

Keeping Young People Out of Trouble

It can be hard for parents to know what behavior is normal and relatively harmless for pre- and young teens, and when their child might be in trouble and need help. This fact sheet will explain the difference and signs of serious problems in young people.

What can parents expect?

Parents of youth between 10 or 11 and the teen years often notice that their child is involved in new behaviors and is wanting to try new things. Parents may not be comfortable with or like the way their child dresses or acts; however, many of these behaviors are completely normal and not a cause for concern. These behaviors are considered "normal" for preteens and teens:

- interest in fads concerning clothes, hair styles, and music;
- occasionally coming home 30 minutes to an hour late;
- spending more time alone;
- sharing less openly with parents or family members, and
- spending more time with friends.

A natural part of becoming a teen is to become involved in some risk taking. Trying out for the team or the school play, calling someone for a date, or standing up for what they believe are all examples of normal, healthy risks youth may take. Part of being this age involves testing the abilities of rapidly developing bodies and minds. In fact, at times teens show great courage in the risks they take—for example, risking their

Normal behavior or a problem?

Chuck and Caroline have two sons: Adam, 10, and Chris, 13. Their older son is beginning to spend more time with his friends after school and after supper. He sits with his friends at ball games and even at church. While his parents try to accept Chris' growing independence, they know they must keep track of him. A few weeks ago a friend told Caroline that one of Chris' friends had been caught drinking in the school parking lot after a basketball game. How will they know if their own son has similar problems? And will Chuck and Caroline know what to do?



safety to save a child from a water accident or a burning building.

Some risks are potentially dangerous even though they are completely normal. Examples include the following activities:

- dangerous bike riding;
- taking dares that are physically dangerous (such as testing ice on a newly frozen lake or river);
- taking rides with older youth or someone who has been drinking;
- experimenting with drugs, alcohol, or sex, and
- minor acts of vandalism.

Most parents would like to protect their children and see them reach adulthood without serious problems. For good reason, parents fear troubles of teenagers they read about in the newspaper—pregnancy, addiction to drugs and alcohol, unsafe driving, shoplifting, gang membership, and violence. Parents can be reassured to know

that a majority of preteens and teens never become involved in these problems.

What can parents do?

Parents can steer children in the right direction by knowing **where** they are, **what** they are doing and **who** they are with. It's important to keep track of youth, especially in the years between age 10 and 13 or 14.

Here are ways parents can monitor their pre- and young teens:

- With your child, decide a few important rules—curfew times and off-limits places and activities.
- Ask your child to call or leave a note if plans change.
- With your child, develop consequences to expect when they break rules (be sure to follow through).
- Build a positive relationship by spending fun time with your child.
- Let your child know you are interested in his or her activities.

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- Listen with an open mind when your child talks about problems or concerns.
- Get to know your child's friends and their parents.
- Encourage involvement in school and extra-curricular activities and clubs or organizations.

By age 14 or 15, when young people spend more time on their own and especially by 16 and beyond when many young people drive, parents must realize that monitoring their children's activities has limits. Following these suggestions is still important, but parents also must learn to trust their child. Instead of trying to keep youth from making mistakes, parents do well to help teens learn from mistakes.

Parents can make things worse by trying too hard to control older teens. In fact, most teens occasionally rebel against certain parental beliefs or rules. Overprotection, forbidding them from seeing certain friends, accusations, and severe or unfair punishment actually can increase your teen's chances of having problems.

What is a serious problem?

Parents also must be able to recognize serious problems and seek help when needed. Acceptable behavior varies with a child's age, and with differing family values regarding involvement in sex or experimentation with alcohol. However, the following behaviors should **always** be of concern:

- **depression** that lasts for two weeks or longer;
- abuse of **alcohol or drugs**, and
- promiscuous or unprotected **sex**.

Depression in teens can involve far more than sad feelings or a sense of hopelessness. Although these feelings may indicate depression, depression may show itself in other ways, such as irritability, anger, use of alcohol or drugs, or promiscuous sex (sometimes a sign of low self-esteem). No one behavior identifies depression or substance abuse; however, a youth in serious trouble probably will display several symptoms.

The following behaviors are danger signs of depression and/or serious use of alcohol or drugs:

- unusual irresponsibility in doing chores, arriving home on time, keeping house rules;
- loss of interest in goals, activities, or hobbies;
- temper flare-ups;
- rapid change in friends;
- deterioration of physical appearance or personal hygiene;
- abrupt changes in school attendance and grades;
- extreme isolation and withdrawal from family;
- secretive and defensive behavior regarding actions, and
- stealing money or objects from friends, relatives, or parents.

When a youngster has a substance abuse problem along with depression, most professionals believe it is important for the young person to "get clean" from drugs or alcohol before treatment for the depression.

How can parents get help?

Just as parents get medical help for their children's physical problems, they also have the responsibility to get professional help for their children's other problems, such as depression or substance abuse. Parents must (1) recognize the problem, (2) find out the severity of the problem, and (3) get treatment.

1. Recognize the problem.

Watch for warning signs. Even if you notice only one or two signs, **talk to your child**. You can damage your relationship if you secretly try to determine if he or she abuses drugs or alcohol. Instead, choose a time when you and your child are calm and express your concerns.

Do not accuse your child of wrongdoing. This only arouses your child's defensiveness. Tell your child as specifically as possible the things you have noticed. (See situation at bottom of page.)

It is possible your teen will become angry or defensive, even if you're careful not to accuse. If your child refuses to talk, come back later in the day or the next day. You might say that his or her not talking to you makes you even more concerned. Then if you don't feel better after talking to your child, you may have to resort to detective work—finding out what's in your child's room and talking to former peers, coaches, and teachers.

2. Find out the severity.

After communicating with your teen and reading more about depression and substance abuse, you may feel that your youngster's situation is normal and not a reason for concern. Or you may think that your child needs more information and support from you or at school. Many schools may offer after-school programs conducted by their peers or professionals for students who use alcohol or drugs, or who are unhappy or depressed.

If your child doesn't want to participate in such programs, or if the behavior gets worse (when the child becomes defiant or runs away from home), seek a professional evaluation of the problem. It's likely your child will resist this course, but parents must be firm. If your child had a potentially serious physical condition, you wouldn't let him or her decide whether to get medical help or professional attention.

1. Recognize the problem.

What to say: *We're concerned about you, John. We've noticed some changes that worry us. Your grades took a nose-dive last quarter and you're dropping out of school activities. We know you're growing up and need to be more independent but lately it seems like you don't want to spend any time with us at all. We don't know your new friends and that worries us. You look really tired and your eyes are often bloodshot. You don't seem as happy as you were a few months ago.*

Most evaluations provide a check of general mental health, such as the presence of serious depression, and should be conducted by someone skilled in working with youth problems, such as a psychiatrist or mental health counselor. Also be sure the professional is familiar with signs of youth substance abuse.

The professional should evaluate a child's coping skills in four areas: family, school, the peer group and the community. Are relationships within the family and with old friends worse or deteriorating? Have grades dropped and involvement in activities slowed down or stopped? Has the youngster been arrested or gotten in trouble in the community? Or, is he or she involved in church or clubs, such as Scouting or 4-H? If the evaluation shows serious depression or substance abuse, your child should be receiving some form of treatment.

3. Take action to get treatment.

Appropriate treatment varies according to the severity of the problem. It can include:

■ **Outpatient treatment:** Your child actually may be relieved that you and the counselor are concerned and willing to help, rather than resorting to blame or punishment. Working with a counselor on an outpatient basis works best for youth who are still connected with their family and whose families are able to be actively involved. When substance abuse is involved, this form of treatment also works better if the problem is relatively new and the young person at least recognizes abuse as a problem. This is the best form of treatment whenever possible because the teen can continue to participate in family, school, and peer activities.

■ **Partial hospitalization:** The young person spends the day in the hospital or treatment center and goes home at night and on weekends. This works for substance-abusing youth who need help with school work, or who are involved in an intensive Twelve-Step Program (like Alcoholics Anonymous) and who can partici-

3. Take action to get treatment.

***How to explain the need for outside help:** John, we know you don't think there's a problem, but we're concerned. Please agree to go so we can feel better about you.*

pate actively in individual, group and family therapies. In addition, the youngster must be able to handle the responsibility of being home at night and on weekends and must have parents who can handle this responsibility.

■ **Hospital inpatient care:** This care is needed when the child's safety is a concern, such as when the patient is clearly self-destructive or suicidal. This care also may be the best temporary alternative if the child is out of control or has a serious psychiatric problem, or if parents are burned out or unable to provide supervision. Hospitalization is often short-term, lasting for only a week or two until an accurate diagnosis is made, medication levels are determined and/or outpatient care is set up. Sometimes a patient is transferred from the hospital directly to residential treatment.

■ **Residential treatment:** These programs typically are designed for severe substance abuse problems. They help youngsters for whom alcohol or drugs have become a core part of their lives. Youth stay at the center 24 hours a day for several weeks. Usually a teacher is available to help with schoolwork. Most programs offer physical activities to help patients learn to have fun with peers without using substances, also group therapy and individual counseling. Families also are involved in treatment to learn how to help the teen stay away from alcohol and other drugs when they return home.

Support for parents

This can be a confusing and frightening time for parents who suspect their preteen or teen has a serious problem. These steps, which parents and youth can take together, may turn an otherwise impossible situation into one that will bring the young person a healthier and happier life. Reading about substance abuse and depression in young people can help parents become better informed. Community mental health or substance abuse prevention centers can provide further information, or provide a list of qualified counselors in your area.

Before you discuss your worries with your son or daughter, try to get help and support from Al Anon, a 12-step recovery program designed for families of people with substance abuse problems. You can attend an Al Anon meeting to get information without disclosing your situation, or you can share your concerns and get feedback.

If you are concerned about depression and have no reason to suspect substance abuse, find books about teen depression or ask your local mental health office if there's a support group for parents of youth with emotional problems in your area.

The best prevention of serious problems in preteens and teens is a home with open communication and acceptance, an aware parent, and the teen's own growing sense of maturity and responsibility.

For further reading:

Ask for the following publications at your ISU Extension office:

- *Teens in Distress: Supporting Distressed Young People*, TS-4, and
- *Teens in Distress: Adolescent Stress and Depression*, TS-5.

These books also are recommended for parents:

- *It's Killing Our Kids* by J. Johnston, Word Publishing, 1991, and
- *Choices and Consequences: What To Do When a Teenager Uses Alcohol or Drugs* by D. Schaefer, Johnson Institute Books, 1987.

The following organizations have materials about drugs and chemical dependency, as well as strategies for parents to prevent drug abuse:

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| ■ Al-Anon Family Group, Inc.
Box 862, Midtown Station
New York, NY 10018-0862
1-800-344-2666 | ■ Alcoholics Anonymous
General Service Office
Box 459, Grand Central Station
New York, NY 10163
(212) 686-1100 |
| ■ Alcohol and Drug Problems
Association
444 N. Capitol St. NW, Suite 81
Washington, DC 20001
(202) 737-4340 | ■ Families in Action
3845 N. Druid Hills Rd.
Decatur, CA 30033
(404) 325-5799 |
| ■ Parents for Drug-Free Youth
8730 Georgia Ave., Suite 200
Silver Spring, MD 20910
1-800-544-KIDS | |

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