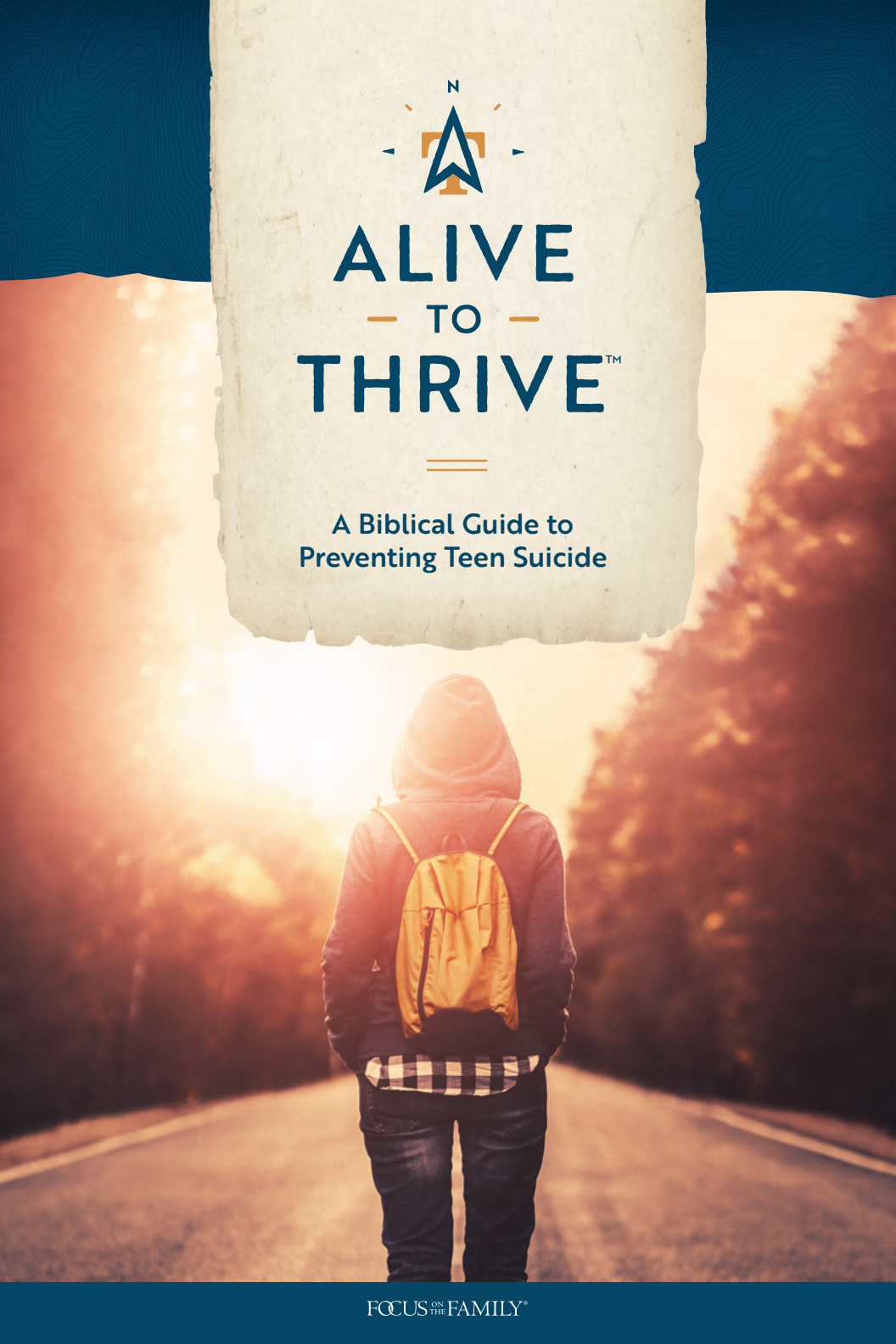
ALIVE TO THRIVE™

A Biblical Guide to Preventing Teen Suicide



FOCUS ON THE FAMILY®

Alive to Thrive: A Biblical Guide to Preventing Teen Suicide
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People's names and certain details of their stories have been changed to protect the privacy of the individuals involved. However, the facts of what happened and the underlying principles have been conveyed as accurately as possible.

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INTRODUCTION

When fifteen-year-old Marcos was released from a psychiatric hospital after attempting to take his own life, he started seeing a therapist. The therapist was Danny Huerta, a licensed clinical social worker who is now the vice president of parenting and family for Focus on the Family. Huerta still remembers this boy from those sessions years ago.

After a few weeks of therapy, Marcos told Huerta something that every teen in crisis deserves to hear:

"I'm so glad now that I didn't kill myself," Marcos said, "because I see that life changes quickly, and I would've missed out on some pretty cool things. And I want other kids to know that life doesn't stay the same forever, that it can have *bounce*."

Marcos is right. When kids are down, it's easy for them to think life is stuck there—that "down" is forever. In that state, their minds filter circumstances only in a negative way. But now Marcos realizes that "down" times can bounce to "up" times in a hurry. And he not only wanted to be alive for those "up" times, he wanted to thrive.

We want the same thing for every child, especially for those who may be thinking as Marcos did before his suicide attempt.

That's why we've created *Alive to Thrive*. Its purpose is to equip you—parents, teachers, and pastors—to help your kids pursue healthy lives and develop resilience in response to difficult times.

For several years, death by suicide among children and teens has been increasing in frequency. According to the Centers for Disease Control and Prevention, the suicide rate among teen girls recently reached a forty-year high.[1] The Dana Foundation reports that nine out of ten deaths by suicide have an underlying diagnosable mental health issue.[2] That's a concern, because fifteen million children ages three to seventeen have a diagnosable mental, behavioral, and/or emotional disorder, yet only 3 percent of those young people (three million) actually receive

help.[3] A person diagnosed with bipolar disorder, depression, post-traumatic stress disorder, schizophrenia, or certain personality disorders has an 8 to 10 percent lifetime risk of death by suicide.[4]

We want to lessen that risk; we want kids *alive*—and we want them to *thrive*.

What does it mean to be alive and to thrive? If we look for the definition in the Bible, we learn what it means to be alive in Christ and to have an abundant and thriving life with Jesus. In John 10:10, Jesus tells us "The thief comes only to steal and kill and destroy. I came that they may have life and have it abundantly."

Being *alive* in Christ also means that God is with us in our pain, in our sorrows, and in our everyday moments. We find this life through a trusting relationship with God. To *thrive* means to be free to be the person God designed us to be, in our strengths, talents, flaws, challenges, imperfections, and all.

God created us to be in relationship. He wants us to experience pleasure, connectedness, safety, happiness, satisfaction, enjoyment, and love through healthy relationships. But as we all know, relationships can also include pain, emptiness, sorrow, betrayal, hurt, and suffering. We hope this resource will help you prepare your kids for those painful times of life. We want to equip you to do all you can to raise resilient kids, kids who can find their way back to the "bounce" in life and to an abundant, thriving life in Christ.

Alive to Thrive Is Different

Alive to Thrive is not the type of suicide prevention resource that simply offers the warning signs or helps you deal with the aftermath of a teen's death by suicide. *Alive to Thrive* takes a truly preventative approach. We discuss issues that we know can lead to suicide, and we teach you how to address them long before your child might ever entertain thoughts of ending his or her life.

It's for this reason that Part One begins with the best defense against

suicide: preparing your children for healthy living. Building a good foundation for your children includes assuring a secure parent-child attachment, practicing self-care, providing loving discipline, and supporting your child.

Parts Two, Three, and Four explain key issues that can set your child or teen on a trajectory (barely noticeable at the time) toward suicidal thoughts and actions.

Part Five describes the major behavioral issues that are red-flag warning signs of potential suicidal tendencies. These behaviors can push teens toward thoughts of ending their lives.

It's Part Six where most suicide prevention programs begin—and where we discuss signs that your child may be suicidal, what to do when you suspect he or she may actually be suicidal, and how to respond when suicide crashes into your world and takes the life of your teen or a friend or acquaintance.

By starting where *Alive to Thrive* does, you'll be equipped to notice "pre-warning" signs and know how to take action steps before the issues become serious. When you navigate a ship, making small navigational alterations from the beginning to stay on course saves the journey from becoming hundreds of miles longer. In the same way, as you address issues early on, you can direct your children away from suicidal thinking before they find themselves anywhere near a destructive destination.

Looking at Difficult Issues

This guide delves into several subjects that may be hard for some parents to talk about. As parents, you'll be challenged to reflect on your own childhood from time to time as well. In many of these discussions, the word *trauma* is used. To make sure we're speaking the same language, here's a working definition of this word:

Trauma comes from the Greek word for a wound. Trauma is any serious injury to the body or mind. Most often it's the result of violence or an accident, which causes great distress, pain, anxiety, sorrow, affliction,

or acute physical or mental suffering. Trauma throws the mind and/or the body out of balance: it causes us to become dysregulated. Dysregulation can thwart the brain's ability to think clearly, perceive accurately, and develop fully. Two primary ways to wound, cause distress, or inflict trauma are to either do something bad to the person (abuse) or to fail to do something good for the person (neglect).

If your mind and body experience a difficult circumstance and still maintain their balance—or rebalances quickly after the impact—you are not traumatized. You may be hurt, but you're not traumatized. You are what we call *resilient*. Resilience is the internal ability to regulate yourself so you can keep your balance or quickly return to it after losing your equilibrium. If you are resilient, your mind and body can return to regular working order.

So is every unpleasant event traumatic? Will your son be traumatized if he doesn't get a trophy at the end of soccer season? No. Trauma only happens when the mind or body is subjected to a negative impact so great that it's unable to absorb the shock and loses its normal stability.

As parents, we can relax: Kids have great resilience, more so than many adults. With a little timely intervention, we can keep most of the painful and hurtful events our kids encounter from becoming traumatizing. The key is to recognize the issue quickly enough and offer wise bits of help and comfort.

No Perfect Parents

Parenting is hard and rewarding and painful and joyful: It's a whole bundle of emotions, experiences, and challenges all mixed together. It's a hard job, so let's stop for a moment and make one important fact clear: You don't have to be perfect as a parent—just good enough.

At no time in history has there been more pressure on us to be Super Mom or Super Dad, able to leap the tall buildings of child-rearing in a single bound, providing our kids with the best physical, spiritual, emotional, and intellectual support from infancy to young adulthood.

Hear this loud and clear: You do not have to be a super parent. You do not need to be perfect yourself, you do not need to do everything "just right," and you do not have to "do it all." Before there were books and YouTube tutorials on how to parent "the right way" (whatever that is), parents competently raised children generation after generation. Information is great, for sure; pressure from others or yourself is not.

This is not a *you-need-to-do-more-and-need-to-do-it-right-all-the-time* manual—it's a *use-what-you-can* guide. Please keep that in mind as you read this. Make notes if you wish and discuss the ideas we offer, and then simply take what you can use and apply it. That's it.

Our Hope for You

It's our hope and desire that *Alive to Thrive* will help you head off any serious challenges that could lead your children into dangerous territory. We want you to become equipped with everything you need to help your kids find the life God has for them instead of looking for the emergency exit of life.

Eighteen licensed and highly experienced Christian counselors contributed to this resource. You'll not only find information here to help you learn more about topics contributing to the devastating problem of suicide, but you'll also learn practical ways to start important conversations with your kids. For more helpful information, videos, and resources on suicide prevention, be sure to visit AliveToThrive.com. May God strengthen and guide you as you help your children choose to be *Alive to Thrive*.

— PART ONE —

The Best Defense against Suicide

As parents, we take seriously the job of raising our kids. We want them to grow up to be healthy, fulfilled followers of Jesus Christ. There are so many things you can do—and probably already do—to reduce the chances of one of your kids considering suicide. The best defense against suicide begins from day one, with a strong foundation at home as you prepare your kids for healthy living.

If you've already been a parent for years, you might not think this section applies to you—but it does. Taking time to consider the topics of parent-child attachment, self-care, loving discipline, and support might reveal an underlying issue with one of your children that may warrant further investigation.

Don't worry; this isn't a blame-the-parents section. It's a be-aware-and-alert section as well as a prevention section. If the following information raises questions in your mind about one of your kids, there's a lot you can do. You can steer your child's life in a different direction, avoiding any journey toward negative behaviors or suicidal choices.

1

Attaching and Connecting to Your Child

Shortly after Rhonda and Kevin brought their newborn son, Hunter, home from the hospital, he had a bad reaction to his formula and stopped breathing. After their baby was rushed by ambulance to an emergency room, he spent about a week in an intensive care unit.

Rhonda and Kevin visited daily, often staying until visiting hours were over. It was several weeks before the doctors could find formula that Hunter could accept.

That event was the beginning of Hunter's anger, hyperactivity, and defiant behavior.

Rhonda initially denied that there were any traumatic issues before, during, or after Hunter's birth. She thought she and her baby bonded well because Hunter was so sweet when he wasn't angry or spinning out of control behaviorally.

By the time Hunter was seven, he was being treated for attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD). He'd been violent toward Rhonda to the point of causing injury to her, and one time almost broke the glass door on the school bus.

One day, Rhonda talked with a counselor who explained attachment issues and how children with these issues behave.

"That's exactly what my child does," Rhonda said. "That sounds exactly like Hunter."

Unbeknownst to his parents, Hunter's normal attachment process to his mother was interrupted shortly after he got home from the hospital. Rhonda and Kevin worked with the therapist to help Hunter with his attachment issues and heal his brain using therapeutic parenting principles.

"The hardest thing for me in all this," Rhonda told the counselor, "was not learning how to parent him out of this. It was getting through the guilt I felt. Because I thought it was my fault—that I was a bad parent for not seeing this problem sooner."

———

This couple's story is a good reminder that the attachment between baby and parent can be disrupted by no fault whatsoever on the part of the parents. With that in mind, it's crucial to realize that positive attachment between parent and child is the foundation for raising kids who can thrive. Suicide prevention actually begins when a child is born.

Attachment: Why Does It Matter?

Attachment is paramount because it's the first and most important stage of infant development. It's the cornerstone of psychological health that begins in utero. As the relational part of a child's developmental process, it enables a baby to connect in a healthy way with his primary caregiver. It teaches his brain how to process and interpret the information provided by the five senses so that he can feel safe in this world. As a result, it's fundamental to the growth of a healthy worldview.

Attachment: What Is It?

Attachment is not the same thing as bonding. Bonding is what a normal, healthy adult will naturally and unconditionally do when presented with the responsibility of caring for a helpless infant. Attachment, on the other hand, is conditional. It's what happens if and when a normal infant feels safe enough in her environment to form a deep connection

with an adult. Secure attachment depends upon the parent meeting three conditions so that the child knows

1. I'm safe,
2. I can trust my parent,
3. I have a voice, which means I'm confident enough to speak my thoughts (appropriately) and ask for what I need, knowing my parents will respond and meet my needs. (If a child does not develop a voice, she will resort to some nonverbal form of communication to make her needs known. Usually these are actions of a negative kind.)

Ultimately, attachment requires a proper balance between structure and nurture. If your child needs structure (form, order, rules) and you instead give her nurture (comfort, nourishment, compassion), you limit her growth. If a child needs nurture but you give her structure, you limit her trust. All of these elements are essential to the formation of a lasting parent-child relationship.

Attachment: How It Grows

There are four different attachment styles, and they can be used to describe both infant and adult behavior. Secure attachment is the only healthy style. If a child doesn't develop a secure attachment, he will have one of the three types of insecure or broken attachments.

Secure

In an adult, this attachment style is called *free/autonomous.* A secure infant wants to be near his parent and is easily consoled by the parent's presence. Secure adults are comfortable being independent and self-directing. They're able to resolve any fallout of past hurts and disappointments. A secure child grows up to become a free/autonomous adult.

Nurturing experiences with a loving caregiver help attachment grow. The secure infant attaches to the adult caregiver because:

- he tries to be close to his caregiver, especially in times of trouble;
- he sees his caregiver as providing a "safe haven";

- he trusts his caregiver to provide a secure base from which to explore the world;
- he feels fear or anxiety at the threat of separation from his caregiver;
- he feels grief and sorrow at the loss of his caregiver.

Secure attachment develops in three stages:

Stage One: From zero to two months of age, babies form emotional connections with caregivers. At this stage, a child will focus with pleasure on any human face. This is called indiscriminate social responsiveness.

Stage Two: From two to seven months, babies begin to show a preference for familiar faces. This is called discriminate social responsiveness.

Stage Three: The time between seven to thirty months in a child's life is especially important for healthy attachment. If conditions are less than ideal, a child's ability to form a healthy attachment may be harmed. This final stage is called specific attachment relationships.

Ambivalent

For adults, this attachment style is called *preoccupied.* An ambivalent child is clingy and extremely and abnormally alert to any danger or threat. Ambivalent babies grow up to be preoccupied adults—codependent people who can never let go of past abuses and betrayals.

Avoidant

For adults, this attachment style is called *dismissive.* The avoidant infant shows little or no desire to be held or comforted by her mother. She's already learned her mother can't consistently provide the love and support she needs, so there's no reason to look to her for those things. As an adult, this person may dismiss or deny emotions, relational connections to other people, and/or hurts. A dismissive adult is unwilling to deal with personal difficulties on any level.

Disorganized

For adults, this attachment style is called *unresolved.* A child with a disorganized attachment style expresses confusion, a sense of discon-

nectedness, or pure terror in the presence of his caregiver. This is often the case when he has experienced abuse. As an adult, he'll likely display symptoms of unresolved issues and can become a prime candidate for addictions.

Risk Factors

The normal process of attachment can be derailed in a number of ways. Some are under the parents' control and some are not. Unfortunately, bad things can happen even in the strongest and most well-adjusted family. As a mom or a dad, you can save yourself a lot of grief and confusion by developing an awareness of these risks from the very beginning. They may also help explain some behaviors you currently see in one of your children that doesn't seem to be able to be explained away. We can divide these risks into two categories: risks of nature and risks of nurture.

Risks of Nature

As we saw in Rhonda and Hunter's story, a number of physical or medical situations can pose a threat to the development of healthy attachment in children, including:

- **a difficult pregnancy or prenatal trauma**. Included in this category are various forms of medical trauma, such as a small hemorrhage or a loss of oxygen experienced by the infant, drug or alcohol use, anxiety, depression, or stress in the birth mother during pregnancy.
- **a difficult birth or delivery**. This could be any medical trauma associated with complications during the labor process.
- **early hospitalization of the infant due to premature birth or medical complications requiring surgery or special care**. Related issues, such as the pain of injections or minimal nurturing during a hospital stay, may also add to the problem.

Risks of Nurture

Attachment can also be impaired by unfortunate life events and negative developments in the relationship between parent and child, including:

- **toxic stress.** Formally called adverse childhood experiences (ACEs), toxic stress can include a wide variety of illnesses, mental illnesses, childhood trauma, and circumstances that negatively affect a child. People with four or more adverse childhood experiences are four-and-a-half times more likely to develop depression than the general population, and twelve times more likely to become suicidal.
- **adoption.** If you adopted your child, the prebirth background and situation, and the situation into which the child is being introduced, may also qualify as significant stressors. Adoption always entails a period of readjustment, and this can be stressful even under ideal circumstances—even if the baby was taken home directly from the hospital after birth. Be careful not to jump to conclusions, though. Adoption doesn't automatically mean your child has attachment issues, but it's something to be aware of and keep in mind.

Fallout

What happens when these risk factors interrupt or upset the normal attachment process? Here are some of the most noteworthy signs, symptoms, and consequences of attachment dysfunction.

Manipulative Behaviors

If your child seems to be extremely needy or uses manipulative behavior, it's worth checking with a licensed professional to see if she's displaying attachment issues. Manipulative behaviors include:

- badgering: asking you over and over and over again for the same thing;

- throwing a tantrum: attempting to intimidate you;
- threatening: saying things like "I'll never talk to you again" or "I'll just kill myself"; and
- flattering: saying something like "My, Mommy, you look great today. Can I have a cookie now?"

Attachment can be harmed anytime a child's needs, whether tangible or intangible, are frequently not met.

What Are ACEs?

Adverse childhood experiences (ACEs) are:

- physical abuse,
- emotional abuse,
- sexual abuse,
- emotional or physical neglect *(which typically causes even greater trauma than abuse),*
- parental mental illness,
- parental substance dependency,
- incarceration of a parental figure,
- parental separation or divorce,
- exposure to domestic violence.

Children are especially sensitive to repeated stress because their brains and bodies are still developing. High doses of ACEs affect:

- brain structure and function,
- the developing immune system,
- the developing hormonal system,
- how the DNA is read and transcribed.

All of these negatively impact a child's ability to process life's situations in a healthy way. No wonder statistics indicate that people exposed to numerous ACEs have a life expectancy twenty years lower than that of the general population.

Reactive Attachment Disorder

A child who can't trust and doesn't feel safe—even when he truly is safe—will not be able to attach to others. The child with reactive attachment disorder will not be able to attach, not even with an extremely loving and nurturing parent. Feelings of fear and insecurity will push him into survival mode. In this condition, he reacts without thinking with a fight or flight behavior, and he's incapable of responding to his environment in a rational way.

This reactivity in this child's brain comes because an unattached child sees the world—accurately or not—as an unsafe place and is in a chronic state of panic. This child perceives every new stimulus as a threat. Living in an unsafe world (as the child sees it), means he always has to be on guard. Since he can never know when, how, or from whom the danger will come, being superalert becomes a way of life. Under these conditions:

- the right hemisphere of the brain is overly activated (emotion, intuition, reactivity);
- the left hemisphere of the brain is underactivated (reason, logic, linear processing, evaluation);
- normal thinking becomes impossible, as a result.

Volatility

A person who lacks attachment often has little or no concern for others. As a result, she has the potential to become destructive or violent.

Confusion with Other Symptoms

Attachment that isn't secure can mix with or be hidden behind any number of legitimate social, psychological, and medical disorders. This makes it all the more difficult for you to figure out exactly what's going on with your child. Attachment issues may be misinterpreted as

- ADD/ADHD,
- processing disorders,
- anxiety,

- depression,
- developmental delays,
- learning disabilities,
- separation anxiety,
- post-traumatic stress disorder,
- slow learning,
- oppositional defiant disorder,
- autism spectrum disorder,
- being strong-willed,
- anger management issues,
- compulsive lying
- kleptomania,
- laziness,
- eating disorders,
- conduct disorder,
- obsessive compulsive disorder,
- sexual promiscuity,
- violent, aggressive behaviors,
- sleep disorders.

If your child has been labeled with several of these issues, yet nothing seems to really fit well, consider professional help to see if attachment disorder is the underlying root cause.

Solutions

Parents, please understand that attachment issues are not necessarily reflective of the quality of your parenting. Attachment can sometimes be disrupted or destroyed by forces beyond your control. Even so, you do have the power to respond effectively to the challenges these issues present. Here are some simple strategies to keep in mind:

Be aware. Once you're clued in to the various developmental and relational issues connected with attachment, you'll be in a better position to confront them. For example, if your child went through a difficult

birth or had to endure a long stay in the hospital as an infant, keep an eye out for symptoms of attachment disorder and start thinking of ways to counteract them. It's also a good idea to cultivate an awareness of your own adult attachment style and its related issues.

Be intentional. Starting in your child's infancy, make a conscious effort to establish meaningful connections. Provide a tactile, sensory-rich environment that includes close proximity between parent and child, plenty of eye contact, making your voice a familiar sound, playful engagement, displays of affection, physical activity that allows for healthy touch, and lots of bodily movement. Hold, touch, hug, and make room for lots of skin-to-skin contact. Give your child the attention he needs and craves.

Be encouraging. Be present and patient with your child. Encourage her to verbalize her needs and respond as appropriate. Provide the support and care required to let her know she's safe. Remember, only the person with the need can determine how much reassurance is enough to meet that need.

Model God's love. At the heart of healthy attachment is a deep awareness of God's love and unconditional acceptance. Reflect and express this unconditional care in all your dealings with your child.

Let enough be enough. Be content to do what you can. Don't fall for the false thinking that you have to measure up. As we said, there's no such thing as a perfect parent. The good news is, we don't have to be perfect parents—just good-enough ones. Do what you can and let that be good enough.

Conclusion: Getting Off on the Right Foot

A healthy outlook on life grows out of healthy attachment. As a parent, your number-one concern is to establish your child's life upon a firm foundation of solid relational connectedness. The best research indicates that connected kids do well in almost every area of life. The disconnected child is more likely to face serious challenges down the road.

If this discussion about attachment doesn't apply to any of your

children, great! Congratulations! They are off to a fundamentally strong start. If, on the other hand, you're reading over this list and realize you've been lax with some of these things, don't beat yourself up. Pick one or two areas and begin with small steps. It's never too late to make changes and seek additional professional help. Taking action now helps prevent a potential crisis down the road.

ACTIVITY

Score yourself on adverse childhood experiences. Make a mark beside each item you experienced during your childhood prior to your eighteenth birthday:

___ Did your parent or another adult often hit, slap, push, or shove you, or throw something at you? Did they ever hit you so hard you had marks or were injured? Mark this even if they said afterward that they were "just kidding." (physical abuse)

___ Did your parent or another adult often call you names, yell at you, insult you either in private or public, put you down or humiliate you, or act in a way that made you afraid they might physically hurt you? (emotional abuse)

___ Did a person at least four years older than you ever touch or fondle you, have you touch his or her body in a sexual way, or have oral, anal, or vaginal sex with you? (sexual abuse)

___ Did you often feel that no one in your family loved you, didn't look out for you, or didn't support you when necessary? (emotional neglect)

___ Did you often not get enough to eat, have to wear dirty clothes, or have no one to physically protect you if needed? Or were your parents too preoccupied for some reason (busy, sick, drunk, etc.) to take you to the doctor when needed? (physical neglect)

___ Was a household member ever identified as having depression, anxiety, schizophrenia, or dementia? Or did a household member ever attempt suicide? (parental mental illness)
___ Was a household member ever a problem drinker or an alcoholic? Did a household member ever use street drugs or misuse prescription drugs? (parental substance dependency)
___ Did a household member ever go to prison? (incarceration of a parental figure)
___ Were your parents ever separated or divorced? (This also includes a parent being deployed in the military or being away for long periods of time because of business, etc.) (parental separation or divorce)
___ Did your mother, father, stepmother, or stepfather sometimes get pushed, grabbed, slapped, kicked, bitten, or hit with a fist or something hard; have something thrown at her or him; or get physically threatened with a gun or a knife? (exposure to domestic violence)

Count up the total marks. This is your ACEs score: ___

An ACEs score higher than a two is worth further consideration. Research shows that the higher the ACEs score, the greater the risk of experiencing negative social consequences and poor physical and mental health later in life.

2

Practicing Self-Care

As Jada sat in the college's health services office, wheezing deeply and trying to catch her breath, she pulled out her cell phone. "Dad, I'm really not feeling well," she said when he answered. "My asthma is really bad. Can I come home for a while?"

Also, for the first time in her life, Jada reported to her dad that she felt depressed and anxious. Her parents lived in the same town, so her dad was able to meet Jada at her dorm room. When he arrived, what he saw shocked him. His daughter was sitting in a corner of the room, surrounded by dirty dishes, eating a tiny salad.

"The room looked like a crack house," he recalled. "There was garbage all over the floor—and I mean *garbage*—chicken bones and that kind of thing. It stunk." When he started questioning his daughter that day, she tried to explain.

"I've been trying to keep the place clean," she said, "but my roommates don't take care of anything. I just got tired of being the only one making an effort. Everything is so dirty, and I was doing all the cleaning of the dishes for the longest time. I just got tired of doing it, so now I just grab a snack for lunch." Her roommates had smoked in the room, and one day brought a cat home, even though pets weren't allowed. The garbage, the smoke, and the pet dander all made Jada wheeze. The mess influenced how well she was caring for herself—even how she ate and slept. And all of that influenced how she felt.

Her dad took Jada home for a week, where she was able to get

hydrated, avoid the toxic environment, eat good food, and get good sleep. Her breathing returned to normal.

A former college counseling director, Joannie DeBrito, reports that self-care issues are common for college-age students who are out on their own for the first time. "I instructed my counseling staff to assess every kid's level of self-care," she says, "because almost always if someone was feeling depressed or anxious, at least part of that was due to poor sleep, poor nutrition, poor environment, and not taking care of themselves. Sleep deprivation is probably the number one thing for young people because they are so tied to technology.

"I saw people who were in those kind of environments and were neglecting self-care get to the point of not only being depressed and anxious, but suicidal," DeBrito explains. "When self-care suffers, things just get worse and worse. The more stress kids have, the less they sleep. And the less sleep they have, the bigger their stresses feel—it's just a snowball going downhill."

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Self-care is important for our kids to learn, and for us as parents to practice. Think about it: raising well-adjusted, well-connected kids depends on the strength of our relationships. And relationships or connections can only be as strong and healthy as the individuals involved. You can't connect meaningfully with others if you don't bring your best self to the table. The implication is clear: good relationships begin with good self-care.

What Is Self-Care?

Did you ever drive your car until the gas tank was empty? If you did, you know that fretting, fuming, and shouting didn't help the situation. Engines won't run without fuel, no matter how many times you wish or pray. In cases like this there's only one thing to do: fill up the tank again.

It's exactly the same where your capacity for life and relationship

is concerned. Like your car, you're what we call a "closed system." Your energy levels are limited. If more goes out than comes back in, you'll end up empty. If you neglect preventative maintenance (what we call self-care), the physical, mental, and emotional machine that is you will eventually break down. When that happens, you won't be of much use to anybody. You can't give what you don't have—it's as simple as that.

Self-care is the process of keeping your physical and emotional tank full. It's a program for ongoing re-creation. It's about keeping yourself in good working order so you won't collapse, like a dilapidated bridge, when others need your support.

We know this is easier said than done.

Self-Care: Why Is It Important?

Jesus Himself knew self-care was an issue of great importance. That's why He regularly took time out to refill His pitcher with Living Water. You need to do the same.

Believe it or not, there are a lot of dedicated Christ-followers who don't seem to take Jesus' example seriously. Some even believe that self-care has no place in the Christian life. Discipleship, in their estimation, calls for the complete sacrifice of one's own wants and needs. In their view, self-care is "selfish."

So let's compare self-care with selfishness.

Selfishness versus Self-Care

Selfishness	Self-Care
Aims at indulgence	Invests in self in order to re-invest in others
For me (only)	For me and then for others
At others' expense	No serious negative impact on others

See the difference? Selfishness is wrong; self-care is wise. There are at least five reasons to make self-care a priority for you and your family:

Self-care enables you to love. You can't love others if you don't love yourself. Jesus told us so when He said, "You shall love your neighbor as yourself" (Matthew 22:39; Leviticus 19:18). People who don't love themselves have no way of gauging the meaning of love for others. They have no overflow from which to share.

Self-care maintains healthy bodies and minds. We belong to God, body and soul (1 Corinthians 6:19). As a result, we have a responsibility to be good stewards of the physical and mental resources God has entrusted to our care.

