

Helping Hand

Volume 20, Issue 2

The Myth of the “Bad Kid”

We all have memories of the “bad kid” in our class - the child who was always in trouble and often alone. We tend to blame this kind of behavior on a lack of discipline or a bad home. We say the child was spoiled, abused, or “just trying to get attention.” But these labels are often misguided. Many of these children suffer from serious emotional problems that are not the fault of their caregivers or themselves.

Myths about children’s behavior make it easy to play the “blame game” instead of trying to help children like this. Often, in making assumptions, we “write off” some children. However, with understanding, attention and appropriate mental health services, many children can succeed - they can have friends, join in activities and grow up to lead productive lives. To help children with emotional problems realize their potential, we must first learn the facts about the “bad kid.”

Children do not misbehave or fail in school just to get attention. Behavior problems can be symptoms of emotional, behavioral or mental disorders, rather than merely attention-seeking devices. These children can succeed in school with understanding, attention and appropriate mental health services.

Behavioral problems in children can be due to a combination of factors. Research shows that many factors contribute to children’s emotional problems including genetics, trauma and stress. While these problems are sometimes due to poor parenting or abuse, parents and family are more often a child’s greatest source of emotional support.

Children’s emotional, behavioral and mental disorders affect millions of American families. An estimated 14-20% of all children have some type of mental health problem. Children mislabeled as “bad kids” can use the support of their communities.

For more information on children’s emotional and behavioral problems, call the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, one of the Public Health Service agencies in the US Department of Health and Human Services at 1-800-789-2647 or check with your student assistance program or student services office for resources and more information.

Homework Helpers: Technology Can Cause Distractions

Today’s world is full of amazing technology, from iPods® to the internet, and beyond. Some of these devices can be really useful for students; can you even imagine beginning a research project without going online? However, technology can also be distracting when students are working on homework.

If you find your child has a limited attention span for completing assignments at home, it might be time to consider the following. Turn off the TV and discourage your child from making and receiving social telephone calls during homework time. (A call to a classmate about an assignment, however, may be helpful.)

Some children work well with quiet background music, but loud noise from the CD player, radio or TV is not OK.

If you live in a small or noisy household, try having all family members take part in a quiet activity during homework time. You may need to take a noisy toddler outside or into another room to play. If distractions can’t be avoided, your child may want to complete assignments in the local library.



Improving Citizenship by Teaching Self-Control

For young students, learning self-control is an important part of learning good citizenship skills in class. For students, self-control means learning to make good choices about how they act.

To explore the various aspects of self-control, parents should talk to their children about concepts like:

- Frustration
- Acceptable behavior
- Undesirable behavior
- Impulses

These are challenging concepts. With your help, however, your child can explore them with confidence and find answers that will help him/her grow into a person of moral strength. To encourage good behavior at school, talk with your child in a positive way about how he or she shows self-control at home and at school, and set a good example yourself.



Smokeless Tobacco: Popular with Young People and Just as Dangerous as Cigarettes

According to the Campaign for Tobacco-Free Kids, since 1970, smokeless or chewing tobacco has gone from a product used primarily by older men to one used predominantly by young men and boys. This trend has occurred as smokeless tobacco promotions have increased dramatically and a new generation of smokeless tobacco products has hit the market. Far from being a “safe” alternative to cigarette smoking, smokeless tobacco use increases the risk of developing many health problems. Furthermore, evidence shows that adolescent boys who use smokeless tobacco products have a higher risk of becoming cigarette smokers within four years.

Despite some recent declines in youth chewing tobacco use, 13.4% of US high school boys and 2.3% of high school girls currently use smokeless tobacco products. In some states, smokeless tobacco use among high school boys is particularly high, including Kentucky (26.7%), Montana (20.3%), Oklahoma (24.8%), Tennessee (22.8%), West Virginia (27.0%), and Wyoming (21.3%).

Smokeless tobacco use can lead to oral cancer, gum disease, and nicotine addiction; and it increases the risk of cardiovascular disease, including heart attacks. More specifically: Smokeless tobacco causes leukoplakia, a disease of the mouth characterized by white patches and oral lesions on the cheeks, gums, and/or tongue.

Seeing the downward trend in smoking rates and the increasing popularity of smokeless tobacco products, cigarette companies have released their own smokeless tobacco products that draw on the brand names of their popular cigarettes to attract new users. As concerned adults, it is our job to inform students of the harmful nature of these products and let them know that they are just as bad as smoking.

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v20i2

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Troy, Michigan

PRP Media, Inc.
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HELPING HAND is published monthly (September-May) to provide timely information to readers; its contents are not intended as advice for individual problems. Editorial material is to be used at the discretion of the reader and does not imply endorsement by the owner, publisher, editor, or distributors.

