HOW DO I PARENT MY TEEN?
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WHERE?

Online
TeenMentalHealth.org

In Print
Amazon.com
THE LIFE OF A TEENAGER
Teens haven’t always had the kind of life they do today. The expectations and requirements of teens, and even the entire concept of “adolescence”, have changed considerably over time. The word “adolescent”, which stems from the Latin word for “growing up”, only came into existence in the 15th century!

Adolescence didn’t exist in the Middle Ages (5th to 15th Century). Parents looked after their children only until they were able to survive on their own. At that point, children became adults and parents were no longer responsible for their well-being. In fact, even in the 17th Century, affection or coddling of children was considered unnecessary and detrimental - a recipe for poorly behaved children. Children were treated as adults and expected to behave as such.
It wasn’t until the 18th Century that parents began to recognize the importance of nurturing and educating their children. At first, education was provided by the church, focused primarily on religion, and was only available to wealthy children who lived in cities. For children from poor or rural families, education was considered an unnecessary luxury, as they usually needed to work to help support their families. This continued into the Industrial Revolution (18th to 19th Century), when teenagers were needed for factory work. It wasn’t until the post-Industrial age that the modern teenager emerged.

Our modern understanding of adolescence resulted from a better understanding of how this particular phase of life has its own unique challenges and biological, social, cultural, and economic influences. Although we knew that adolescence was a distinct period separate from childhood or adulthood, many early writings on the teenage experience relied more on speculation than actual fact. Contrary to popular belief, abnormal behaviour is not a typical part of adolescence (and actually may be indicative of mental health problems), and neither is a period of extreme teenage angst necessary for adolescent development.

Even over the past one hundred years, the lives of teenagers have changed dramatically. As you’ve probably noticed, the lives of today’s teenagers differ even from when you were a teenager. The ever-expanding reach of technology and social media has shifted how teens communicate and relate to each other, how they learn, and the kinds of experiences available to them. Although being a teenager today has many similarities to when you were a teenager, the way your teenager will experience his or her life will likely be quite different from your own experience. This book is designed to help you understand what life is like for a teenager today and help you better understand and overcome the challenges of parenting a 21st century teen.

Due to a very influential theory (G. Stanley Hall’s “Storm and Stress”) at the beginning of the 20th century, it was long believed that conflict, risky behaviour, and intense mood swings were a necessary component of normal adolescence. We know now that adolescence doesn’t have to be a time of prolonged, extreme angst. Many of today’s teens pass through adolescence experiencing only mild conflict with their families and occasional “rough spots”. There are still teens who struggle but struggle and conflict is not the necessary rite of passage we were once led to believe. Similarly, not so long ago, parents were expected to essentially stop parenting when their children became adolescents. Today we understand that parenting does not end with adolescence. Rather, it takes on different characteristics and addresses more complex challenges. We now realize that the way you parent your teen and the relationship you have with him or her will have substantial impact on how he or she will experience adolescence. And teens agree - 92% of teens say their behaviour is influenced by how they were brought up, among other factors. [Bibby. (2009). The Emerging Millennials: How Canada’s Newest Generation is Responding to Change and Choice.]
Adolescence is a unique time. As your teen begins to leave childhood behind, he or she is working to figure out who he or she will be as an adult. Teenagers are now faced with trying to sort out an incredibly complex world and have the task of learning how to navigate it successfully. Understanding typical teenage behaviour and the biological, emotional, and cognitive changes that teenagers experience can make it easier for you to handle the challenges that come with parenting a teenager. Here are some developmental milestones that you can expect to see on next page:
### 10-13 years old

1. Puberty begins (Girls usually mature 1-2 years earlier than boys)
2. Struggle to maintain a balance between family and independence
3. Increased awareness of physical attractiveness and physical changes
4. Preoccupation and self-absorption
5. Tendency to indulge in unrealistic goals and future expectations
6. Desire to expand social network and test authority figures
7. Greater fluctuation in behaviour, mood, and motivation
8. Increased interest in sex and romantic partners
9. Decreased impulse control and more intense emotions

### 14-16 years old

1. Greatest levels of teenager-parent conflict
2. Increased focus on time with friends
3. Decreased interest in family activities
4. Puberty usually completed
5. Desire to mirror peers (e.g., clothing, language, values)
6. Feelings of self-absorption and confusion
7. Increased ability to communicate ideas, thoughts, and feelings

### 17-21 years old

1. Begin to accept and fulfill adult responsibilities
2. Increased positive family dynamics
3. Increased self-assurance
4. Increased ability to express thoughts, ideas, and emotions
5. Decreased concern with appearance
6. Increased ability to make decisions independently
7. Decreased incorporation of peer values
8. Improved problem solving skills
9. Strengthened values
PHYSICAL CHANGES
Typically around age eight or nine, puberty is triggered by the body beginning to secrete an increased amount of growth hormone, cortisol, thyroid hormones, and various sex hormones (e.g., estrogen, progesterone, and testosterone). These hormone changes lead to a number of physical changes, including weight and muscle gain, increased body hair, skeletal maturity, growth spurts, and increased sexual capacity. For girls, puberty usually begins around 8 or 10 years old and lasts for about four years, whereas for boys, puberty usually begins around 9 to 11 years old and lasts for about three years.

During the teenage years, the brain grows rapidly and undergoes many important changes. Certain parts of the brain decrease in size while other parts of the brain are enhanced. Pathways that connect different brain regions are strengthened as they are used and consequently, become more efficient. Other pathways that are not used eventually disappear to make way for more useful neural connections.

One of the most important changes in the brain during this period is the development of the frontal lobes – the part of the brain just behind the forehead. This part of the brain is responsible for something called executive functioning, which includes problem solving, planning, social awareness, strategic thinking, risk assessment, and impulse inhibition.

It’s the part of the brain that tells us “Hey, maybe that’s not such a good idea…” The frontal lobes are where civilization lives. They continue to grow and develop during adolescence and don’t actually stop growing until usually the mid-twenties, which explains a lot about risky adolescent behaviour.

Brain growth and development is influenced by three main factors: genetics, early environment (beginning in the womb), and current environment. A healthy environment during adolescence may contribute to healthy brain development. Getting enough sleep, eating healthy, exercising, having positive social and family relationships, and successfully overcoming life challenges all contribute to good brain health. Head injury, poor nutrition, lack of sleep, negative peer groups, and misuse of drugs or alcohol can all have a negative impact on brain development. As a parent, one of your most important roles is to help your teenager seek out and engage with healthy, rather than harmful, environments. More information about each of these aspects of healthy living is presented in the next few pages.

For more information on the teen brain, check out this video: youtu.be/EGdlpaWi3rc
Healthy brain development and growth requires fuel. Here are areas in which you can encourage your teen’s behaviours to help promote the healthy brain development needed for growth and success.

### Exercising

It’s really important that your teen exercise regularly. Not only is it important for his or her physical health but exercise is one of the healthiest and most effective ways to cope with stress. Teenagers should get about 30 minutes of vigorous exercise (e.g., a brisk walk, jogging or running, swimming, dancing, or playing a sport) per day, five days per week. Although walking to and from school or the bus stop is a helpful addition to daily exercise, it’s not vigorous enough to make a difference on its own.

### Healthy Relationships

Children learn about relationships through example. The relationships your teenager has with you and with the rest of your family shape the way his or her brain recognizes and understands relationships. You are the first relationship he or she ever forms. Your relationship creates a template in your teenager’s brain for what a relationship should be. Do everything you can to have a positive, supportive, and open relationship with your child. Use your relationships with your teenager, with your partner, and with your other children to model healthy relationships for your teenager. Healthy relationships involve support and understanding, honest and open communication, equal give and take (i.e., both people are benefitting from the relationship), and clearly defined boundaries that are appropriate for the age, developmental level, and relationship status of the two people involved (e.g., understanding that open and honest communication doesn’t involve telling your teenager about your sex life or that equal give and take doesn’t include placing undue burden on your teenager for financial responsibilities). Your teen will take this relationship model with him or her throughout life.

### Success & Failure

You can’t win every time. In fact, it’s important for your teen to fail and make mistakes on occasion. It’s how he or she will learn to cope with disappointment, pick him- or herself back up, and find the strength to try again. These experiences contribute to the way the brain develops. And just like learning to deal with failure shapes the brain, so does experiencing success. It’s just as important for your child’s development and self-esteem that he or she also finds areas to succeed and thrive. Having a balance of these positive and challenging experiences helps your teenager develop into a confident and capable adult. Encourage teenagers to participate in activities and projects that play to their strengths, but also encourage
It may be hard to believe, given most teens’ penchant for sleeping in, but the majority of teens don’t get enough sleep. There are a lot of reasons why this happens. First, teenagers need, on average, nine hours of sleep per night. At first glance, this might seem feasible. If they have to be up at 7am for school, then they can just go to bed at 10pm, right? But here is the problem – the hormones that the teen brain secretes to make your teenager drowsy and tired aren’t released until much later in the evening. Later than when they were children and probably even later than when you get tired. So when your son or daughter tells you he or she isn’t tired at 10pm – it’s probably the truth. And with school starting at a set time in the morning, by the time most teenagers are tired enough to sleep, there’s no chance for them to get the nine hours they need. Typically, teens get about 2 hours less sleep per night than they need. This is called sleep deprivation.

Sleep deprivation can have serious negative consequences. When we’re not well-rested, we have difficulty learning, remembering, and coping with stress. Sleep is vital to our emotional, physical, and intellectual health and essential for healthy brain development. REM sleep (Rapid Eye Movement), in particular, is necessary to feel well-rested. REM sleep is when you do most of your dreaming and it accounts for 20-30 percent of your sleeping time. Deep slow wave sleep is also important and this can be disrupted by frequent awakenings (e.g., when your teen’s cell phone receives a text message). Helping your teenager get the sleep he or she needs can be a parenting challenge.

So what can you do? Start by recognizing that your teen legitimately may not be tired in the evening. If he or she isn’t tired, ask him or her to unplug (no phone, TV, computer, tablet, or gaming device) at least an hour before bed. This isn’t a punishment. These devices stimulate the brain and make it difficult for people to fall asleep and experience a restful sleep. If your son or daughter isn’t tired yet, let him or her do something quiet in his or her room – reading, drawing, and writing in a journal are all great options. Here are some other tips:

Encourage your teen to go to sleep and wake up within 30 minutes of the same time every day – even on the weekend. Our bodies can’t tell the difference between a weekday and a weekend. Staying up late or sleeping in on the weekend can make it difficult to fall asleep and wake up during the week. But if your teen is sleep deprived, he or she needs to catch up his or her sleep time. And the weekend is where that usually happens because he or she doesn’t need to be at school early in the morning.

Help your teen develop and follow a regular nightly routine before he or she goes to bed. A series of steps to follow every night cues our bodies that it’s time to fall asleep.
Much of the conflict and stress associated with being a teenager stems from one core aspect of adolescence – identity development. Adolescence is the time when most young people start trying to figure out who they are and who they want to become. Teenagers try on different “identities” for size, looking for the one that fits best. This is why you might have a son who dresses in preppy clothes and plays football one year and a son who dresses all in black and plays in a band the next year. He’s trying to figure out where he fits best. Feeling like you don’t know who you are can be really stressful – especially when you think you should know. This is part of the problem of adolescence; most teenagers have yet to develop the complex reasoning ability necessary to understand that their identity can have multiple components. Consequently, they may try to fit themselves into stereotypical boxes (e.g., “football player,” “band member,” “honour roll student,”); none of which are a perfect fit because these identities are too one-dimensional. As teenagers age and the frontal lobes of their brain further develop, they are able to merge varying aspects of their identity and embrace the complex person they actually are (e.g., a good student who plays football and plays in a band, along with many other characteristics). There’s no short-cut through this process. It’s an essential part of being a teenager. Having a sense of identity comes only through time and experience.

Where do our identities come from? They are influenced by our experiences, our natural abilities, our relationships, and our environment.
Our identities are also largely shaped by our relationships. In fact, many theories of identity claim that we first start to understand who we are by understanding how other people see us. A child who is constantly made to feel stupid by his or her family may believe he or she is stupid. Conversely, a child who is constantly made to feel capable by his or her family may believe he or she is capable. You are the mirror through which your child sees him- or herself, especially when he or she is young. As a teenager, friends and peers also start to influence how your teen understands him- or herself, but even if your teen doesn’t want to admit it - you still play a significant role. Don’t underestimate the impact your interactions with your child have on his or her sense of self. Studies of teenagers demonstrate that they understand the value and importance of their parental relationships. Most Canadian teens, for example, report that their mothers and fathers and how they were brought up are the most important influences in their lives.

Environments also play a significant role in the development of a teen’s sense of identity. At a societal level, different societies and cultures have different ideals and expectations, which then help to shape how we think we should be. In many first-world countries, societal expectations include that all children and teenagers should be educated. Thus, strengths or weaknesses in education become core components of identity. Western society often emphasizes the self and the importance of being independent (compared to Eastern societies, which often emphasize putting the family first and may be less likely to value being independent). Consequently, teenagers growing up in a Western society may be more likely to incorporate success at being independent into their sense of identity.

On a smaller level, subcultures also have considerable impact on how teenagers form identities. These subcultures can be based on geographic regions (e.g., a certain part of a city), a sport (e.g., skateboarding culture), a type of music (e.g., rap) or any number of unifying characteristics. These subcultures set expectations for how someone in that subculture should be – which then influence what characteristics become salient aspects of identity for teenagers in that subculture. Even the school environment impacts your child’s identity. Some schools favour academics, whereas others favour sports or the arts. The values set forth by teenagers’ environments are the values on which they will measure and compare themselves - ultimately becoming a component of their identities.

You can help your teen develop a healthy, critically-engaged identity by encouraging them to engage with environments that promote that ideal. For example, volunteer organizations, international humanitarian agencies, etc.

Check out organizations such as Katimavik (katimavik.org; available to teenagers who live in Ontario or Quebec) or Canada World Youth (canadaworldyouth.org).
CONFLICT & COMMUNICATION

Your teenager will get angry at you, your ideas, and your directions, and there will be times when he or she thinks you’re being unfair. That’s okay. In fact, it’s actually good for your teen. Conflict is a normal and healthy part of life. Your teenager is going to encounter conflict in many different parts of life throughout his or her entire life. How he or she deals with that conflict will be learned in large part from you. Use your interactions to model good conflict resolution with your teen. Sometimes it can feel like you’re in constant conflict as your teenager tests boundaries and tries to figure out who he or she is. Remember that with each successful conflict resolution, your teen’s brain is growing and developing, and he or she is learning how to resolve conflict in other areas of life. This period won’t last forever. Most parent-child conflict happens in the early to mid-teens and decreases by 17 or 18. Hang in there!

Much conflict arises from poor communication. Although most people only think about verbal communication, nonverbal communication can be just as important. Verbal communication refers to the things you actually say (or write). Nonverbal communication includes things like your tone of voice (i.e., how you say it), your facial expression, and your body position (e.g., crossed arms). Although they may not be conscious of it, people pay as much attention to your nonverbal communication as they do to your verbal communication. Unfortunately, we rarely pay as much attention to our own nonverbal communication. Here are some tips for communicating with your teen to help reduce conflict in general and calmly resolve conflict when it arises:

1. Listen. This is the single most important thing you can do. Pay attention to what your teen is saying verbally and nonverbally. Don’t spend the time he or she is talking thinking about your own response.

2. Don’t interrupt. Let your teenager express his or her thoughts without jumping in or jumping to conclusions. Ask the same of your teenager.

3. Be aware not only of what you say but of how you say it. Often your teen is more aware of how you say something than he or she is of your actual words.

4. If your teen starts to get upset, ask him or her what he or she thinks you meant – often what we mean to say and what someone else hears us say are different.

Similarly, ask your teenager if everything is okay or if something else is on his or her mind if he or she seems unusually emotional. Our experiences shape how we interpret information. It may be that something you have said has triggered an emotional reaction in your teen due to an earlier experience he or she had (e.g., at school this morning; last week with a friend). His or her reaction may be more about that earlier event than it is about what is going on right now.
Speak clearly. Pause before you respond to ensure that what you say is actually what you want to say. It’s easy to get caught up in the heat of the moment and blurt out something you don’t really mean or later wish you hadn’t said.

Try to understand where your teen is coming from. What has happened to make him or her interpret the situation in a particular way?

Give reasons. Calmly tell your teenager why you don’t want him or her to do something instead of just saying “no”. Giving teenagers a reason why helps them understand where you are coming from and with time, they often understand your point. Discussing “why” can lead to thinking about a problem instead of “feeling” about a problem. This may help your teen engage his or her frontal lobe development, reasoning, and rational thought, leading to more effective problem solving.

Similarly, allow your teenager to present his or her own reasons/side of the argument – and seriously consider them. Although it’s important to be consistent and set boundaries as a parent – sometimes your teenager is right. If he or she presents a well-reasoned argument, tell them so and consider the request again. But don’t “give in” just because you’re tired of arguing. This only teaches your teen that if he or she pesters you enough, you’ll give in.

Stay calm. Raising your voice will only encourage your teen to raise his or her own voice.

If the resolution to the conflict is that your teen does not get what he or she was hoping for – give him or her space to calm down and deal with his or her disappointment without losing face.

Take a break if things get too heated or if the conversation keeps going in circles.

Remember, conflict does not usually resolve with a zero/sum outcome. “Winning” an argument is not usually the goal! Conflict resolution often requires compromise. Healthy conflict leads to healthy resolution and maturity.

INDEPENDENCE

A major component of adolescence is not only learning who you are (i.e., your identity), but also learning how to fit into society. In adolescence, teenagers’ core social focus shifts from their family to their friends. Although parents are still influential, peers start to exert a larger influence on how a teenager thinks and behaves. It can be a challenge for some parents to let their teenagers exercise independence – but it’s an important step for teenagers to take. Teenagers need to spend time with other people their age in order to develop social skills and to experience a sense of belonging.
Spending time with peers helps teenagers learn how to interact and form positive connections with other people, especially with people who might be quite different from themselves. Although it can be challenging to relinquish control over your teenager, it’s an important step in your teen’s development. Instead of trying to force your teen to spend most of his or her time with family, try setting a designated family time each week and leave other times open for your teen to spend with friends (within reason). Although the choice of friends is ultimately your teen’s decision, it is influenced by your parenting and the values your family has instilled in your teenager. Remember that the relationship you have with your teen sets the stage for the kinds of relationships he or she looks for. Having a healthy, positive, and open relationship with your teen is a great first step. You can also help your teenager become involved in various positive social activities (e.g., sports, music, volunteering) where he or she has the opportunity to meet other like-minded peers. An important opportunity is for you as a parent to get to know your teen’s friends. Knowing his or her friends will help you better understand your teen. Many parents find that they develop their own friendships with their teen’s friends and sometimes even with the parents of those friends.

Coinciding with their increased independence, many teenagers not only spend less physical time with their family, they also spend less emotional time. That means that your teenager may not share his or her thoughts and feelings with you as he or she may have done before. There are probably many different thoughts and emotions circling through your teenager’s head as he or she attempts to figure him- or herself out. This is perfectly normal.

\[ \text{S} \] pace. Give your teen some space. Don’t try to force him or her to talk to you or tell you what is on his or her mind.

\[ \text{L} \] isten. Let your teen know that you’re there and ready to listen if he or she ever needs it. The key part here is to actually listen if your teenager comes to talk to you.

\[ \text{S} \]ounding board. If your teen wants your advice, he or she will ask. Likely, he or she will be able to resolve the issue independently, and may just need you as a sounding board to work through the possibilities. Let your teen take the floor.

\[ \text{A} \]sking your teen. If you have something you really think he or she should consider, ask your teen if he or she wants to know what you think. Your teen will appreciate that you’re respecting his or her independence.

\[ \text{O} \]verreact. Similarly, if your teen tells you something that upsets you, try not to overreact. It’s important that your teenager feels like he or she can come to you when something is wrong. It’s okay to express disappointment, frustration, or concern – but try not to yell, cry, or walk away from the conversation. If your teenager believes that you can’t handle what he or she has to say, he or she will probably choose to say it to someone else.
The way teenagers communicate today is drastically different than when most parents were teenagers. With the ever-increasing possibilities afforded by new technology, many teenagers live as much in the virtual world as they do in the real world. This has advantages and disadvantages. From a positive standpoint, using technology to communicate provides teenagers with access to their peer social network 24/7. For teens looking for somewhere to belong – the internet can help them find other like-minded teens. It can also be quite beneficial for anxious or social awkward teens, by helping them form connections and interact with other teens when they might not otherwise be able to. From a negative standpoint, life doesn’t only exist in the virtual world. It’s essential that all teenagers learn proper face-to-face communication and how to talk to the person right in front of them, rather than the person on their phone. The key here is balance.

POOR SOCIAL SKILLS

Some parents are concerned that excessive reliance on technological communication will cause their child to develop poor social skills. Balance is important here. As a parent, you can take active steps to ensure that your teenager is getting just as much in-person time with peers as social media time. Help your teenager get involved in positive activities with same-age peers (e.g., clubs, sports, hobbies) and implement clearly-defined rules for social media use. Those rules might include only using the computer when you’re in the room, no phones at the dinner table, putting the phone away at 7pm every night, or even accepting your friend or follow request on Facebook/Twitter. Whatever rules you choose to set, make sure that they are clear to the whole family. Teenagers need to know what you expect – and what the consequences are for breaking those rules. Teenagers also need consistency. Make sure you and your partner are on the same page and that all family members follow the same rules, not just your teenager.
Regardless of your perspective on technology, the reality is that technology is going to continue to develop at a rapid pace. 93% of teens have access to a computer at home, 23% have access to a tablet (e.g., iPad, Playbook), 78% have their own cell phone, and 37% own a smart phone. Using these devices, 95% of teenagers go online, 82% of teenagers use social networking websites (e.g., Facebook, MySpace, Twitter), 62% of online teens upload photos of themselves, 27% upload videos of themselves, 13% stream live videos of themselves, and 37% use video chat. On top of that, teens send an average of 60 texts messages per day and all of these numbers are growing. Your teenager isn’t likely to stop using the internet or communicating with friends via text message or social media any time soon.


People can claim to be anyone on the internet. It’s really important for teenagers to understand that just because someone claims to be a 14-year-old girl, doesn’t mean that they are actually a 14-year-old girl; that person could be a 45-year-old man. For the vast majority of the internet, there are no safety checks. People can claim to be whomever they choose and there is no way to know if he or she is telling the truth. The internet makes it much easier for predators to seduce vulnerable individuals. Make sure teenagers understand that they should never trust someone they’ve only met online. Monitor your child’s use of the internet and ask him or her questions about his or her activities to keep alert for potential threats.

Never give out personal information. That includes your name, age, birthday, school, neighbourhood, friends, siblings, parent’s jobs, financial information, etc. It may seem innocent but as previously mentioned, you don’t know who you’re really speaking to on the internet.

What goes on the internet is PERMANENT. Posting or sending inappropriate photos or comments is not something that can be deleted later on. Even if your teen tries to delete something later, a copy of it remains on the internet (in addition to the copies downloaded by other people before the original was deleted). If it’s not something you want everyone to have access to forever, then don’t put it on the internet.

Just because you can’t see someone doesn’t mean you can say whatever you’d like. Words can have tremendous impact – for good and for bad. If you wouldn’t say it to someone’s face, you shouldn’t say it online.

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## Cyberbullying

24/7 access to peers can mean that teenagers who are bullied don’t have a safe space to escape. The bullying doesn’t end when the teen goes home at the end of the school day. Internet, texting, and social media use make it possible for bullies to have 24/7 access to their victims, making it hard for teenagers to escape. Make sure your teenager understands the impact his or her words can have on other people. Stay on top of your teen’s social media use and be alert for signs that he or she is being bullied (or is bullying someone else). Cyberbullying can take the form of hurtful text messages, email, instant message conversations, tweets, wall posts, or hurtful photos. Research has found that approximately one quarter of teens may have been targets of electronic bullying. Having an honest and open relationship with your teen can help you stay alert for signs of bullying.

If your child is being bullied, work with him or her to determine a course of action. Bullying is not just a “normal” part of being a teenager and it is not necessary for “toughening up” your teenager. Bullying has no positive purpose and its impact can be sustained and severe. Work with your child and the school to ensure that your child has a safe and supportive environment in which to grow and learn.
DATING

Taking romantic interest in others is an important developmental milestone for teenagers. Much like friendships, dating allows young people to enhance their social skills, experience different viewpoints and perspectives, and expand their self identity. Not all teenagers will be interested in dating at the same time, but as they begin to shift their focus from their family to their peers, romantic relationships move to the forefront of teenagers’ minds. Talk with your teen about your family values, whether or not he or she is allowed to date, and why. If you and your teen agree that he or she can start dating, talk to him or her about sex. Teenagers don’t always get their information from reliable sources and it’s so important that decisions with lifelong consequences, like sex, are based on factual information.

Some people are aware of their sexual orientation long before they reach adolescence, but for many gay, lesbian, and bisexual teenagers, adolescence is when they start to become fully aware of their sexual preference. Although some teens quickly become certain of their sexual preference, other teens need to take time and experiment in order to be certain of how they feel. Adolescence can be a stressful time for any teen, but for a teen who is struggling with accepting or expressing his or her own sexual identity; this time can be especially conflicting. If your teenager is struggling with his or her own sexuality, he or she will be more likely to confide in you if he or she trusts that you will be loving, supportive, and nonjudgmental. Having a positive and open relationship with your child is the best way to ensure your teenager knows that he or she can trust you. Regardless of his or her sexual orientation, your teenager is still your child. Remember that he or she may need you to openly express your love and acceptance of him or her. It may seem obvious to you that you love your child regardless of his or her sexual orientation, but your teenager may need you to make that message very clear to him or her.
According to recent data, about 80% of teens believe that premarital sex is acceptable, which is a decline from the number of teens who believed it was acceptable in the 1970’s (90%). Teens are also waiting longer to have sex – 12% of teens had had sex by age 15 in the mid 1990’s, whereas now, only about 8% of teens have had sex by age 15 [Bibby, 2009]. Although attitudes towards sex seem to be changing among teens, there is still considerable variation among teens who have different parents, different cultures, and different religions.

Some parents believe that sexual activity among teenagers is wrong and consequently, do not educate their teenagers about sex, believing that being taught about sex will lead to teenagers having sex. Research has found that this is not true. Contrary to popular perception, most teenagers participate in low levels of sexual activity and when they do, have only one partner at a time. Providing sexual education does not increase the likelihood of teenagers having sex but it does increase the likelihood that if they have sex, it will be safe sex (e.g., use condoms and birth control). The fact is that if you don’t teach them about sex and safe sex, they’ll look elsewhere – and not all sources have accurate information (especially internet sources). Talking to your teenager about sex allows you to influence the message he or she gets and ensure that it is accurate.

1. You may find it uncomfortable to talk to your teenager about sex. Do it anyway.

2. Try your best to be open and honest.

3. Use real terms, not euphemisms.

4. If you don’t know the answer to something, tell your teenager that you’ll look it up or you can find the information together.

Avoid making vast generalizations (e.g., “Teenagers who have sex end up pregnant”) or dramatic fear-inducing statements (e.g., “If you have sex, you’ll get a Sexually Transmitted Infection”). These statements undermine your teenager’s trust in you. Give the facts. If you’ve raised your teen well, he or she should be able to take that information and make the right decision for him or her.

5. If your teenager tells you about a sexual experience he or she has had, try to react without exaggeration. Stay calm, thank your teenager for being honest with you, and work with your teenager to ensure that he or she is making safe choices.

- If the experience is a sexual assault, take your teenager seriously.
- Go to the police.
- If it has just happened, take your teenager to the hospital and make sure that he or she doesn’t shower or do laundry first.
- Ensure your teenager has someone to talk to.
- A counsellor or psychologist who specializes in sexual assault can help your teenager sort through the array of emotions that accompany being sexually assaulted.
ACTIVE & ENGAGED PARENTING

Raising a healthy and well-adjusted teenager who makes smart decisions requires you to be an active, engaged, and involved parent.

TECHNIQUES USED BY ACTIVE & ENGAGED PARENTS

1. **Listening.** You learn more when you listen than when you talk. If your teen needs someone to talk to, it’s essential that you listen. Try not to interject with your thoughts and opinions unless he or she asks or you are concerned for his or her safety. Be open, supportive, and nonjudgmental. You don’t always have to agree with your teen or accept things that he or she has done wrong, but try to be respectful and thank your teen for coming to you.

2. **Expectations and Boundaries.** Teens need to know what you expect of them and what you won’t tolerate. It’s not being harsh or mean to set reasonable expectations and boundaries. Keep in mind your child’s age and abilities when forming expectations. Make sure your teen has a clear understanding of the expectations and boundaries you’ve set, why you’ve set them, and what the reasonable consequences will be if he or she doesn’t abide by your rules. Giving your teenager the reason behind your decision shows him or her that you believe he or she is capable of being a reasonable and logical human being. It communicates respect and helps your teenager respect (and even understand) your decisions in return.
Consistency. Once your teen is clear on what you expect, what you won’t tolerate, why you’ve made that decision, and what the consequence for acting otherwise would be, you must be consistent. This includes consistency between parents (being on the same page is essential) and consistency over time. Your teenager may try to wear you down. Don’t let him or her get away with something you’ve made clear you won’t tolerate. “Giving in” only teaches your teenager that if he or she bugs you enough, he or she will get his or her way. This is not the message you want to convey. Consistency also includes meaning what you say. Most teenagers take their parents at their word. If you tell your teenager that you won’t get mad if he or she is honest with you, then you can’t get mad. Likewise, if you tell your teenager that he or she can borrow the car on Friday if he or she helps clean the garage – then you need to follow through. If your teenager starts to believe that you don’t mean what you say, he or she will stop trusting you, which can have considerable negative consequences for your relationship.

Education. Learn more about teenagers and what it means to be a teenager. One way to do this is through reading booklets like this one and other resources (see page 53 for a list of trustworthy and helpful websites). But don’t take all of your education from a book. Talk to your teenager. Your teen is the expert on his or her own life. Ask him or her to tell you what’s going on. What it’s like for him or her at school, with friends, at home? Don’t assume you know the answer. Although there are definitely similarities, being a teenager today is quite different than when you were a teenager. If you don’t know the answer, ask. This will help you better understand your teen and will show your teen that you care about and respect his or her opinion.

Communication. Try to have an open line of communication with your teen. Adolescence is when many people are first exposed to sex, drugs, and alcohol. Although they can be uncomfortable subjects to discuss, don’t avoid talking about them with your teen. By openly and realistically discussing these topics, their consequences, and what to do when confronted with one of these issues before your teenager is exposed to them, you can increase the likelihood that he or she will make smart decisions when the time comes.

Awareness. Spend time getting to know your teen’s friends and their parents. Teens are heavily influenced by their friends’ behaviour and expectations. Regular communication between parents can help build a safe environment for all teens in a peer group. Parents can help each other track their kid’s activities while still allowing them relative independence.

Involvement. Get involved in your teen’s life. Respect his or her need for independence but don’t let that supersede your own relationship. Show interest in activities he or she enjoys. Find fun activities you both enjoy and can do together, or as a family. Ask your teen how his or her day was and expect more than “fine” as an answer. Know where your teen is and who he or she is with. Make yourself a respectful but present part of your teen’s life.
Family values. Talk to your teen about your family values. Explain to him or her why you feel the way you do. Have an open and interactive discussion where you listen to your teenager’s perspective as well as share your own. This open discussion helps to build respect for your values and beliefs and helps to ensure that your teenager is more likely to abide by those values when in a challenging situation.

Explanations. If you don’t want your teenager to do something, tell him or her why you feel that way. Although you are the parent and it is ultimately your call, communicating the reason for your decisions helps your teenager see you as a reasonable person who is looking out for his or her best interests, rather than as an unwavering dictator who just wants to ruin his or her fun.

Encouragement. Let your teen know that you think he or she is capable of success. Your teen needs to know that you believe in him or her. The key word here is capable. Telling your teen you think he or she is capable implies that your teen can achieve whatever he or she wants, with hard work. The alternative is telling your teen that he or she is special. Parents mean well when they tell their children they are special, but unfortunately, it can have negative consequences. Emphasizing the specialness of your child implies that he or she deserves whatever he or she wants, suggesting that your teen shouldn’t have to earn it. This can breed an attitude of entitlement – something increasingly common in today’s technologically-immersed teens who are used to getting what they want as soon as they want it – no hard work necessary. Encourage and support your teen, but try to focus on his or her hard work, rather than on his or her “specialness”. All parents believe their children are special – but hard work and perseverance, not “specialness”, is what makes a truly remarkable teenager.

Understanding. Being a teenager is tough. Sometimes your teen will mess up and make the wrong decision. Discuss what went wrong with your teen, apply reasonable consequences, and then move on. Don’t hold your teen’s bad decision against him or her for the rest of time. Give your teen a chance to do better and prove to you that he or she has learned from the mistake.

Remember. Remember that you were a teenager once too.

Being the parent of a teen can be wonderful, challenging, stressful, exhausting, mind-expanding, joyous, sad, intriguing, frightening, and more. It’s rarely dull. And, you also grow and develop as a person when you parent your teen. You won’t always get it right either! That’s okay. Trying to do your best is what you need to expect from yourself. Many parents find that sharing their teen parenting experiences with friends and family members can be very helpful. If you think that you or your teen are having problems, don’t be afraid to ask for help. Your family doctor can be a good first point of contact for helpful resources in your community.
OTHER CONCERNS DURING ADOLESCENCE
TEENAGE STRESS

Teenagers and their parents will experience a wide variety of stressors during adolescence. This is normal and to be expected. For teens, common stressors can include school, socializing, family conflicts, personal identity, health problems, the future, and financial issues. For parents, common stressors can include their teenager’s sexual activity, behaviour, school performance, alcohol/drug use, emotional wellbeing, peer groups, inactivity, and rebelliousness.

Although severe and prolonged stress can make some people more vulnerable to developing a mental illness, everyday stress does not cause mental illness. In fact, not all stress is bad. Stress can help us realize our values, motivate us, and make us work harder. We should not try to protect teens or ourselves from the usual, ordinary, and expected stress of everyday life. We don’t need counselling or treatment for usual stress. Avoiding usual stress hinders the development of resilience and makes it more difficult to deal with major life stressors in the future. Not every boo-boo needs a Band-Aid. Unfortunately, if it gets to be too much, stress can also interfere with our ability to be productive and cause considerable negative emotion.
Do something. If the stress is caused by a problem with a clear solution, the best way to cope with that problem is to solve it. For example, if your teenager is stressed about an exam, the best way to cope with that stress is to study. Gaining competence of the material will help reduce your teenager's stress. Unfortunately, not all stressors can be “solved”. In those situations, the best plan is to cope with emotion causing the stress, rather than the situation itself. The following tips can help your teen cope with negative emotions.

1. **Exercise.** Daily physical activity improves health and mood, and helps get rid of stress. Even something as simple as going for a brisk walk can help.

2. **Sleep.** Teenagers need 8-9 hours of sleep each night. Getting adequate sleep will help your teen feel better the next day. If he or she has trouble sleeping, he or she can follow the tips on page 14.

3. **Stay away from alcohol and drugs.** Talk with your teen about how alcohol and drugs affect his or her thoughts, feelings, and behaviours. Although drinking or using drugs may make them feel less stressed in the short-term, alcohol and drugs will not resolve his or her stress. They’ll only give them a false sense of confidence and may make his or her problems much worse in the long run. This includes cigarettes!

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**PHYSICAL SYMPTOMS**

Headache; neck ache; indigestion; stomach ache; sweaty palms; racing heart; irregular sleeping patterns.

**EMOTIONAL SYMPTOMS**

Crying; anger; loneliness; forgetfulness; diminished sense of humour; irritability; hopelessness; unhappiness; indecisiveness; sensitivity; anxiety; difficulty concentrating.

**BEHAVIOURAL SYMPTOMS**

Drinking, smoking or using drugs; needing to be in control; withdrawal or avoidance; acting aggressively; feeling restless; grinding teeth; eating poorly; having nightmares.
4 **Limit caffeine.** Caffeine can make your teen’s heart race, which can make him or her feel worse and more stressed.

5 **Daily relaxation time.** Encourage your teen to take time each day to relax. Reading a book, watching a movie, playing a game, listening to music, taking out the garbage – whatever helps him or her to relax.

6 **Go outside.** Staying inside all the time can be really draining. Getting outside and enjoying the sun and fresh air can improve your teen’s mood. Encourage your teen to link this with exercise if possible; even a brief walk outdoors may help.

7 **Eat healthy.** Eating a balanced diet gives your teen’s body the fuel it needs to help combat stress. Encourage them not to skip meals, to eat plenty of fruits and vegetables, and to go easy on the junk food.

8 **Acknowledging feelings.** It’s okay to feel angry or upset once in a while. In fact, it’s healthy. Make sure your teen knows that he or she doesn’t have to bottle up his or her feelings. Encourage your teen to talk to the people in his or her support network (including you!). Sharing your feelings with someone else can feel like a weight is lifted off your chest.

9 **Be realistic.** Stress can make people interpret things as much worse than they actually are. Don’t diminish your teen’s feelings but gently help him or her see things from another perspective. Sometimes taking a step away from their own feelings and perspective is all teenagers need to start feeling better.

10 **Manage your time.** Teach your teenager how to schedule and prioritize his or her projects and other responsibilities — it will help him or her feel more in control, more productive, and less overwhelmed. Give your teen a timetable organizer and remind him or her to check it every morning to help plan the day. When attempting tasks, encourage your teen to start with the most manageable task first. Accomplishing a few tasks, even if they’re easy, will help your teen gain the confidence necessary to tackle larger projects.

11 **Build healthy relationships.** It’s important for your teen to have a good support network of people he or she trusts. This ideally should include you, other adults, and peers.

12 **Practice relaxation exercises.** Stress often causes physical sensations like tension and shallow breathing. Work with your teen to learn relaxation exercises for reducing the physical consequences of stress. Box Breathing and Hand Relaxation are two relaxation techniques that work really well for reducing stress in the short-term and can be done anywhere, anytime.
If possible, sit and close your eyes. If not, just focus on your breathing.

- Inhale your breath (preferably through your nose) for 4 seconds.
- Hold your breath for 4 more seconds. You’re not trying to deprive yourself of air; you’re just giving the air a few seconds to fill your lungs.
- Exhale slowly through your mouth for 4 seconds.
- Pause for 4 seconds (without speaking) before breathing in again.

Encourage your teen to repeat this process as many times as necessary. Even 30 seconds of deep breathing will help him or her feel calmer and more in control.

Hand relaxation helps to get rid of the tense feelings in your body. Here’s how you do it:

- Clench the muscles in your left hand (make a fist) really tightly for 5 seconds.
- Let go gradually (for about 15 seconds), breathing slowly and concentrating on the feeling in your hand.
- Repeat using your right hand.

Accept what you can’t change. Sometimes stressful things happen that we just have to live with. Not every problem can be solved; some stress has to be endured. Help your child accept what has happened, acknowledge his or her feelings, and then move on. Don’t ruminate or focus on the problem for extended periods of time if nothing can be done. This will only make everyone feel worse. Acknowledge, accept, and then use healthy coping strategies to move on. Encourage your teen to read/watch a movie/listen to music, practice relaxation exercises, spend time with friends and family, and focus on the things he or she can control. Ultimately, the only thing any of us can control is our own behaviour; our own reaction. With time, most stress will pass.