Self-care provides a buffer against illness and disease. The best defense is a good offense. A healthy immune system helps you ward off disease. According to the Centers for Disease Control and Prevention, healthy body benefits extend to mood elevation and greater mental alertness, as well as reduced chronic disease risk. This is especially true for young children and teenagers.

Self-care provides stress relief. Stress, which is the great enemy of physical, mental, and emotional health, has a tendency to increase if you don't keep your mind and body in good condition. According to Dr. Don Colbert, "If left unchecked, the perpetual release of the stress hormones adrenaline and cortisol can sear the body in a way that is similar to acid searing metal."[1]

Self-care enables you to follow God's commandments and do His work. In Ephesians 2:10 we're told that the Lord has created us in Christ Jesus "for good works, which God prepared beforehand, that we should walk in them." The healthier you are, the more energy you will have to play your part in God's plan.

Self-Care: How to Do It

Self-care is going to look different from one person to the next. What works for others may not work for you. Caring for yourself can mean

something as insignificant as taking an extra-long shower or as grand as planning a family vacation to Paris or Hawaii. The important point to bear in mind is that every little thing you do can be incorporated into your self-care program. And lots of little things have a way of adding up over time.

Self-care strategies or activities can be grouped under four major headings: spiritual, mental, emotional, and physical.

Spiritual (Heart)

Prayer, Bible study, devotions, solitude, silence, and scriptural meditation all belong in this category. The goal of this type of activity is to find a place apart from the daily grind where you can get in touch with God and discover who you are within the context of His love.

Mental (Intellect)

Mental self-care—involving things like thinking, reading, journaling, and discussing important topics with others—supports psychological integrity by maintaining completeness, wholeness, and unwavering commitment to personal values and principles.

Emotional (Soul)

The idea here is to stay in touch with how you're doing by listening to your feelings, identifying your emotions, and then coming to a conclusion about what they mean and what to do about them.

Physical (Body)

This is probably the area that comes most readily to mind when we think about self-care. It involves a healthy diet, regular exercise, adequate rest and sleep, and a conscious effort to reduce stress.

Some self-care activities are multifunctional. They have the potential to satisfy the needs of two, three, or all four categories at once. For example, Bible study and prayer can have a huge impact on your mental and emotional life; physical exercise, by keeping the brain stimulated

and promoting overall health, sharpens your mind. The specifics of your personal program are largely a matter of individual choice (and choice itself can have a renewing and reviving effect upon the soul). See the "Self-Care for Parents" sidebar for a few ideas to get started.

Self-Care for Parents

You can start the process of good self-care by making small yet intentional decisions about how you're going to approach some of the simplest things in life. Here are some suggestions:

- Stretch your morning shower time a little longer.
- Use bathroom time as "alone time."
- Go for a walk.
- Take occasional stretch breaks, especially when sitting for long periods of time.
- Learn to paint, draw, or sculpt; take up the study of another language.
- Take deep, cleansing breaths. Hold for ten seconds before releasing.
- Discipline yourself to sit in silence and do nothing for ten minutes.
- Read a book for pleasure.
- Make some form of physical exercise—walking, running, biking, hiking, or calisthenics—a regular part of your daily/weekly routine.
- Wake up thirty minutes before your kids to grab some time by yourself.
- Go out for coffee or make yourself a cup of tea.
- Treat yourself to a healthy snack.
- Make household chores more enjoyable by putting on headphones and listening to music while you work; or listen to . . . silence.
- At work, actually take your lunchtime and breaks.
- Learn to practice the fine art of saying no.

A Life without Self-Care

Rampant despair, depression, and suicide have their roots in a lack of self-care. That's why it's important to schedule times of self-care and model self-care for your children. When you don't feel physically rested or mentally grounded to the "here and now," you can resort to some extremely unhealthy coping mechanisms in an attempt to medicate your discomfort. Here are a few of those methods.

Anger. Chronic anger can be a sign that your basic need for love, rest, sanity, and connection isn't being met.

Addiction. Addiction isn't simply a behavioral problem involving alcohol, drugs, or sex, and it's not related solely to substance abuse. Ultimately, addiction can be traced to unresolved issues and desires of your deepest human need.

Suicide. Suicide is the last resort. When other coping methods fail, you may decide that death is the only way out. Everything possible needs to be done to stop the train before it goes this far.

Self-Care: How to Teach It to Your Kids

Once you've figured out how to keep yourself on an even keel, it's time to help your children do the same. Remember, the best defense against self-destructive behaviors and suicidal tendencies is a healthy, happy, well-connected family. For the most part, good self-care is caught rather than taught. If you live by the truth that ongoing self-renewal is a matter of high priority, your kids will probably follow suit. If you don't, they may end up repeating your mistakes, no matter what you have to say on the subject.

Consider these tips as you teach good self-care to your children:

When you're done, you're done. Like adults, kids eventually run out of gas. As a parent, keep your eye out for telltale signs—crankiness, irritability, and fatigue—and tell your child when it's time to take a breather.

Watch out for parental pride and ambition. Childhood overcommitment and exhaustion can often be traced to us as parents. If you've got your son involved in five different afterschool activities during the week, make sure you're not trying to live vicariously through his achievements.

Do one thing at a time. Pick one activity each school term and make the most of it. If your daughter likes ballet and soccer, encourage her to work on her dance moves during the winter semester and get out on the playing field in the spring.

Just say no. Good self-care often involves eliminating certain things from your kids' schedules—even good things. Teach and model the art of being selective and making wise choices. Too much of a good thing is still too much.

To maintain good self-care, set reasonable goals and find out what works for your family. And then try to keep the big picture in mind:

Self-Care for Families and Kids

- Take a break to play catch or Frisbee in the backyard.
- Go for a walk around the neighborhood as a family.
- Plan physical activities to take maximum advantage of your natural surroundings (mountains, beaches, parks, etc.).
- Maintain a structured routine, including set dinner times and bedtimes.
- Limit the use of electronics.
- Provide kids with structured choices by asking these types of questions: "Do you want to go hiking or biking today?" or "How would you like to use this last half-hour before bedtime?"
- Find something cheap, free, and fun that you can do together as a family—preferably something that doesn't involve electronics and that gets you outdoors for a while. Plan a picnic, visit the zoo, go out for ice cream, or break out one of your old board games.

your child's ability to carry out good self-care can help him be less vulnerable to suicide.

Let us stop you here. This is not a lecture on how you need to do more or add more to your already too-full daily list of chores. This is a reminder of how important maintaining your health and sanity is to you and your family. You give your car oil changes, tire rotations, and other regular maintenance—shouldn't you give yourself even better care than your vehicle? You may be in a season of life where finding enough time to go to the bathroom is difficult. That's understandable. Still, get creative and do what you can, even if it's a little thing.

Choosing self-care now *will* cost you—that's a fact. But it will cost you a lot more down the road if you don't care for yourself now.

ACTIVITY

1. Gather the family and tell each person to make a list of healthy activities that re-energize him or her. Set a timer for three minutes while everyone writes this list of things that they already do or would like to do.
2. Ask each family member to share his or her list.
3. Then ask each family member to choose one activity and commit to doing it at least once in the next seven days. Ask family members how they plan to actually fit that activity into their schedule.

Note: You can do this activity in thirty minutes or so, depending on the number of people in your family.

If you have time remaining, do a speed list. Take ninety seconds and list as many activities as you can that the entire family could do together in the next month. After the time is up, see if you can schedule one of the listed activities into everybody's calendar.

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Providing Loving Discipline

"My eight-year-old was a natural spender," Melissa said about her daughter, Pita. When money came into Pita's hands, she would spend it immediately, on the first brightly colored plastic trinket she saw, even if it was a pooper-scooper for the dog they didn't have.

"Last year, she headed to Walmart's toy aisle hoping her older brother, Garret, or I would give her a few bucks so she could buy something," Melissa said. Pita had learned to bat her big blue eyes and put on a dramatic pouty face, which unfortunately often worked on Garret. But this time, her brother said no.

So Pita turned to her mom. "Mom, I bought him stuff when I had money, and now he won't do the same," Pita said through her tears—some real and some not. "Can you buy me something? This is just $3.99."

"My first reaction was to punish her, because we've been over this a thousand times already," Melissa said. "But I remembered the need to keep my cool as best I could. I took a deep breath, or maybe it was two breaths that day."

Then Melissa responded this way: "I'm sorry, Pita. I'm sure you'll do much better next time and save some of your own money for later."

Melissa reports that Pita has become a wiser spender since that particular Walmart incident. A year later, Pita's hard-earned money

now stays in her backpack for a day or two, and sometimes even for a week.

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If you're like most people, you tend to connect discipline with correction, consequences, or punishment. But on that day in the store, Melissa was disciplining her daughter with training and redirection. As a mom, she was seeing discipline as the bigger idea of "disciple-ing."

Melissa didn't know it, but by providing loving discipline to her daughter and helping her build important life skills, she was also providing a good offense against suicide. The goal of discipline is to lead your "disciples" to the place where they have the skills and confidence to tackle the world on their own, in a healthy way.

In the end, you'll want your child to have four basic life skills.

Self-discipline and regulation: Good discipline brings kids to the point where they can regulate their own choices and behaviors. Early in the process, teach your child something like this: "No matter how old you get, someone will always bug you and tell you what to do. You can either bug yourself, which is self-discipline, or you automatically give other people permission to bug you. The choice is yours."

Resiliency: If we try to control and protect our kids, we deny them the opportunity to toughen up in the school of hard knocks. This good kind of toughness can be taught by way of age-appropriate consequences. A toddler who gets scratched quickly learns not to tease the cat.

Balance: Balance has to do with maintaining mental and emotional equilibrium. It's the ability to bounce back to a healthy outlook after dealing with a difficult circumstance. A child who has figured out how to keep herself on an even keel will be ten steps ahead of her peers when it comes to weathering the storms of adolescence and the ups and downs of adult life.

Competence and confidence: By trying new things, failing, and trying again, children eventually achieve a level of competence that in turn becomes the foundation of personal confidence.

The Heart of Discipline

The words *discipline* and *disciple* are derived from the same Latin root. Discipline is a process of learning by following in the footsteps of a wise and experienced master. It's our job as parents to be teachers of that kind. Parents are the world's original life coaches.

Discipline is more than a slap on the wrist for bad behavior. It's a strong goal-oriented way of thinking. It's a training course for life that will always be conducted for the child's benefit. The goal is to help your child become the best he can be.

With loving disciple-ing, the emphasis is on influence rather than control. Wise parents know that effective child-rearing is a process of releasing your child into the world. The objective is not to keep your daughter on a tight leash, but to loosen the reins gradually while teaching right and wrong by your own example and giving her opportunities to practice. That's a scary thought for many of us.

If you're a military veteran, you remember basic training. It was there you learned the disciplines to be a soldier. As a parent, you're teaching your child the disciplines to be a healthy adult. The intention behind parenting is to prepare rather than insulate. You can't possibly protect your children from all the bad and threatening things that might happen to them out in the real world. Your job is to prepare them to face the challenges by modeling discernment and teaching strong decision-making skills.

Real discipline is partly a science, partly an art. When it comes to discipline, what we really want to know is fairly simple: How can I prepare my children to face the world with confidence? What sort of life training will enable them to reach adulthood safe and sound?

What about Rules?

Before we get to some practical points about how to discipline, let's talk about the healthy way to understand rules when it comes to disciplining our kids.

We need to remember that discipline is not primarily about punishment or correction. We can't fulfill our responsibilities as parents by posting a set of rules on the refrigerator and punishing our children when they break the rules. In actuality, rules and discipline are two different things.

Rules really have nothing to do with behavior modification. Rules are for two things, which are

1. to keep safety *in,* and
2. to keep chaos (un-safety) *out*.

That's it. Rules are to make the environment safe for every member of the family. Discipline, as we're describing, is concerned with facilitating a child's growth and development. It's about shaping children's characters and training them in the way they should go.

Practical Tips

Here are a few tips for building self-discipline, resiliency, balance, competence, and confidence in your children.

Maintain a Safe Environment

A safe learning environment is crucial for discipline. Above all, your child needs to know that Mom and Dad will always love and accept him no matter what. Remember, a safe home environment includes balanced elements of both nurture (love, kindness, and acceptance) and structure (rules, regulations, and consequences). So be alert to what your child needs at the moment and provide either the structure or nurture he requires.

Distinguish between Hurt and Harm

Teachers and learners need to remember that "hard is good." The fact that something is difficult doesn't necessarily imply that it's bad. This applies to lessons like obedience, self-control, and good manners, as well as algebra and English grammar. Valuable training often hurts (just ask any

athlete), but pain is not the enemy unless it causes permanent damage. So what's the difference between hurt and harm?

Here's a way of looking at the difference:

- *Hurt*: It's painful and may be unpleasant, but there's no permanent or long-lasting damage and no negative effect.
- *Harm*: It's painful and may be unpleasant, and there is some form of permanent or long-lasting damage or negative effect.

As parents we don't like it when our kids *hurt*. That's normal. Yet children actually need some constructive pain and adversity in their lives in order to grow strong and healthy. They just need us to protect them from serious *harm*.

Provide Choices

Structured choice is a vital element of good child coaching. It gives your kids a voice and a certain amount of control over their lives. Both are important for the development of competence and self-confidence. When it's 10 degrees outside, you can ask, "Do you want to wear the blue coat today or the green one?" If your child says, "I don't need a coat!" you can respond, "That's not one of the choices; blue or green?"

Offer a Positive Focus

Verbalize what you want your child to do, not what you don't want him to do. If you're constantly nagging, "Don't hit your sister!" you're creating a mental image of "hitting sister" and reinforcing the negative behavior. But if you get out some toys and say, "Play nicely with your sister," you're giving your child the positive mental image of what to do.

Try this. Whatever you do, right now as you read this, don't think of the Eiffel Tower in Paris, France. We're going to tell you again, don't think of the Eiffel Tower. What image do you have in your mind? The Eiffel Tower? We told you not to think of the Eiffel Tower, so stop thinking of the Eiffel Tower. If you don't stop thinking of the Eiffel Tower, we're going to give you a consequence!

All this time, you were told not to think of the Eiffel Tower. And every time you were told not to think of the Eiffel Tower, what mental image popped up in your mind over and over again? Most likely . . . the Eiffel Tower.

Now, try this. Think of a bison or buffalo—the big animal with an overgrown head, small horns, and a goatee. What image popped up in your mind's eye now? Most likely one of a bison. And while you were thinking about a bison, guess what you *weren't* thinking about? The Eiffel Tower.

Rather than tell your children what not to do—the Eiffel Tower—and thereby giving them a mental image of that very behavior, tell them which behavior you want them to do—the bison.

Allow for Do-overs

This is an extension of the last point. If your child fails to play nicely, tell her to try again. So what if it takes him a million times to get it right? That's how we learn. "Do-overs" have a greater impact on the brain than negative consequences. They create synaptic connections that promote memory and reinforce positive behaviors.

Give Consequences

Consequences can be a useful accessory to do-overs, especially in cases of willful disobedience. It can be helpful to allow a child to choose a consequence for his misbehavior. For example, you might say, "Would you rather lose iPad privileges for two days or skip dessert for a week?" Kids need to understand that bad choices lead to bad consequences, even in adult life. This brings us back to the hurt versus harm idea. Consequences are meant to hurt—just not harm.

Listen

Beginning at a very early age, teach your children how to use their verbal skills. Model appropriate ways of expressing emotions. Listen to them when they talk. Zero in on the real questions they're asking. Wherever

and whenever possible, help them understand why you require a certain kind of behavior.

Offer Justice, Mercy, and Grace

Model God's love by responding to your children's behavior with age-appropriate measures of justice, mercy, and grace.

Justice is the response you need to give when a wrong has been committed. It's the treatment that fits the behavior. Justice teaches children the difference between good and bad and underscores the impact of wrongful choices and actions.

For example, let's say your son is learning to drive and shows careless tendencies from time to time. You find out from another student's parent that your son had a minor fender bender in the school parking lot that he "forgot" to tell you about. When you confront him, he blames the parked car for the incident. This is a time for justice. Consequences should be given for the wrong action in order to encourage him to learn a lesson so his driving behaviors change for the better.

Mercy is not getting what you deserve. You can consider offering mercy to older children who already understand the difference between right and wrong and who probably won't gain anything more from getting a consequence. Until a child is old enough to remember right from wrong, you'll probably need to offer more justice than mercy.

Say that your son, who's normally a very conscientious driver, has a minor fender bender in the school parking lot. He volunteers the information to you, admits it was his fault, and understands how it happened. You determine that administering a consequence, which he deserves and is willing to accept, won't help him learn his lesson any better. This may be a time when you choose to extend mercy and not give him a consequence he deserves.

Grace is getting what you don't deserve. You should extend grace to your children readily yet sparingly. The goal is to create a safe environment for your children without fostering a mind-set of entitlement—that attitude of having a right to privileges and special treatment.

This would be a time when you surprise your son by letting him take the family car to the upcoming ball game. He didn't ask; he didn't do anything to earn it either. You extended the privilege to him just because you wanted to treat him to it.

Common Obstacles

As you work to provide a positive program of loving discipline for your children, watch out for three things that can easily derail your parenting efforts: anxiety, perfectionism, and a tendency to live "one generation back."

Anxiety

It's easy for parents to be worried about making mistakes. Don't let that happen to you. If something does go wrong, remember that you, like your kids, can always have a "do-over."

Perfectionistic Tendencies

This point is closely connected with the previous one. The false idea that you need to be perfect can prevent you from getting started. We'll say it again: there's no such thing as a perfect parent. If you have perfectionistic tendencies, deal with them so you can make this parenting journey with less stress and more confidence.

Living "One Generation Back"

If you're like most of us, you can probably think of some ways in which your parents could have done a better job of raising you. If your parents were too strict on you growing up, you may try to fix your childhood experience by being overly lenient in your parenting. If your dad never attended any of your ball games, you may try to heal your disappointment by being at every one of your children's games. Don't get stuck trying to fix your childhood or think you'll change it by how you parent today.

It's a Journey

We need to remind ourselves that discipline is a journey, not a destination. It's a process that begins the moment a child emerges from the womb and doesn't end until each child leaves home. When boiled down to essentials, it's all about practice, practice, practice. Your child needs practice, and so do you! So keep practicing your disciple-ing. Keep helping your children build the life skills of self-discipline, regulation, resiliency, balance, competence, and confidence—skills that make a person stronger and less likely to end up with thoughts of suicide.

4

Supporting Your Child

Darrell noticed that when his son, James, was on the Little League baseball field, he seemed disinterested and didn't try very hard to catch the balls coming his way. In fact, James didn't really engage in any of the sports Darrell signed him up for.

But when the family visited his grandma's house, James's eyes lit up. He seemed to come alive when his grandmother taught him simple songs on her piano. When she offered to give the piano to James's family, Darrell accepted and signed his son up for piano lessons. Even though Darrell had dreamed of having a baseball player in the family, he realized his son's gifts might lie elsewhere.

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Tiana had been working on a school paper for a while when her mom said it was time for dinner.

"But I'm not done with this yet," Tiana said.

When Andrea saw that her daughter had written seven pages for a one-page assignment, she taught Tiana about being "good enough."

"Your report is great," she told her daughter, "and it's way more than the teacher expects. It doesn't have to be perfect."

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These stories are just two examples of the many ways that we can provide support for our children. Darrell provided the tools his son needed

to grow in his area of interest, and Andrea guided her daughter away from her perfectionistic tendencies.

But exactly what do we mean by *support*? And how does it fit in with attachment, self-care, and loving discipline? If we compare our family to that of a sports team, attachment would be belonging to the team: you're chosen. Self-care then would be making sure the coach (that's us as parents) and all team members (our children) are healthy and taken care of. Loving discipline is the action of teaching, instructing, correcting, and asking for all the "do-overs" needed to learn and master the skills for living. Support is the coach providing the playbook and anything else the members of our team need in order to practice and eventually enter the game of life well prepared.

Support is the nitty-gritty part of parenting, day in, day out; it's about supplying children with basic resources and creating a nurturing environment in which those resources can be put to the best use. It has to do with promoting the development of a child's unique personhood or identity, fostering her ability to think, and providing her with the skills and tools she's going to need in later life. Support isn't so much concerned with protecting your child or changing her circumstances as it is with equipping her to get by in the world, come what may.

Why Does It Matter?

There's a good reason for us to think very carefully about how we're going to provide healthy parental and family support for our children. Kids who have the strength and confidence to go the distance and weather the storms of life are those who know by experience what it means to be loved and cherished for who they are. Everyone needs relational support, and if our kids don't get it from us, they're likely to look for it someplace else. If you aren't available to help your child work through his feelings when he hits an emotional snag, he'll almost certainly find someone else to meet that need, whether on the schoolyard or in an online chat room. You'd be well advised to step in first.

A Recipe for Support

What does it mean to come alongside our kids with the kind of support they really need? There's a sense in which no one can answer that question but you. Every child is an individual. Some are extroverts, some introverts. Some like to run and shout and play while others enjoy reading a book in a quiet, private place. And some learn best through hands-on, "I can do it myself" experiences.

If you want to know what it means to be a supportive parent, begin by becoming a student of each of your children. Find out what motivates each one and what gets them down. Learn what lights their fires and what throws them for a loop. Only then will you be in a position to stimulate your children's unique talents and interests. That's when you will have what it takes to soothe their special disappointments and hurts.

As you're learning what makes each child tick, put together a support package designed to address the specific needs of each of them. When you do, make sure that it includes the following basic ingredients:

A Safe Environment

Children need a safe environment in which to learn, grow, and find out who they are. A safe home environment includes elements of both nurture (love, kindness, and acceptance) and structure (rules, regulations, and consequences).

Opportunities

A healthy home can serve as a kind of family lab where children have the freedom to experiment, dabble in new interests, and practice new skills. They need to be able to do all this with full assurance that they will always be loved and accepted, even when they fail. Remember that trial and error is how children learn. Remember too, that "hard is good." Failure is basically a stepping-stone to greater awareness and understanding. When things don't work out, make generous use of do-overs and extend grace.

Intentionality

Focus on the Family's "Seven Traits of Effective Parenting" defines intentionality as the pursuit of authentic relationship with God and with other members of the family through discipline, balance, and family values. The key word here is *pursuit*. If you want to play a genuinely supportive role in your kids' lives, you're going to have to come up with a plan to make it happen. You're going to have to chase it down. Solid, supportive relationships rarely develop by chance. Good coaches have specific plans for every practice day. Be intentional as a parent-coach too.

Active Engagement

You can begin the supportive process by engaging with your kids at every available moment. Be present and available. Model good self-care. Come up with creative ways to get the entire family involved in fun activities. This will allow for healthy family connections and lay a foundation for your child's development as a healthy individual. It's practice

Intentional Engagement

At all levels of a child's development, intentional interaction between the generations helps strengthen healthy attachment. Make the most of the following "small moments" to stay connected with your kids:

- Story time
- Playtime
- Dinnertime
- Devotions
- Bedtime
- Fun family activities, whether indoors or outdoors
- Eating out at a restaurant
- Individual "dates" with your kids

time for your kids to learn how to communicate effectively, navigate emotions, and model appropriate behavior.

Resources

When you know where your kids' strengths lie and what they enjoy doing most—whether it's skateboarding, playing a musical instrument, drawing, painting, building things, or something else—do everything you can (without going broke) to supply them with the materials, tools, and equipment they need to pursue these interests. Do you need to provide a sewing machine or a guitar, art supplies or woodworking tools? If you have some expertise in any of these areas, offer them a few tricks of the trade as opportunities arise. If they play soccer, go to their games and cheer them on, and stay off your cell phone. Let them know that you believe in them and that you're on their team.

Encouragement

Encourage your kids to take positive steps in the direction of increasing independence. Teach them how to stand up for themselves. At the same time, let them know that you'll always have their backs, whatever happens. Practice drive-by or drop-and-go support by giving them quick hugs or brief words of encouragement. Tell them, "Love ya!" or "I believe in you!" as they pass you on their way out the door.

Communication

In all of your interactions with your children, make a conscious effort to model honesty, integrity, authenticity, and vulnerability. Ask them open-ended questions about their day. Inquire about their friends and their interests. Practice the art of being a good listener. Try to be available to enter into conversation whenever they want to talk (during the teen years this might mean staying up until 1:00 a.m.). Open communication is the thing that will give your kids the freedom they need to be real with you when times get tough.

Commitment

Teach the value of commitment, follow-through, and dedication by gently urging your kids to see projects through to the end. Help them develop endurance and patience by discouraging a quitter mentality.

Being a Life Coach

Often, parenting is that of being a player-coach. Since you've been in this game of life for a while longer, you can provide your kids with valuable support simply by living life and being yourself in front of them. Here are some areas in which you can model a healthy approach to life:

- Encourage and model healthy problem-solving.
- Encourage and model healthy communication. (Use "I" statements whenever possible, so you're describing your thoughts and feelings and not putting the listener on the defensive.)
- Practice releasing control of things that are not under your control.
- Model and normalize imperfection. For example, if the cake you baked sank in the middle, say, "Oh well, it will still taste good."
- Show unconditional love and affection.
- Embrace failure as normal, and teach perseverance. Let your kids know when you fail at something, and show them how you handle it in a healthy way. Let them see you try again.
- Maintain a strong community with other believers.
- Model searching Scripture for wisdom and direction.
- Maintain a strong marriage, but let your kids see that you're also an individual apart from your spouse, with your own talents, skills, and interests.

Model and communicate your own commitment to your family and the tasks God has called you to.

Conflict Resolution

Conflict is going to happen in families. It's how you respond that matters. Model healthy conflict resolution for your kids by first learning to fight fair in your marriage. Show them how to handle conflict with intentionality, patience, and grace.

Crisis Management

Effective crisis management is something you have to nail down for yourself before you can pass it along to your children. This might involve a process of careful self-examination. Is your faith such that you can weather the strongest of storms, or do you cower under the slightest pressure? If you struggle with crisis, your children will probably react to trials in the same way. On the other hand, if you handle problems in a calm, honest, confident way, they'll learn from your example that God can be trusted even in the darkest of times.

A Support Network

Remember that the best parents in the world can't go it alone. Your children need your support, but they also need the support of other people. So make a conscious effort to pull in reinforcements wherever and whenever you can. Get your kids involved in a strong church youth group and encourage them to form lasting relationships with other solid, healthy adults: teachers, pastors, youth leaders, coaches, mentors, aunts, uncles, and anyone else you can think of.

Faith Modeling

Make family devotions and prayer a regular part of life in your household. Talk about your relationship with the Lord. This will lay the foundation for children to establish their own personal faith-relationships with God.

Take a Breath

If you feel like you're drinking from a fire hose after reading all this information, take a deep breath. We don't expect you to do it all or do it perfectly. (Do you recognize a theme here?) The point is to zero in on what are the most necessary, practical things to do as a parent-coach and then do those things purposefully and intentionally. At the same time, remember that you have your own Coach: God is on your side, ready to give you wisdom day by day as you raise your children.

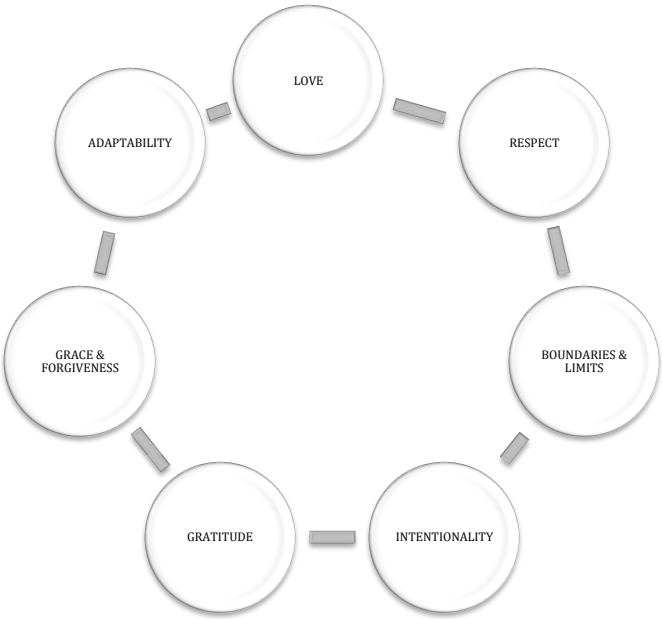
As you try your best to be a supportive coach to your children, keep in mind that they are seeking identity. They want to know who they are and what they can handle in this big, exciting, and sometimes threatening world. Nowadays we're seeing too many kids abandon that quest before they've even had a chance to get started. A child who gets the support she needs from beginning of her childhood to the end of her growing years won't be as tempted to make that tragic mistake. That child will be equipped and prepared to face the challenges of life without bending to pressure or adversity.

You can use the following Seven Traits of Effective Parenting to remind yourself of what's most important as you prepare your child for the ups and downs of life.

The Seven Traits Of Effective Parenting

1. **Love**, despite our imperfections, is seen in daily sacrifices, sincere attention, connected experiences, and God's perfecting.
2. **Respect** is built out of a foundation of love, which requires give-and-take, much like a dance, recognizing through humility the uniqueness and importance of self and others through God's eyes.
3. **Boundaries** with love and respect are essential to attain true freedom in Christ, through discipline and limits to inspire growth, trust, and healthy decision-making.

4. **Grace and Forgiveness** give us freedom from shame, so we can step into who God has called us to be, what God has called us to do, and continue His ministry of reconciliation.
5. **Intentionality** is the pursuit of an authentic relationship with God and each other through discipline, balance, and family values.
6. **Gratitude** facilitates humility and a receptive heart that is prepared to lead, guide, communicate, connect, respond, and resolve conflict. Gratitude is the gateway to kindness.
7. **Adaptability** is the ability to adjust to whatever life brings and a willingness to embrace and respond to the stress that comes with parenting.



— Part One Discussion Questions —

1. What did your parents do (if they did) that helped build a strong relationship with you while you were growing up?

2. How would you explain the difference between rules and discipline to your kids?

3. How do you decide which behaviors to focus on when your teen has so many areas that you think need training and discipline?

4. What's the difference between supporting your children and teaching or preaching to your kid what's right?

5. How do you support without coddling your child?

6. What do you do to provide that right balance of structure and nurture for your child?

7. What are you doing regularly to model healthy self-care for your kids?

8. How can you engage with God, the Bible, and your church to be more supportive of your child?

9. Which of the seven traits are you doing well and which ones need improvement?

— PART TWO —

Things That May Make Your Children Vulnerable to Suicide

Part one focused on the home environment and how to make it a place where your kids can establish healthy attachments, feel loved and accepted, and have the space they need to grow and expand their horizons. These aspects of parenting, which are firmly under your coaching and influence, can be challenging enough even under ideal circumstances.

But as you know, children move beyond their home environment. Even though we want to do everything in our power to equip our kids with the skills, the knowledge, and the attitudes they need to succeed in life, there's a sense in which all bets are off once they step outside the front door.

As hard as we parents try to guard our kids, we're not the only influences in their lives. And even when we do all we can, our kids may still face circumstances that hurt them. Seeing a child get hurt is probably one of the hardest things a parent can experience, even if it's not a life-threatening kind of harm. We don't want our kids to hurt—of course we don't! And we will protect them from the things we can.

Yet like it or not, we need to be aware of unforeseen situations that can take our children by surprise and shake their spiritual, mental, and emotional stability. Worldly values, significant losses, divorce, domestic violence, and bullying all fall under this category.

5

Influence of Worldly Values

Ever notice how words don't mean what they used to mean? It's so important nowadays to define our terms so we actually know that we're talking about the same thing. By the way, this is a critical skill to use when talking with your children. Ask them to define their terms, and take time to define yours. Many a disagreement could be relieved if you pause to define your words—even if you think their meanings are obvious.

For example, are you sure you know what your child means when he says,

- "I talked with the coach, and we're good."
- "He abused me."
- "You're forcing me to go to school."
- "Don't worry, we didn't have sex."

What does *abused* actually and accurately mean? What about *sex*? It's important to establish a common definition of terms.

So with that said, let's define what we mean by *values*.

Values: What Are They?

Over the past two or three decades *values* became a familiar term. Lots of people today feel strongly about their values. Unfortunately, not many of them can tell you exactly what a value is. Contrary to popular

opinion, values are not beliefs, religious doctrines, philosophical tenets, or political positions. A value is exactly what its name implies: an estimation of worth. What do you truly value in your life? What is actually of most worth to you?

Solid values are the anchors that will keep your kids from drifting off course when the winds of the world begin to blow. Ideally, children get those values from you. As parents, we can't be confident we're passing along solid values to the next generation until we know what our true values are. This means that the first step in the process has to include careful self-examination. Consider the following areas of your life:

Attitudes: What's your basic worldview? Your attitudes—how you look at life—have a way of shaping and informing the choices you make.

Investment: Time, money, and energy are precious commodities. What you do with them says volumes about your true value system. If people looked at your bank account records, your credit card bill, and your calendar, what would they learn about you?

Motivation: To determine true values, it pays to look beneath the surface. People can do similar things for very different reasons. Ask yourself, "What is the ultimate purpose behind my involvement in _____?" You may be surprised at your own answer.

The key Scripture to keep in mind as you consider your true values is Matthew 6:19-21: "Do not lay up for yourselves treasures on earth, where moth and rust destroy and where thieves break in and steal, but lay up for yourselves treasures in heaven, where neither moth nor rust destroys and where thieves do not break in and steal. For where your treasure is, there your heart will be also."

Want to find out what your values really are? Dare to be vulnerable and honest. Before you decide to do this exercise with your kids, do it for yourself. The way we spend our time and money, and what we spend our time thinking about, tells us what we actually value, in contrast to what we *say* we value. (See the Values Self-Assessment activity at the end of this section.)

Christian versus Worldly Values

Learning to identify your values is one thing. Figuring out how those values line up with what the Bible has to say is another matter. As Christian parents, this is a question of supreme importance. Unfortunately, many professing believers don't see how God's values differ from those of the world in which we live. On a very general level, we can say that Christian values emphasize the importance of the invisible, the intangible, the spiritual, and the eternal, whereas the world tends to major in things that are material, measurable, temporal, and advantageous to one's own interests.

Godly Values versus Worldly Values

What matters most to adherents of the godly and the worldly value systems?

Godly	Worldly
Divine commandments guide my reality.	Personal agenda guides my reality.
There is design and purpose in creation.	The world is random; meaning is personal.
The image of God defines humankind.	Humanity "creates" itself.
God determines the value of life.	Life is valuable as it relates to *me*.
Feelings have value but don't define truth.	Personal feelings define reality.
God decides who and what I am.	I choose my own identity.
Love for God and others is paramount.	Profit and self-interest come first.
God's approval matters most.	Social approval is all-important.

But the rift goes even deeper than this. Ultimately, the difference lies in the question of authority. The Bible asserts that God sets the standard about what's real and true and lasting; the worldly perspective says that each of us gets to make up our own standards. By the way, worldly values can often be cleverly wrapped up in Christian terms, so be aware. Just because it sounds "Christian" doesn't mean it's biblically accurate.

Another way of discovering your actual values is to compare a few key biblical values with what the world values. Review the lists on the previous page as honestly as possible. Which statements more accurately describe you?

Once you've nailed these issues down, you'll be in a position to help your kids gain a firmer grasp on the things that matter most in life. In most cases, you'll do this not by what you say, but by what you do.

Pinpointing the Danger

Here's the main question: How do our values influence our daily lives? The answer lies in the connection between our value system and our overall sense of well-being. Christian values and Christian hope constitute a "steadfast anchor of the soul" (Hebrews 6:19). They are the rock-solid foundation that stands firm when the storms of life descend (Matthew 7:24-25). With the Word of God as their solid ground, Christians have a sense of certainty about what matters most in life. That sense of certainty relieves tension, enables wise choices, and produces inner peace.

Worldly values, on the other hand, are like a foundation of sand. They dissolve when the rains fall and the winds begin to blow. They simply don't satisfy, and as a result, there's a sense in which they lead directly to despair. And the link between despair and suicide is obvious.

What happens when you chase after something you consider valuable but fail to lay hold of it? Or having laid hold of it, you find that it disappoints? And worst of all, what happens when you conclude there's

Worldly Values and Despair: Tracing the Link

A strong case can be made for the idea that worldly values lead to despair, which in turn is a common cause of suicide. That's because worldly values tend to have the following characteristics in common:

- They're always changing (subject to fashion).
- They're generally self-centered, so they're too narrow to provide a foundation for a broad, comprehensive, and meaningful outlook on life.
- They lack a solid footing.
- They lure their devotees into endless, fruitless striving (Ecclesiastes 1:2-3).
- They provide no sense of certainty.
- The rewards they promise are neither lasting nor truly satisfying.
- As a result, they create anxiety and internal tension.

nothing in the universe of any value or significance that can become the foundation of your life? When you reach that point, your sense of contentment crumbles and despair sets in. That's when you move into dangerous territory.

Fighting Back

What can we do to prepare our kids for the inevitable encounter with the world outside? How do we help children sort out the difference between godly values and worldly values so they can make wise, informed choices?

First, we can strengthen our children's attachment to the anchor of solid Christian values by implementing the following strategies at home:

Build a family identity. Help your children find their sense of group

identity at home by clearly identifying the values and beliefs you hold as a family. Take steps to ensure that your family's values stand in stark contrast to the values of the world.

Practice assurance and acceptance. Make your home the kind of place where these issues can be discussed openly. Encourage your children to ask questions and challenge basic assumptions. Explain why you believe what you believe. Most importantly, let them know that you will always love and cherish them no matter what they do.

Be consistent and steadfast. Model your values in front of your kids. Make integrity the centerpiece of your family relationships. Keep your promises, and do what you say you're going to do.

Be intentional. Make the "Values Self-Assessment" an annual event so you can keep tabs on where you and your family stand with respect to the things that matter most in life.

Second, never forget that where kids (and especially teens) are concerned, the biggest questions are always going to be "Why?" and "How?" They may be thinking,

- *Why is God's value system—or what you claim to be God's value system—the right one?*
- *How can I really know what God is saying to me about who I am, why my life matters, what He wants me to do, and how He wants me to think?*

As you tackle these questions, remember these important points:

The centrality of revelation. The Christian faith maintains that, on our own, we cannot discover the meaning of existence or our own purpose in life. Our feelings can't tell us anything about this because our feelings are subject to constant change. There's only one way we can find the answers—God has to tell us. And that's exactly what He has done in the pages of the Bible.

The importance of Bible study, scriptural meditation, prayer, and biblical teaching. This point follows directly from the first. If God has really spoken to us in His Word, then the only way to find out who we are, what He wants from us, and how we can be truly happy and fulfilled

is to pay close attention to the content of this revelation. If you spend enough time reading, pondering, and practicing what God says in the Bible, you'll begin to hear God's voice.

On Solid Ground

Knowing who I am and taking steps to become what God wants me to be—this is the secret to a happy, satisfying, and fulfilling life. Ultimately, it's the only antidote to the epidemic of despair and suicide that's robbing our society of its hope for the future. If we want the world to go on, we have to find a way to set our children's feet on solid ground. We can do it by telling them that God loves them and has a purpose for their lives. They can know it's true because God says so.

ACTIVITY

Values Self-Assessment Activity

If you want this activity to be worthwhile, you'll need to be honest with yourself. And you'll need at least two weeks to complete this exercise.

Week one: In a notebook, chart every activity you do for every fifteen minutes. Do this for an entire week.

Week two: This step will be a bit harder. Every fifteen minutes, write down the thoughts you're dwelling on. Do this for an entire week. You are likely to have a number of thoughts within any fifteen-minute period. Feel free to categorize or summarize; just be as honest as you can.

At the end of the month: Look at your bank account and write down where you spent most of your money. What were the major categories? Or you can keep a record of your discretionary and personal spending for the month. Be sure to include the little-bit-here, little-bit-there things too.

Review your thought life and how you spent your time and your money. Ask yourself: "What do my actions, my thoughts, and my spending habits—my investments—reveal about the things I actually value as most important in life? What does this exercise show me about my attitudes and motives?"

What did you discover? Are you satisfied with what you actually value? Are there things you want to consider more deeply? If so, make the time do to so. You might also want to talk to a good friend who can listen to you and offer wise observations.

6

Significant Losses

"I want to have a relationship with my mom, because she's my mom," fourteen-year-old Haley told Ann, the counselor.

Haley's mom didn't have custodial rights to her daughter because of a mental illness that on occasion made it unsafe for Haley to be around her. Haley lived with her dad, who didn't allow her to spend any time with her mother—he thought he was saving his daughter from an abusive relationship.

But having no relationship with her mom was a significant loss for Haley, a loss her dad hadn't realized was so profound.

"I recognize my mom's not safe for me," Haley explained to Ann, "but this is a big loss. Yes, she has these mental health problems, but that's not my full experience with my mother. The truth is, she's not safe to be with for about ten minutes a week, but we just can't predict when those ten minutes will be. Is there a way that you can help me have a relationship with my mom so I don't have to lose her?"

Ann helped Haley and her dad come up with a plan. Since Haley and her mom—who was normally a loving, affectionate, and encouraging mother—enjoyed painting together, they decided that a weekly art session would work to keep the relationship intact. Then Ann taught Haley how to look for signs that her mom might be about to have a mental health episode. If that happened, she was to cut the visit short. Her father would drive Haley to her mom's house but then wait for her in the car, ready to take her home at a moment's notice.

Haley's father hadn't realized that his desire to protect his daughter had also created a deep loss for her.

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As you can see from Haley's story, loss comes in many shapes and sizes. But the storms of significant losses have one thing in common: they can rock your child's boat. We need to help our kids deal with the shock and grief that follow in the wake of significant losses—the kind of losses that all of us, young and old, are likely to encounter at some point in our journey. As parents, we want to equip our kids with a boat that won't capsize when the storms of life hit.

Facing the Inevitable

Loss and grief are universal human experiences. Everybody knows this. Strange, then, that death and disaster always seem to catch us by surprise. We don't see them coming because we don't want to look. And we don't want to look because we know it's going to hurt. What we fail to realize is that the pain will only get worse further down the road if we don't take the time to stare it in the face right now.

Odd as it may sound, you can get a head start on suicide-proofing your kids by helping them confront the inevitability of loss from the very beginning. Naturally, we're not talking here about tossing them into the deep end of the swimming pool before they're ready for it. Instead, we're referring to a slow, gradual, age-appropriate process that leaves kids with a basic understanding of a fundamental truth: while the world can rob us of many beautiful and meaningful things, it can never take away the dignity and purpose we possess as children of God.

Concrete versus Existential Losses

It's easy to associate the idea of grief almost exclusively with the death of a loved one. That's huge, of course, yet it isn't the whole story. Deep loss

can touch the human psyche at almost every level and in almost every area of life. There are, in fact, two basic categories of loss: the concrete and the existential. Let's take a closer look and see how they compare.

Concrete losses involve separation from real people and real things in the external, concrete, physical, visible world. Here are a few examples:

- Death of a parent, sibling, extended family member, or close friend
- Rejection by friends (including bullying)
- A major life transition: a move to a new town, new school, new community
- Financial hardship due to a parent's loss of employment
- Loss of home due to foreclosure or inability to pay rent
- Breakup with boyfriend or girlfriend
- Disappointment or failure in sports or academics
- Death of a pet
- Parents' divorce
- Injury or serious illness
- Church split or moral failure on the part of spiritual leaders

An existential loss is a loss that the individual feels and experiences on the inside, whether or not there is any corresponding loss in the external, physical world. There's a great deal of overlap between the two categories; most if not all concrete losses will also have an existential dimension. For this reason, existential loss could also be defined as the emotional or psychological impact of a concrete loss. A listing of such losses could be extended almost indefinitely, but it would certainly include the following:

- Loss of self-respect
- Loss of hopes and dreams
- Loss of meaning, significance, or purpose
- Loss of identity during adolescence (due to physical and hormonal changes, peer rejection, and any number of related issues)
- Loss of the freedom to be oneself after puberty (especially for girls, due to pressure to adopt a more sexualized persona)

- Loss of individuality (due to pressure to conform)
- Loss of choices or control (often leading to eating disorders or cutting)
- Loss of security (due to loss of parent, home, or finances)
- Loss of faith and trust; whether in parents, adults, society, the church, or God
- Loss of social group or support system (due to transition or peer rejection)
- Loss of parents, mentors, and role models
- Loss of peace, routine, and a sense of balance
- Loss of childhood innocence
- Loss of imagination and creativity
- Loss of independence

Expected versus Unexpected Losses

Some losses are more shocking than others because they seem to come out of the blue. The death of an eighty-five-year-old grandmother who had cancer may leave you hurting and grieving, but since it was expected, it's not as shocking as the sudden and untimely loss of a sibling or child.

Unexpected losses are like emotional blind spots. They catch us off guard because they simply aren't on our radar screen. If you or your child has been hit by one of these bombshells, you need to remember that it's okay to cry and grieve. The healing process will be quicker if you meet the pain head-on.

Unhealthy Reactions to Grief

People experience loss and express grief in their own unique ways. Personal reactions are all over the map. As the late Dr. Elisabeth Kübler-Ross put it, "Our grief is as individual as our lives."[1] Some reactions are helpful and productive, but others can drive a person further toward the

brink of despair. A key principle to remember is that unprocessed pain gets internalized and eventually comes out in some less constructive form. Here's a list of some of undesirable consequences of significant loss:

- Isolation
- Self-medication (with drugs, alcohol, pornography, or some other addictive behavior)
- Self-blame, shame, and guilt
- Difficulty sleeping
- Questioning God and one's faith
- Increased worry and fear
- Fatigue and nausea
- Weight loss or gain
- Lowered immunity
- Chest pains

Complicated Grief

These unhealthy reactions can be exacerbated even further by complicated grief, a type of grief people experience when they suffer two or more significant losses within a very short time frame. Experiencing the death of a loved one followed soon after by job loss or a devastating fire in the home, for example, is complicated grief. This type of grief is often associated with complicated situations such as death by a violent act, car accident, murder, or suicide. It's what happens when a person isn't able to work his way through the implications of one disaster before getting hit with another. This can produce a sense of utter hopelessness and a loss of the will to live.

Complicated grief can also refer to grief that isn't appropriately processed within a reasonable amount of time—two to three years in most cases. For reasons of their own, some people simply refuse to let go of their pain. This tendency can become a recipe for despair and disaster if allowed to go unchecked.

Moving Forward: Positive Ways of Grieving

Here's the good news: there's a healthy, constructive way to grieve. All of us—adults, children, and teenagers alike—can learn to work our way through experiences of painful loss and come out stronger on the other side. It just takes patience and perseverance.

It's generally agreed that while grief is never fully done, there are some essential aspects of growing and becoming well again after difficult losses. Here are the basic steps involved in that process:

Accept the reality of the loss. Take steps to overcome the natural denial response. In the case of a death, it can help to view the body and attend the funeral and burial services. Whatever form the loss takes, it's always a good idea to spend time openly talking about it. Don't confuse acceptance with emotional stability. Returning to emotional normalcy is something that comes only with the passage of time.

Experience the pain of grief. Many people try to bypass the pain of loss by bottling up their emotions or rejecting their feelings. The only way to overcome grief is to move with and through it daily as the feelings ebb and flow. Fully experiencing the pain—most often through tears or some form of expression—provides genuine relief.

Adjust to the new environment. This may require the grieving person to assume some of the responsibilities and social roles formerly fulfilled by a deceased loved one. In other situations, it can mean getting used to a new school or a new neighborhood.

Invest the emotional energy you have in healthy and life-giving relationships. Stay engaged with life. The goal here is not to deny the significance of your loss. On the contrary, it's to reach the point where you can remember without getting stuck. New friendships can help you move forward in spite of sorrow and pain.

The important thing is to allow time and space for grieving and growing. There's no timetable for this process. The more you're willing to grieve, the sooner you'll get through it. If your kids have suffered some kind of loss, encourage them to participate in a recovery program,

seek out a mentor, or perhaps set aside a few hours weekly to pray, journal, or reflect on their grief.

Keeping Short Accounts

The best way to prevent grief from morphing into suicidal thoughts and actions is to keep short accounts. Acknowledge the pain and deal with it right away. If you or your kids are hit by a devastating loss, don't try to convince yourselves that it's no big deal, or that you need to stay strong and not disappoint the rest of the family, or other such thoughts. Instead, make up your minds to plunge straight into the sadness, and then keep on swimming until you reach the other side. It may hurt for a while, but it's far better than any of the alternatives.

Coping Strategies

- Lean into your faith and relationship with God.
- Find a safe place to express your emotions (for example, in a journal).
- Seek help and support outside the family. Don't be afraid to ask for what you need.
- Engage the services of a licensed professional counselor. (Face-to-face sessions are most helpful).
- Stay connected with friends and family.
- Create a ritual, a tradition, or an event of some kind to memorialize your loss (for example, an annual 5K run to raise money for cancer research in memory of a deceased family member or friend).
- Preserve memories in scrapbooks or photo albums.
- Join a grief support group. Share your story with others who have experienced a similar loss.
- Take good care of yourself physically (diet, exercise, sleep).

7

Divorce and Its Effects

A few years ago, a Christian family was going through a high-conflict, high-stress divorce. Alex, a successful realtor, and Marti, a prominent member of the church worship team, were well-known in the local community. At the insistence of the worship leader, Marti took Grant, her fourteen-year-old son, to see a counselor.

During the first appointment with Jeff, the counselor, Marti introduced herself while strategically mentioning her involvement with the church worship team. "I've brought Grant in because he's been so moody lately, and he's really having some behavior problems," Marti told the counselor. "I need you to help him, to get him to stop acting so badly."

During the second appointment, Jeff met with Grant separately. Grant, who had kept silent almost the entire previous appointment, was open and animated as he shared how frustrated he was. "My parents are the real problem," Grant said, "but they aren't trying to get help!"

"It's common for one child in the family to become the scapegoat and be blamed for the problems in the family," Jeff explained. "That way, the family and everyone looking at the family are distracted from seeing the real issue." The counselor told Grant he was extremely articulate and "together" considering all the stress he and his family were experiencing. As sessions progressed, Grant shared many stories of how his parents got into yelling matches and his mom would just lose it.

Grant was extremely embarrassed as he described the day his mom

ran naked through the house, yelling at his dad, "Isn't my body good enough for you?" Grant had no idea how to handle an experience like that. He lost respect for both of his parents. He was sad, angry, and depressed. A multitude of emotions flooded him all at the same time, session after session.

After a number of appointments, Jeff took a chance and asked if Alex and Marti would join them for their next session. Alex refused, giving an I'm-too-busy excuse, but Marti agreed. At the joint session, the counselor shared that Grant's feelings and behaviors were normal and pressed Marti to look at the relationship between Grant and herself.

To Marti's credit, she reluctantly began to see how she was contributing to the problem. She was able to talk with Grant about their relationship and how they could improve it moving forward. Grant's behavior improved, mainly because he was being truly heard rather than blamed as the problem.

One afternoon, Grant entered Jeff's office with a huge grin on his face. He shared how relieved he was that his mom was finally seeing a counselor to help her with her own emotional turmoil.

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In the US alone, it's estimated that there are 800,000 divorces each year, with more than one million children affected by divorce. Divorce has a ripple effect on those caught in its wake. In fact, there's a 55-percent increase in attempted suicide in kids whose parents are going through a divorce or have divorced. There's also a 90-percent increase in the need for psychological help for kids whose parents are going through a divorce.

Whether we admit it or not, our kids are greatly influenced by the breakup of their family, even if they don't immediately say they're struggling, or if they act as if they're unaffected. As parents, we can either create more difficulties for our kids or be of tremendous help.

When a child is faced with the situation of his parents' divorce, his

sense of belonging gets shaken and he questions his sense of worth and competence. He will tend to gravitate toward others who are from broken homes to feel a sense of normalcy and connection, or he may just simply disconnect.

The home essentially becomes unbalanced, and your child is left alone to manage emotions that are hard for her to prepare for ahead of time. She may feel angry, lonely, anxious, insecure, shocked, depressed, and disillusioned, all of which are very difficult to manage unless she has someone helping her accurately interpret what is happening in her life.

In part one, we talked about how healthy attachment is the foundation for strong relationships between you and your kids. When your children feel loved, accepted, and attached to you, they are well equipped to develop healthy relationships with their peers and establish meaningful friendships. They are also able to cope with crises better as they seek comfort from you and receive reassurance that they're in a safe, protective environment.

But what happens when the crisis is a divorce and the attachment to one or both parents is damaged or severed completely? This loss of an important relationship and the conflict that tends to come with parents being at odds with each other may negatively affect children in numerous ways. Here are a few:

- Problems related to learning and attaining educational goals
- Weakened relationships between children and their parents and grandparents
- Decreased ability to manage conflict
- Diminished social skills
- Entry into economic poverty
- Problems with intimate and sexual relationships in the future
- Weakened health and longevity
- Increased risk for behavioral, emotional, and psychiatric problems, as well as suicide

Every family situation is different, and every child is affected in unique ways, ranging from a mild to a severe degree. While some children may adjust fairly well to a divorce, others will be significantly affected for the short and long term. It's very hard to predict how each of your children will react, because so many variables influence their responses. But there are several ways you can lessen the negative impact of divorce on your children.

Avoid divorce in the first place. Many of us are surprised to learn that there is no issue or problem in a marriage that can't be resolved when both spouses are determined to work toward change and seek God's help. You might assume that a pattern of multiple affairs would surely destroy your marriage and be reasonable grounds for a divorce. While that might be true, it's important for you to know that couples can and do work through marital infidelity, usually with the strong support of family members and friends, pastors, mentors, and a marriage counselor. Sometimes a period of separation is helpful to provide a break from frequent arguments and help each spouse get a clearer perspective

Hope Restored: A Marriage Intensive Experience

This counseling program is for married couples in crisis. With Christ-centered, multiday intensives and a team of caring specialists, couples can dig into intense challenges and leave with hope. Call 866-875-2915 (toll free) and speak to one of the Focus on the Family–trained consultants who are ready to confidentially and sensitively answer any questions about Hope Restored marriage intensives.

on the problems they are contributing to marital strife. If it's at all possible on your end, avoid divorce.

Listen to your children. Provide a safe place and undistracted time to talk about what they're thinking and feeling as they go through this storm. Some kids like to draw as they talk, some like to take a walk or hike, some like to go out to dinner, some like to journal about what's happening. They need to express their thoughts and emotions

If You Divorce

Assuming you are both safe to be around your kids, you will need to make shared custody arrangements with maturity and a focus of what is now best for your child's development and growth. Following a divorce, it's best for your children if they're allowed to have unrestricted access to you and your spouse unless there are safety concerns. Children benefit from the input both parents have to offer, especially if the parents have tapped into a support system that includes counseling. God is able to use what is broken for His own good and glory.

Many kids have developed resiliency in the face of their families falling apart. One common thread in all of these cases was that the parents worked together to make the experience less stressful for their children. The parents focused on what was best for the children instead of what was best for them personally. Divorce can easily make you focus on your own experience without awareness of what's happening to your kids.

Divorce makes it more difficult for children to handle conflict. Your kids will benefit from your modeling and guidance on how to effectively, wisely, and cooperatively handle conflict. Children will adapt best when both parents develop a nonadversarial coparenting relationship, but of course you only have half-control of this.

and know it's *okay* to feel or think those things. Help them come up with ways to manage their internal turmoil. This is like giving them an umbrella or a raincoat in the middle of a rainstorm. The storm is still there, but they can talk about their discomfort and get some relief in the middle of it.

Get along with your ex-spouse. It's easier said than done, but it's critical for your children's sake. You expect your children to get along with

Typical Emotions Caused by Divorce

During the divorce process and following a finalized divorce of their parents, children typically wrestle with a variety of emotions, feelings, thoughts, and behaviors. Here's what they may be experiencing:

- Anxiety
- Depression
- Lower motivation for routine and responsibilities
- Anger and irritability
- Stress
- Loneliness
- Lower self-esteem and self-confidence
- Conflicting loyalties
- Reduced satisfaction with life
- Defiance
- Disconnection from others, including friends
- Distraction and difficulty in school
- Hyperactive-type behaviors
- Loss or increase of appetite
- Regression to a younger age in their behaviors, to seek attention and safety
- Wanting to be gone from the house as much as possible

others. Now is a perfect opportunity to model how to do that. Revenge and manipulation isn't helpful—it's actually quite damaging.

Put stress buffers and crisis prevention measures into place when you decide to divorce. Hostility between parents, loss of social support, multiple losses, and minimum contact with a noncustodial parent are likely to exacerbate any negative reactions to divorce in your children. The more parents can do to treat each other civilly and take steps to build supportive relationships between your children and their friends and extended family members prior to a divorce, the better.

Adjusting to the loss of a marriage in the family is hard enough for kids, so it's up to you as the parents to absorb other losses as much as is possible, instead of making choices that require them to lose a home, school, friends, and/or beloved pets.

Establish regular one-on-one time with each child, if possible. Children process the divorce differently depending on their personality, sex, age, and relationship with each parent. Look for connection with your child, not popularity or control.

Respond quickly and proactively to any signs of divorce-related problems in your children. Listen to the concerns expressed by your kids' teachers, pastors, and other trusted people who can provide you with realistic feedback on your children. If changes in academic progress, social relationships, behavior, or physical or psychological health are noticed before or after a divorce, seek help quickly from a school counselor, mental health professional, and those in a position to have a positive influence on your children. The earlier you do this, the better. If problems are denied or not addressed, they are likely to get worse.

Don't forget that even though divorce is a time of stress, kids still need to have limits and consistency. It's tempting for you to feel bad for your kids and to ease up on enforcing boundaries. But your children need the predictability of boundaries so they can feel that things will be okay. They may fight the limits—that's normal—but they need them in order to feel safe and stable.

ACTIVITY

Activity 1

If you're going through a divorce, talk with your children about what they're experiencing. You can start by asking about their feelings. What emotions are they having?

Then, together with your child, investigate the many times in Scripture when people had similar emotions and pursued God in their distress. Read Scriptures where God tells us to go to Him in our pain. Here are a few to get you started: 2 Samuel 22:7, Psalm 118:5, Psalm 120:1, Deuteronomy 26:7, Isaiah 41:13, Isaiah 25:4, Psalm 42:5-6, and Matthew 11:28. After reading about people in the Bible who brought their troubled feelings to God, you can ask your kids these questions: What do your emotions tell you? And what can you do about them?

Write a verse or verses on a canvas or a framed sheet of paper. Help your kids hang it in their rooms as a reminder of "a shelter from the storm" (Isaiah 25:4).

Here are a few other questions you can discuss with your kids:

- How has divorce affected how I think about marriage? God? My parents?
- Why does divorce happen?
- What can God do to restore what has been broken and stolen?

Activity 2

Help your children use Philippians 4:8 (TLB), reprinted below, to remind them of the good things in their lives—and of God, Who never changes, even though divorce has changed their circumstances. Remind them also that "Jesus Christ is the same yesterday and today and forever" (Hebrews 13:8). Work with

them to write specific things in the following blanks that are true, good, right, and so on.

And now, brothers, as I close this letter, let me say this one more thing: Fix your thoughts on what is true (_____) and good (_____) and right (_____). Think about things that are pure (_____) and lovely (_____), and dwell on the fine, good (_____) things in others. Think about all you can praise God for and be glad about (_____).

Activity 3

Read Colossians 3:12 with your kids, and talk about how we need to set our minds on what we *can* control instead of getting stuck on what we *cannot* control.

8

Domestic Violence

Matt was just sixteen when the toll of years of domestic violence in his home finally reached a crescendo of pain and confusion. For his entire childhood, Matt witnessed his mother's violence against his father. He also experienced physical, emotional, and spiritual abuse due to his mother's undiagnosed mental illness.

The utility drawer in the kitchen was the most feared place in the house. It held a variety of knives and tools that his mother routinely used to threaten Matt's father, and at times, even Matt and his siblings. On one occasion, Matt's father came home from work for a dinner break. On the counter sat a two-pound package of frozen hamburger that his mom intended to use for dinner. She had forgotten to remove it from the freezer in time, so dinner wasn't ready. His father didn't mind—it was worth anything to keep the peace—but as usual, something angered Matt's mother, and violence soon followed.

In this case, Matt's father decided the best option for all involved was for him to simply head back to work. He walked toward the door to make a hasty retreat. As he left, the screen door closed behind him just in time to protect him from the frozen package of hamburger that his wife launched toward his head. The glass on the door was not so lucky. It shattered under the impact.

Sometimes Matt's mom would pin his father in a corner and begin to scratch his face with her fashionably long fingernails. His dad was not one to fight back—he would never hit a woman. The best he could do

was try to restrain her hands until he could find a way to escape without having to physically assault or remove her.

At times, the situation was so dire that Matt's mother threatened to kill him and his siblings.

The abuse damaged Matt's psyche, in spite of the positive influence of his grandparents and a close group of supportive friends that Matt depended on over the years. Matt grew up in the church and had a profound sense at some level that there was a God, somewhere, who cared about him. The problem was, this God had subjected him—or so he thought—to a horrific existence that had resulted in chronic anxiety, panic attacks, depression, and other unwanted constant emotional and spiritual companions.

It was a hot summer night when the pressures of Matt's hopeless life climaxed. His precious grandmother, who was his emotional support base, had recently passed away from heart disease. Within weeks of that loss, a girl Matt was convinced he would marry one day moved with her family back to Texas. At the same time, the abuse and violence in his home continued, with no apparent resolution in sight.

Shortly after sunset, Matt climbed up on the hood of his old Jeep Wagoneer, determined that this was the end. As Matt sat on the hood of the Jeep, parked on the curb of a busy street, he decided that at the right time, in the dark of the night, he would roll off the hood and in front of the next oncoming car.

