drugs. Propose going to the movies, working on a project, going to the mall, playing a game or sport. This way your child rejects the drugs, not the friend.
 - When all else fails, leave. Get out of the situation. Go home. Go to school. Join a group of friends, or talk to someone else.
- 10 to 12 years old: Even more energy goes into learning at this age. Your child loves to learn facts, especially weird ones, and wants to know how things work and what sources of information are available. Friends become very important, and your child’s interests will be greatly influenced by what his or her peer group thinks. A child’s self-image is partly determined by the extent to which he or she is accepted by friends. Because of this, if your child is a follower, he or she may be unable to make independent decisions and choices. Keep him or her out of the follower position by teaching decision-making skills.

Preadolescence is the most important time to focus on drug and alcohol prevention. Crucial decisions about drugs and alcohol crop up at this age. Your child is at the greatest risk of starting to smoke in the sixth or seventh grade, and research shows that the earlier children start to use alcohol or drugs, the more likely they are to have a real problem.

- Give your child a clear no-use message, factual information, and strong motivation to resist the pressures to use drugs and alcohol. Provide the following information:
 - How to identify specific drugs, including alcohol, tobacco, inhalants, marijuana, and cocaine, all in their various forms.
 - The short- and long-term effects of substances and the consequences of their use, including criminal prosecution since drugs are illegal, as is drinking alcohol under the age of 21.
 - The effects of drugs on the growing body.
 - The effects of drug and alcohol abuse on the family and society.
- Encourage your child to participate in positive activities. Limit “free-time,” which often leads to experimentation with alcohol and other drugs.
- Discuss the advertising pressures of drugs and alcohol, not forgetting TV shows and song lyrics that glorify their use. Separate the myths from the realities.

SUBSTANCE ABUSE (*Continued*)

- Continue to practice ways of saying no. Sixth graders are offered cigarettes and beer, and most of them know other children who smoke and drink.
- Encourage your child to join a school or local antidrug group, or peer assistance group that encourages drug-free activities.
- Scan the newspaper or news with your child, and discuss drug-related crime. Talk about the influence it has on society and individuals.
- Get together with your child's friends' parents so that you can reinforce each other's efforts to teach good personal and social habits.
- 13 to 14 years old: Your young teen begins to deal with abstractions and the future. He or she understands that actions have consequences, and knows that his or her behaviors affect others. Your teen still has a shaky self-image that is strongly influenced by friends, causing self-doubt as to whether he or she is normal. Your teen is often in conflict with you, is not sure where he or she is heading, and tends to see himself or herself as "not okay." This rocky ground paves the way for experimentation. Young people who use drugs including alcohol typically begin during this age.
 - Emphasize the immediate effects of drug use, not what will happen over time. Instead of talking about lung cancer, tell him or her about bad breath, yellow teeth, and burned clothes.
 - Bring up the topic of steroids. You can start by discussing their use by professional sports players. Talk about their negative effects, and discuss body image issues.
 - Offset peer influence with parent influence. Reinforce your no-use rules. When counterattacked with "but everyone else does it," inform him or her that everyone does not do it. Emphasize how unpredictable drug use can be, that even though some users appear to function properly, drug use remains risky and that their effects may not always be readily apparent.
 - Make sure he or she knows the following:
 - The characteristics of specific drugs and drug interactions (such as the deadly effects of mixing sedatives and alcohol).
 - The effects of drugs on the cardiac, respiratory, nervous, and reproductive systems.
 - The stages of chemical dependency and how they vary from person to person.
 - The way drugs affect daily activities such as driving and sports participation.
 - Your family history, especially if alcoholism or drug addiction is a problem.
 - Monitor his or her whereabouts.
 - Role-play several variations on how to say no until you are confident your teen knows how.
 - Continue to allow your teen to discuss his or her fears and feelings.
 - Review and revise household rules on issues such as chores and curfews. Reinforce the rules on drugs and alcohol.
 - Plan supervised no-alcohol parties for your child in your home. Similar adult parties set good examples.
 - Discuss friendships, and emphasize that real friends do not ask each other to do things that are wrong or harmful.

- 14 to 17 years old: Peer influence remains strong, but your child develops an increasingly realistic understanding of adults, begins to develop a broader outlook on life, and becomes more interested in the welfare of others.
 - Focus on the long-term effects of alcohol and other drugs during these years. They can ruin your child's chance of getting into college, being hired for certain jobs, and being accepted into the military.
 - Remind your child that he or she serves as a role model for your younger children.
 - Minimize his or her unsupervised hours at home. Lunchtime and after school (3–6 p.m.) are times that teens are likely to experiment.
 - Encourage your child to volunteer to help out at a drug prevention program or a hotline call service, or to volunteer as a peer counselor.
 - Keep him or her busy with school, sports, clubs, volunteer work, religious activities, trips to museums and the library, film festivals, work, arts and crafts—anything constructive. Plan activities for vacation and holiday times. A busy routine will minimize your child's chances of getting bored and seeking an outlet in drugs.
 - Cooperate with other parents to keep get-togethers and parties drug- and alcohol-free.
 - Discuss drinking and driving. Chances are your child will drive or have friends who drive, and will know other kids who use alcohol and other drugs. Talk about the legal issues, and highlight the possibility of an accident where someone, including your child, may get killed.
 - Draw up a written contract on the conditions of using the car, and have him or her sign it. Promise to pick up your child, no questions asked, at any time when he or she or the person who is driving is under the influence. Promise not to scream or yell, and say that you will talk about it the next day.
 - Set consequences for substance use in your car—regardless of who it is, your child or his or her friends.
 - If your child is giving a party or going to a party, follow the suggestions of the American Academy of Pediatrics:
 - If your child is planning a party, let him or her plan the guest list activities, but go over them and ensure it is small, no more than 10 to 15 teens, and provide adult supervision without being intrusive. Set a time limit, restrict attendance to invited guests only, and do not allow people to leave the party and then return. Make rules—no tobacco, alcohol, or other drugs; lights on at all times; certain rooms are off limits—and stick to them. Realize that you are legally responsible for anything that happens to a minor who is served alcohol or other drugs at your home, and discuss this with your teen. If any teen arrives at the party intoxicated, call him or her or the parents to ensure the child returns home safe.
 - If your child is going to a party, call the host's parents to verify they know about it. Ascertain that there will be no tobacco, alcohol, or other drugs at the party, and that a supervising adult will be present. Know where your child is going; have the phone number and address handy, and ask him or her to call you if the location changes. Make sure you let your child know where you will be during the party in case he or she needs to contact you. Be sure he or she has a way to get home. Tell your child you are available for a ride at any time, and *never* to ride with someone who has been drinking alcohol or using other drugs. Finally, make sure you greet your child on arrival home so you can check the time, note his or her sobriety level, and talk about the evening.

SUBSTANCE ABUSE (*Continued*)

- 18 to 21 years old: At this point, your child should be thinking more like an adult and looking forward to a productive lifestyle. However, he or she still needs your direction. Continue to discourage drug use, and promote responsible attitudes toward alcohol. Your budding young adult can enjoy his or her leisure time without alcohol or drugs. Discuss the consequences of drugs and alcohol, especially binge drinking. Encourage responsible drinking for when your child reaches 21. Tell him or her to eat before drinking and never drink on an empty stomach; food slows alcohol absorption. Also advise your child to drink slowly, sip rather than gulp, and absolutely avoid binge drinking. Carbonated mixers are to be avoided because these drinks are more likely to be gulped, especially when one is thirsty. At parties, your child should drink nonalcoholic drinks or alternate alcoholic beverages with nonalcoholic ones. Most importantly, your child should know his or her limit.

PARENT TEACHING GUIDE: TECHNOLOGY DEPENDENCE

Make technology use more positive (APA, 2013; Muscari, 2002; Nemours Foundation, 2014):

- Do not use technology as a babysitter.
- Do not use technology as a reward or punishment: Both make it more important to children.
- Set limits on nonproductive tech time.
- Turn the devices off during conversations and mealtimes. Do not arrange family/living room furniture with the TV as the focal point.
- Try a weekday nonproductive technology ban to increase family time using alternative activities.
- Ban the use of entertainment technology before homework completion.
- Plan viewing together in advance. Use the television rating system to determine which shows are appropriate. Discuss reasons for both approving and disapproving shows.
- Preview programs first whenever possible. Screen new shows intended for children; forbid shows with graphic violence.
- Watch programs with children to help them interpret what they see. Observe children as they watch, and make note of their mood, that is, whether they are sad, confused, worried, happy, or bored. Discuss their reactions, and foster critical thinking skills.
- Use current technology to block children from watching inappropriate material on TV.
- Set an example. Children will not learn self-discipline if parents do not exhibit it in their technology use.

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Muscari, M. (2002). *Not my kid: 21 steps to raising a nonviolent child*. Scranton, PA: University of Scranton Press.