It’s important to note that situations or issues that may not be stressful for parents can be stressful for teens. Every day, teens are experiencing new situations and are learning and transitioning. Their social skills and ideas about the world are constantly being shaped and molded. This constant change and uncertainty can be a significant stressor for your child. Remember that just because something isn’t stressful to you doesn’t mean it isn’t stressful to your teen. If your teenager tells you he or she is stressed, always treat his or her feelings as valid. However, don’t encourage or support your teen in avoiding common stressful situations. Help your teen learn to sort out the causes and solutions for situations or circumstances that he or she finds stressful. Help your teen learn to develop healthy coping strategies. Don’t shield your teen from expected, usual, and growth-promoting stress.

A useful tool that your teen might find helpful is called ‘Taking Charge of Your Health’. It is available as a free download at: teenmentalhealth.org/toolbox-taking-charge-health-daily-checklist
MENTAL ILLNESS IN ADOLESCENCE

Adolescence is a period of exciting change and transition but it can also be a time of vulnerability. Many mental illnesses are likely to emerge in adolescence, due to a combination of genetic and environmental factors. Although most teenagers will emerge from adolescence unscathed, one in five may develop a mental illness.

WHAT IS A MENTAL ILLNESS?

A mental illness, which is also called a mental disorder, is a brain-based medical illness that affects the way someone thinks, feels, and behaves. It is diagnosed by a doctor or psychologist with advanced training in mental health. There are a number of different mental illnesses, which have been researched extensively and are identified by the combination of different behavioural, emotional, and cognitive signs and symptoms. Mental illnesses require professional treatment based on best evidence.

Although most mental illnesses include negative emotional states, most negative emotional states are not mental illnesses. There are big differences between the feeling, thinking and behavioural challenges faced by people who have a mental illness and the challenges faced by people who are experiencing a mental health problem or mental distress.
A mental health problem is when someone experiences emotional, cognitive, or physical difficulties, usually due to changes in his or her environment (e.g., a breakup, job loss, death of a loved one). Although these problems are distressing to the person involved, they will usually be resolved with healthy coping strategies and time. Mental health problems do not usually require professional treatment, although counselling can sometimes be beneficial.

Mental distress is a signal from our brains that something has changed and we need to adapt. Everyone experiences mental distress. For example, it can happen if we’re frustrated because we’re stuck in traffic, if we’re worried we didn’t study enough for an exam, or if we think someone has treated us unfairly. Although unpleasant, mental distress does not need professional help. It passes relatively quickly with the use of adaptive coping strategies.

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**RISK FACTORS FOR MENTAL ILLNESS**

Risk factors are not causes. The presence of one or more of the following risk factors does not mean that your teen will develop a mental illness. It simply means that it is more likely that your teen will develop a mental illness than someone without these risk factors.

- Family history of mental illness
- Childhood mental illness
- Childhood neglect, maltreatment, and/or abuse
- Family history of suicide
- Various severe medical illnesses
- Traumatic Brain Injury (e.g., concussion)

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**PROTECTIVE FACTORS FOR MENTAL ILLNESS**

Protective factors are factors that can help to counteract the negative impact of risk factors. The more protective factors someone has, the better his or her chances for positive mental health.

- Use of healthy & adaptive coping strategies (see page 36)
- Normal to high intelligence
- Social acceptance by peers
- Optimism
- Sense of competence (e.g., feeling like he or she can handle anything that happens)
- Supportive parents
- Family cohesion
- Positive parent-adolescent relationship
- Parental monitoring of adolescent behaviour
- Presence of at least one positive adult role model (e.g., parent, family member, coach, church leader, family friend)

If you suspect that your teenager may be experiencing a mental illness, make an appointment with your family doctor. He or she will be able to examine your teen’s symptoms and determine whether he or she would benefit from further assessment and professional treatment.

More information about various mental illnesses can be found at: teenmentalhealth.org

To learn more about evidence for medical care, check out: teenmentalhealth.org/toolbox/communicating-health-care-provider-every-parent-ask
MOOD DISORDERS

Mood disorders affect people’s thoughts and emotions, how they feel about themselves, and the way they interact with the world. There are two categories of Mood Disorders, both of which have a genetic component (i.e., they’re more common in biological relatives of people who also have a mood disorder) – Depressive Disorders and Bipolar Disorders.

Depressive Disorders

Depressive Disorders are characterized by persistent and severe sad, empty, or irritable mood and changes in the way your teen thinks and acts, which significantly interfere with his or her ability to be successful at school, at home, and with his or her friends. Effective treatment of Depressive Disorders includes psychotherapy and medication.

For more information on treatment of Depressive Disorders, check out: teenmentalhealth.org/learn/mental-disorders/depression

Major Depressive Disorder (also called MDD or Depression) is the most common mood disorder in adolescence. Depression can last weeks, months, or even years and can keep coming back after it has disappeared. Depression affects every aspect of a person’s life, making it hard for him or her to function the way he or she used to.
Bipolar Disorders

Bipolar Disorders are characterized by frequent and severe fluctuations in mood from extremely low (e.g., Depression) to normal or extremely elevated/irritable (i.e., Mania). The normal mood changes of teens are not Bipolar Disorder. In Bipolar Disorder, the mood fluctuations are accompanied by changes in how your teen thinks and acts, and in some cases, may also be accompanied by psychosis. Psychosis is when the mind breaks from reality and the person has thoughts and sensations (visions, sounds, smells, etc.) that are false. Bipolar Disorders have a significant genetic component, which means that if Bipolar Disorder is in your teen’s immediate family, he or she is more likely to also develop Bipolar Disorder. Bipolar Disorders are most effectively treated by medication and psychotherapy.

For more information on Bipolar Disorders, check out: teenmentalhealth.org/learn/mental-disorders/bipolar-disorder

1 Bipolar I Disorder is diagnosed when someone periodically shifts from periods of Depression to periods of Mania. Mania is a period of abnormally and persistently elevated/irritable mood. People experiencing Mania feel like they can do anything, regardless of reality. Their minds and mouths race; they don’t feel the need to sleep; they’re easily distracted; and they often participate in high-risk activities that could cause them serious harm (e.g., sexual promiscuity, risky business investments, shopping sprees, dangerous physical activities), without acknowledgement of the consequences.

2 Bipolar II Disorder is similar to Bipolar I Disorder but the person alternates between periods of Depression and periods of Hypomania. Hypomania is a less severe version of Mania that does not interfere with your teen’s ability to succeed at school or at home. Often someone in a Hypomanic episode will be quite productive and accomplish many goal-directed tasks, although they may still engage in high-risk activities.

3 Cyclothymic Disorder is a less severe version of Bipolar II Disorder, where over the course of at least one year, the teenager cycles between periods of low mood, which aren’t severe enough to be considered Depression, and periods of slightly elevated mood, which aren’t severe enough to be considered Hypomania. A teenager would only be diagnosed with Cyclothymic Disorder if these mood fluctuations caused serious distress or impaired his or her ability to function.

2 Persistent Depressive Disorder is similar to MDD but the symptoms persist for at least one year (two years in adults). Although the symptoms of Persistent Depressive Disorder are less intense than MDD, they still cause significant distress and make it hard for your teen to function the way he or she used to.

3 Disruptive Mood Dysregulation Disorder (DMDD) is a relatively new diagnosis used to describe someone with severe recurrent aggressive verbal or physical outbursts that started before age 10 and are inappropriate for the person’s developmental level (i.e., outbursts would be appropriate for a 4-year-old but not for a 14-year-old). Someone with DMDD is usually irritable or angry, even when not in an outburst, and this lasts for at least one year.
ANXIETY DISORDERS

There are a number of different Anxiety Disorders that all have the core component of inappropriate, excessive, or unreasonable worry about a situation or object. Anxiety Disorders frequently have a genetic component and are most effectively treated by psychotherapy and if necessary, medication.

Generalized Anxiety Disorder

Generalized Anxiety Disorder is diagnosed if your teen has excessive anxiety or worry about a range of events or activities, which causes him or her to feel restless, tired, irritable, unable to concentrate, tense, and to have difficulty sleeping.

For more information on Generalized Anxiety Disorder, check out: teenmentalhealth.org/learn/mental-disorders/generalized-anxiety-disorder

Separation Anxiety Disorder is diagnosed if your teen exhibits excessive fear and anxiety about being separated from someone (usually you or your partner). Although this is typical in preschool children, it is developmentally inappropriate for an adolescent. This fear and worry is pervasive – significantly interfering with your teen’s ability to succeed at school, at home, or with friends.

Specific Phobia is diagnosed if your teen is afraid of a specific object or situation. Common phobias include spiders, blood, heights, and flying. People with Specific Phobias actively avoid the feared object or situation to the extent where it interferes with their ability to succeed at school, at work, at home, and in their relationships.

Social Phobia/Social Anxiety Disorder is diagnosed if your teen is afraid of certain social situations where he or she might be judged (e.g., parties, performances, speaking up in class). This can lead to social isolation.
For more information on Social Anxiety Disorder check out this video: youtu.be/R3S_xyAEpUs

Agoraphobia is diagnosed if your teen is afraid of situations from which he or she cannot easily escape (e.g., public transportsations, grocery stores, bridges, movie theatres, crowds, lines), especially when alone. This fear is triggered by thoughts of having a panic attack or other incapacitating or embarrassing symptoms.

Panic Disorder is diagnosed if your teen experiences recurrent and unexpected Panic Attacks. Panic Attacks are sudden and overwhelming surges of fear and anxiety that are accompanied by frightening physical sensations (e.g., racing heart, difficulty breathing, nausea, chest pain, sweating, etc.). Someone having a Panic Attack often believes he or she is dying. Panic Attacks are not exclusive to Panic Disorder. Someone with Panic Disorder is excessively worried about having another panic attack and actively avoids situations that could trigger a Panic Attack or where he or she couldn’t escape easily if a Panic Attack was triggered. Panic Disorder is often accompanied by Agoraphobia.

For more information on Panic Disorder, check out: teenmentalhealth.org/learn/mental-disorders/panic-disorder
Neurodevelopmental Disorders are impairments to the growth and development of the brain and central nervous system. These disorders are usually diagnosed prior to adolescence and are often lifelong, although they can often be managed effectively with the right treatment.

Attention-Deficit/Hyperactivity Disorder (ADHD) is diagnosed if your teen has difficulty concentrating, paying attention, remembering details, organizing and planning. He or she may also have difficult sitting still, acting appropriately in controlled situations (e.g., in class), keeping quiet, and waiting his or her turn to act or speak. For a diagnosis of ADHD, at least some of these symptoms would need to be present in more than one situation (e.g., at school AND at home) and before age 12. ADHD is most effectively treated with medication. Psychotherapy is helpful for treating the associated social problems. If a parent has ADHD, children are at higher risk for ADHD.

For more information on ADHD, check out: teenmentalhealth.org/learn/mental-disorders/adhd/

Autism Spectrum Disorder (ASD) is diagnosed if your child has difficulty with social interaction and social communication, and exhibits restricted and repetitive patterns of behaviour (e.g., repetitive motor movements, rigid adherence to routines, highly fixated and intense interests, and abnormal reactions to sounds, smells, tastes, textures, and sights). ASD is usually diagnosed during the preschool years, although if symptoms are not severe, it sometimes isn’t discovered until later. ASD is best treated with an intensive behaviour therapy called Applied Behaviour Analysis. Research does not support the use of a gluten-free and casein-free diet in the treatment of ASD. The earlier someone with ASD receives effective treatment, the more effective that treatment is likely to be. ASD is not caused by vaccinations or poor parenting.

Posttraumatic Stress Disorder (PTSD) is diagnosed if your teen experiences a severely traumatic event (e.g., war, natural disaster, rape, assault, abuse, witnessing a murder) and then continues to reexperience the event, through flashbacks and/or nightmares. People with PTSD will often experience intense anxiety and physical distress in reaction to things in their environment that remind them of the traumatic event. This anxiety is so distressing that the person may avoid places and situations that remind him or her of the event. Most people exposed to a traumatic event will not develop PTSD. PTSD is most effectively treated with psychotherapy and if necessary, medication.
Eating Disorders are characterized by disturbed eating patterns or eating-related behaviours that significantly impair the physical, social, and emotional health of your teen. Although Eating Disorders are most common in teenage girls, they can also occur in teenage boys.

1. **Anorexia Nervosa (AN)** is diagnosed if your teen has an intense fear of gaining weight or becoming fat. Consequently, he or she will severely limit what he or she eats and may try to prevent weight gain using unhealthy behaviours, like vomiting or excessive exercise. People with AN believe that their weight and their body are much larger than they actually are, and consequently, they weigh much less than is healthy, given their age, sex, development, and physical health. An effective treatment for some teenagers with AN is a type of family therapy.

2. **Binge Eating Disorder (BED)** is diagnosed if your teen has repeated periods of binge eating, as described in the BN section below, but he or she does not try to purge the food following a binge eating episode. During a binge eating episode, your teen would also eat much faster than normal, even when he or she wasn’t hungry, and until he or she felt uncomfortably full. The binge eating episode, which would happen at least once a week for three months, is followed by feelings of disgust, depression, or guilt. Consequently, people with BED often binge eat when alone due to embarrassment. Effective treatment for BED is similar to effective treatment for BN.

3. **Bulimia Nervosa (BN)** is diagnosed if your teen engages in repeated cycles of bingeing and purging behaviour. Bingeing (or a binge eating episode) is when someone eats much more food in a specific amount of time than anyone else would in that same situation/time period. The person feels like he or she has no control over his or her eating and feels compelled to eat. Purging is when someone tries to get rid of the food he or she has just consumed in order to prevent weight gain. The most common purging behaviour is vomiting, but other methods include fasting, excessive exercise, and misuse of laxatives, diuretics, or other medications. This binge eating and purging cycle happens at least once a week for three months. If your teen has BN, his or her self-perception and self-esteem may be heavily influenced by his or her weight or shape. Although BN shares many features with AN, one of the major differences between the two disorders is that someone with AN is significantly underweight, whereas someone with BN is usually normal weight or overweight. Effective treatment for BN includes individual or group psychotherapy and occasionally, the use of medications.

For more information on Eating Disorder check out: keltyeatingdisorders.ca
OBSESSIVE-COMPULSIVE DISORDER (OCD)

Obsessive-Compulsive Disorder (OCD) is diagnosed if your teen experiences recurrent, persistent, and intrusive thoughts or images (i.e., obsessions) that cause significant anxiety, which your teen then attempts to ignore or to neutralize with repetitive behaviours (i.e., compulsions) that he or she feels will counteract the anxiety triggered by the obsession. Compulsions are excessive in nature and sometimes are not clearly linked to the obsession they are trying to neutralize. Common compulsions include hand washing, checking, and ordering. Someone with OCD can spend a considerable amount of their day fixating on obsessions and performing compulsions, impairing his or her ability to succeed in all areas of life. Treatment includes medication and psychotherapy.

For more information on OCD, check out:
teenmentalhealth.org/learn/mental-disorders/obsessive-compulsive-disorder-ocd

PSYCHOTIC DISORDERS

Psychosis means to break from reality, and Psychotic Disorders are a group of disorders that are characterized by abnormal thoughts and behaviours that are inconsistent with reality. The word ‘psychotic’ is sometimes used by the media to mean violent. Psychotic Disorders are not about violence; people with psychotic disorders (and all mental illnesses) are more likely to be the victim of a crime than to commit one themselves. Schizophrenia is the most common Psychotic Disorder and it often first appears in adolescence.

Schizophrenia is diagnosed if your teen experiences the following:

- **Delusions.** The unwavering belief in something that is not true, in spite of evidence to the contrary;
- **Hallucinations.** Believing you can see, hear, smell, taste, or touch something that does not actually exist;
- **Disorganized thinking.** Thoughts and speech are poorly organized, poorly communicated, and sometimes incomprehensible;
- **Grossly disorganized or abnormal motor behaviour.** Behaviour that is unpredictable, inappropriate for the situation, or completely non-reactive to the environment (i.e., the person is like a statue);
- **Negative symptoms.** Decrease in emotional expression, purposeful behaviour, speech, social interest, and pleasure or enjoyment.

Schizophrenia is most effectively treated with medication and various social therapies.

For more information on Schizophrenia, check out:
teenmentalhealth.org/learn/mental-disorders/schizophrenia
Self-harm (or self-injury) is when people intentionally harm themselves by cutting, biting, hitting, burning, pulling out hair, etc. Many people think that people who self-injure are suicidal (i.e., they assume that by cutting, the individual is trying to die), which is not true. Self-harm is not the same thing as suicide and often is about coping with strong emotions and not an attempt to die.

Who does it?
As much as 24% of Canadian youth report that they’ve self-injured at least once, and most self-injurers begin in adolescence. Although studies suggest that girls are more likely to self-harm in early adolescence, by late adolescence/early adulthood, self-harm appears to be equally common among men and women.

What are the signs?
It can be hard to tell when someone is self-harming because he or she may hide the outward signs (e.g., by wearing clothing that covers the cuts/scratches/bruises/burns). Here are some signs to watch out for:

- Unexplained cuts, burns, bruises, or scratches, especially on the arms, legs, and stomach
- Clothing that isn’t appropriate for the weather/situation but covers significant portions of the body
- Hoarding razors/knives and other objects that may be used for self-injury
What can I do?

If you notice the signs listed above, ask your teen about self-injury. Teenagers need to learn more adaptive and effective coping strategies before they will be able to stop self-harming. Trying to force your teen to stop self-injuring without teaching him or her better coping strategies will leave him or her with no tools for handling difficult emotions. Learning better coping takes time and patience. Be supportive of your teen’s struggle, don’t judge, and don’t freak out. Set up an appointment for your teen with a counsellor or a psychologist to address his or her difficult emotions and learn more adaptive coping strategies. For more information on self-injury, visit sioutreach.org.

For more information on youth suicide, check out: teenmentalhealth.org/learn/suicide
Most adults with substance use problems began abusing drugs and/or alcohol as a teenager. Teen drug or alcohol use is especially problematic because the brain is not yet fully developed during adolescence. Introducing alcohol or drugs to a still-developing brain can have significant negative long-term consequences.
**SMOKING**

Smoking during adolescence can have profound effects on a teenager’s growth, development, and health. Taking the time to think about what exactly is in cigarettes may be a wake up call for many teens. Cigarettes contain many harmful and toxic chemicals, including tar (a toxic chemical that rots the teeth), ammonia (which is typically found in dry cleaning fluids), carbon monoxide (which limits the amount of oxygen supplied in the body), formaldehyde (a cancer-causing chemical used to preserve dead bodies), and nicotine (one of the most addictive chemicals known). Smoking can increase your heart rate, elevate your blood pressure, lower your sperm count if you’re male, wrinkle your skin, decrease your night vision, and cause cancer of the pancreas, lungs, kidneys, bladder, larynx, throat, and esophagus. The numerous detrimental effects of smoking make it the number one preventable cause of death. One third of smokers will die from a smoking-related cause. The nicotine patch or nicotine gum may be helpful for teens who are trying to quit smoking.

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**ALCOHOL**

Alcohol is the drug that is used most often by teens. Chronic abuse of alcohol can lead to many harmful outcomes, including liver cancer, bone marrow problems, cardiovascular disease, damage to the central nervous system, and impaired memory. Occasional use of moderate amounts of alcohol does not typically lead to problems. Learning to use alcohol responsibly is part of growing up.

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**MARIJUANA**

Marijuana (i.e., pot, weed, cannabis) is another popular drug used by teens. Many teens experiment with marijuana without becoming dependent on the drug; however, it is not without health risks. Frequent marijuana use can interfere with your teen’s attention span, memory, coordination, energy level, and judgment. In addition, recent research has found that marijuana use can trigger the onset of Schizophrenia in people who are at risk for the disorder (i.e., people who have a biological relative with Schizophrenia).

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**ECSTASY OR MDMA**

Ecstasy or MDMA use has been decreasing among teenagers. It alters the person’s perceptions and induces feelings of hyperactivity – resulting in its frequent use at parties or dances. When the teenager is dehydrated or when the drug is used in high doses, ecstasy or MDMA use can be fatal. A subset of teens that use this drug will experience psychotic symptoms.
HARD DRUGS

Hard drugs include speed, LSD, cocaine, crystal meth, heroin and certain prescription narcotics, like OxyContin, Dilaudid, or Percoset. These drugs are extremely harmful to health, may be addictive, and should be avoided at all costs. Although there is some debate about our ability to responsibly use alcohol and marijuana, there is no debate about the use of hard drugs. Hard drugs should never be used – by adults OR teenagers.

SMOKELESS TOBACCO

Smokeless tobacco is another form of tobacco use that is typically chewed or put directly into the mouth. Although it is not as popular as smoking, this form of tobacco use is becoming increasingly popular in teens (especially on male sports teams). Like cigarettes, smokeless tobacco contains formaldehyde and nicotine, but it also contains other harmful ingredients, including lead (a poison), cadmium (found in car batteries), polonium (a nuclear waste), uranium (used in nuclear weapons) and fiberglass (used to make tiny cuts in your lip to allow these harmful chemicals into your body). Smokeless tobacco can lead to cancer of the mouth, lip, voice box, throat, and tongue.

If you think your teen is having substance use problems, monitor his or her activity and peer group. After careful monitoring, if you still believe he or she is abusing a substance, confront your teen in a calm and concerned manner. Don’t yell and don’t back down. Stay firm and express your concern. If your teen has a substance use problem, seek help from addiction services.

If you notice any of the following signs of alcohol poisoning or drug overdose in your teen, call 911 immediately. Someone with alcohol poisoning or a drug overdose may get brain damage and die.

Signs of Alcohol Poisoning

- Loss of consciousness
- Slow or irregular heart beat
- Vomiting
- Seizure
- Low body temperature
- Pale or bluish skin

Signs of Drug Overdose

- Loss of consciousness
- Chest pain
- Heavy sweating
- Delusions/hallucinations
- Faster breathing
- Seizures or uncontrollable twitching
- Fever
- Racing or irregular heartbeat
- Cold or pale skin
It can feel overwhelming if you suspect that your child has a mental illness or other serious mental health concern. The first and most important thing you can do is talk to your teen. Do your best to understand how your teenager got to this place. Be open and supportive. Don’t assume that you know what he or she is thinking or feeling. Then, take your teen to your family doctor or general practitioner. He or she will be able to further evaluate what is going on with your child and refer you to mental health specialists, if necessary. Don’t lose hope. Most common mental illnesses are very treatable. For more information on understanding treatment, see our new resource.

Communicating With Your Health Care Provider: What Every Parent Should Ask:
teenmentalhealth.org/toolbox/communicating-health-care-provider-every-parent-ask

What is Evidence-Based Medicine (EBM)?
teenmentalhealth.org/toolbox/evidence-based-medicine-patients/

Note: If your teen is actively suicidal, bring him or her to the hospital immediately.

HELPFUL WEBSITES

Teen Mental Health:
www.teenmentalhealth.org

Kelty Mental Health Resource Centre:
www.keltymentalhealth.ca

Positive Parenting Program:
www.triplep.net

Parenting:
www.parenting.org
Available on Amazon.com and the Apple iBookStore. The App is free for download at the Apple App Store & online: teenmentalhealth.org/transitions
imTeen empowers youth to track and take care of their health on a daily basis. It supports self-monitoring of signs and symptoms of common mental & physical illnesses. It also facilitates the communication of their health status & longitudinal trends with a healthcare provider, family member or friend.
FAMILY PACK
better mental health for you & your family

Support yourself and your family members in better understanding mental disorders and how to deal with them. If you have a mental disorder, are supporting a family member with one or are interested in how you can support a friend and their family, the Family Pack can help.
Remember, your job as a parent isn’t done when your child becomes a teenager. You’ve prepared him or her for adolescence with your parenting up to this point but your teenager still needs your help. He or she needs you to be supportive, understanding, loving, encouraging, present, and to set boundaries. A little bit of safe freedom goes a long way, when combined with active, engaged parenting and clearly defined boundaries/rules.