For some reason, the traffic that night was unusually slow, giving Matt time to consider his plan. During this silent time of reflection, Matt stared at the stars and began to wonder about the reality of God. He was suddenly at a crossroads of eternal proportion. *God, either You're real and You are Who You say You are*, Matt thought, o*r You're a fraud, and I need to end this insanity.*

The teenager began to hope that no cars would drive by until he had a chance to think through the implications of the decision before him. Finally, he brought his dilemma to God. *God, if You're real, I'll trust that You can get me through this, but I need You to speak to me.*

Slowly, peace began to fill Matt's heart. Because he had climbed onto the Jeep thinking death was his most appealing option, he credits the peace he felt to an outside source. "God gave me just enough grace in that moment to stay put on the car," Matt says as he looks back on that day. "The God I believed in intellectually became real to me that night in a spiritual sense. The abuse didn't stop. And the baggage it left scars me to this day. But I know that when a person reaches the end, they can find God there, if they really look."

———

If the harsh realities of a fallen world can plant thoughts of despair, hopelessness, and self-harm even in the hearts and minds of children raised in healthy surroundings, what's the outlook for a child whose entire view of life has been shaped in the crucible of domestic violence? As this story shows, there's a very real link between domestic violence and suicide. Multiple studies indicate that domestic violence survivors experience suicidal thoughts at a dramatically higher rate than the rest of us.

To complicate matters, kids and teens who find the courage to come forward with information about the abuse and violence they've witnessed or experienced at home may not feel comfortable disclosing their deepest feelings. Those who do admit to having suicidal thoughts don't always connect them with their upbringing.

Domestic Violence: What Is It, Really?

Before moving forward, we need to know exactly what we're talking about. One of the biggest problems with domestic violence is that many of its victims don't realize what's happening to them. Time and time again a woman—or, in some cases, a man—who suffers at the hands of an abusive spouse will say, "He's never hit me, so I guess his behavior can't be described as violent." Sometimes she'll make excuses for him: "He's just mean or grumpy," or "He's having a bad day." All too often she'll actually blame herself, usually at his instigation. Whatever the

details of the case, the result is usually the same: she persuades herself that the situation is no big deal and fails to see what's really going on.

Pay close attention to this next sentence: Domestic violence is *not* limited to physically hitting. Domestic violence is all about power and control. So in addition to hitting, it includes

- aggressive behaviors such as screaming, yelling, and throwing objects across the room.
- intimidating, bullying, and destroying a spouse's possessions.
- calling a spouse names, demeaning a spouse privately or in front of others, even if claimed to be said "in jest."
- controlling the finances so a spouse doesn't have access to money.
- using coercion or threats (to divorce, take the kids away, stop working, etc.).
- isolating or restricting who a spouse's friends are and when the spouse can and can't see them.
- demanding accountability for everything done and every place visited.
- minimizing and/or denying negative actions and their impact.
- blaming the spouse for the anger, violence, selfishness, and irrational behaviors.
- telling the children that the spouse is a bad parent and blaming that spouse for the family's problems.
- using his maleness or her femaleness as a privilege over the spouse.

Domestic violence can be any behavior that attempts to manipulate, control, or exert power over a spouse.

Impact on Kids

So how does domestic violence affect children—especially in connection to suicidal tendencies? It's worth noting that in several states, violence between two adults in the home is now legally defined as a form of child abuse. There are a couple of very good reasons for this.

First, kids who are exposed to violent behavior in the home are in danger of becoming emotionally scarred. It's easy for a victimized parent to ignore the tremendous negative impact domestic violence can have on a child. Children living in abusive homes are more likely to experience depression, anxiety, academic struggles, behavioral problems, difficulty sleeping, and all kinds of chronic health issues.

Second, it has long been understood that domestic violence is a learned behavior. If your home is violent and abusive, your children are highly likely to repeat the behaviors they've witnessed there. That's because domestic violence is generally picked up through observation, experience, reinforcement, culture, family, and community. It's not caused by substance abuse, genetics, stress, anger, illness, economic hardship, or marital problems. This is one of the reasons domestic violence crosses socioeconomic lines and even occurs with great frequency in the church, where it is said to affect one in four domestic relationships.

A Setup for Suicide

Clearly, domestic violence is bad for kids. In addition, there are specific ways in which exposure to domestic violence can steer kids in the direction of taking their own lives. The connection between being a victim of domestic violence and developing a suicidal mentality is very real. Consider the following ways kids can think when they're in this type of situation.

I don't deserve to live. When a child grows up seeing his father abuse his mother or hearing him say things like, "I'm gonna kill you . . . and the kids," it's easy for him to internalize the idea that he's worthless. *Dad hates me*, he thinks. *I guess I should never have been born.*

I don't want to grow up to be like Dad. A genuine anxiety of reduplicating the sins of the father can induce some young people to bail out on life altogether.

I feel helpless and hopeless. Some kids come through an experience of domestic violence feeling like complete failures. *I couldn't protect Mom*, she thinks, *and I couldn't protect myself. It's a hopeless situation*.

I'm walking on eggshells. People who live in environments where dangerous outbursts of anger are common learn to live in a state of constant dread and anxiety. This can lead to the abandonment of all hope for a better future.

It's making other problems worse. Violence in the home is the direct enemy of strong attachment and a sense of security. It sets kids up for a life of anxiety and an obsession with survival. If other problems are present—such as depression, OCD, ADHD, or learning disabilities—domestic violence will only make matters worse.

I want to escape. Add it all up, and you have a situation guaranteed to inspire thoughts of escape. Since teenagers, developmentally speaking, are highly self-centered in their outlook, they're not particularly inclined to give much thought to how their "escape plan" might affect others. All they can think about is finding a way out. In a life dominated by domestic violence, they can see suicide as an attractive option.

Devising an Effective Response

Kids raised in an abusive environment are in grave danger on a number of fronts. As a parent, it's your job to protect them. That includes doing everything you can to prevent them from developing a suicidal mentality. If anything we've said sounds reminiscent of your situation at home, take decisive action as soon as possible. Your attitude toward domestic violence must be one of zero tolerance. The basic approach is safety first. If you're facing imminent danger or have just experienced physical harm, call 911 without delay. Let the police intervene and allow the process to unfold from there.

"But I can't leave," you might say. "God says He hates divorce."

Yes, God does hate divorce, but that's not what we're talking about here. We're talking about getting yourself and your children to safety even when the person doing the harm is your spouse. Getting to a safe place is not the same as divorce. The book of Proverbs talks a lot about

staying away from dangerous people, and none of the verses say, "P.S. Except in the case of your spouse."

If you have any reason to believe that your partner may be on the verge of a violent explosion, your first concern is to get yourself and your kids to a safe location. It might also be wise to check with an attorney about the implications of leaving your home for an extended period of time. In some states you could experience unexpected difficulties if the reason for this action is undocumented.

Once you and your children are safe, take immediate action. Explain to your spouse in clear and certain terms that his or her behavior is unacceptable and that you won't put up with it anymore. Insist that your spouse seek professional help. Create a crisis by giving him or her an ultimatum. Say something like, "Either we get counseling, or I'm staying away until you're ready to resolve this problem." Separation may be what it takes to open your spouse's eyes to what he or she is doing.

Have a Plan

Naturally, you'll want to make sure that your support system is in place before you take any such step. If you're going to leave, you need someplace to go—the home of a friend, family member, or neighbor. You'll need money or access to funds. Figure out your plans, line up resources, and make arrangements before you pack your bags and walk out the door.

It would also be a good idea to seek help from a professional counselor. A therapist who is specifically trained in the area of domestic violence can help you recognize to what extent you may have become brainwashed by your spouse's behavior. It's common for someone being abused to accept his or her lot in life. It would be ideal, of course, if your spouse or partner sought counseling as well, but we don't recommend that the two of you do this jointly, at least not in the beginning. It's far too easy for an abusive spouse to manipulate a couple's counseling situation and turn it to his or her own advantage.

Connecting the Dots

The links between domestic violence and suicide are clear. If you know of a young person who's experiencing violence in his home, it will be difficult to get him into professional counseling without his parent's involvement. But you can encourage him to talk with the school counselor, his youth pastor, or (if there is one) the law enforcement officer on his school campus.

In the meantime, strengthen your own relationship with him and encourage him to establish other solid connections with healthy adult role models. Don't be afraid to talk with young people openly about the threat of suicide. Remember: people who are contemplating the possibility of taking their own lives often feel relieved that someone cares enough to ask about their feelings.

ACTIVITY

In your relationship, has your spouse, significant other, or dating partner

___ screamed, yelled, or thrown objects across the room or at you?

___ intimidated, bullied you, blocked you from leaving the room, or destroyed your possessions?

___ called you names, humiliated you, demeaned you privately or in front of others (even if saying it was just "in jest")?

___ controlled the finances so you don't have free access to money?

___ coerced, manipulated, or threatened—to divorce, take the kids away, stop working, etc.?

___ manipulated circumstances in order to isolate you or leave you with no means of transportation?

___ restricted who your friends are and when you can or can't spend time with them?
___ demanded an accounting for everything you do, every place you go, and every dollar you spend?
___ minimized and/or denied his or her negative actions toward you or the impact they had on you?
___ blamed you for his or her anger, violent outbursts, selfishness, and irrational behaviors?
___ told the children that you are a bad parent and blamed you for the family's problems in front of the children?
___ used the Bible to tell you how you should be acting as a spouse, to accuse you of being a bad Christian, or to wonder if you're truly saved?

Look over this list. If you marked even one thing—yes, even one—you need to stop and take note. What does this show you about the relationship you're in? Could you possibly be in a violent domestic relationship and haven't recognized it? Or do you recognize it but feel compelled to stay because of your faith or because of the conviction that your kids need two parents at home?

There's *zero tolerance* for domestic violence, even in Christian families. Seek out help now. Contact a counselor who understands domestic violent relationships or contact your local Center for Prevention of Domestic Violence. Do this for your sake—and especially for your kids' sake.

9

Bullying and Cyberbullying

Andrew was a six-foot nine-inch freshman entering North High School. Even though he loved basketball and was fairly athletic, he hadn't filled out as yet and was extremely insecure about his slender physical appearance. Even on hot afternoons, he refused to wear shorts or go shirtless when the guys would play basketball "shirts against skins."

Andrew was a hard worker both in academics and on the basketball court. As a freshman, he made the junior varsity squad. One of the upperclassmen on the varsity team named Will latched onto Andrew and never missed an opportunity to call him "skinny" or "giraffe." On the court or in the school hallways, Will would make fun of Andrew and try his best to embarrass him.

On rare occasions, the coaches would have the junior varsity starters scrimmage with the varsity squad. Andrew and Will both played the forward position. As soon as Andrew stepped onto the same court as Will, he became totally unfocused. As a result he missed passes, tripped over his own feet, and couldn't even seem to make a simple two-foot bank shot. Will didn't hesitate to spread the news. Andrew lost all confidence and concentration when he had to scrimmage with Will.

It was normal for other classmates, girls and boys of different classes, to hang out in the gym and watch the basketball teams practice. On Tuesday, Will felt the need for some attention. The teams were doing the usual layup drill to begin practice, varsity on one end and J.V. on the other. Will broke rank, ran up behind Andrew, and pulled his pants down to his ankles in front of everyone. Andrew was humiliated, and

most of his blood seemed to rush straight to his face. He stood on the court in his underwear, a bit frozen for a couple of seconds before he quickly bent over to pull up his pants. All Andrew could think about the entire practice was *When will this be over?*

A few weeks later, after yet another altercation with Will in the hallways, Andrew decided to strategically place a broken chair in Marybeth's place in science class. The science teacher was a new, cool teacher, and for that reason the class was filled to capacity. Marybeth's desk was near the front of the class. Marybeth was significantly overweight. When she came in late and sat down, she flattened the broken chair to the ground and bounced up again as the entire class laughed. Marybeth was completely devastated. She hastily gathered her belongings, ran out of the class crying, and hid herself in the girls' bathroom. How could Andrew humiliate someone when he knew what it was like to be bullied and humiliated?

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This story illustrates the ripple effect of bullying. From Will to Andrew and then Andrew to Marybeth, this secret tsunami destroys one life after another from the inside out.

Have you ever asked yourself, why are people mean to each other? Why do we as humans hurt one another? There are many reasons. For meanness to be considered bullying, it needs to have at least these three elements:

- It's characterized by name-calling, physical (including sexual) harm, rumors, stealing, breaking things, humiliating, or intentionally isolating or rejecting someone.
- It is repeated.
- A power differential develops between the bully and the victim.

It's probably not news to you that boys are more likely to be physically or verbally bullied. Girls are more likely to be the target of social or psychological bullying, which is less direct and more likely to go unnoticed for a long time. Girls are more frequently bullied than boys,

and sadly, students with disabilities are more likely to be bullied than their peers.

In-Person Bullying

The school setting, public or private, is where most bullying takes place. Thirty-seven percent of teens report being bullied while at school. Four of ten middle schools admit bullying is an issue on their campus. In-person bullying includes things such as

- being made fun of,
- having rumors or gossip spread about you,
- being physically assaulted in some way,
- being threatened,
- being purposefully excluded,
- being coerced into doing something you didn't want to do,
- having your personal property/belongings damaged or destroyed.

Online Bullying

If the bullying took place only on the school grounds, there'd be a place your kids could get away from it all. But with online bullying, children can be bullied 24/7 through social media and texting. One in three teens says they've experienced cyberthreats. Once again, girls are more prone to be cyberbullied than boys.

The most common types of cyberbullying are

- sending mean messages by email or text, intended to hurt the recipient,
- spreading rumors through social media or web pages about a person,
- pretending to be someone else online to hurt the recipient,
- stealing a person's account information to send damaging messages to others, pretending to be them,

- sexting and/or sending sexually suggestive pictures or messages about another person,
- sending embarrassing/unflattering pictures of another person by phone or internet.

Online bullies, unfortunately, can sometimes create devastating issues anonymously and often with little fear of being discovered or punished. Their harassing comments may even include recommendations that the recipient harm or kill themselves. Kids who are the targets of bullying have an increased likelihood of developing anxiety, social anxiety, depression, psychotic experiences, substance abuse, headaches, stomachaches, tiredness, dizziness, sleeping issues, and back pain. Add all this together and you can see why bullied teens are more likely to harm themselves.

Research also confirms that permissive parenting—where children get to do pretty much whatever they want—can develop a bully just as much as harsh, strict parenting. Again, the most effective parenting style is one that balances having relationship (nurture) with having boundaries and limits (structure). There's a temptation for us as parents to want to be the cool parent, to be liked rather than to be the parent, but in the process we can create a teen who feels too powerful for her own good. We need to be sure our kids learn how to respond respectfully to authority, accept the word *no*, and understand how to navigate social give-and-take.

It may not surprise you that many bullies are simply imitating their parents, with a few minor variations. As a parent, are you harsh toward your kids? Have you ever tried to *press* (insert the word *bully*) the staff at your children's school to get what you want for your child? Sometimes, kids are simply mirroring what's going on at home. They have been victims of bullying and now want to have power somewhere, just as Andrew did. Once they find someone who is weaker, they strike. Interestingly, while the bullied child becomes increasingly depressed, the bullying child also has high levels of depression from various factors such as genetics, family environment, and life experiences.

Be Proactive

Signs that might indicate your child is the victim of bullying or cyberbullying include:

- marked changes in patterns of daily activities, such as overeating or eating less than normal,
- plummeting grades, an unwillingness to attend school, or complaints of being sick in order to avoid school,
- changes in sleep patterns,
- depression,
- use of drugs and alcohol.

If you see these signs, talk with your child. One way to bring up a difficult topic is to depersonalize it. For example, you might mention that other people have also encountered bullying. You can first talk about the problem in generic terms, and then move to a more personal question in this way: "I've heard a lot of people talking about bullying lately. What does that mean to you? Have you ever felt bullied by someone? On social media, do you see any of your friends being picked on? If so, how did you respond?"

You can safeguard your child from being bullied or catch the problem early on by doing several things:

Be open. Check in often so you can be better able to spot signs of bullying early on. Some of the issues that lead to bullying could be embarrassing or involve wrongdoing. Don't be afraid to bring up concerns. Conflict can be helpful to the growth of your parent-child relationship. Talk to your child about how bullying has been around since the beginning of history. It's not unique to this generation; it's a humanity issue that even Jesus faced.

Build confidence. Encourage your child's strengths and passions. Taking part in activities he loves or excels in will help him develop confidence, which can ward off the attention of bullies.

Set boundaries. Set guidelines for technology use. We'll talk about technology specifically in part four.

Make your child accountable. Let your child know that part of your job as a responsible, loving parent is to be aware of her emails, texts, and social media postings. You want to see that your child is being treated well, treating others well, and being a good decision-maker.

Eat dinner together. Consistent family dinners reduce issues with cyberbullying. Family dinners increase family communication, openness in the family, and guidance from parents.

The effects of bullying and cyberbullying can be dramatic. They demolish self-esteem and lead to depression and anxiety that can last into adulthood. Many kids silently question themselves, their sense of belonging, worth, and competence, all because of the powerfully distorting effects of bullying. Neurobiological research confirms that social pain is equal to the physical pain of being punched. Bullying is like being repeatedly punched. You can only take so much. Many kids end up wrestling with what's called learned helplessness, which means they expect bad things to happen to them and believe they can't do anything about it. Kids with learned helplessness begin to filter life through a very negative and self-defeating lens. They see the issue as never-ending. In the most tragic cases, teens and preteens may feel driven to self-harm or suicide. If your teen is being bullied, he needs help immediately.

To be proactive, teach your children strategies and skills for dealing with bullying. Here are a few:

Disengage from a bully. Give your kids phrases they can use in a bullying incident. They could use humor to defuse a tense situation, or use straightforward language, such as "That's enough!" Tell them to walk away or avoid an altercation if possible.

Don't fight back. While self-defense training is helpful, advising your children to answer violence with violence isn't recommended. Physical aggression can escalate to a point where a child's safety—or even life—may be seriously threatened. Likewise, schools that have a zero-tolerance policy for violence may impose punishments on your child, even if he's not the instigator of the fight.

Build social and emotional skills. Research in *Preventing Bullying Through Science, Policy and Practice* reports that building social and emotional skills and learning coping skills are effective ways adults can help children deal with the issue of bullying.[1]

Know where to go. Help your child know where she can go at school if she ever feels threatened. Choose a specific location or a person such as a school counselor, a trusted teacher, or administrator.

Encourage openness. Encourage your child to talk with you or another adult when he feels intimidated or afraid, so he can get help and perspective on the other person's behavior to end the bullying. In situations where he feels emotionally trapped in feelings of fear, talking can sometimes help him break out of his loop of fearful emotions.

If your child is being bullied, you might be tempted to give free rein to your own strong emotions, especially in a meeting with school officials. Resist the urge. Yelling or reacting explosively may embarrass your child and cause her to not tell you about future episodes. Calm, measured action is more likely to lead her to want to tell you more. Work on developing a plan of action with the school. Be part of the solution.

Children who bully or have been bullied have an increased likelihood of developing a psychiatric disorder. It's helpful to consult a licensed counselor who works with children.

How Disabilities Relate to Bullying and Suicide

Brittany grew up in a moderate-sized community that supported two high schools, one on each side of town and aptly named East High School and West High School. Brittany attended West. During her junior year, East High experienced a mass shooting.

The district closed East's campus for the remainder of the academic year and relocated all the students to West. One afternoon, just weeks after the tragedy, Brittany went home in tears.

"Mom, these two jocks from East were mocking this boy today, and I didn't know what to do," Brittany explained to her mom. "Hunter's in a wheelchair, and he can't speak for himself. It was awful!"

Hunter was a West student who was intellectually challenged, but his classmates had grown up with him and saw him as one of the group. They accepted him as he was.

"I should have defended him, Mom, but I was afraid of those bullies," she said.

Brittany's mom joined her the following day as she reported the incident to the administrators. Fortunately, the administration took immediate action and worked with the counseling staff to address the issue between the athletes and Hunter.

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Hunter's story is not an isolated one. Some disabilities, like Hunter's, are obvious to their peers while many types of disabilities are not. The National Center for Education Statistics says approximately 13 percent of kids (roughly one in a group of seven or eight) who attend public school have a disability that affects their academic performance, making them eligible for special education services.[2] Add to this the students who have disabilities that don't affect their academic performance as well as those who attend private schools, and the actual number of students with disabilities of any kind is higher.

Most kids tend to respond more positively to peers who appear normal and are popular. Despite our attempts to instill empathy and compassion in our children, kids tend to make fun of, bully, and isolate kids who have any sort of perceived abnormality. This means that if you have a child with special needs or a disability that identifies him as "abnormal" by his peers, he's at a higher risk of being teased and bullied.

Most kids experience unkind words and isolation from peers at one time or another. But harsh words, bullying, and isolation tend to be regular and recurring themes for kids with special needs or learning

disabilities. This can lead your child to feel as if she'll never fit in anywhere . . . ever.

Why is this a concern? The sting of being isolated or rejected can be devastating. One of the contributing factors to suicidal thoughts and actions among young people is the feeling and perception of not fitting in with their peers. Teens strive to figure out where they belong within their peer group. While this is a part of their normal development as an adolescent, it's not always an easy stage to navigate.

For many teens, this pain is short-lived because their weakness is obvious only in specific situations that can be fixed by simply avoiding situations altogether or finding an alternate peer group that values and appreciates their strengths. For example, if your son is tone deaf but highly intelligent, he can avoid choir and sign up for the debate club, where his intellect can be on full display.

As a parent, be careful not to place a high value on performance and awards, even though both of these are highly sought after by most teens. When a special need or disability makes it difficult for your child to perform well and be recognized for his gifts and talents, it can leave him with no place to belong. If he can't find a way for his strengths to shine and compensate for his disability, he can become overtaken with a sense of powerlessness and hopelessness; both of which are contributors to suicidal thinking.

If you have a child with special needs or a disability, help him find places where he feels valued, appreciated, and can fit in.

Get It Diagnosed

If you suspect your child may have a disability, or if others suspect something's amiss with your child, get her evaluated as early as possible. Many times the warning signs are passed over as just a phase she's in, or a she'll-grow-out-of-it mentality. There's nothing more frustrating to your child with a legitimate disability than being told by teachers, coaches, and most of all, you, her parent, that she just needs to try harder.

Talk to your primary care physician, your child's teacher, or the school counselor to determine the best way to assess your child. Getting an accurate and early diagnosis of a learning disability or special need is critical to your child's well-being.

Stress Strengths and Acceptance

One of the most basic social needs for all human beings is the need for healthy connection to family—namely parents, grandparents, siblings, and extended family members. Your child needs to know that despite what happens out there, he can return to family who genuinely loves and cares about him. Because of his special needs or disability, he may need more attention to counteract the messages of disapproval he may get at school, church, or in peer groups. As parents and family members, you can communicate acceptance and love by doing the following:

Identify your child's strengths and abilities and point those out to family members. While we tend to look for intellectual special gifts, and athletic, musical, and other performance-related talents, those are just a few of the many God-given gifts that may be a part of your child's DNA. Take time to notice and acknowledge your son or daughter for character traits such as patience, kindness, goodness, and perseverance. Be intentional about planning activities that allow your child to shine.

Teach your child to be assertive enough to let people know how she can contribute to a situation or event. Through your child, God can show others that a disability doesn't have to interfere with having a rich, full life that contributes generously to the lives of others.

Talk with your children about the importance of accepting all people. Discuss and memorize Romans 15:7 (NASB): "Therefore, accept one another, just as Christ also accepted us to the glory of God." Encourage them to look for opportunities in their daily life to practice truly accepting others.

Talk about the beauty of God's creation as seen in mankind. Discuss and memorize Psalm 139:14: "I praise you, for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well."

If You Know of a Child

When you're throwing a party or planning an event, be thoughtful about not planning too many activities that would exclude kids with special needs or disabilities. Plan a mixture of events, some that require physical agility and others that don't. Also—especially at the middle and high school levels—plan events that don't require kids to pair up as couples. Instead, plan activities that allow kids to participate as small groups.

Provide safe opportunities for kids you know with disabilities to showcase their abilities in service to others, as this will begin to build important relationships with their peers.

Olivia was diagnosed with high-functioning autism as a child. Although she had to learn to manage her autism, she developed into a natural and gifted artist. But as she moved into high school, she struggled socially.

Knowing Olivia had an artistic bent, her youth leader asked her to design and make the table centerpieces for a youth-group formal dinner. The centerpieces looked like they were made by a professional florist. Olivia received a lot of recognition from adults and her peers alike.

That single opportunity allowed Olivia's artistic strengths to shine in a safe and nonawkward way. Peers and church members began including her in their discussions when planning other similar events. Although her social awkwardness didn't disappear, those who finally got to know her for who she truly was simply put the awkwardness aside. Olivia became a part of the in-crowd. That one intentional act by a sensitive youth leader led to other opportunities for Olivia to connect with her peers.

Don't underestimate the importance of communicating love, acceptance, and belonging to a young person with a special need or disability. While disapproval and isolation have been known to lead many of these

kids to consider or attempt suicide, engagement with them that communicates they're valuable and appreciated may truly save a life.

Talk About It

Ask questions. This list may help you start a discussion with your kids.

- Have you ever witnessed bullying or cyberbullying? If so, what did you see? What did you do?
- Who tends to bully? What do you think is going on in a bully's mind? What is going on in the mind of someone being bullied?
- What's being done about bullying in your school?
- What are some effective ways to step in when someone is being bullied? How would you want others to step in if or when someone is bullying you?
- If a person were bullied, what would it be like for people to step in and help?
- What are some easy ways to encourage others?
- Why do you think cyberbullying is common?
- How can we use technology in more positive ways?
- In a recent study, eight out of ten kids said they had gone out of their way to do something kind for another kid who was having a difficult time. What type of things could be done for you or others?
- What stops you from finding help for yourself or another person being bullied?
- What are some resources at your school for people who are being bullied? Who needs to know about the bullying to be able to help? What does it mean to be interdependent?
- How can we pray about bullying?

You're beginning to hear a theme: talk about it with your kids. Whatever the "it" is, talking about it occasionally, frequently, in-depth, or in passing keeps you connected to your children, so find the time and the best way to do so.

ACTIVITY

1. Start a family discussion about Christians and bullying. Open by saying that Christians throughout history have been bullied and persecuted, including Jesus. Discuss the various ways Christians have faced persecution (bullying) throughout history. Find out what their response was and why they responded that way. Have these Bible references ready to discuss as a family:
    - Romans 12
    - Ephesians 6:12
    - Psalm 138:7
    - Luke 6:27-28
    - Matthew 5:44-45
2. After you've done that, talk about how our culture sometimes deals with bullying as communicated through music, movies, and social media. Is revenge promoted?
3. Ask your kids why they think the Bible teaches something very different.
4. See if you can come up with a workable way to be "wise as a serpent" (strong, wise, pro-active) and still "innocent as a dove" (caring, gentle, and kind).

10

Responding to These Issues

We all know that life is full of unpredictable events, some of which are painful and may have long-term negative consequences. Fortunately, there are things we parents can do to prepare our kids for the unexpected and to increase the likelihood they learn from those circumstances rather than being damaged by them.

Suffering Is a Normal Part of Life

God's Word is full of references to the pain and suffering that comes from living in a sinful world. We're told that heaven is our eternal home and we'll never be fully at peace in this world. History has taught us that no generation or people group has been—or ever will be—immune to pain, suffering, decay, destruction, and death. In fact, suffering is probably more prevalent in life than joy because so many things are out of our control.

Paul understood this well. In Romans 5:3-5, we read how Paul learned to view persecution and difficulty in his life. He used a growth mind-set to develop perseverance and character. Throughout the Psalms, David also displayed a growth mind-set. He leaned on God to help him respond to his enemies, pain, sorrow, and difficulties in his life.

Why, then, do people so often respond to painful circumstances with disbelief, denial, and anger? The answer to "Why me, God?" in the face of suffering that isn't self-inflicted is, "Because you're a human being." Chuck Swindoll once wrote, "The longer I live the more convinced I

become that life is 10 percent what happens to us and 90 percent how we respond to it."[1] This is important to remember as we help our children learn to manage the hurts of life.

A Growth Mind-set

This is where you get to model and teach your child the concept of *mind-set*. What is mind-set? Mind-set is how your mind filters what's happening. Kids with a fixed mind-set will say, "I stink," or "I'm a loser." Things are set in stone and can't be changed; end of story. But a person with a growth mind-set will say, "I didn't do so well this time, but I can't wait to try again next time." They may also say, "Today didn't go so well, but tomorrow is a new day and could be a better one." There's an attitude that things can, with time and effort, change and be different and better. With a growth mind-set, it's not the end of the story.

The Word of God is filled with reassurances that God is with us, even when things feel as if they're falling apart, or when we feel completely alone.

Teaching a Growth Mind-set

There are several practical things you can do to foster a growth mind-set in your children.

Avoid praising intelligence and sheer effort. Instead, acknowledge the importance of planning and trying new approaches. Rather than saying, "You tried your hardest and that's all you can do," say something like "Don't worry if you don't understand something right away. Focus on the next step. What do you think the next step may be?"

Present things in different ways. Expose your kids to a variety of instructions, tactics, and principles. Focus on the process not just the outcome.

Teach the value of challenges. Take time to explain the purpose for abstract skills and concepts you're asking them to understand.

Ask them to elaborate on their thoughts and responses. Encourage your kids to expand their answers and responses.

Answer their "why" questions with a good reason and not "because I said so."

Develop learning or growing goals. Sit down with each child and help him or her come up with learning goals he or she wants to pursue (within reason, of course).

Ask questions more often than you offer answers or statements.

Help them learn to use the word "yet." If your child says, "I can't do long division!" have him restate his frustration by saying, "I can't do long division *yet*."

Keep a record of their successes. Make a folder or a computer file and routinely enter any kind of achievement your children gain, whether it's academic, behavioral, athletic, or in an extracurricular activity. Review their successes often.

ACTIVITY

A great way to lessen the impact of an unpredictable crisis in a family is for each family member to make a "comfort bag."

This can be done in three easy steps:

1. Find a small backpack, purse, or other bag.
2. Fill the bag with about five items that bring you comfort. Some ideas are nonperishable snacks, comfortable socks, favorite photographs, music, letters or messages that make you smile, a book, or a reminder of pleasant memories. You can put anything in the bag as long as it isn't hazardous to your health or safety.
3. Keep the bag easily accessible at all times. If you feel sad, anxious, or are just having a bad day, take out your comfort bag and use the items to remind you of happier times and good feelings.

— Part Two Discussion Questions —

1. If you were hurt growing up, how were you hurt?

2. What significant losses has your family encountered? How did you help your children process their grief?

3. What action steps have you put into place (if any) to help your kids deal with bullying?

4. When kids do something to get off track in life and maybe even hurt themselves, what do you think got them there?

5. How do you model healthy conflict and healthy conflict resolution?

6. What are ways you verbally affirm your kids?

7. What are practical phrases you can teach your kids when they're confronted with a bullying situation? Why do you think these phrases may help?

8. Though difficult to admit, most of us allow ourselves to be exposed to worldly values way too often, especially through the various sorts of media (such as television, the internet, social media, etc.) If you had the discipline to pull it off, what practical limitations might you put in place to help you more easily pursue your deeply held Christian values?

9. Is it difficult for you to express grief? Why would it be a good thing for your kids to see your grief?

— PART THREE —

Mental Health Issues and Suicide

Mental illness is most damaging when it goes undetected or ignored. It's important to know that mental illness is a common ingredient in suicide—and it's much more common than we'd like it to be. We need to be informed so we can notice signs of mental illness in our kids—if and when they occur. No parent wants to admit, "My child has a mental illness." Yet mental illness is not a condemnation of our parenting or of our children. It's something that can be addressed and worked through.

This section will help you know the signs and symptoms of certain mental illnesses and what to look for, and know the steps to take if symptoms are present so you can address the situation before it leads to suicidal thoughts. We start by comparing what's normal with true mental illness. Then we take a close look at depression, anxiety, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). We'll address the issue of medication briefly, and end this section with some thoughts on how to find a good therapist if your child's situation calls for that form of outside assistance.

11

What's Normal Development and What's Not

Lydia and Melissa were identical twins. But from the time they were born, their parents realized some significant differences in the girls' personalities. Lydia rolled with the punches, but Melissa met life's frustrations with tears, and she always seemed fearful. Even as toddlers, their reactions to stress were not the same.

"If Lydia's toy was taken away, she would just say, 'Give that back,'" recalls her mother. "But if the same thing happened to Melissa, she would run into a corner and cry and cry. When I tried to help her handle the situation, she would just say, 'No!' and cover her head with a blanket."

Her parents noticed that Melissa had more difficulty recovering from setbacks—even from ones as simple as falling off her bike. Lydia would fall off and get back up, but Melissa would need additional reassurance from her mom, and her mom would have to put her back on the bike to get her going again.

As the girls grew into their preteen and teen years, life became more complicated. While go-with-the-flow Lydia could bounce back from typical teen setbacks after a couple of days, Melissa would be emotionally hurt for weeks from the normal ups and downs of adolescence. During her long "down" times, which could last as long as six weeks, she would fall apart in every area of her life—physically, emotionally, and academically. With each friend breakup, bad grade, or other trouble

during her teen years, Melissa sank lower and lower, until she ended up in a suicidal crisis.

While Lydia's pattern of dealing with the stress of life was more typical of normal development, Melissa's pattern pointed to a mental health issue.

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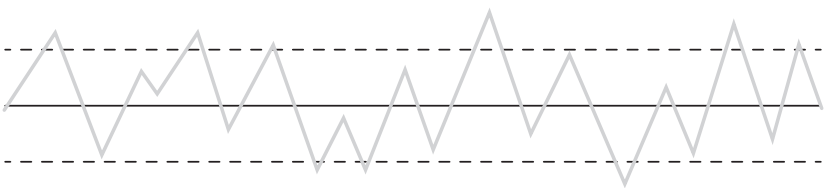
Once children enter puberty and their teen years, it's not always easy to know what's normal behavior and what's not. So how can we tell if our son or daughter may have a mental illness and be at risk of suicide? After all, adolescence can be a dramatic and volatile stage of life even under the best of circumstances. The good news is that you can distinguish between normal developmental challenges and serious mental disorders if you understand what you're doing. It's a question of knowing what to look for.

Normal versus Abnormal

Let's face it. Life can get bumpy at any stage of the journey. Normality is all about a person's response to the ups and downs of human existence. Growing up is largely a matter of learning how to keep yourself on a relatively even keel.

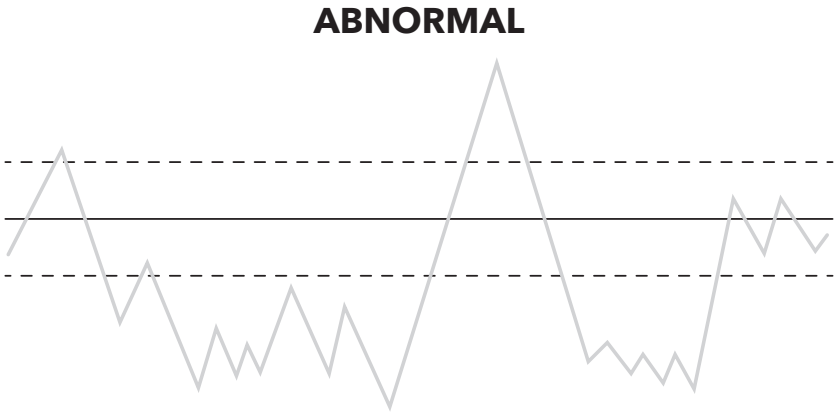
In the following diagrams, the center, solid line represents a static balance point. The two dotted lines denote a variation of range above and below a balance point that is considered normal functional behavior. Anything outside the dotted lines is considered dysfunctional or disordered.

NORMAL



The emotional and mental fluctuations of a normally functioning person look a lot like the electrocardiographic printout of a normal heartbeat. The axis represents emotional stability. Within a certain narrowly defined range, we expect variation. Everything's okay as long as the needle doesn't leap too far above or fall too far below the median.

Keep in mind that each brain is different: children process new information and new situations in their own individual ways. Personality-related factors come into play at this point: some of us are natural-born "Eeyores," while others are "Tiggers" from the get-go. There's nothing abnormal about temperamental differences of this kind.



As this second diagram shows, it's when the pattern becomes erratic that there's reason for concern. If the jumps and/or the drops get too big, or when they don't even out after a reasonable period of time, then it's time to seek help. The goal is to keep the average somewhere within the normal range. To stay in that normal range, you want your children to be able to *regulate* their emotions and reactions to whatever life throws their way.

Regulation

Psychological health is measured in terms of balance: it's a matter of staying within the normal range of emotional reactions to life's situations.

So how does the brain of a normally functioning person maintain this delicate balance? What protects us from sliding off into a ditch every time we hit a bump in the road? It's something called *regulation*.

People who can stay regulated have these three basic abilities:

1. The ability to maintain an emotionally balanced state.

2. The ability to be solid enough emotionally that they aren't easily knocked off balance.

3. When they *are* knocked off balance, the ability to find their way back to emotional stability within a reasonable amount of time.

This ability for regulating our emotions and reactions to life's situations develops in three stages:

1. *Other-regulation* (birth to two years of age): At this stage, a child is not able to self-regulate. He must have another person (mother, father, caregiver) to do the regulating for him.

2. *Co-regulation* (two years old to late teens): During this phase, your child knows how to regulate herself but still needs another person to help her regain her balance when thrown off-kilter.

3. *Self-regulation* (usually not fully developed until late teen years or young adulthood): That's right, we don't full develop this skill until the late teen years. At this stage, teens know how to self-regulate and

How to Help Your Child Develop Self-Regulation

The following things help children develop the ability to regulate their emotions:

- An atmosphere of failure-free playfulness
- An atmosphere of joyfulness
- Physical activity, especially of the unstructured kind
- Pervasive, regular, daily routines
- Opportunities to relate with other human beings (not just peers)
- Age-appropriate challenges

can maintain emotional balance, except in extremely intense situations where it would be normal for anyone to need another person's assistance.

Normal Development

The development of healthy mental and emotional balance begins with your child's secure attachment to you, which we considered in part one. As your child grows and develops, and as he achieves a certain measure of self-mastery and begins to spread his self-regulatory wings, you'll likely begin to see a marked decrease in negative reactions to new, strange, or upsetting situations. This decrease will show up in each of the following areas:

Frequency: The number of negative reactions will lessen until they almost stop altogether as your child adjusts.

Duration: With each episode, your child's negative reaction to the situation will get shorter until such reactions stop.

Intensity: Over time, the intensity, or "size" of the negative reaction, will diminish until it fits or matches the intensity of the situation, or disappears altogether.

If you see no decrease in the frequency, duration, and intensity of your child's reactions over a period of time, it's a warning sign that normal development may have stalled in some way. Just make sure you take into consideration your child's personality traits and compare her to herself, not to other children. Bear in mind, too, that while children can often learn a new skill, response, or mode of behavior very quickly, this does not necessarily mean that they will remember to use that skill when it's called for, or that they will have the maturity to understand when to use it without prompting.

Abnormalities

What might hinder the natural development of your child's mental and emotional regulation? Once again, the roots of the problem are found in

a child's early attachment to parents. If you see signs of dysfunction in this area, it would be wise to have your child checked out by a qualified professional as early as possible. Here are some signs that the normal attaching process has somehow been derailed:

- Your child is often emotionally disconnected from himself, from others, and from what's going on around him. He avoids or seems indifferent to his caregiver or her presence or absence. He regularly seems to be off in his own world.
- She tends to keep people at a distance relationally. She avoids letting others get too close to her emotionally.
- He values success and power more than relationships and exhibits a need to win at all costs.
- She is overly dependent emotionally, clingy, or always fearful of being rejected or abandoned. Her feelings are easily hurt, and she thinks it's always her fault.
- He is anxious, confused, uncertain of what to do, or constantly afraid of doing the wrong thing.
- She has a "push-pull" relational style: "Get away from me! Don't leave me!"
- He lacks a strong sense of self. As a result, he sticks to himself, is often a loner, has few or poor peer relationships, and doesn't play well with others.

Developmental Issues versus Mental Health Issues: What's the Difference?

Knowing the difference between normal development and mental health issues can be difficult when your kids hit the teen years, because the normal adolescent experience can actually mimic the symptoms of serious mental illness. There are several reasons for this.

1. *Brain development.* A teenager's brain is not yet fully mature. On average, development of the brain's prefrontal cortex is not complete

until sometime in the midtwenties. As a result, a great deal of adolescent behavior looks irrational (or semi-rational).

2. *Physical development.* Like brains, individual bodies grow and develop at different rates. For example, physical problems of various kinds, visual difficulties, or problems with hearing can create frustration or depression.

3. *Hormonal issues.* During puberty a child's brain and body are awash in a flood tide of hormones. These hormones stimulate growth and regulate sexual development. Unfortunately, they can also create chemical imbalances in the brain and produce wildly fluctuating emotions. This is particularly true in the case of teenage girls. Moms who have experienced postpartum depression or who know what it's like to feel out of sorts during their menstrual cycle can keep an eye out for similar symptoms in their growing daughters.

4. *Inability to regulate emotions.* Kids are unable to regulate emotional ups and downs without another person's help at least until their late teens. Sadness, withdrawal, malaise, or anxiety in an adolescent may simply mean that you need to ask questions and get more actively involved in your teen's life. Remember, at this age your teen tends to view everything—a breakup with boyfriend, the loss of a family pet, or a tiff with a sibling—as a major crisis.

5. *Parental expectations:* Finally, as parents we need to make sure we aren't driving our children to despair by expecting too much of them. We need to allow each of our kids to grow at their own pace. Pushing them to excel in academics or sports or to develop at an accelerated rate will probably do more harm than good. Parental pride is fine in its proper place, but your child's well-being needs to always be your number-one consideration.

Sorting It Out

Distinguishing between normal and abnormal during the growing stages of your child's life can be a delicate business. Immaturity,

disappointment, self-doubt, and a host of other normal adolescent afflictions can easily cloud the picture. But that doesn't mean that parents can't help their kids sort things out and come up with a workable plan for keeping the emotional boat upright and afloat. We most certainly can. It's just a matter of staying aware and involved.

12

Depression

Brandon came through the door after school with a sad look on his face—again. His mom, Andrea, had noticed that lately he seemed to be down more than up, and he'd also mentioned something about not sleeping very well. At the dinner table, he picked at his food and seemed irritable. Andrea was concerned because she knew the signs of depression.

"What's going on?" she asked him when they sat down to talk about his low mood.

"I don't know," Brandon said. "I just feel bad all the time. Even doing nice things for my friends doesn't make me feel good anymore."

Andrea decided to take him to the doctor—right away.

When the doctor asked Brandon if he ever thought about suicide, Andrea was shocked when her son said yes.

Then the doctor asked Brandon if had a suicide plan. And Andrea was even more shocked by Brandon's answer: "Yes, I was going to use the guns at my friend's house."

Depression is by far the most common mental and emotional health problem in the western world today. As a matter of fact, it can be compared with the common cold in terms of the frequency with which it occurs in the general population. And it's much more common in teenagers then we'd like to think. For obvious reasons, depression among young people carries with it a heightened risk of suicidal thoughts. This is clearly a serious issue for us as parents who have preteens, teens, or

young adults. Maybe you already know enough about depression, but for those who don't, it's worth a closer look at the connection between depression and suicide.

Varieties of Depression

Let's begin with a basic definition:

Clinical depression (also known as major depression or major depressive disorder) is usually accompanied by several of these identifiable signs that persist for at least two weeks:

- Persistent low mood or sadness
- Fatigue or low energy levels
- Feelings of dejection, despondency, apathy, and hopelessness
- Lack of energy
- Trouble sleeping, or sleeping a lot more than usual
- Significant weight loss or weight gain
- Loss of interest in work, recreational activities, interests
- Neglect of personal hygiene
- Cognitive abilities are slowed or difficult
- Anger
- Inability to function in normal tasks
- Suicidal thoughts

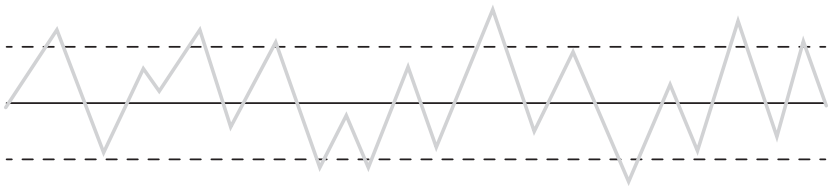
Subcategories of clinical depression can be grouped under two major headings: the situational or environmental and the organic or biological.

Situational or environmental depression, which may also be diagnosed as adjustment disorder with depressive features, is a type of major depression that can be brought on by experiencing the breakup of your family; the loss of a parent, family member, or close friend; witnessing a shooting at school; the breakup with a boyfriend or girlfriend; or surviving a natural disaster. Any major circumstance can bring on depression. The symptoms of this type of depression may be fewer, less intense, and the recovery time may also be shorter (usually six months or less). This type of depression often goes unnoticed because your child is still able

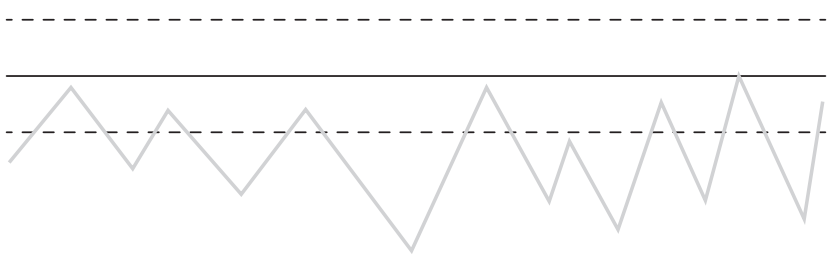
to function—at least at some level—and can get lost in all the changes happening because of the circumstance.

Organically or biologically generated depression is major depression associated with brain and body chemistry and may be genetically transmitted, although that's not always the case. If your teenager is suffering from clinical depression, she will usually experience many of the symptoms listed in the definition and will likely experience them with a high degree of intensity. As a result, the condition generally has a significant impact on her ability to function in everyday life; hence the term dys (meaning not function). Recovery may take a year or longer.

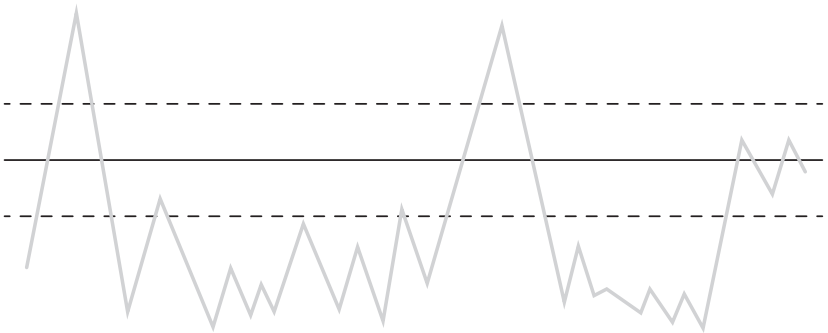
This type of depression can be further subdivided as unipolar depression or biopolar disorder. Unipolar depression is characterized by persistent and recurring episodes of extreme low mood; think *down* mood *only*. If a normal person's emotional state fits this pattern . . .



. . . then the emotional-state pattern of a person suffering from unipolar clinical depression would look something like this:



Bipolar disorder is a lifelong, chronic condition characterized by extreme mood swings or episodes of depression and mania that often lead to impulsive and risky behaviors; think *down* and *up* both. Bipolar disorder might be diagrammed as follows:



Bipolar is further subdivided and can look the exact opposite of the diagram above as well—mostly above the normal with an occasional below-the-normal spike. The general idea is there's both *down* and *up* in some configuration and duration.

That's a very brief overview of what depression is. It's also important to know what it's not. Being seriously depressed is not the same thing as your teenager being moody.

Normal Adolescent Behavior

The Herberts took their seventeen-year-old daughter, Kathrine, to see Terri, a Licensed Clinical Social Worker who specialized in working with teens and depression.

"She's sleeping way too much, isn't eating, isn't interested in things she always enjoys doing, and is sad and lethargic all the time," the parents told Terri. "There's a history of depression on both sides of the family, and we're worried that Kathrine may be depressed."

After the initial interview, Terri asked the Herberts when Kathrine had last had a medical checkup. She encouraged them to make an appointment with her primary care physician to make sure nothing medically was going on with her.

After the doctor appointment, Kathrine's mom left a voice mail for Terri. With relief in her voice, the mom said, "Kathrine isn't clinically depressed; she has mononucleosis."

There can be any number of issues that at first glance have similar symptoms to that of clinical depression. It was Terri's professional training and years of experience that kept her from jumping to a hasty conclusion and helped her steer the Herberts in the direction of their physician. The Herberts did the right thing by noticing Kathrine's symptoms. But especially with teenagers, it's not always easy for us to notice what's normal behavior and what's not.

Here's at least a starter list of what's normal (whether you call it moody or stressed, it's all within the normal range of behavior). Comparing these behaviors to the signs of depression on page 118 can give you a basic understanding of the difference between normal and abnormal.

Normal

- A day or even several days of feeling down, especially when coupled with a significant event (things your child would consider big deals)
- Typical teenage irritability (annoyed by parents, siblings, schoolwork, etc.)
- Prioritizing activities in a healthy manner, even if that means dropping out of some of them
- Skipping periodic meals or occasional overeating
- Naps several days of the week, staying up later than is beneficial (and still able to function normally)
- Occasional "off" days, restless after sitting in classes all day, overwhelmed by big decisions
- Some sleepiness, lack of energy, especially if not getting enough sleep
- Expressed frustrations, questioning self-worth (especially after a big-deal event)
- Questions about death or the meaning of life

Risks and Contributing Factors

How does a person become depressed? Remember, in some cases the sources of the condition are situational. In others, the sources are rooted in biology and genetics. Here are a few of the more common causes of a depressive episode:

1. *Stress.* Pressure to perform in school, neurotic tendencies, worries about money or anxieties about the future or the well-being of friends—all of these can become burdens that weigh the mind down and drive it into a depressed state.

2. *Transition or change.* A major move, a change in job or school, or the readjustment that follows the death of a family member all have the potential to trigger a depressive episode.

3. *Social conflict.* This might include painful arguments with a family member or coach, a falling out with a friend, being bullied, being left out at school, or a breakup with a boyfriend or girlfriend.

4. *Unstable environment.* Depression can also arise in response to turmoil in the home, strained family dynamics, and any of those difficult circumstances that are called adverse childhood experiences. (For more on this topic, see pages 14–20.)

5. *Identity struggle.* In addition to an unstable external environment, kids—and teens especially—can struggle internally with their sense of identity. For some kids, sorting out who they are can generate a whole lot of stress and anxiety. This is especially true for more enduring areas of concern, such as body image, sexuality, and friend groups.

6. *Genetics.* The neurochemical factors contributing to organic depression can be passed on from one generation to the next. If you or a first-degree relative suffer from clinical depression, your children's chances of developing the condition are two to four times higher than the average.

7. *Mental illness.* Other forms of mental illness, such as severe anxiety, obsessive-compulsive disorder, eating disorders, substance abuse,

schizophrenia, and psychosis can either cause depression or occur in conjunction with it.

8. *Medical or physiological issues.* Depression has also been linked to a wide variety of medical conditions, such as diabetes, heart disease, hypoglycemia, hypothyroidism, hypertension, mononucleosis, multiple sclerosis, arthritis, chronic pain, and kidney disease—just to name a few.

How Does Depression Lead to Suicide?

The precise relation between depression and suicide isn't always easy to determine. Though the link may seem obvious on the surface, depressed people don't always take their own lives. How exactly do the dots get connected between feelings of depression and serious suicidal thoughts? Here are some of the key factors:

1. *Catastrophizing.* A depressed person has a strong proclivity for making mountains out of molehills. He dwells on negative thoughts, views the slightest problem as a potential disaster, and finds reasons to abandon hope in the smallest details of life. The heavier this burden of fear and anxiety becomes, the greater is his inclination to escape by putting an end to it all.

2. *Isolation.* Depressed people tend to withdraw. When your daughter is left alone with her own morbid thoughts, she loses the capacity to think about anything but her own misery. Eventually her outlook narrows to the point where she can no longer imagine how a self-harming or self-destructive act on her part might impact the feelings of others.

3. *Lowered resistance to negative input.* People in groups—especially young people—have the tendency to encourage one another to take greater risks. There's no denying that adolescent suicide is on the rise, and the idea that everybody's doing it can play a significant role in motivating depressed teens to entertain suicidal thoughts.

4. *Altered perception.* When you're down, the world looks different. You see everything through the lens of your own self-loathing. It

becomes easy to perceive hostility and rejection at every turn. The idea that "Nobody loves me, and everybody hates me" is common in suicidal thinking.

5. *Psychosis.* When pushed to the limit, altered perception can precipitate a complete break with reality. This state of mind is what psychologists and psychiatrists refer to as psychosis. Once an individual crosses that line, there's no telling what he might do.

Action Steps

If you see signs that your child may be sliding into serious depression, try the following strategies:

Connect with your child. Be empathetic and compassionately curious about what's going on in her life. Ask open-ended questions designed to draw her out, such as, "How would you describe your feelings about school these days?" Encourage her to develop her natural gifts and passions. Be an active listener.

Contact other adults in your child's life. Check in with teachers, coaches, school counselors, youth pastors, or leaders to see if they've observed anything unusual in his behavior or attitudes.

Get a medical evaluation. Make an appointment with your doctor as soon as possible to rule out potential medical and physiological factors.

Responding to Depression: What Not to Do

As you work through these issues of depression with your child, make sure you don't

- threaten or offer rewards,
- inculcate feelings of shame,
- talk too much or offer a lot of unrequested advice (it's always better to listen),
- make light of his or her feelings of hopelessness or despair.

Locate a therapist. Engage the services of a licensed professional Christian counselor, preferably one who specializes in working with adolescents. You may also want to look into the possibility of getting involved with some form of group therapy or a peer support program.

Examine yourself. Take a close look at your family history, acknowledge any personal issues that you've had with depression, and discuss these matters openly with your child. This will help to normalize his feelings. Any family history of depression is vital information to relay to the medical doctor and therapist.

Be directive. Don't allow your teen to minimize the situation. If she doesn't want to see a counselor, find out why. Provide options by saying, "You can see therapist X or therapist Y—the choice is yours." But make sure the issue doesn't go unaddressed.

Be a good model. Set a positive example for your child in terms of good nutrition, exercise, sleep, and healthy relationships with God and other people.

Explore appropriate medications. Today there are many different medications available for the treatment of depression. We'll discuss some of these in greater detail later.

Final Thoughts

Depression is a common and potentially serious problem, especially for your kids, who are living in a culture increasingly marked by a deep sense of despair. The causes of the condition are many and varied, but the good news is that it is treatable, and its effects can be successfully counteracted—regardless of its origins.

13

Anxiety

Cindi is trained as an elementary school teacher and was teaching the third grade in the school her home church operated when she met Greg, the man she would marry. He's an electrical engineer and has a salary stable enough to allow Cindi to be a stay-at-home mom who home-schools their five children. During the academic year, their home is a-flurry with subjects ranging from eighth-grade science to second-grade spelling happening all at the same time in their basement classroom.

Emma, age fourteen, is their eldest. She's mature and responsible; she loves school, makes good grades, and helps out with other kids. Cindi started to notice that Emma had bald spots in certain areas on her head. Emma was also using a makeup pencil to draw in her eyebrows because she no longer had any.

One evening, Cindi decided to ask Emma some questions. Emma reluctantly and embarrassingly admitted to her mom that she was plucking out her own hair.

Cindi was floored. She couldn't figure out why Emma would do such a thing. She tried to talk with her daughter about this, and thought up various ways to try to help her to stop pulling out her hair. Even though Emma tried to cooperate with her mom's plans, nothing stopped her behavior. In fact, it only got worse. Finally, at Greg's insistence, Cindi made an appointment with a counselor.

Both Cindi and Emma were nervous during the first appointment, and the second appointment was just as nerve-racking for both of them.

In the third session, the counselor asked Emma some very pointed questions. With her head down and in a whispered voice, Emma revealed that she was really stressed out and felt out of control.

"Pulling my hair makes me feel better," she said. She said it had become a habit, so much so that she was no longer even aware of doing it.

Cindi was shocked that her daughter would be diagnosed with an anxiety disorder called trichotillomania. She was even more shocked when the counselor said Cindi had generalized anxiety disorder.

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Like depression, anxiety is a major mental health problem in modern America. If left untreated it can lead to a number of serious complications. At the extreme end of the spectrum these can include suicidal thoughts, feelings, and behaviors. This is especially true among children and teens and those who are physically, psychologically, and philosophically prone to depression or despair.

In this section we'll take a close look at the potential link between anxiety and suicide.

Definitions

Let's begin by pinpointing exactly what we mean by *anxiety*. This word is part of a constellation of related terms that need to be carefully distinguished from one another:

Fear: An intense emotional reaction to a legitimate, present danger—something that's happening right now. It's a healthy reaction because it activates our survival instincts and motivates us to take necessary action.

Anxiety: An emotional reaction to a perceived, anticipated, or future danger. It's unhealthy in that it's incapable of producing any kind of constructive action. That's because the danger is not here (now or yet) so you can't respond. Clinical anxiety can produce symptoms such

as trembling and shaking, restlessness, sleeplessness, fatigue, anger, and depression.

Worry: A nonclinical term for anxiety.

Concern: This word has two meanings. 1. A "Christian" euphemism for worry. 2. Positive and engaged involvement with another person. Concern is more of an action than an emotion.

Panic: A negative behavioral response to either fear or anxiety.

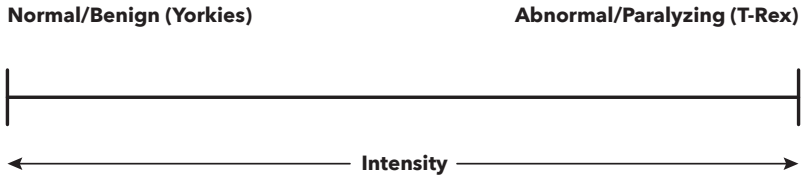
In essence, anxiety or worry is a thinking process. It's a bad brain habit that almost always expresses itself in the form of a "what if?" question. The problem with "what if?" thinking is that it shifts your focus. It pulls you out of the present moment (the real moment) and into the future (not a real moment). The future doesn't exist (yet), and you have zero control over things that don't exist. As a result, "what if" thinking causes you to feel out of control. This is the physiological sensation we most commonly associate with anxiety.

As you probably know, anxiety can be mild or severe—or somewhere in between. At the mild end, it can be compared to a couple of Yorkie pups nipping at your heels. At the other extreme, it feels more

Examples of "What if?" Thinking

"What if my husband loses his job?"
"What if Amy doesn't like me?"
"What if our son ends up in jail?"
"What if I don't get the scholarship?"
"What if Gary's suicide was my fault?"
"What if we come down too hard on our teenager and she runs away?"
"What if I don't score high enough on the SAT?"
"What if Johnny fails this Friday's algebra test and never goes to college?"

like a Tyrannosaurus Rex screaming in your face. The range of intensity stretches from harmless at one end of the emotional scale to paralyzing at the other:



Most of us worry about things from time to time. That's not unusual. It's when the anxious thinking cripples us so that we can no longer handle daily routines that some kind of serious intervention is needed.

Where Does Anxiety Come From?

The origins of anxiety are not quite as easy to identify as those of depression. Some researchers suggest a biological component, but there isn't proof of a biological cause. The most we can say is that some individuals may be born with a greater predisposition to worry than others.

Meanwhile, we know for a fact that anxiety can be taught by example within the context of the family. If you're an anxious parent, chances are you'll raise anxious kids, especially if you have a mentality that leads you to say things like this: "Always wear clean underwear in case you get into a car accident and end up in the hospital!"

Stress can also produce anxiety, though not necessarily in every instance. It's common nowadays to say, "I'm stressed out," when what you really mean is "I'm anxious." Stress and anxiety are not the same thing. Stress is pressure imposed on you from the outside. Anxiety is one of a number of possible reactions to stress, and it comes from the inside.

Perfectionism is another possible source of anxiety. Firstborn children are more prone to worry and to be perfectionistic than their younger siblings. Perfectionism and anxiety don't always go hand in hand, and

the cause-and-effect relationship runs only in one direction: you can worry without being a perfectionist, but perfectionists are almost always anxious people too.

Signs and Symptoms

If we want to protect our kids against suicidal tendencies, we need to be intentional about eliminating anxiety. The first step in that process is identifying the problem. This can be a challenge, since anxiety expresses itself in a number of different ways. How can you tell if one of your children is struggling in this area? Here are a few warning signs:

Skewed perspective. Anxiety prevents us from hearing, seeing, and processing clearly. Look for indications of irrationality in your child's way of looking at the world, such as statements like:

"Nobody likes me! I'm a loser."

"I'll never get asked out, ever."

"I haven't done anything right, ever."

Restlessness. If a kid seems edgy or finds it difficult to keep still, there's a good chance he's worried about something.

Fatigue. Anxious people feel tired a lot of the time. Falling asleep at inopportune moments is a good way to escape internal worrying.

Lack of focus. Does your child have difficulty concentrating or staying on task? Does she ever sit and stare as if her mind has suddenly gone blank? These, too, can be symptoms of persistent anxiety.

Irritability. This would include excitability, touchiness, and hypersensitivity, as well as outbursts of anger.

Muscle tension. Keep an eye out for nervous ticks and twitches.

Sleep disorders. This includes insomnia as well as a tendency to sleep too much.

Avoidance and isolation. Like a depressed person, the anxious child often finds it difficult to engage in social situations. A tendency to withdraw or self-isolate—especially if it's a new development—may be a sign of problems in this area.

There's a difference between true clinical anxiety and the hormone-induced ups and downs of the average child. Here are signs of normal behavior:

- Edgy, jumpy, or tense stomach sensations come and go.
- Physical and/or emotional symptoms are temporary.
- Thoughts are related to a legitimate current situation the child is experiencing.
- Sleep is for the most part consistent.
- Physical and/or emotional symptoms don't cause any significant inability to perform normal daily routines.

Here are warning signs of anxiety:

- Worry, edginess, jumpiness, or tense stomach sensations occur more days than not and persist for several months.
- Muscle tension tends to be a consistent problem.
- Concentration is difficult, when not the norm for this child.
- Anxiety seems to be excessive for the present situation.
- Anxiety is focused on a possible future situation that may or may not occur.
- It's difficult for the child to control or contain worried thoughts or feelings.
- Nontypical disturbances in sleep occur (restlessness, difficulty falling or staying asleep).
- A child is easily fatigued for no physically apparent reason.
- Physical and/or emotional symptoms cause significant impairment in social, academic, or other important areas of functioning.

Be aware that introverted kids don't always show signs of anxiety through their outward behavior. Where they're concerned, parents may need to take a closer look.

Strategies for Reducing Anxiety

Anxiety, as we've said, is basically a bad brain habit. The good news is that habits can be changed and brains retrained, at least in most situations.

Anxiety accomplishes nothing because it removes the individual from the present moment and throws him into an imaginary future where he's powerless to act. This suggests that a strong emphasis on the here and now can be a powerful antidote to anxiety. Matthew 6:34 reminds us of this principle: "Therefore do not be anxious about tomorrow"—the "what if" of tomorrow—"for tomorrow will be anxious for itself." The idea is to stay focused on the present moment of today.

Responding to Clinical Anxiety and Panic Attacks

Panic attacks are very different from standard, run-of-the-mill anxiety. They often have no apparent cause. To make matters worse, once a panic attack begins, there's no way to stop it. All you can do is ride it out—like a bad roller-coaster ride. While this isn't a great answer, it's the real, in-the-moment, workable answer to a panic attack. Here's what you and your kids need to know about panic attacks:

- Once the bar comes down across your lap, the ride's on and you can't stop it.
- It will eventually come to an end. It always does.
- As uncomfortable as it is, you won't die. No one has ever died from a panic attack.
- To the extent you're able, try to relax your breathing until the attack is over.

A Way of Escape

Severe anxiety is so debilitating that, in some cases, the sufferer can't think about anything but finding an avenue of escape. Young people who believe they don't have many choices may be tempted to seek the easy way out by taking their own lives. That's a temptation the rest of us need to overturn in any way we can.

We need to remind kids with this problem of what Paul said in 1 Corinthians 10:13: "God is faithful, and he will not let you be tempted

beyond your ability, but with the temptation he will also provide the way of escape, that you may be able to endure it."

As parents, as well as teachers, pastors, youth leaders, and other responsible adults, we have the power to show our kids that there are other ways of escaping the pressure. This is a task that can be accomplished, and it will make a huge difference in our world. All it takes is a little bit of practical know-how and a whole lot of love.

ACTIVITY

Anxiety-Reducing Technique

You can help your anxious child by implementing a few simple grounding techniques. Begin by urging her to slow down and take deep breaths. She can also burn off some of the energy generated by anxiety by doing something physical, like walking around the room. After that, help her focus her attention on the immediate situation by employing the "3 x 5 + 1" technique. All she has to do is answer the following questions:

- What are five colors I see right now?
- What are five sounds I hear right now?
- What are five things I physically feel right now (not emotions, but sensations like wind in the hair, the room temperature, etc.)?
- What do I need to be doing or thinking about—right now?

This exercise utilizes her senses to pull her back into the present. It can also be used to retrain the brain over longer periods of time. Have her write the four questions on an index card and put it on her nightstand or dresser.

Every morning, after naming the five colors, sounds, and sensations, she asks herself, "What do I need to do right now? Go to the bathroom? Put on my robe?" Once she has the

answer, she goes and does that one thing. This is a great way to eliminate "what if" thinking and get the mind moving in an entirely new direction.

Have your child practice this four-question technique three to five times throughout the day. It doesn't matter when or where. The object is practice, practice, and more practice. Finally, as she gets ready for bed at night, have her go through the four questions one last time. If your child practices this technique over a two- to three-month period as consistently as possible, it will effectively retrain her brain to be more naturally grounded in the present moment and reduce her level of anxiety tremendously, if not completely.

14

OCD / OCPD

Kelly ended up in a counselor's office because her roommates at college were having difficulty living with her. Kelly was convinced that germs were everywhere—and that every time she touched something, she came in contact with those germs. She washed her hands multiple times each day, placed hand sanitizer on every table in every room, and even told her roommates to wash their hands as often as she did. Not only that, she insisted on cleaning the toilet seat after each use by a roommate, even if someone was waiting to use the bathroom.

Kelly had obsessive-compulsive disorder (OCD). "Her brain was telling her that germs were everywhere," the counselor explained. Kelly developed her behaviors to try to get rid of her intrusive thoughts.

Jake had a routine for everything. He was one of the few teenage boys who was highly organized, neat, and clean. But because he had obsessive-compulsive personality disorder (OCPD), he had a hard time finding a job. People with OCPD have overly rigid ways of viewing the world.

Jake wasn't able to keep his job at McDonald's for very long because he insisted that the wrap papers be organized in a certain way: they had to be straight, squared with one another, and even. On top of that, the bags had to be facing the same direction.

His next job was in the construction business. His parents thought

the job might be a good fit since there's a need to be precise—and their son was precise. But Jake discovered that the construction company he worked for accepted less than perfection: angles could be off and things could be uneven. Jake would have an emotional meltdown when things weren't straight and level. If there were six nails and there were supposed to be five, he'd correct the construction workers. Consequently, he lost that job.

While Jake was good with the younger kids at church, a job helping them didn't work out either. The kids did a lot of arts and crafts projects, but according to Jake, there was only one way to do a project. So when kids were creative or got paint on their noses, he had to quickly clean them up. It didn't take long before he lost that job, too.

He ended doing very well with a job at a clothing store because he was the one the owners could depend on to organize the clothes and put everything back on the right rack. And he was meticulous about folding. Jake is now on his way to engineering school.

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After hearing about Kelly and Jake's dilemmas, it's probably not difficult to see how OCD and OCPD can sometimes provoke or aggravate suicidal thoughts and behavior. People afflicted with these anxiety disorders might be described as a kind of hyperperfectionist (though it is possible to be a perfectionist without being obsessive or compulsive). They live life under the shadow of words like *should* and *shouldn't*. All of their actions are judged against a demanding and inflexible standard of correctness.

Scrupulous attention to detail and a genuine concern for excellence can be positive and advantageous qualities. The problem begins when your child crosses a line from simple conscientiousness into the realm of irrational obsession. At that point, the concern for getting things right becomes so oppressive that she loses the ability to function normally. That's where OCD and OCPD kick in.

The intensity of OCD and OCPD symptoms can range from mild

to severe. At the extreme end of the scale, a person's focused and specific obsession creates attitudes and behaviors that make it hard to function in life.

Normal and Excellence versus Perfectionism and OCD

We want our kids to learn and pursue excellence. The line between excellence (what we'll label as normal) and perfectionism and OCD is not easy to describe. In his book *Hope for the Perfectionist*, Dr. David A. Shoop offers a great comparison.[1] Take a look:

EXCELLENCE	VERSUS	PERFECTIONISM
realistic "What is ..."	OUTLOOK	idealistic "What should be ..."
could ... I wish ... I choose	SELF-TALK	should shouldn't
desire options	TONE OF VOICE	demand no choice
striving for (+) reach success	MOTIVATION	avoiding the (-) avoid failure
process	FOCUS ON	product outcome ... only
accomplishment acceptance fulfillment success	RESULTS	disappointment condemnation frustration failure
reality	LIVE IN	fantasy

Probably the easiest thing to notice first is the self-talk. Listen for *should* and *shouldn't* statements and thinking patterns. That'll be your first clue of perfectionism and/or OCD thinking. Warning: The *should*

and *shouldn't* thinking so often sound correct and right. In either case, when you hear *should* and *shouldn't* statements, look deeper.

OCD and OCPD: What's the Difference?

OCD is defined primarily in terms of specific behaviors. OCPD is better understood as an expression of an individual's entire personality, philosophy, and worldview. Let's take a closer look at each.

Obsessive-Compulsive Disorder

OCD is a condition of the brain often characterized by intrusive, anxiety-producing thoughts. Sometimes, these thoughts can become so disturbing, unrelenting, and paralyzing that a person with OCD will attempt suicide just to stop the intrusive thoughts. People with OCD develop repetitive or ritualistic behaviors in an effort to get rid of these thoughts and reduce their distress. Obsessions are the thoughts and urges associated with OCD, such as recurrent, anxious thoughts about germs or personal safety. Excessive handwashing or door-checking are common examples of compulsions (the behaviors associated with OCD). Adding a level of complication to the disorder is the fact that a person with OCD can have obsessions without compulsions, and vice versa.

Obsessive-Compulsive Personality Disorder

OCPD characterizes a person's overall orientation toward life. In general, this perspective can be described as rigid, inflexible, and/or perfectionistic. A person with OCPD demands that everything be organized according to a particular system or method. He relies on rules and regulations, and order and control are matters of the utmost importance to him.

As a result, he often has difficulty with people who can't or won't abide by his standards. This in turn can sometimes make him stingy, miserly, judgmental, and withdrawn. It's also common for an individual with OCPD to undertake projects with a great deal of initial energy and

zeal only to leave them unfinished when obstacles and imperfections arise. The disorder is more common among men than women, and most psychologists agree that it cannot be accurately diagnosed until about eighteen years of age.

A person with OCD or OCPD sees things differently than the rest of us do. The filters through which her brain perceives the world are askew. In an important sense, she experiences another reality. As a result, it can be difficult to live with an individual who suffers from either of these disorders. In both situations parents can be tempted to either deny that the condition exists or cater to the obsession. Neither of these extremes is beneficial.

In families with a child who suffers from OCD, all aspects of life can be affected. Mom, Dad, siblings, and anyone else living in the household are impacted by anxiety, stress, disruptions to their routines, and difficulties at school and work. This is particularly true if one or both of the parents have ever struggled with OCD/OCPD. It's difficult if not impossible for an anxious parent to help an anxious child. In such situations, the problem tends to worsen.

Responding to OCD/OCPD

The first and most important step in dealing with OCD/OCPD is to be aware of its presence. Most kids who suffer with the disorder don't even know they have a problem, and most ignore the debilitating effects. Many parents of OCD children simply deny that the condition exists, but this can allow a child's disorder to shape the entire household's way of life. The key to correcting the problem is to get help as soon as you recognize the associated behavioral patterns.

It's best, of course, to seek professional assistance if at all possible. Meanwhile, there's also a great deal you can do to confront the issue at home. The important thing is to help your child see that the thoughts she's experiencing are merely an intrusion or an obsession, and she doesn't need to listen to them or act on them.

It's crucial to help her replace the intrusive thoughts by redirecting her attention to some more positive form of behavior.

If you have a child whose brain is locked into some kind of compulsive, repetitive, and ritualistic behavior, you can help break the pattern by questioning the false reality that stands behind it. At every opportunity, do what you can to help her reframe her perceptions and reevaluate her thoughts.

For example, let's suppose you have an elementary-age daughter who refuses to go to bed until she's checked the front door at least ten times to make sure it's locked. When she's on her way to check the door for the fifth time, lay a hand on her shoulder and say, "You don't need to do that again, honey. We already know the door is locked." Don't get angry if she contradicts you. Instead, gently hold your ground and show compassion by empathizing with her emotions: "You may feel as if it's still unlocked, and I understand that those feelings make you anxious.

Five Steps to OCD Self-Treatment

Step 1: Be aware. The first step is to recognize the disorder for what it is. When problematic thoughts arise, tell your child (or yourself), "This thought is an obsession; this urge is a compulsive urge."

Step 2: Relabel. Realize that the intrusive obsessive thoughts do not reflect reality, but are rather the result of OCD. Rename it as such: "You're having an intrusive thought that is false."

Step 3: Reattribute. Recognize that the intensity and intrusiveness of the thought or urge is caused by OCD. It may be the result of a biochemical imbalance in the brain.

Step 4: Refocus. Replace the obsession with a positive thought. Shift your child's attention by having him do some constructive activity.

Step 5: Re-evaluate. Help your child refuse to take the OCD thought at face value. Disarm it by saying, "This is your OCD. It has no meaning."

But there's really no reason to be afraid." Then prove your point by taking her to the door and trying the handle yourself.

If she comes back again, simply repeat the process. If you think it's appropriate, you could try making light of the issue by turning it into a joke, saying something on these lines: "Don't tell me—did that door just unlock itself again?" Adults with OCD often realize that their fears are unreasonable even though they find them irresistible. It's not so easy for kids to make that distinction. Humor can sometimes provide the objective point of view that's needed to break the chain.

It can also help to objectify the OCD by separating it from your daughter's personality. In the case of a fairly young child, you might do this by selecting a stuffed animal from the toy box and dubbing it Mr. Annoying. When the child says, "Do you think I should go back and check the door?" you can respond, "No, that's Mr. Annoying talking. You don't need to listen to Mr. Annoying anymore." With an older child, you can simple say, "You know that those worries aren't valid. They're the voices of your condition or disorder, and you have the power to tell them to go away and leave you alone."

OCD/OCPD is almost certain to have a negative impact on a child's academic performance. It can even disrupt his social life at school if the condition alienates his friends or leads to peer rejection. If you have a child with OCD, it would be a good idea to work closely with teachers, school counselors, and school administrators to come up with a plan best suited to address his needs.

Keep in mind that some kids with OCD can do a fairly good job of holding themselves together in the classroom all day long only to fall apart when they get home in the afternoon. If that's your child's situation, see that she's given a safe place and some quiet downtime after school so she has a chance to safely fall apart, then pull herself back together again before joining the family's activities.

If all else fails, medication can be another option in the treatment of OCD, but only after a thorough psychiatric evaluation. Counseling—both individual therapy and a family-systems approach—can be

effective, so consider it a necessary first step before you look at more intensive drug-based types of therapy. Whatever you do, make sure both of you as parents are working together toward the same goals. And don't get upset or worried if things don't change overnight. There are many forms of therapy that can help your child overcome his obsessions and compulsions, but it's likely to be slow going for a while.

Retraining the Brain

Here's the good news: individuals who struggle with OCD/OCPD can learn to recognize intrusive and obsessive thoughts and feelings for what they are and come up with an active plan to resist them. With patience, repetition, and perseverance, your child can even change the chemistry of her brain through this life-affirming action. The result is liberation: true freedom from a pattern of behavior that might eventually turn self-destructive if left unchecked.

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Post-Traumatic Stress Disorder

On April 20, 1999, two students in trenchcoats started shooting their fellow classmates at Columbine High School in Colorado. It only took minutes for them to kill thirteen people, and about twenty-five minutes later, they took their own lives.

Responding to the chaotic aftermath as a member of the Red Cross Disaster Mental Health Team that day was Joannie DeBrito, a licensed clinical social worker and marriage and family therapist. DeBrito was stationed at a nearby elementary school to assist students rescued from the high school. Once there, the teens answered questions about the shooting and were reunited with their parents.

"A large number of kids were clearly shaken," DeBrito recalls, "but they appeared to be in a normal state of shock that resolved, for the most part, once they saw their family members. But one young woman was hysterical. We were curious about her reaction, because it was so different from the others."

DeBrito and another mental health professional sat down with the teen, held her hand, and quietly questioned her since the police had instructed them to gather as much information as possible about what students had seen and heard. As they spoke with the student, they learned that in the past six months, this girl's father had collapsed at church due to a heart attack, her mother had been severely injured at home, and

her brother had been shot at work. As she spoke, nearby fellow students nodded as if to confirm the truth of her story.

"No place is safe," the girl said through gasps of breath and hysterical tears. "I can't go anywhere and be safe. Church isn't safe, home isn't safe, work isn't safe, and now school isn't safe. Where can I go to be safe?"

Since these things had happened, the teen had been having trouble sleeping, was having nightmares, and spent most of her time in her room so she could avoid anything that might be a threat to her safety. DeBrito and the other experienced mental health professional recognized these behaviors as symptoms of post-traumatic stress disorder (PTSD).

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Every day, numerous events occur locally and globally that threaten the health and safety of human beings. Natural disasters, automobile accidents, physical and sexual abuse, and violent crimes are all examples of what we call traumatic events. But not every traumatic event causes a disorder. Most people can sort through the circumstances that threatened their life or safety, or that of someone else, even when those experiences left them feeling vulnerable and fearful. It's what disaster specialists call *resiliency*: the ability to regain your mental and emotional stability when you've been knocked off balance by a stressful event.

What is PTSD?

Simply put, post-traumatic stress disorder is:

Post: It occurs after the event or situation is over.

Traumatic: The life-threatening event caused the trauma.

Stress: The trauma is causing stress.

Disorder: This stress is intense enough to disrupt or impair your daily routine and life.

Symptoms of PTSD include

- re-experiencing the traumatic event or events through intrusive thoughts, flashbacks, or nightmares,

- avoidance of thoughts, feelings, or reminders of the traumatic event(s),
- your thinking growing more and more negative about the traumatic event as time goes by,
- increases in irritability; aggressive, self-destructive, or reckless behaviors; or disruptions in concentration or sleep.

What's the Impact?

A child who's experienced trauma might regress in regard to skills he's already learned. For example, a child who's been successfully potty trained for some time may regress back to wetting the bed at night. The impact on teens can show up in their behavior: they may become disruptive, disrespectful, and destructive. These behaviors can put a strain on the relationship between you and your child.

But because we might not be aware of all the traumatic events our children have experienced, we might not recognize that these behavior changes are related to a crisis in their lives. For example, kids may not talk about an incident of sexual assault or bullying, out of fear that you may respond in anger or in a way that embarrasses them. So if your child is displaying some inappropriate behavior, take time to ask some questions. As parents, we often react by placing limits on inappropriate behavior, which is likely to result in our teens becoming more isolated at a time when they desperately need connection with others.

Kids may be confused about the changes in their own behavior. What they don't know is that exposure to the traumatic event actually changes the anatomy and physiology in their brain in a way that's not normal for their stage of life. When the anatomy and chemical makeup of the brain is disrupted and changed as a result of trauma, your child's memory system and ability to cope with stress are also disrupted. Because of this, she develops new and usually unhelpful ways of coping with the aftereffects of the trauma.

So now your child is left with dangerous trauma changes in the

brain. If she's feeling isolated, that may lead her to feel afraid, confused, and alone. At that point, self-injury or thinking about suicide might seem plausible to her, since it's a way to cope with and escape the pain of the situation.

Action You Can Take

Children and parents affected by PTSD can begin to address specific concerns by following these steps:

- Contact a licensed mental health professional with knowledge and experience in treating people who have been traumatized, to learn how to manage and respond to PTSD symptoms and develop healthy coping skills.
- If you can't find or afford a therapist, look for a support group at your child's school, at church, or at your local community center.
- Be supportive, empathic, and compassionate. Let your child express honest thoughts, feelings, and emotions related to the traumatic event(s). Those closest to your child can also offer the safety and security of a long-term relationship that has the potential to heal in ways that modern medicine and psychotherapy cannot.
- Be sure to communicate that healing is also related to spiritual health. Try to help your child connect with supportive pastors, youth leaders, and Christian peers who can listen, pray with him, and seek guidance from Scripture when appropriate.

Be a LOVESAFE Parent

The LOVESAFE acronym can help you remember what to do:

Listen. It's helpful for you to listen to your child's experiences of the traumatic event without trying to correct distorted perceptions or offer

words of comfort. Listening communicates an interest in engaging and understanding what your child is experiencing.

Observe. To decide whether or not professional help is needed, take time to observe and record any changes in physical, emotional, or social patterns you have seen in your teenager since the traumatic event happened. The important word here is *patterns*, because patterns, rather than one-time, out-of-the-ordinary occurrences, may indicate a problem. Look for patterns of behavior that are different from pre-event behaviors.

Validate. When you tell your child that her post-trauma thoughts and feelings are real and understandable, you may help her avoid feeling crazy, which is a common reaction after experiencing a traumatic event. You don't have to be in agreement with her thoughts or feelings, just validate their presence. Your child needs to know it's acceptable to have some strange thoughts or feelings, even though it may not be reasonable to act on them.

Engage. Social connection with friends and family members is vital after experiencing a traumatic event. Help your child choose people to be around who are likely to be a comfort and who will encourage healthy interaction. It's important too, not to overdo the amount of time your child spends with others. Be careful not to plan celebrations that are intended to help him forget about the event: he may feel this is harmful.

Teach *self-care.* Encourage your child to stay hydrated, eat small meals throughout the day, participate in some physical activity, and get plenty of sleep. These steps toward self-care help reduce stress and facilitate healing. Remind him about God's care for him, too.

Allow alone time. There's a tendency for us to hover over our child after a traumatic event. But too much attention can cause her to dwell on the event more than is necessary. She needs short periods of time alone to engage in quiet, safe activities she enjoys. Also, since her concentration is likely to be disrupted after a crisis, she needs time to gather her thoughts.

Find support. Recovery from PTSD usually requires help and support from friends, family members, teachers, pastors, doctors, and mental health professionals. Help your child recover by finding those resources

in your community. Identify people who will listen and be patient with your child's struggles rather than those who might want to offer unsolicited advice or offer a quick-fix solution. It's also vital to encourage fellowship with other Christians who can offer spiritual support.

Encourage. Frequent and consistent encouragement of your child's recovery from PTSD is necessary to instill hope in him and for you to feel hopeful yourself. This is especially true when your child experiences symptoms that feel involuntary and difficult to control. Encouraging him to engage in regular, rigorous, and safe exercise may help him diffuse the disruptive physical and emotional reactions to trauma.

While professional help from skilled practitioners is necessary for your child to recover from PTSD, equally essential to your child's health is a loving, engaging relationship with you, friends, and family members.

The treatment for PTSD may be fairly lengthy, so make sure you get some support too. You'll need respites that can come from regular, relaxing times spent with good friends, participation in a church small group or Bible study, or counseling.

ACTIVITY

Controlled Breathing Technique

A simple technique to teach all your children is how to control their breathing. This can be helpful when they become anxious or excited before a sporting event or an academic test, or when they've experienced a traumatic event.

When people feel panicked, they may start to breathe hard, hyperventilate, or hold their breath. This tends to cause them to feel more panicked, so it's important for them to get their breathing under control. It's not very helpful to tell panicked people to just breathe, however. Instead, you can teach them the following breathing exercise that will help them return to a normal breathing pattern. Try this for yourself, and then teach it to your children.

- Inhale as you count to four; hold for the count of five; then exhale as you count from six to ten.
- Next, inhale as you count to four; hold for the count of five; and exhale through puckered lips to ten.
- Finally, inhale as you count to four: hold for the count of five; and exhale as slowly as possible through puckered lips to ten.
- Repeat steps one through three for as long as necessary to return to normal breathing.

If you're doing this exercise with someone who is actively panicking, have the person focus on your face as you talk through the exercise. Counting out loud for him or her also helps.

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What About Medication?

For your child or teen in mental and emotional distress or crisis, treatment can mean the difference between a normal life and a limited ability to function. In extreme circumstances, it may even be the difference between life and death.

The serious conditions we've discussed (major depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, and bipolar disorder) all require treatment. For some conditions this might include various forms of psychotherapy or talk therapy.

Still, sometimes talk therapy isn't enough, and medication may be needed as well.

Medications may be prescribed as a first line of treatment. At other times they're used simply as a way of helping your child get to a mental or emotional state where he or she can best respond to psychotherapy. Your doctor or mental health professional may recommend talk therapy, medication, or both, tailoring the treatment to the individual needs of your child for the best results.

Who Prescribes Psychiatric Medications?

Primary care physicians such as family doctors and pediatricians often prescribe psychiatric medications. Because they deal with a wide variety of health concerns, they encounter and address mental health problems on a regular basis.

While your primary care physician deals with numerous (mostly

physical) health conditions, psychiatrists concentrate specifically on the diagnosis and treatment of mental health problems. Your family doctor may provide a good first line of treatment for some mental health issues, but some conditions, such as bipolar disorder or hard-to-treat depression, are complicated enough to require the specialized care of a psychiatrist.

Children and teens with mental health conditions often have different signs and symptoms than adults with the same conditions, and they may respond differently to certain medications than adults. Child and adolescent psychiatrists have even more specialized training in the psychiatric care of your children.

Besides doctors, a number of other health care professionals are also able to prescribe psychiatric medications for less complicated situations. These professionals include physician assistants, nurse practitioners, and, depending on state law, some other advanced-practice nurses. Additionally, a few states allow psychologists with special training to prescribe a limited number of psychiatric medications.

Selecting the Right Medication

When it comes to prescribing medications for mental health conditions, there is no one-size-fits-all approach. What works well for one child with depression may not work for another. If your child doesn't respond well to a specific drug, your child's care provider will try other options to find the right one. Your health care professional may select a medication based on the fact that it worked well in your child or a close family member in the past. In addition to effectiveness, your doctor will also base the decision on possible side effects and safety considerations. While cost might be considered, it will not play a primary role in the decision. After all, a cheaper drug that doesn't work or is much less safe is no bargain.

Not all psychiatric medications are approved by the FDA for use in children and adolescents; however, your doctor may prescribe such

a medication. Some psychiatric medications may be approved for use with adults but not with children. That doesn't mean the drug is not effective or safe for children, but there may not be enough clinical trial evidence gathered to clearly demonstrate effectiveness and safety, or the drug manufacturer may simply not have sought FDA approval for use in children.

Depending on the medication and the condition it's prescribed to treat, a drug may take anywhere from a few days to several months to start to have an effect. Talk with your child's doctor if you're concerned with how long it's taking for the medication to start working, and resist the urge to have your child stop taking the drug just because it seems like it hasn't started working yet.

Medications for Common Conditions

Depression

Cognitive behavioral therapy (CBT) is one form of talk therapy that can be helpful for your child with depression. CBT focuses on changing dysfunctional emotions and ways of thinking by identifying healthier ways to think and behave. Because some cases of depression can be resistant to psychotherapy, your child's doctor may also recommend an antidepressant.

Depression is associated with certain brain chemicals called neurotransmitters. Antidepressants are helpful because they work by affecting levels of these neurotransmitters, particularly serotonin, norepinephrine, and dopamine.

Anxiety Disorders

There are several types of anxiety disorder, including generalized anxiety disorder, panic disorder, social anxiety disorder, and specific phobias. Each one can be very debilitating for your child.

Therapy can be helpful in anxiety disorders. While talk therapy alone will be sufficient for many, medication may also be used in the

treatment of anxiety disorders. SSRIs are the standard medical treatment, along with SNRIs such as duloxetine (Cymbalta).

Benzodiazepines are another class of drugs that are often prescribed for anxiety disorders. They are beneficial for short-term treatment of anxiety, but they are frequently used for longer periods. Prolonged use is generally not favorable since this can lead to physical dependence and difficult withdrawal.

Post-traumatic Stress Disorder (PTSD)

Medication is typically not a first choice among therapies for PTSD. Counseling using cognitive behavioral therapy, eye movement desensitization and reprocessing (EMDR), and play therapy for children are often favored as initial treatments. Some SSRIs have been approved for treatment of PTSD in adults, but none are approved yet for treating the disorder in children. Nevertheless, your health care professional may recommend trying an SSRI for certain mood or behavioral challenges caused by PTSD. Likewise, prazosin (Minipress) may be prescribed to help with PTSD-related nightmares and sleep problems.

Obsessive-Compulsive Disorder

Treatment typically involves cognitive behavioral therapy, and medication may be advised as well. Medications include SSRIs and sometimes the tricyclic antidepressant clomipramine (Anafranil).

Bipolar Disorder

Medication is a critical part of treatment and may involve the use of mood stabilizers. Another class of drugs known as "atypical antipsychotics" may be used to treat bipolar disorder.

Categories of Medications

The following categories of medication are used to treat mental health issues:

- *Selective serotonin reuptake inhibitors* (SSRIs): Medications in this class work by making serotonin more available to brain cells, which may relieve depression. SSRIs include fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), and citalopram (Celexa). SSRIs are among the first types of medications a doctor might prescribe.
- *Serotonin and norepinephrine reuptake inhibitors* (SNRIs): These medications increase the amount of serotonin and norepinephrine available and include the drugs duloxetine (Cymbalta), venlafaxine (Effexor XR), and levomilnacipran (Fetzima).
- *Atypical antidepressants*: These medications don't fit neatly into any of the other categories of antidepressants. They include bupropion (Wellbutrin), vortioxetine (Trintellix), and vilazodone (Viibryd).
- *Tricyclic antidepressants*: This is an older class of depression medication. These generally have more side effects than many of the newer drugs and are usually not prescribed unless other antidepressants are ineffective. Tricyclics include imipramine (Tofranil), nortriptyline (Pamelor), clomipramine (Anafranil), amitriptyline (Elavil), and desipramine (Norpramin).
- *Monoamine oxidase inhibitors* (MAOIs): Another older category of antidepressants, these can have serious side effects and are therefore recommended only when other medications have not worked. MAOIs include isocarboxazid (Marplan), phenelzine (Nardil), and tranylcypromine (Parnate). Because MAOIs can cause dangerous effects when combined with certain foods or drugs, individuals using them must adhere to a strict diet and avoid certain medications.
- *Benzodiazepines*: These include alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin), and diazepam (Valium). Because long-term use of benzodiazepines can lead to dependence, their use should not be stopped abruptly, and withdrawal should occur under the supervision of a physician.

- *Mood stabilizers* are used to prevent or reduce mood swings, mainly in individuals with bipolar disorder. The classic medication lithium is included in this category, as are carbamazepine (Tegretol), divalproex (Depakote), and lamotrigine (Lamictal)
- *Atypical antipsychotics:* These medications are also known as second-generation antipsychotics. While the side effects of these drugs (which may include weight gain and increased risk of type 2 diabetes) can be troublesome and might discourage some from continuing to take their medications, patients need to strongly consider the benefits of these pharmaceuticals before quitting them. Atypical antipsychotics include aripiprazole (Abilify), lurasidone (Latuda), Olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal).

Safety Concerns with Medications

Anything that has a physiologic effect can also have side effects. That goes for every medication from aspirin to antidepressants. Your child's doctor will be monitoring potential effects from any medication your child may take, and will ask you to also be on the lookout for any side effects.

For example, some medications may interact with other drugs or with supplements. On occasion they may worsen existing physical or mental health conditions. Some medications can cause physical side effects, such as nausea, diarrhea, and dry mouth. Your doctor can help you and your child weigh the benefits of the medication against the risks.