Teens and Eating Disorders

Eating disorders are serious mental and physical health problems for teens. Young people may develop unhealthy eating habits as a way of coping with the pressures of adolescence. The development of an eating disorder involves many complex factors including personality and genetics as well as the family, social and cultural environment of the adolescent. Eating disorders are most common among adolescent girls but the number of adolescent boys affected with eating disorders is rising.

Concerns about body size and weight may begin in early childhood, laying the groundwork for unhealthy eating habits with devastating consequences. Two types of eating disorders are anorexia and bulimia. Anorexia involves an intense fear of gaining weight, even though the person is underweight. Bulimia involves repeated binge eating followed by vomiting, misuse of laxatives or other behaviors to prevent weight gain.

Low self-esteem, poor coping skills, childhood physical or sexual abuse and early sexual maturation may place teens at increased risk for eating disorders.

The percentage of young people diagnosed with an eating disorder may seem low, but dangerous eating behaviors that may lead to eating disorders are much more widespread.

Eating disorders may begin with poor eating behaviors at early ages.

Some researchers link troublesome eating patterns to increased pressures on women by the mass media, fashion and diet industry to pursue thinness.

If you suspect a student may have an eating disorder, contact your Student Assistance Professional or counseling office for help and resources right away.

Making Way for a New Baby

The arrival of a new baby can bring many changes to a family. Parents spend a lot of energy on preparations, and after the baby arrives, much of the family's attention involves meeting the newborn's basic needs.

All this change can be hard for older siblings of any age to handle. It's common for them to feel jealousy toward the newborn and to react to the upheaval by acting out.

Parents can prepare kids for an addition to the family. Discussing the pregnancy in terms that make sense to kids, making some arrangements, and including kids in the care of the newborn can make things easier for everyone.

There's not one right time or perfect way to tell a child about an impending sibling. When discussing the pregnancy, consider your own comfort level and your child's maturity level. Preschoolers, for example, may not grasp concepts of time, so it might not mean much if you say that the baby will arrive in a few months. It may be more useful to explain that the baby will arrive in a particular season, such as winter or when it's cold outside.

Once the baby is home, you can help your other kids adjust to the changes. Include them as much as possible in the daily activities involving the baby so that they don't feel left out.

Many kids want to help take care of a new baby. Though that "help" may mean that each task takes longer, it can give an older child a chance to interact with the baby in a positive way. Depending on their age, a big brother or sister may want to fold or fetch diapers, help push the carriage, talk to the baby, or help dress, bathe, or burp the baby.

If your child expresses no interest in the baby, don't be alarmed and don't force it. It can take time for everyone to adjust to the new family dynamics.



Helping Children Cope with Trauma After Violence and Disasters

According to the National Institute of Mental Health (NIMH), disasters like Hurricanes Katrina and Rita cause major damage—not just to homes and communities, but to the lives of those who went through the disasters as well.

Trauma is also caused by major acts of violence. The September 11, 2001, terrorist attacks were an example. Another example was the 1999 shootings at Columbine High School in Colorado. The Oklahoma City bombing in 1995 was also an example. These acts claim lives. They also threaten our sense of security.

Beyond these events, children face many other traumas. Each year, young people are injured. They see others harmed by violence. They suffer sexual abuse. They lose loved ones or they witness other tragic events.

Children are very sensitive and may unreasonably blame themselves for the event. They struggle to make sense of trauma. They also respond differently to traumas. They may have emotional reactions. They may hurt deeply. They may find it hard to recover from frightening experiences. Young survivors of trauma may need extra support. Teachers, religious leaders and other adult helpers can provide effective support. This may help children resolve emotional problems.

Helping children begins at the scene of the event. It may need to continue for weeks or months. Most children recover within a few weeks. Some need help longer. Grief (a deep emotional response to loss) may take months to resolve. It could be for a loved one or a teacher. It could be for a friend or pet. Grief may be re-experienced or worsened by news reports or the event's anniversary. Some children may need help from a mental health professional. Some people may seek other kinds of help.

In general, adult helpers assisting children coping with trauma should:

Attend to children:

- Listen to them
- Accept/ do not argue about their feelings
- Help them cope with the reality of their experiences

Reduce effects of other stressors like:

- Frequent moving or changes in place of residence
- Long periods away from family and friends
- Pressures at school
- Transportation problems
- Fighting within the family
- Being hungry

Monitor healing:

- Do not ignore severe reactions
- Attend to sudden changes in behaviors, speech, language use, or in emotional/feeling states

Remind children that adults:

- Love them
- Support them
- Will be with them when possible

Remember, children are amazingly resilient!

For more information, contact: