



Reaching Out

Norristown Area Communities That Care for Youth

Keeping Youth Safe & Drug Free

Winter 2008

Parenting a Child with Mental Disabilities

By Oglatha Ingram, MSW, Parent Outreach Specialist

Raising a child can be a daunting task for most parents, but even more challenging is raising a child with a mental disability. Adding a mental disorder (anxiety, depression, ADHD, autism, schizophrenia) to the normal developmental process makes parenting a particularly challenging task, but it can be rewarding too. Here are a few things to think about:

Acceptance

While accepting that your child has a mental health challenge is hard to do, the upside is the sooner intervention is rendered the sooner your challenged child can obtain appropriate help.

Seek Help

Look to helping professionals to access and evaluate your child's symptoms. Work in partnership



with your pediatrician, teacher and psychologist to share your observations of home and social life. Also talking with a clinical social worker, psychologist or

psychiatrist may help you understand how to develop at-home and at-school strategies for optimal behavior to be exhibited by the child.

Read! Read! Read!

Absorb as much information as possible. Your local library, the Internet and your child's school counselor can all be great resources. In addition to gathering information about your child's diagnosed mental disorder, you can discover specific resources available in the community, support groups and suggestions on how to cope with daily challenges.

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Possible Depression Problems

Scientific studies have identified a link between depression and the use of alcohol, tobacco and other drugs during adolescence. A survey given to several grade levels of students from the Norristown Area School District revealed higher depression levels than the state average. The questions that were asked and the corresponding percentages are below.

	6th	8th	10th	Overall
In the past year, I felt depressed or sad most days.	42.7%	42.8%	40.5%	42.1%
Sometimes I think that life is not worth it.	25.8%	23.5%	24.1%	24.4%
At times I think I am no good at all.	30.3%	31.2%	31.4%	31.0%
All in all, I am inclined to think that I am a failure.	15.9%	15.5%	15.5%	15.6%

(Parenting continued from page 1)

Teach

Teach your child about his/her mental and emotional challenges. Give them the information they need to understand their illness.

Think about the siblings

Don't forget about the needs of the sister or brother of the child with the mental disability. Sometimes the siblings feel ignored,

jealous or stressed when the parent is hyper-focused on the child with the greatest need. Give the sibling some of your time too. Providing one-on-one time for the sibling as well as the child of concern can have amazing results. Try to involve the sibling in caring for the child of concern, but do not overdo it.

Parenting is a journey, full of adventure and discovery. Arm yourself with the best equipment

to make your trip as productive as possible.

References:

Family Guide: Children with Disabilities

The New York Times – Parenting as Therapy for Child's Mental Disorders

Mental Health: A Report of the Surgeon General

Mental Health Resources

By Jennifer Yeager, Youth Services Specialist

It can be difficult to know where to turn when you think your child may have mental health problems. A good person to talk to is your child's school guidance counselor. He/she could give you some suggestions of where to start. Below are other local resources:

Parents Involved Network (PIN)

601 DeKalb Street, Suite 3
Norristown, PA 19401
610-279-8511 or 1-800-688-4226, extension 550
www.pinofpa.org

PIN provides information, assists in finding services and will advocate on behalf of the parents or caregivers of children with mental health issues.

Montgomery County Emergency Service, Inc. (MCES)

50 Beech Drive
Norristown, PA 19403
610-279-6100 or 1-800-452-4189
www.mces.org

MCES operates the crisis/suicide hotline for Montgomery County. It is open 24 hours a day, seven days a week. Services are provided regardless of insurance coverage.



Central MH/MR

1100 Powell Street
Norristown, PA 19401
610-277-4600
www.centralmhmr.org

Individual counseling for youth and families with medical assistance and other private insurance.

SPARKS: Strong Parents Actively Raising Kids Safely (Family Services)

3125 Ridge Pike
Norristown, PA 19403
610-630-2111

A free family counseling program that helps parents understand their children's behaviors while creating a stronger family unit. The entire family is required to participate in SPARKS in order for this service to be most effective.

ACCESS Services, Children's Crisis Support Program

500 Office Center Drive, Ste. 100
Fort Washington, PA 19034
1-888-435-7414
www.accessservices.org

Children's Crisis Support Program provides 24-hour support for children under 18 and their families experiencing crisis. Service is free to families.

Depression in Children and Adolescents

By Maris H. Menin, LSW, MSW, SPARKS Family Counseling

Is it a phase in the child's life or depression? Normal behaviors vary from one childhood stage to another, making it difficult to tell whether a child is just going through a temporary "phase" or is suffering from depression. As children grow older, the rate of depression increases.

Getting your child into treatment is important to help your child feel better. Research has shown that childhood depression often persists, recurs and continues into adulthood, especially if it goes untreated. The presence of childhood depression also tends to be a predictor of more severe illnesses in adulthood. Treating the first episode of depression can reduce future episodes or reduce the severity of symptoms in future episodes.

Common causes for depression are biological tendencies in a family and life stress. Changes in emotional, cognitive, physical and behavioral functioning are signs that your child may be depressed. An important difference between adult and childhood depression is psychotic features which do not occur as often in depressed children and adolescents. When they occur, auditory hallucinations are more common than delusions. To help you consider the possibility that your child may be depressed, a list of symptoms follows.

Symptoms

Under 7 years old:

- Anxiety
- Difficulty communicating feelings (acting out)

- Behavioral disturbance
- Listless
- Withdrawn
- Weepiness
- Refusal to eat

7-12 years old

- Crying, feeling sad, helpless or hopeless



- Feeling discouraged or worthless
- Loss of pleasure or interest in others or most activities
- Fatigue and loss of energy nearly every day
- Bad temper, irritable, easily annoyed
- Fearful, tense, anxious
- Repeated rejection by other children
- Drop in school performance
- Inability to sit still, fidgeting or pacing
- Repeated emotional outbursts, shouting or complaining
- Doesn't talk to other children
- Repeated physical complaints without medical cause (headaches, stomach aches, aching arms or legs)

- Significant increase or decrease in appetite (not due to appropriate dieting)
- Change in sleep habits

Adolescents

- Sudden changes in behavior
- Aggressive, angry or agitated behavior
 - Increased risk-taking
 - Changes in appetite or sleep patterns
 - Lower self-esteem
 - Gives up valued possessions and settles unfinished business
 - Withdraws from friends, activities and family
 - Changes in dress or appearance
 - Significant losses or family stress

Serious and Critical Symptoms

- **Suicidal thoughts, feelings or self-harming behavior**
- **Abuse or prolonged use of alcohol or other drugs**
- **Symptoms of depression combined with strange or unusual behavior**

References:

(Montagnese, E. May 22, 2003), Depressive disorders in children and adolescents: Childhood Depression & Suicide: Diagnosis & Treatment Conference.

(Ryan et al., 1987; Birmaher et al., 1996a, 1996b).

www.oregoncounseling.org

www.ncpamd.com

www.nimh.nih.gov



**KEEPING YOUTH
SAFE
&
DRUG FREE**

Communities That Care
3125 Ridge Pike
Norristown, PA 19403
Phone: 610-630-2111
Fax: 610-630-4003
info@norristownctc.org

Communities That Care (CTC) is a risk-focused approach to reducing adolescent problem behaviors through community mobilization and planning. Local citizens and community leaders work together to identify the risk factors that increase the likelihood of problem behaviors developing and enhance the protective factors that can shield youngsters from problems. The risk and protective factors are used to implement a comprehensive plan to step ahead of the problems with far-reaching and long-lasting solutions.

For more information, visit our website at www.norristownctc.org.

Strong Family Bonds Keep Kids on Track

By Alissa McBride, MSW, Community Prevention Coordinator

Children who feel a sense of belonging, of being needed and loved by their parents are less likely to smoke, drink or do drugs. When family bonds are strong, youth are also less likely to have sex at young ages, get into fights, or have thoughts of suicide. These young people are more emotionally content, work hard at school and have positive peer relationships. This is true regardless of the child's gender, family structure or socioeconomic level.

Parents who spend time with their children tend to know what's going on in their lives and what problems and tough decisions they face. Research has overwhelmingly shown that "parent power" is the most potent and most underutilized tool we have to prevent our children from using substances and engaging in other risky behaviors. The more involved you are as a parent and the more you believe

that you can make a difference, the safer your child will be.



So how do you create and maintain these crucial bonds? Simple actions like setting rules and standards of behavior for your children and eating dinner together on a regular basis make a world of difference. Though we tend to give our children more freedom as they grow older, it is important to recognize that the late elementary, middle school and high school years can be high risk times for youth. As they

pass from 12 to 13 years old, the percentage of youth who say they rely most on their parents' opinions when making important decisions drops. Stay involved in your child's life, keep communication open and continuous and involve your children in after-school activities, other than hanging out with friends. If possible, have a parent or other adult at home when they return from school and participate in family and community activities together.

Many parents think that monitoring their child's activities alienates them, when actually the opposite is true. Parents who are "hands-on," meaning they set codes of behavior and monitor to see if they are being followed, have children who are at a lower risk for substance abuse. "Hands-on" parents are also more likely to have strong, positive relationships with their children than parents who are "hands off."