You can help your child by working with her to take medications as prescribed. Some drugs, if overused or overdosed, can cause great harm. Conversely, it's critical that your child not abruptly quit a medication, as this may also be harmful. Any withdrawal from a medication must take place under a doctor's supervision. This is an important concern for teens who find relief from a mental health condition after taking a medication and who may then think the medication is no longer needed.

Finally, it's crucial to note that while SSRIs are effective antidepressants, research has shown that their use can lead to increased levels of suicidal thinking or behavior in some children and teens. Children and adolescents using SSRIs for depression must be closely monitored—especially in the first several weeks of treatment—for any increase in depression, changes in behaviors, or suicidal thinking or actions.

Talk with your child's doctor if you have any questions about a drug's effectiveness or safety.

Alternatives to Medication

While medication has its place in the treatment of mental health conditions, it's not always the best or preferred option. This is why getting your child into therapy as soon as possible is so important. Psychotherapy can help provide effective skills and problem-solving strategies to help children and adolescents cope with problems in a variety of daily-life situations. Many experts believe that the best approach to treating depression is to use both antidepressants and psychotherapy, especially because the stakes are so high with depression.

Like it or not, for some conditions such as bipolar disorder, medication is usually a first line of treatment, as dangerous mood swings or delusional thinking often don't respond well to counseling.

Finally, exercise and proper nutrition can play a valuable role in coping with certain mental health conditions. It's important that your child not rely on medications as a substitute for healthy habits.

Editor's note: This chapter was written by Ricardo Whyte, MD.

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Finding a Competent Mental Health Professional

What if your investigations lead you to the conclusion that your family needs the assistance of a mental health professional? Where do you go for help? Naturally, you'll want to begin with prayer. Ask the Lord to supply the insight you need to make this important decision with wisdom and discernment. You're looking for a counselor who is not only formally trained, qualified, and highly skilled, but a good match for you and your child in terms of personality, temperament, values, and basic beliefs. The Lord knows your situation, and He can lead you to the person best suited to provide you with the help you're seeking.

Once you've put the situation in God's hands, it's time to begin your quest in earnest. The first step is to get an idea of exactly what you're looking for.

Types of Mental Health Professionals

Just because people are titled "counselor" doesn't necessarily mean they're properly trained. Look for counselors who are licensed by the state in which they practice. There are a number of different licenses, degrees, levels of training, and certifications represented among the ranks of the hundreds of thousands of mental health professionals practicing across the country. Here's a quick rundown of the most common variations on the theme:

Psychiatrist: A medical doctor (MD) who specializes in diagnosing physiologically based mental health problems and prescribing appropriate medications.

Psychologist: A clinician who holds either a PhD, PsyD or EdD degree in the field of psychology or education (four or more years of post-graduate study). Licensed psychologists assess mental health issues, diagnose specific problems, and devise treatments designed to meet the client's need. Most are not qualified to prescribe medications, but a few states allow psychologists with special training to prescribe a limited number of psychiatric medications.

Master's Level Therapists: There are at least three groups of practitioners that fall under this heading: licensed professional counselors (LPC), licensed marriage and family therapists (LMFT), and licensed clinical social workers (LCSW). Licensing requirements and procedures as well as exact titles may vary from state to state.

School Psychologist: A special category of Master's Level Therapist associated exclusively with the educational system, school psychologists tend to specialize in the assessment and treatment of learning disabilities and other issues related to a child's performance in the classroom.

Certified Addictions Counselor (CAC) Level I, II, and III: These are counselors who specialize in the treatment of substance abuse (three different levels of certification).

Pastoral Counselor: Clergy members who advise individuals concerning specific psychological, emotional, or spiritual needs, pastoral counselors may or may not have any formal training, credentials, or licensing in the field of psychology.

Types of Treatment

Once you have a handle on the different kinds of mental health professionals who are available to serve you, you'll want to research some of the common treatment techniques and therapeutic approaches. Generally speaking, we can divide them into three categories:

Talk therapy: This is the standard cognitive-behavioral approach to counseling where you talk to the therapist.

Experiential therapy: These therapies involve physical interaction and can include play therapy, art therapy, and animal-assisted therapy. With this technique, the person in therapy focuses on the activities and, through the experience, begins to identify emotions.

Family systems therapy: In this variation on talk therapy that includes the entire family, a family therapist works with the family as an organic unit rather than working with family members as individual parts.

For obvious reasons, experiential therapy often works best with young kids. It also has advantages in the case of some teenagers, especially boys, who struggle with verbal skills. You may have to experiment a bit to find out which approach works best with your child. Whatever you do, we strongly recommend that you look for a practitioner whose methods help kids build new and better skills.

It's important to know that the duration and effectiveness of counseling will depend to a great extent on the severity of the issues your child is facing. A brief series of sessions with a therapist probably won't do the trick if profound trauma is present (as, for example, when there has been sexual abuse or serious neglect).

What If My Kid Refuses Counseling?

If your child or teen is resistant to seeing a therapist, you may be able to gain her cooperation by striking a deal with her. Say something like, "I love you and want the best for you, so that's why I want you to see a counselor. Just try out a counselor for at least four times, and after that, you can decide if you want to continue or not. It will be your choice. But refusing to even *try* a counselor means we'll have to come up with a consequence for you." If a teen doesn't connect with a therapist after four sessions, she probably never will. Forcing the issue is usually counterproductive.

Determining Your Family's Needs

Knowing what therapies are available is only a small part of the picture. Even more important is the process of determining the precise characteristics and traits you're looking for in a counselor. It's crucial to keep an eye out for a therapist who not only fits your child's personality, style, and specific needs, but also yours as well. This can be a complicated process.

Take the question of personality. In some cases an extroverted clinician may overwhelm an introverted client. In others, however, the health care professional's extroversion may be precisely what's needed to draw your child out.

You'll also want to consider the practitioner's sex. A young girl who has been sexually abused by a man may feel more comfortable with a female therapist. On the other hand, a male counselor may be in a better position to help her work through her issues with men.

Ultimately, of course, only you and your child can decide exactly what you need. Here's a list of some other things you'll want to think about as you look for the counselor best suited to address your situation:

Faith

If you're a believer, you'll probably want to find a counselor who shares your Christian faith. Look for a counselor who

- integrates biblical and psychological principles,
- filters all treatment through Scripture,
- follows the Holy Spirit's guidance,
- prays for you and your family.

Balance

As you consider counselors, avoid extremes of all kinds. Look for someone whose approach is characterized by a balanced emphasis on mind, body, and spirit. Stay away from the therapist who tends to see everything in terms of a spiritual issue or only a physiology or biochemical imbalance.

Education and Training

Review the list of mental health professionals listed above. Decide which type of practitioner is best qualified to address your child's issues. Make sure that the individual you select has the appropriate credentials.

Special Expertise

Some counselors can be described as generalists—they may have a great deal of experience working with a broad range of common disorders but have little or no competency in your child's particular area of need. If at all possible, look for a therapist who specializes in the area where your child is having problems. If you can't find a Christian practitioner who fits the bill, you may have to settle for a nonbeliever. Just be absolutely certain that this person won't say or do anything to undermine your family's faith.

Before choosing a counselor, take some time to browse the counselor's website, gathering basic information about credentials, philosophy of treatment, fees, and office location. During this phase of your search, you may be able to glean some useful data from Focus on the Family's Christian Counselors Network or from one of the following counseling associations:

- The American Association of Christian Counselors
- *Psychology Today*
- American Psychiatric Association
- American Psychological Association
- Colleges in your area that offer degrees in psychology or counseling

Key Questions

Once you've narrowed your list of potential candidates down to three or four, it's time to do a phone interview with each of the counselors you're considering. It would probably be a good idea to ask your child to listen

in, especially if he's an adolescent. That way, he'll be able to have a voice and participate in the final decision.

Here are some questions to ask during the interview:

- How will you go about developing an assessment and diagnosis of my child? How do you collect information and make decisions?
- How do you develop treatment goals?
- How do you develop a treatment plan?
- What are the laws surrounding confidentiality with a minor? How do you maintain confidentiality and keep me as the parent in the loop at the same time?
- What is your guiding philosophy concerning the use of medications?

Final Thoughts: Relational Therapy

Counseling will succeed or fail based upon the relationship the counselor can establish with your child. If that relationship clicks, you and your child will have taken your first step on the pathway to healing, wholeness, and a new outlook on life.

If it doesn't, there's no need to panic—just restart the search process. If you stick with it and make wise choices on the basis of the information we've provided, you'll eventually find a good match.

— Part Three Discussion Questions —

1. How would you describe your attachment to your family of origin?

2. Is there a history of mental illness in your family? If so, how did it affect your early life?

3. What do you think it means to have depression?

4. Can kids really be depressed? Or are they just stressed out?

5. What helps someone stay mentally healthy?

6. Do you have a stress identification and management plan for your family?

7. What are some of the warning signs for kids who are suicidal or at-risk?

8. What are some ways you can extend Christ's grace, love, and mercy to a child who is thinking about suicide?

9. When have you worried that your child's behavior wasn't "normal"?

10. What kind of family discussions have you had about mental health?

11. What obstacles would you have to deal with before you could confidently talk with your teens about their mental health?

— PART FOUR —

Technology and Suicide

Is technology good or bad? Ask ten people that question, and you'll get fourteen different opinions. It's a complicated issue, and it's hard to keep pace with all the new and changing aspects of our technologically infused lifestyles.

Regardless of your personal opinions, there's a strong correlation between how technology is used and suicide. In this section, we look briefly at three larger categories: social media, sexting, and the overexposure to traumatic images.

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Social Media

Kallie and her brother, Ben, live with their mother, Cassy, who divorced their dad over his repeated use of pornography. Ben was fifteen and Kallie was twelve when the divorce was finalized. Like so many single parents, Cassy had to work full-time to keep the family budget afloat. When she wasn't at work, she made an effort to do things with both her kids, making the most of the time they had together.

Kallie was very good at academics and got a fair amount of attention for her intellectual abilities. But when her body began to develop at age twelve, she started getting attention from boys because of her looks. She liked this new and "naughty" form of attention. Kallie learned to text in sexual words and slang—known as "sexting"—which only led to sexting with other peers who were sending the same inappropriate messages. As the attention gained momentum, so did the level of sexting. At one point, Kallie was texting and receiving sexual messages she didn't even understand. The more attention she received, the more sexts she sent—it was a vicious cycle that lasted for more than a year.

Fortunately for Kallie, Cassy became suspicious after noticing a change in Kallie's behavior and clothing choices. One evening she looked through the texts and messages on Kallie's cell phone. When Kallie saw her mom with her phone, she was horrified and tried to physically wrestle it away from her.

By evening's end, both Cassy and Kallie were in tears and hugging each other.

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Let's face it: PCs, laptops, smartphones, iPads, mobile devices, and the bewildering array of apps, networks, and web connections have huge implications for the way we communicate and interact with one another. It's vital for us as parents to understand how the world of technology is affecting our kids.

Social Media: What Are They?

The sheer number of social media sites and services available today can be staggering to the uninitiated. At the time of this writing, there are at least six influential sites: Snapchat, Facebook, Instagram, Finsta, Twitter, and Afterschool. Let's take a closer look:

Snapchat

Nearly 80 percent of youth between the ages of thirteen and twenty-four use this platform. Teens who want to become involved in sexting find it especially attractive because content automatically disappears shortly after being posted. Unfortunately, these images never really go away. Once sent out into cyberspace, they remain there indefinitely. They can also be saved on the receiving end by means of a simple screenshot. No wonder Snapchat is also popular among sexual predators.

Facebook

Facebook has a strong global presence, being accessed by nearly two billion people every month. It provides some safeguards to protect kids from strangers, but it isn't invulnerable. Users can block anybody—including parents—from accessing their pages. Yet the fact remains that Facebook is not truly private. In the final analysis, it's a public platform subject to outside surveillance.

Instagram

Like Facebook, this photo- and video-sharing service includes built-in mechanisms designed to filter out lewd or nude images. But also like Facebook, its safeguards aren't necessarily fail-safe.

Finsta

This is the "real" Instagram platform teenagers use. They use their normal Instagram account to represent how they want others to perceive them. They know their parents, sports coaches, and even college admission departments check Instagram accounts. Finsta is where their unfiltered messages are posted—the mean, honest, raunchy stuff.

Twitter

Twitter is designed to enable users to broadcast photos and short, pithy messages to a select list of followers. In effect, it's a public forum granting users access to a potentially unlimited audience. Contact with strangers is not only possible but practically a given. What's more, this platform includes no restrictions against foul language, adult topics, or nude images.

Afterschool

Afterschool is a phone app that is extremely easy to hide, and it's completely anonymous. In theory, this is where you get help with homework because you can talk with other students and can even access teachers if there's an actual question. Since it's totally anonymous, it's rife with mean, cutting, nasty, and degrading comments.

The Pros of Social Media

It's worth acknowledging up front that platforms like Facebook, Twitter, and Instagram aren't all bad. A great deal depends on how you use them. With that in mind, we can point out several positive aspects connected with the use of social media.

Staying connected. Services like Facebook, Twitter, Instagram, and Snapchat make it easy to keep in touch with friends and family. They're also a great way to reconnect with past acquaintances.

Strengthening existing relationships. Social media shine brightest as a means of supporting or enhancing existing, nonvirtual relationships. Spouses can use them to exchange love notes during the course of the day. They're also a great way for us as parents to keep tabs on our kids.

Modeling positive use. Under the right circumstances, social media can influence teens and young adults to emulate healthy and socially constructive behaviors. An interest in sound exercise regimens, good eating habits, and involvement in public issues can all be stimulated through conversations on Twitter and Facebook.

Finding a voice. In moderation, social networking can provide some kids—especially the shy and retiring types—with opportunities for self-expression that they wouldn't otherwise have. This in turn can help boost their self-esteem.

The Cons of Social Media

Social media can be a good thing when used carefully. But when we get down to examining the actual practices of real people, it becomes clear that the negatives easily outweigh the positives. This is especially true in the case of younger users. Here's a list of some ways in which media overuse and abuse are having a negative impact on all of us—psychologically, physically, emotionally, and culturally:

No privacy. To begin, there's a basic principle that every user of social media needs to remember: nothing you do in "private" is ever really private.

Virtual reality versus actual reality. So-called virtual reality is an ever-present aspect of all forms of cyberculture. Once they log on to Facebook or Twitter, some people have a tendency to assume the attitude of another person living a parallel life in a parallel world.

Internet narcissism. Social media users have a tendency to reveal only the best and most attractive aspects of their lives. This easily leads to comparison, conflict, jealousy, envy, rivalry, discontent, and, ultimately, depression for those who feel they can't measure up. For example, Snapchat dysmorphia is a more recent term that refers to people wanting to change their face through plastic surgery to more closely resemble their altered face on Snapchat. The idea of altering the body to be more beautiful is not new, but it is being taken to a whole new level when adding the unrealistic morphing that technology editing can create. The person wanting to have his or her face changed wants the affirmation received from an altered Snapchat picture.

Disengagement. Some research suggests that teens who spend hours every day tapping messages onto screens instead of talking face-to-face with real people are suffering serious impairment of basic social skills. They're losing the ability to read simple communicative cues such as facial expression, tone of voice, and body language.

Brain impairment. Designers of mobile devices are increasingly engineering their products with an understanding of how human brains work. By stimulating the release of neurotransmitters such as dopamine into the reward and pleasure pathways of the brain, device overuse can create unhealthy dependencies or even addictions. Overexposure to

Sexting and Child Pornography

Both you and your kids need to understand that it's illegal to produce (take a photo), distribute (send a photo), or possess (save a photo) of a naked child; it's called child pornography. For obvious reasons, sexting has the potential to incriminate participants on all three levels. There are a number of ways that sexters can be discovered, including law enforcement surveillance, monitoring by internet servers, and hacker activity.

media can also lead to sleep deprivation, interruption of healthy routines, shortening of attention spans, and academic problems in school.

Pressure to conform. Psychologist Mary Aiken has connected excessive social media use with "groupthink" and something called *risky-shift phenomenon*.[1] It has long been known that people in groups—especially adolescents—have a tendency to egg each other on to engage in risky behaviors. The larger the group, the greater the conformity.

Ill-effects of multitasking. Social media have also been linked with so-called multitasking. Most kids believe that they can do their homework, send Tweets, check Facebook, and listen to music all at the same time, without missing a beat. But research shows that, for most people, multitasking leads to a loss of focus and comprehension.

Involvement with pornography. Most teens aren't aware of the potentially dire consequences of sexting. Nude selfies posted online qualify as a form of child pornography. The shame of getting caught up in this kind of activity can be too much for some kids to bear, leading in many cases to severe depression and suicidal thoughts.

Cyberbullying. Bullying over the internet is a threat that some kids face twenty-four hours a day. This kind of treatment produces serious depression, which in turn can open the door to suicidal thoughts.

Multitasking Checklist

If your child says he can study and be on the phone at the same time, review this checklist with him:

- What are you watching or listening to?
- Does it take you longer to finish your homework when you're also on your phone?
- How are your grades right now?

Once your child has considered these questions, share what you've learned about multitasking. It's really a myth—even for adults.

Statistics indicate that victims of cyberbullying are almost twice as likely to attempt suicide as their nonbullied peers.[2]

Extramarital Affairs. This is for us as parents. Divorce lawyers and marriage counselors both know Facebook has become the single-greatest breeding ground for infidelity. Nothing—not swinger's clubs, chat rooms, workplace temptations, nor pornography—comes anywhere close. Many, many affairs either start or are made easier to maintain by Facebook. As a spouse and parent, you need to answer this question: Is the momentary enjoyment I get from being on Facebook really worth the risk to my marriage and family? Before you answer, "It'll never happen to me," think about how you'd respond if your teenager answered that way to a warning about being sexually active. Again, is it really worth it?

Meeting the Challenge: A Strategy for Parents

Given these dangers and drawbacks when it comes to social media, we can't afford to be passive in our parenting. This is an area of our kids' lives where we need to be personally and proactively present at all times. Here's a suggested plan of action:

Take a self-assessment. Before talking to your kids, take stock of your own social media habits. Teenagers have a nose for hypocrisy. They can tell when your walk doesn't match your talk. The Social Technology Self-Assessment Checklist on the next page will help you get a better idea of where you stand in this regard.

Be a positive role model. Once you've got control over your own electronics use, show your kids what it means to keep this area of life in line. You'd be surprised how powerful your example can be. According to the Pew Research Center, "Parents are the most often cited source of advice and the biggest influence on teens' understanding of appropriate and inappropriate digital behavior."[3] That's great news!

Develop a workable safety plan. As you develop your plan, consider these suggestions:

- Be educated and clued-in. Know the built-in safety parameters and filtering features of various social media platforms.
- Make up your mind to be the parent. Get serious about your responsibility to protect your children against cyberbullies, sexual predators, and the pitfalls of social media culture.
- Understand that it's okay for kids to be bored. Placing limits on their use of social media won't kill them. It might have the benefit of forcing them to find other things to do.
- Impose reasonable age limits on social media use. We'd recommend that no one younger than high school age be permitted to have a Facebook or Twitter account.

Set realistic goals. When you know what needs to change, map out a strategy for achieving your goals. You may even want to draw up a Social

Social Technology Self-Assessment Checklist

- How many social media apps are you currently using? If possible, try to limit yourself to one.
- How much time are you spending on social media? Be honest. Research indicates that anything over two hours a day means increased risk of harmful effects.
- What kind of content are you posting on social media? In ten years' time, would you and/or your children feel comfortable with your present posts?
- What kind of content captures your attention? Why do you find it attractive?
- Is technology helping or distracting you? If it's a distraction, what steps can you take to fix the problem?
- Is your involvement on social media helping you be more authentic as a human being, or is it causing you to create a fake you?
- Is technology bringing your family closer together, or is it creating separation? How can you address the problem as a family?

Media Use Contract and post it in a prominent location in the house. It might include the following points:

- Limit social media use to one to two hours per day.
- All screens must go dark at least one hour before bedtime.
- Ensure accountability. Share passwords and restrict social media use to public areas of the home.
- Use content filters like Forcefield. A thirty-day free trial is available at Fotf.Forcefield.me.

Adopt a multistep approach. Don't expect to achieve all of these objectives overnight. Realize that you can't catch everything and that no one can be a perfect parent.

Build a strong, healthy relationship with your kids. Your teens desperately want close relationships and connection to others. Help them find this sense of belonging at home. This will happen as you foster mutual respect and take time to communicate with them.

Do What You Can Do

Social media have become practically ubiquitous in contemporary culture. There isn't much that you can do to change that fact. But you can provide your kids with guidelines and good examples that will prevent them from getting into trouble. With a little foresight and knowledge, and lots of communication with your kids, it's possible to minimize the potential dangers. And if something does go awry, those critical lines of communication will help you fix it.

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Sexting

Mary, Nate, and their seventeen-year-old son, Gabe, had been friends with a couple and their fourteen-year-old daughter Chloe since both kids were little. The two families regularly spent holidays and family vacations together. Both families loved to camp, so they were looking forward to an upcoming trip.

After the two families made it to their campsite and set up the pop-up trailers, Gabe and Chloe went for a hike by themselves. When they stopped to take a breather, Gabe took out his phone. Then he asked Chloe if he could take photos of her—without her clothes on.

Chloe agreed without even a weird look. After all, she and Gabe had been like brother and sister almost their entire lives and had shared lots of things together. They both pretended it was a professional photo shoot, and Gabe took numerous shots. After finishing their hike, they returned to the campsite with no thought of what either of them had done.

Several months later, the photos were randomly discovered on Gabe's phone by one of his baseball coaches, who was required by law to report possible child abuse to the police. Gabe was immediately arrested and jailed.

Chloe's parents went to the District Attorney and pleaded for him not to press charges against Gabe. "What he did was wrong," they told the DA, "but he's never done anything like this before. He's a good kid."

Despite their request, the DA decided to make an example out of Gabe and charged him with a felony. Gabe was found guilty of possession

of child pornography. It was very likely that Gabe would be convicted and labeled as a sex offender for his entire adult life.

The one-time inappropriate photo shoot will have long-lasting impacts on the teens' lives and the lives of their families. During the court proceedings, the families learned that Gabe shared the photos of Chloe with several of his baseball teammates. Chloe was horrified and refused to return to that school. Her parents were able to get her into another school district, but not without time and expense. Additionally, the long-term friendship between the two families was torn to pieces.

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People who sext may be charged with producing, distributing, or possessing child pornography and sexting. The seriousness of sexting offenses is not always fully understood by the participants or their parents, but all fifty states have some type of legal enforcement in place.

According to the Mobile Media Guard website, the severity of the charges that might be leveled against a teen caught with sexually explicit images on her phone can be "sobering."[1] In states that have not specifically addressed sexting, it's possible that the authorities will defer to child pornography laws to address the matter. And since most teenagers don't pay for their own cell phone accounts, it's likely that their parents will be held legally responsible and monetarily liable for their actions. For all these reasons, it's crucial that you take steps to become technologically savvy and keep pace with the ways that cell phones can be used.

As the previous story shows, sexting is a particularly dangerous use of social media that can lead not only to legal problems but also to psychological distress and suicidal thoughts. As parents, we need to do all we can to protect and educate our kids about this practice.

The Sexting Trend

Sexting is the practice of using computers, smart phones, and other electronic devices to send or receive sexually graphic texts, photos, or videos

over the internet. It's a growing phenomenon among preteens, teens, and young adults. As a matter of fact, several studies suggest that somewhere around 20 percent of adolescents have shared nude or seminude pictures of themselves by way of a mobile phone or computer.

New technological developments are making this kind of activity easier and more enticing all the time. Snapchat has actually been nicknamed the sexting app because users can easily transmit photos and text messages that disappear in seconds. This encourages teens to think that it's relatively safe to send risqué or pornographic pictures of themselves.

This is a serious mistake. Online privacy is a myth—digital images are forever, no matter what the creators and purveyors of Snapchat may say. There are actually a number of ways in which these images can be captured, stored, and shared by people for whom they were never intended. And once they're out there, there's no telling where they might end up.

Law enforcement officials report that sext messages have become a veritable gold mine for sexual predators in search of likely victims. In fact, statistics indicate that as many as 20 to 25 percent of them eventually wind up on websites run by pedophiles.

Quick Facts About Sexting[2]

- 11 percent of teens admit they've sent nude photos to strangers.
- 80 percent of teens who have sexted are under the age of eighteen.
- More than half (57 percent) of teens from a 2012 survey reported that they had been asked to send a sext.
- 12 percent of teen girls feel pressured to sext.
- 38 percent of teen girls and 39 percent of teen boys say they've received sexually suggestive text messages or emails that were originally meant for someone else.

Sexting and Suicide

The legal implications of sexting as a pathway to involvement with child pornography are disturbing enough. But there's more to this story—much more. Adolescents need to understand that when the explicit images in question are photos of themselves, a whole new dimension of psychological and emotional distress is brought into play. That's when things can get personal, vicious, and deadly serious. It's at this point the danger of developing suicidal tendencies and engaging in other forms of self-destructive behavior becomes very real.

Over the past several years there have been a number of reports of teens, both boys and girls, who have taken their own lives after their nude photos, originally sent privately to a boyfriend or girlfriend, were shared publicly online. In some cases the more widespread sharing was a deliberate act of revenge on the part of the boyfriend or girlfriend, carried out in the aftermath of a painful breakup. In others, it was simply an aspect of the generalized meanness of the teen society.

It's easy to understand why these young people felt that suicide was their only option. The sense of personal violation to which they had been exposed would be devastating for anybody at any age. Such violation is especially unbearable during adolescence, when feelings of every kind are raw, intense, and close to the surface. In the mind of a teen, embarrassment and shame can lead directly to hopelessness and despair. It's not surprising that some kids come to the conclusion that suicide is the only way out.

On a deeper level, it's naïve to assume that no one is hurt by sexting simply because it doesn't involve actual physical contact. That argument ignores the profound emotional, psychological, moral, and spiritual aspects of human sexuality.

When we expose ourselves to another person by getting involved in any form of sexual activity, we become vulnerable. When that happens in a context where the participants have no assurance that they are mutually loved and cherished—when it's removed from the safety

and privacy of the marital relationship—true intimacy is undermined. This can be psychologically destructive to everyone concerned. And it's worth noting here that teens who sext are far more likely than their peers to engage in intercourse.

Scripture takes a holistic view of sex. It describes it as a whole-life, one-flesh union between a man and a woman. It further teaches that this union is to take place only within the context of a committed marital relationship (Genesis 2:24).

It's impossible for people to indulge in the counterfeit intimacy of sexting without distorting their perception of this holistic relationship. Such distortion can negatively influence a young person's future relationship with a spouse. It can also erode self-esteem, self-respect, and a sense of personal identity. This, in turn, can easily lead to deep despair and the development of suicidal tendencies.

Preventive Measures

There are a number of ways you can steer your kids away from the dangers of sexting. Let's take a look at some practical strategies.

Don't give your teen a cell phone with a camera. It simply isn't necessary for every child to own a state-of-the-art smartphone—at least not until he has reached the level of maturity and responsibility required to use one. If you need to stay in touch with your teen, buy him a simple flip phone equipped with basic calling capabilities. If sexting seems like a potential problem, remove the texting option from your mobile phone plan. It can be as straightforward as that.

Develop responsibility by providing phone privileges on the basis of proven maturity. Shape your child's character. Teach her sound moral principles. Help her to be more grown-up by guiding her step by step through the stages of social, personal, and sexual self-awareness and self-control. Don't simply hand out phones as a matter of entitlement or to gain the cool parent award from your teen.

Be aware of the motivations and deeper psychological factors that lead

kids to get involved in sexting. Sit down and talk with your child. Get inside his head and try to see things from his point of view. Be aware of the pressures that could be driving him to do things he might prefer not to do—peer expectations, for example, as well as self-esteem issues, threats from bullies, or requests from an aggressive girlfriend. Acknowledge the emotions that might influence him to do something as edgy and risky as sending a sexually explicit photo over the phone. Let him know that you understand the allure and the mystery of sexuality, the thrill and excitement of pushing boundaries.

Ask questions like, "Are there healthier ways of satisfying your curiosity about the sexual side of life?" or "Can you think of other ways to experience excitement and adventure?" If you discuss the subject openly

Sexting: Warning Signs

As a parent, you have a responsibility to keep tabs on your child's online activities and cyber-behavior. Here are a few signs that your teen may be involved in sexting:

- Your child spends large amounts of time online or on the phone, especially at night.
- You find pornography on your child's computer or suggestive photos on her phone.
- Your child receives phone calls or text messages from people you don't know or makes calls, sometimes long-distance, to numbers you don't recognize.
- Your child receives mail, gifts, or packages from someone you don't know.
- Your child turns the computer monitor off or quickly changes the screen when you enter the room.
- Your child becomes withdrawn from the family.
- Your child is using an online account belonging to someone else.

and honestly, you'll probably be able to come up with a long list of good alternatives to sexting.

State your expectations clearly. Draw up a set of rules for phone and computer use. Discuss these guidelines with your child and post them in a place where the whole family can see them. Reserve the right to monitor calls and review text messages. Let your teen know that you will not tolerate secrets, that everything relating to phone use will be kept open and aboveboard, and that all erased messages will be automatically regarded as bad messages. Make it clear that random spot-checks can be expected. Most importantly, establish and make perfectly clear what the consequences will be for violations of the rules, and follow through when infringements occur.

Warn your child in no uncertain terms about the dangers of sexting. Make the discussion part of a larger, comprehensive conversation about sex, sexual attitudes, sexual morality, dating, and the consequences of premarital sexual activity. Point out that there are serious emotional, psychological, and spiritual risks associated with this kind of counterfeit intimacy. And remind your kids that digital images never truly go away.

It's All in the Family

As parents, we need to assume full responsibility for the sexual education and development of our kids. If you have pre-teens or adolescents, warn them about the potential consequences of ill-advised, impulsive sexual messaging. Above all, let them know that it is never acceptable to exchange sexual photos or texts with anyone for any reason. In our technological age, this kind of open communication between parents and children is more important than ever.

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Overexposure to Traumatic Images

Jeremy was eighteen when he first saw a therapist to address his issue with pornography. While he didn't view his problem as an addiction, the therapist clearly did. Jeremy told the counselor that he was exposed to pornography at the age of eight and still remembered the very first image he ever saw as if it were yesterday—that image would be classified as sadomasochism.

"Those images have never left me, and I've been stuck on them all these years," he told John, his therapist. As Jeremy continued in therapy with John, he continually expressed an overwhelming sense of pain and shame.

Jeremy didn't show up for his fourth session—he had taken his own life three days earlier. The note Jeremy left behind expressed the unrelenting shame associated with those images and his belief that he could never be free from them.

What Is a Traumatic Image?