Nemours Foundation (2014). Healthy habits for TV, video games, and the internet. Retrieved from <https://kidshealth.org/en/parents/tv-habits.html?ref=search>

PARENT TEACHING GUIDE: TOXIC STRESS

Foster positive coping skills:

- Your toddler may cope with stress by using infantile motor activities (rocking, restlessness, changing positions to move away from stressor) until he or she begins to use other strategies, such as play. Play serves as a stress relief method for toddlers. He or she can release frustrations and anxieties by banging on drums, working with a play hammer and nails, or molding clay dough. Your toddler will also hug a favorite toy, throw tantrums, suck his or her thumb, and even withdraw and become quiet.
- Your preschooler may attempt to handle stress in a variety of ways, including occasionally lapsing into babyish behaviors such as thumb-sucking or bedwetting. He or she may also develop unsightly nervous habits such as nail biting, hair pulling, nose picking, or masturbation.
- Your school-aged child uses a number of coping mechanisms to deal with stress. Some of these are unconscious, such as denial and reaction formation. Denial temporarily allows your child to deny that the stressor occurred in the first place. Reaction formation allows your child to act or say the opposite of how he or she actually feels. For example, if your child is afraid, he or she may say something like, “I’m not afraid of anything. I’m the bravest one in this whole room.” These mechanisms are healthy and normal, but help your child learn more age-appropriate coping mechanisms, such as communication and problem solving when he or she is ready.
- Adolescents have a variety of coping mechanisms. One is cognitive mastery, whereby teenagers attempt to learn as much as possible about the situation. They can then use their problem solving skills to work through the situation. By using conformity, teens attempt to mirror the actions and appearance of their friends. Controlling behavior allows them to be in charge of some aspects of their lives, and they will not accept parental or school rules without questioning them. Young teens use fantasy, and teens of all ages rely on motor activities, such as sports, dancing, or other high-energy activities—all very effective tension-relieving strategies. Adolescents may react negatively to stress by acting out, blaming others for their mistakes or problems, or by using drugs and alcohol. Therefore, it is helpful to teach your teen healthy stress management techniques before he or she feels overwhelmed by stress.

PARENT TEACHING GUIDE: TRANSITION AGE YOUTH

- TAY need to plan their living arrangements, career/schooling/military enlistment, long-term relationships, community involvement, and free time, and planning should include parents/guardians, school personnel, health care provider, and other services as needed.
- Plan for life. Many TAY do not know what they want to do with the rest of their lives; however, they can make a smooth transition with some help and access to resources. Create a plan to assist them in identifying the following:
 - Support persons: Who are the family members and friends they can count on for advice and support, including emotional, physical, and financial needs.
 - Career goals: TAY may still need assistance in deciding a career path. Have them begin with an Internet search. The Bureau of Labor Statistics (www.bls.gov) provides the occupational outlook for numerous careers, including median pay, typical entry-level education, on-the-job training, number of jobs, job outlook, and employment change.
 - Career planning: College, vocational school, work, or military—living off parents should not be an option. A college education is required for many, but not all, careers, and families need to consider future career goals, loan burden, and other factors when making this critical decision. Get assistance from a career counselor.
 - Living arrangements: If the youth does not go away to college, where will he or she live? If the youth moves to his or her own place, what can the youth take with him or her (e.g., is the bedroom furniture the youth's or the parents')?
 - Transportation: If the youth has a car, how will he or she pay for fuel, maintenance, repairs, and insurance?
 - Health care needs: Is a change of providers needed? If the youth has a pediatrician, he or she will need to transition to an adult provider. Regardless of provider, the health care provider should be a good source of information for the youth's wellness care and health promotion needs. The health care provider can also recommend community agency resources, especially for TAY with disabilities.

PARENT TEACHING GUIDE: TRAUMATIC STRESS

- Some children withstand an onslaught of stressors. No matter what happens, they bounce back in the face of stressful events and situations. These children tend to have specific characteristics:
 - They have a loving relationship with at least one adult, and connections with adults outside the family.
 - They believe in their own effectiveness, and that they are lovable and worthwhile.
 - They can solve problems effectively.
 - They believe that they have the ability to make things better for themselves.
 - They have spiritual resources.
- Your child is at increased risk for suicide if he or she fits any of the following risk factors. If any of these apply to your child, talk to your child's health care provider:
 - Previous suicide attempts (risk is greater if happened in past 3 months)
 - Psychiatric disorder
 - Family member with mood disorder or suicide attempt or success
 - Child or family member has substance abuse problem
 - Family discord
 - Impulsiveness
 - Hostility
 - Poor social skills
 - School problems, including truancy
 - Romantic breakup
 - Homosexual or bisexual preference
- Bring him or her to an emergency facility immediately for any of these:
 - Stating he or she wants to hurt or kill himself or herself
 - Any suicide plan
 - Irrational speech
 - Sudden alienation from family
 - Sudden interest or loss of interest in religion
 - Taking unnecessary risks
 - Hears voices or sees visions
 - Drug and alcohol abuse
 - Giving away his or her possessions
 - Writing notes or poems about death
 - Preoccupation with death-themed music, movies, art, or video games
 - Feelings of hopelessness
 - Statements like "You won't have to worry about me anymore"