Trauma happens when the mind or body is subjected to a negative impact so great that it's unable to absorb the shock. This in turn leads to a person's loss of psychological balance. Disturbing images have a unique power to inflict traumatic injury upon the human brain, especially in

the case of the young, vulnerable, and impressionable. That's because shocking images stick in the mind. They convey a sense of immediacy that sets off chemical reactions in the brain that are much like those created by firsthand, real-life experiences. They are a kind of virtual reality in and of themselves.

Our Shrinking World

It's no wonder that image-induced psychological trauma is on the rise in contemporary society. Pictures, both still and moving, have been the centerpiece of our culture ever since the advent of film and television, and this emphasis has been exponentially reinforced with the arrival of the internet. Nowadays we're bombarded with visual input twenty-four hours a day. To make matters worse, our world has shrunk under the influence of communications technology and social media. Things we would never have seen firsthand fifty to one hundred years ago have become part of our daily routine.

Like it or not, we're now regularly subjected to all kinds of shocking, surprising, and upsetting visual experiences: scenes of brutal combat, school shootings, beheadings, sexual acts of every variety—all in real time and full-color high definition. And that's just "entertainment"! Never mind the trauma-inducing stuff we see on the news. Images like these are accessible to anybody of any age who has an iPhone, an iPad, or a personal computer. That includes the vast majority of kids ages ten and up. To top it all off, the people who possess the power to do something about this situation are remarkably reluctant to intervene.

How Visual Trauma Affects People

Because our culture is saturated with these images, visually induced mental trauma is an all-too-familiar feature of modern life. But it's not a simple phenomenon, nor is it always easy to detect. Its effects are subtle and elusive. They vary from person to person. That's because visual

trauma exists largely in the eye of the beholder, literally. To complicate matters further, how visual trauma affects people depends on four different criteria of measurement:

1. *Severity.* The greater the intensity and shock of the disturbing image, the harder it will be for a person's brain to regain equilibrium after exposure to it.

2. *Frequency.* The more often a person is exposed to particular images, the deeper it's impressed upon the mind. But even one exposure to an intense image may cause trauma. An extremely intense visual experience (a scene from a hard-core pornographic video) may become deeply imbedded in the viewer's brain after a single exposure, while a less intense experience (a violent scene in a war movie or video game) may need to be repeated over and over before it produces a traumatic effect.

3. *Obvious versus not obvious.* Sometimes the viewer knows immediately that he has been thrown off balance by what he's seen, especially if it's an intense image. But the wounding effects of a less severe visual image may not be felt until a person has been subjected to its influence many times.

4. *Cumulative impact.* These factors add up over time, eventually producing a damaged and unstable state of mind. At that point, a person will need outside help to return to a condition of healthy psychological stability.

How the Brain Responds to Traumatic Images

Visual input feels more real and immediate to the brain than a written or verbalized description of a scene or event. As a result, the central nervous system tends to respond to disturbing images as it might respond to a true-life threat. When confronted with real danger, our brains slip into the fight, flight, or freeze mode. The limbic system, which works much faster than the analytical prefrontal cortex portion of our brain, kicks into gear. Rational thought recedes into the background. Everything becomes part of a mindless reactive pattern.

Something similar happens when our brains are exposed to a disturbing or shocking visual image. The situation becomes even more serious when those images are sexual in nature. Sexual images stimulate the release of powerful hormones into the nervous system:

- *Adrenaline* produces excitement.
- *Dopamine* creates a sense of intense pleasure.
- *Oxytocin*, the "bonding" hormone, introduces feelings of dependence upon and connection with the source of the experience.

The result of this hormone release can be a type of addiction every bit as real as that connected with substance abuse.

In adolescents, these factors combine to put the young viewer of

Effects of Early Exposure to Sexually Explicit Material[1]

- *Early sex.* According to a 2012 study published in *Psychological Science*, teens who are exposed to more sexual content in movies start having sex at a younger age and are more likely to have casual, unprotected sex.[2]
- *High-risk sex.* The earlier a child is exposed to sexual content in media and begins having sex, the likelier she is to engage in high-risk sexual practices, including unprotected sex, frequent intercourse, and sexual behavior accompanied by drug or alcohol use.
- *Sex, love, and relationship addictions.* Research shows that early exposure to pornography is a risk factor for sex addictions and other intimacy disorders. In one study of 932 sex addicts, 90 percent of men and 77 percent of women reported that porn was a factor in their addiction.
- *Sexual violence.* Studies show that early exposure to sexually explicit material (by age fourteen) may increase the risk of a child becoming the victim of sexual violence or acting out sexually against another person.

pornography into a kind of double bind. On the one hand, the pictures he's viewing are so captivating and alluring that he can't turn away. On the other hand, they can be so disturbing and guilt-producing that he's thrown into a state of severe mental conflict.

The blow to this child's or teenager's conscious mind is so severe that he's unable to absorb the shock. If he isn't released from this bind within a reasonable amount of time, something will snap. Unresolved internal tension will compel him to act out in some way or drive him into anxiety, depression, or despair.

Distortion of Reality

So many images we see these days are edited or modified by electronic technology that it's hard to know if what we're looking at is actually real or not. Kids see the world through the lens of media rather than vice versa. As a result, they're beginning to accept the idea that nothing is really real. That includes things like violent crime and suicide.

And that's not all. There are other ways in which the incessant onslaught of digital media alters our sense of what real life is all about. The immediacy of disturbing visual images creates the impression that frightening events are always happening just outside the door. This becomes a special problem for children between the ages of two and seven, since at this stage, they tend to feel personally responsible for everything that happens around them. A constant barrage of negative news can be particularly unnerving for kids this age.

The Harmful Impact of Negative News

Thanks to Twitter, Facebook, and the twenty-four-hour news cycle, many of us nowadays live with a constant feeling that the world is crashing down around us. This isn't precisely the case, of course. In fact, some studies have suggested that the world has seen an overall *decrease* in violence over the past few decades.

In reality, our feelings of gloom and doom are largely the result of highly selective reporting. Unfortunately, that doesn't make a great deal of difference in the world of digital media. In that world, perception becomes reality—even though it's a false reality. And this false sense of reality is affecting the human mind for the worse in several ways. A *Science* article, "What Constant Exposure to Negative News Is Doing to Our Mental Health," notes these effects:[3]

- According to British psychologist Dr. Graham Davey, negative news can significantly change a person's mood. It creates a state of mind that allows a person to see his own personal worries as more threatening and severe. This makes worry more difficult to control and more distressing than it would normally be.
- Davey, who specializes in the psychological effects of media violence, says that negative news can have a big effect on the way we interpret and interact with the world around us. Reports of disturbing events that make us anxious or sad may also make it easier for us to see ambiguous or neutral events as negative and threatening.
- Some research has even suggested that viewing traumatic images in the media can cause PTSD-like symptoms in certain individuals—generally those who are already prone to the condition. Researchers found that the more time people spent watching television, the more severe their symptoms were.
- Exposure to graphic violence can lead either to oversensitivity or desensitization. People who are oversensitive are more sensitive to emotional distress. People who are desensitized become numbed by the exposure and show less of an emotional response to disturbing stimuli. These effects have been observed in those who have been repeatedly exposed to violent video games.

What Can Parents Do?

There's no denying it. It's harder for us to keep traumatic images away from our kids than it used to be. The dangers children are facing today

are both actual and virtual. They're both real and imaginary—or in other words, image-based. In some respects, we've reached a place where images actually have a greater potential to harm us than do real-life dangers.

What can be done about it? We have five simple suggestions for you as parents who are looking for ways to turn the tide of negative media influence:

Don't be afraid to be the tough parent. In view of the lack of censorship in our current culture, we need to step up to the plate and play a regulatory role in our children's lives. Being their parent sometimes means not being their "friend"—at least not right now. If you care about your kids, adopt a Social Media Use Contract like the one described in the social media section. Create a system of accountability and place limitations on media use. Install content filters like Forcefield on everybody's phone, even yours.

Do the real thing. Counteract creeping confusion between the actual world and the virtual world by getting your kids involved with real life. Take them on walks outside. Play catch or Frisbee. Throw a real football back and forth. Ride bikes and go on hikes. Encourage nondirective, unstructured play in the backyard. Play a real board game with them instead of the digital version. Give them music lessons and provide them with opportunities to participate in outdoor sports. Do anything you can to drag them away from the screen and get them immersed in the wonders of God's creation.

Talk about it. If you have teenagers, sit down and have an honest discussion with them about the power of visual images. Ask them if they've seen images that bother them or make them feel uncomfortable. Talk about why these images are bothersome. Face up to the dangerous siren-call of the internet. Create a dialogue about overdependence on media and its potentially harmful impact on mental health. You can start with questions like these: How do you feel when you're denied access to your phone? Do you think those feelings are healthy? Why or why not?

Process together. If a child has endured some kind of trauma as a result of exposure to disturbing visual imagery, help him talk it through and process it out. Adopt a nonjudgmental approach and make your home a safe place to communicate. Depending on the seriousness of the situation, you may want to engage the assistance of a professional counselor who has been specially trained to deal with the fallout of traumatic images.

Stay connected. Overexposure to any type of traumatic image is an issue no parent can afford to ignore. Left unattended, the problem can eventually drive young people to think seriously about suicide. As a parent, you don't have to let things go that far. You may not be able to ban media from your household altogether, but you can head off a tragedy by staying connected with your kids and approaching the subject head-on. Remember, the best way for kids to learn about sex, managing violence, relationships, and the value of life is through conversations with you—not by way of the internet.

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Responding to These Issues

Christine had been dating Michael since they met in their freshman year at college. Halfway through their junior year, Christine sent a photo of herself to Michael. While Christine was clothed in the photo, the angle of the picture gave the impression that she was nude. Her boyfriend forwarded the photo to his friends, complete with a graphic description of his girlfriend's body and how he intended to use it to his advantage later that evening.

The information forwarded by her boyfriend somehow made its way to Christine's boss at the Christian mission organization where she worked, and she was fired for not complying with the organization's policies regarding modesty. To make matters worse, Christine's parents somehow received the forwarded message and immediately pulled their funding for her education, saying that they weren't going to pay for her to prostitute herself. Several weeks later, she was asked to step down from her youth leadership position in her church.

Somewhere along the line, Christine was labeled as the loose girl. Peers set social media connections ablaze harassing her and sharing more examples of her lack of modesty. Even though there was ample evidence that most of what was shared was inaccurate and never actually happened (can you say "fake news"?), her reputation as a kind, sweet, Christian girl who was eager to help others was ruined.

Having lost her job, leadership position, and the support of her

parents and friends, she became depressed and considered suicide as a way to escape the humiliation she was experiencing. Her plan was diverted only because Amanda, a gracious friend, reached out to her and helped her find a counselor to help her put the fractured pieces of her life back together.

Fortunately for Christine, her story eventually had a happy ending. She managed to get another job and finish her college degree on her own. And in a true example of resilience, she now works for a law firm that frequently represents people whose lives have been significantly affected by cyberbullying and breaches of privacy online.

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Christine's story is only one example of how easily technology may ruin a life and lead kids to despair. It's also an example of why we must all do a better job of teaching our kids about the pitfalls of technology while placing safeguards around them. To begin with, we need to remember that much of the technology we use exists to make money. The technology our kids consume is designed to influence their beliefs and actions—not to foster their well-being. It's a business that knows people chase novelty, convenience, information, and entertainment.

In 1998, Dr. B. J. Fogg founded the Stanford Persuasive Technology Lab. The Lab's overall mission is to learn how computing products "can be designed to change people's beliefs and behaviors." It studies *us* and how we use computers, mobile devices, websites, tablets, gaming devices, and so on. The Persuasive Technology Lab wants to influence our behaviors, to push us to do what the lab's leaders decide is beneficial.[1]

It's an alarming realization, but as parents, we can take charge of this situation.

First, consider your values and perceptions about technology. How did you arrive at your beliefs about internet use? How does your family spend its time? It says in Proverbs 14:30 that "a tranquil heart gives life to the flesh, but envy makes the bones rot." We could reasonably say that technology often creates jealousy rather than peacefulness in our

minds. As we look at social media, we can easily get a distorted view of other people's lives and of what we're supposedly missing out on, which can lead to that bone-rotting envy.

So what can we do to escape from what technology businesses would have us do and from habits that will rot our bones? What can we do to protect our families from the dangers of technology? Actually, quite a lot. The following five suggestions will help you take control of technology before it takes control of you and your family.

Have Boundaries for Your Entire Family

Be proactive, clear, and wise by setting parameters on screen usage from the very beginning. You will need to consistently reinforce and revisit those boundaries as well.

Countless preteens and teens very much act like addicts who need a fix. The deeper they become entrenched in their video usage of choice, the more disconnected, anxious, stressed, and depressed they become. In most of the cases, rules and limits weren't laid out on the front end, when they first received the devices. Creating boundaries after your kids have had full rein means parents will usually have more backlash and rebellion. As a parent, you can become intimidated or afraid of the emotional turmoil and conflict that comes from your kids' unpleasant reactions. It's easy to tiptoe around limits. But for the good of your family, learn to be firm and stand strong, even when you get angry responses from your kids.

Model Appropriate Use

Do you watch hours of television, spend hours on social media, or incessantly check your phone? Why do you expect anything different from your kids? The limits we place on our kids will be most effective if they're the same limits we consistently practice ourselves. As you practice moderating your use, your kids will more likely accept the limits you place on them.

Teach About a Healthy Mind

Romans 12:2 says, "Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect."

Current research suggests that a healthy mind requires

- time spent playing (this does not include playing video games),
- personally connecting with others,
- exercising,
- getting sufficient sleep,
- time to reflect inwardly on thoughts (thinking about your thinking),
- relaxing downtime,
- time-in, focused on tasks and working.[2]

Reflection and downtimes can also be spent connecting with God. Time-in tasks can include serving within God's kingdom and His larger story.

Many times our attempts to foster healthy minds get sidetracked by the urge—we call it a need—to check our phone, texts, or social media sites. That's why we need technology limits. But those limits are just the first step in helping your family's minds become comfortable without the presence of screens or earbuds. The following suggestions can also help your family find mental peace and rest:

1. Officially plan downtime—one day per week or one day per month when everyone in your home unplugs for the entire day.
2. Schedule an evening to play board games, with phones turned off.
3. Go for a walk while looking for rocks or simply pondering God's creation.
4. Eat at least one unplugged meal together every week.
5. Find a craft your kids are willing to do and have a craft time.
6. Cook or bake together.

7. Go swimming or boating.
8. When you plan your vacation, remember it means to *vacate* your normal routine, which includes the use of screens and earbuds for all family members.
9. Read a book together. Read the Bible together.
10. Memorize Bible verses or a piece of poetry together.

Almost anything that gets you away from electronics, encourages you to ponder and observe things about life, or engages you in a tangible activity can bring peace and rest to your mind.

Manage Technology

Filters and software will help you manage technology well and encourage media discernment in your home. There are many tools to choose from. Focus on the Family recommends the following.

NetNanny helps with filtering what is allowed to come through the internet into your technology devices. It provides parental controls, content blocking (including pornography), internet filtering (including profanity), and time-management software. The software provides you with alerts and reports as well.

Forcefield provides parental controls for mobile devices through an app. You get information about the overall activity on each device, as well as the ability to control apps on each device.

Use Focus on the Family's Plugged In reviews (PluggedIn.com) to help you make decisions regarding movies, music, video games, television, and books. The skilled team provides you with information to make the most informed decisions on media consumption.

Teach Why Modesty Is Important

Modesty isn't the first thing that comes to mind when discussing modern technology. Yet there's a strong connection between what your tween or

teen sees on her screens and her perceptions of what is modest. Consider Christine's story: one photo giving the impression of nudity eventually resulted in despair and suicidal thoughts.

Educating our kids about modesty may be more important now than at any other time in history. It's too easy to exploit immodesty via cell phones, social media platforms, and videos. So let's consider the full meaning of *modesty*. Being modest in our clothing means not showing too much of our body. The reason for modest clothing is because often our clothing is a reflection of our attitude. Being modest in our attitude means not being too proud or confident about ourselves or our abilities. Modest clothing is a way to keep from drawing undue attention to ourselves.

In our culture, there's somewhat of a competition of who can look the sexiest and most provocative. Images become videos, and videos with the most likes and forwards are generally those that involve some sort of sexual content. There's tremendous pressure on your preteen or teen to wear revealing clothing that gives a very clear message that her physical body is to be desired. The pressure isn't only on your daughter. There's just as much pressure on your teen son to look sexually desirable and to view females in a sexual way. This pressure appeals to our prideful tendencies, the side that says, "Look at me! Look what I've got."

Now more than ever, it's important to teach our kids that modesty is not just a matter of fashion—it's a matter of humility and a proper attitude toward ourselves.

Managing technology for your kids—and yourself—requires intentionality and consistency on your part. These things won't just happen—you need to be purposeful, calculated, and intentional to *make* them happen. If your family is like most, this isn't easy. Safeguarding your family from the dangers of technology requires effort.

Of course, technology isn't all bad: it's provided us with great conveniences, medical benefits, opportunities for global communication, and other positive things. But life can also be good without technology. Whether technology helps your family or harms it depends on how you

establish its value and usage for your family. As a parent, you have the opportunity to guide, teach, and model how to have a healthy, balanced relationship with technology.

ACTIVITY

Discuss what the Bible says about modesty with your family. Use 1 Peter 3:3-4 and Colossians 3:12-17 as your reference points.

Put together a practical list of what fashionable yet modest looks like for all family members.

— Part Four Discussion Questions —

1. What rules do you have on technology and social media?

2. What limits to you put on yourself regarding technology and social media?

3. How much time, honestly, do you spend on social media and screen time?

4. Are you intentional about replacing screen time with activities that help your family engage with God, the church, and other Christians?

5. If your kids have social media accounts, what do you know about their activity on them?

6. How often are you talking face-to-face with your kids about social media content and their usage and decisions on social media?

7. How can you find current information on trending technology?

8. What rules of the home might you consider to help reduce your family's overall media consumption? (For example: no media before homework is completed, allowing only a certain number of minutes per day, checking digital devices into the parents' bedroom before bed, etc.)

9. What do you think is a healthy limitation for your use of social media in a given day?

10. What challenges might you encounter with setting such a boundary?

— PART FIVE —

Problem Behaviors and Suicide

Alcohol and drug use, eating disorders, and self-harm/injury all have a close connection with suicidal thoughts and tendencies. The purpose of this section is to simply let you know the warning signs of these behaviors, as well as how best to respond if you see signs of problems in your child's life.

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Alcohol and Other Drug Use

Among the most important of the many problematic behaviors contributing to the rise of teen suicide is drug and alcohol abuse. Research indicates a fairly close connection between the two. And that's not all. Studies also show that in 30 to 50 percent of teen suicide cases, substance abuse is actually a part of the event itself; a large number of teens who take their own lives do so not only while they're intoxicated but because they're intoxicated. Intoxicating substances tend to worsen any mental or emotional problems an adolescent may already have. At the same time, they remove any inhibitions that may keep a teen from carrying out his desperate plan. No wonder the result is often tragic.

Defining Our Terms

Substance abuse has become so prevalent in our culture that we as parents need to keep an eye out for it as early as the elementary grades. It helps to know exactly what we're talking about before tackling the challenge, so here's a list of some of the key terms.

Substance use disorder (SUD) or alcohol use disorder (AUD). This is the current term clinicians use to refer to drug addiction and alcoholism. It's a reminder that substance abuse is a serious yet treatable medical and a mental health problem.

Abuse. Alcohol abuse is a pattern of drinking that leads to dysfunction and impairs people's ability to fulfill their responsibilities. Drug abuse includes the use of any kind of street drug at any time as well as the use of prescription drugs without the authorization of a qualified physician.

Dependence. Physiological changes in the brain produce a heightened tolerance to the effects of the abused substance. As a result, users develop a need to ingest it in increasingly larger amounts. This causes them to become psychologically dependent upon it.

Addiction. Addiction includes both mental and physical dependence. Addicts can't function effectively without their drug of choice. When deprived of it for too long, they develop physical withdrawal symptoms and may even die as a result.

Facts and Statistics

According to a U.S. Surgeon General's Report, more than twenty million Americans aged twelve or older suffered from an addiction in 2015.[1] That number included millions of teens and young adults. Studies have shown that 40 percent of twelfth-graders, 30 percent of tenth-graders, and 13 percent of eighth-graders have used a drug in the past year.

Three addictive substances top the list of drugs favored by young abusers: alcohol, marijuana, and opioids.

Teens and young adults misuse alcohol more than any other substance. According to the 2015 National Survey on Drug Use and Health (NSDUH), an estimated 623,000 adolescents between the ages of twelve and seventeen (2.5 percent of this age group) had alcohol use disorder.

The marijuana currently on the market is far more potent than the pot of the '60s, '70s, and '80s. Today's marijuana is at least ten times more potent and damaging to the brain than the strains that were common thirty or forty years ago. It's also far easier to obtain than it used to be.

Opioids and prescription painkillers may be the most dangerous

and widely available of all the addictive substances currently used by teens and young adults. In many cases they're more easily accessible than liquor or street drugs because they can often be found in the medicine cabinet at home. We'll talk more about this crisis when we discuss the topic of "pharming."

Effects and Consequences

Drug and alcohol abuse is more far more dangerous than kids realize. It can be both a symptom and a cause of suicidal thinking. Different people react to intoxicating substances in different ways. Some may take years to develop an addiction. In other cases, one exposure may be enough to push a user over the edge. Suicide is one of many possible results. There's also a strong connection between substance abuse disorder and mental illness. A number of studies found that about half of those who experience one will also have problems with the other at some point in their lives.

Some drugs cause the brain to release chemicals that play a role in creating pleasurable sensations (for example, dopamine and serotonin). Other drugs block the brain from receiving certain signals, such as pain. Drugs also affect the brain's neurotransmitters and can have serious negative effects in the prefrontal cortex, the part of the brain responsible for planning, decision-making, self-expression, and controlling social behavior.

These effects are stronger and more problematic for teenagers because the adolescent brain is not yet fully developed. A teen's brain

Commonly Abused Prescription Medicines

Some of the most commonly abused prescription medicines include: Adderall, Ritalin, Vicodin, Xanax, Oxycodone, Codeine, Ambien.

continues to be easily molded and susceptible to change until sometime in the midtwenties. As a result, early abuse of drugs and/or alcohol can put a permanent pause on a teenager's brain development, causing the abuser to remain a mental adolescent for the rest of her life.

The Truth about "Pharming"

A particularly disturbing development in the realm of youthful drug abuse is a phenomenon known as *pharming*. The term refers to the unauthorized use of pharmaceutical and over-the-counter (OTC) drugs for the purpose of getting high.

At pharming parties (also known as "Skittles parties"), kids bring whatever drugs they can get their hands on—often by raiding the family medicine cabinet—and throw them into a communal bowl. After that, everyone takes turns downing pills by the handful, often with the aid of an alcoholic chaser. It's a type of prescription roulette, and it can have all kinds of frightening results, including stroke, heart attack, brain damage, delirium, and death.

Arming against Pharming

You can protect your teens against abuse of pharmaceuticals by putting this plan into practice:

- Keep medicine cabinets locked and prescription drugs out of reach of your kids and visiting friends.
- Check to make sure prescriptions drugs are being taken only as prescribed.
- Build a strong relationship with your kids. This is the best and most reliable of all protective and preventative strategies.
- Make sure all unwanted, unused, and expired medications are disposed of properly.

What makes this trend all the more alarming is that one in four parents actually believe that prescription and OTC medications are safer to misuse than street drugs.[2] The truth is that pharming is more than just a perilous prelude to suicidal thoughts—it's a potentially fatal activity in and of itself.

Discerning the Signs

How can you tell if your child might have a problem with drug or alcohol abuse? There are a number of signs to watch for, including

- social withdrawal and loss of interest in favorite activities,
- a change in friends,
- sudden downward trend in academic performance,
- health issues and constant illnesses,
- changes in appearance and hygiene,
- lying or secretiveness,
- financial problems, asking for money, or stealing,
- the presence of drug-related paraphernalia or other physical evidences of drug use (white powder, pills, or other unusual materials) among your teen's belongings,
- suspicious, troublesome, or reckless behavior (including drinking and driving and promiscuous sex),
- memory blackouts,
- physical symptoms associated with withdrawal from alcohol or drug use (for example: trouble sleeping, depression, shakiness, tremors, restlessness, irritability, loss of appetite, nausea, vomiting, sweating, racing heartbeat, difficulty concentrating, or seizure).

Try to stay aware of any factors that could make your child more susceptible to experimenting with alcohol or drugs, such as heredity, mental disorders, and certain combinations of personality characteristics (for example, recklessness, lack of inhibition, or creativity).

Mounting a Strong Defense

Drug abuse is so widespread in our culture that we can't expect to isolate our kids from exposure to it. But we can take steps to reduce the risks. Here are a few ideas:

Model good behavior. Remember that if you drink or smoke, your kids are likely to follow your example. Be aware of the contents of your medicine cabinet and take a close look at any unexamined tendencies you may have to medicate your emotions with legitimate drugs.

*Build drug-resistant attitudes in your kids.*You can do this by

- creating an environment that balances love (nurture) and limits (structure),
- expressing strong disapproval of drug and alcohol use,
- instilling respect and awe for the God-given gift of a healthy body and mind,
- helping your children become students of consequences,

Drug-Related Paraphernalia

A list of items commonly associated with the preparation, storage, and use of drugs would include

- pipes,
- bongs,
- rolling papers,
- plastic baggies,
- aluminum foil,
- pill bottles,
- needles,
- lighters,
- small glass vials,
- empty aerosol containers (spray paint, household cleaners, etc.).

- building a positive sense of identity within your family,
- encouraging church-related activities that build a meaningful personal faith.

Talk with your kids about drug abuse. Keep the lines of communication open. Pay a weekend visit to a local emergency room for a close-up look at the results of teen drug abuse. Offer thoughtful and constructive commentary when you and your child see someone smoking pot or drinking.

Seek out trustworthy adult mentors. Get to know your child's teachers, coaches, and the parents of his friends. Encourage him to form strong connections with healthy role models.

Create consequences for unacceptable behavior. A heart-to-heart conversation might be sufficient for a first-time drug- or alcohol-related offense. If warnings go unheeded, you will need to move on to substantial consequences, such as loss of driving, dating, or phone privileges.

Be realistic. If a problem arises, face it squarely. Then get on with the task of helping your child. There's nothing to be gained by wallowing in guilt.

If you find your teen is already abusing drugs or alcohol, it's a good idea to get professional counseling as a family. The most successful treatment programs take a family systems approach that involves intensive evaluation and a series of counseling sessions offered in an environment of community and accountability.

Parent Up!

Clearly, we can't be too vigilant in this area. If you have reasons to believe that your teen may be abusing drugs or alcohol—or if you suspect that she may be moving in that direction—it's time to "parent up!"

Don't be afraid to confront the situation positively and decisively. Without blaming or shaming, ask your teen directly if she's ever been tempted to engage in substance abuse. If she says yes, take the bull by the horns. Make up your mind to be a source of unconditional love, compassion, and support. The life you save could be your own child's.

23

Eating Disorders

Noah's grandma was concerned. Her grandson, a dedicated young gymnast, seemed to be growing thinner and thinner. He'd always been lean, but one day when this twelve-year-old pulled up his sleeve in a dramatic fashion, she was shocked by what she saw.

His arm, once so strong and muscular, was now skin and bones.

"Do you want to kill your son?" the grandma asked Noah's parents. They had been overcommitted to his success as a gymnast, and as he gained height—and naturally, weight—they had begun restricting his diet. At first, Noah received encouraging comments that kept him from eating. But as he continued to starve himself, he started losing muscle, and his gymnastics performance took a nosedive. His coach was threatening to pull him off the team. Noah was crushed. Gymnastics was his world, and he knew his skill in that world was highly valued by his parents.

I'm a loser! I'm no good. I'm nothing, he thought. *I was going to go to the Junior Olympics for gymnastics, but I'm not going now! I've ruined my career, and my parents are ashamed of me*. Noah felt so bad that he started thinking about cutting himself. Only his close relationship with his grandmother kept him from doing so. Instead of cutting himself, he visited a website called "To Write Love on Her Arms," a nonprofit dedicated to finding help for people struggling with depression, addiction, self-injury, and suicide. When Noah showed his arm to his grandmother that day, she noticed writing on it.

"I know how much you love me, Grandma," he said. "So I didn't want to hurt you. I tattooed 'To Write Love on Her Arms' so it would remind me not to cut myself."

With his grandma's help, Noah started counseling.

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Of all the problematic behaviors that have a potential to push young people in the direction of suicide, eating disorders may be the most difficult and costly to diagnose and treat. The condition is associated with a wide variety of psychological and medical complications, including anxiety, OCD, heart problems, and strokes.

Of special concern is the connection between eating disorders (EDs) and suicidal thoughts. Suicide is the most common cause of death among people who suffer from EDs. Statistics indicate that individuals with anorexia are thirty-one times more likely to make a fatal suicide attempt than the general population. The number for bulimics is lower but still disturbing, at seven and a half times the normal rate. Clearly, this is an issue that needs to be on the radar of every parent who's concerned about the threat of adolescent suicide.

Three Kinds of Eating Disorders

An eating disorder is a condition or state of mind in which a person develops an unhealthy relationship with food, water, and exercise. This can involve restriction of intake, overindulgence, or any type of hyperfocus on food and water. The intensity of the problem can range from mild to severe. It's possible, of course, to be concerned about eating and drinking without having an eating disorder. A line is crossed when this focus becomes obsessive to the point of controlling other aspects of life.

Eating disorders can be grouped under three major headings: anorexia, bulimia, and compulsive overeating.

Anorexia Nervosa

Anorexia is a condition of self-imposed starvation that eventually leads to a body weight at least 15 percent below the expected level for a person's age and height. It's characterized by an extreme fear of—or antagonism to—gaining weight and a strikingly distorted body image. Not surprisingly, it has a number of medical consequences, including the interruption of the woman's monthly cycle, loss of bone density, decrease in body temperature, reduced capacity of the stomach, dry skin, yellowing of the fingernails, thinning of scalp hair, and the development of a fine hair growth on the body called *lanugo.* Anorexia nervosa is a serious condition with lethal risks.

Bulimia Nervosa

This eating disorder is characterized by a behavior known as bingeing and purging. During a binge, an individual quickly consumes an enormous amount of food, often without even chewing or tasting it. The resulting physical and emotional discomfort will provoke a purge, usually involving self-induced vomiting. The bingeing and purging cycles may occur a few times a week or, in severe cases, several times daily. Among the serious medical consequences of bulimia are the decay of teeth and inflammation of the throat and salivary glands due to repeated exposure to stomach acid, severe constipation, and potentially dangerous disturbances in heart rhythm due to the loss of potassium from vomiting.

Compulsive Overeating

Compulsive overeating is bulimia without the purging element. It's often linked with depression and can be understood as a way of self-medicating intense psychological pain. The depression-overeating connection is a classic example of a vicious cycle: the deeper the depression, the more a person eats in an attempt to dull the sense of despair; the more she eats, the more weight she gains; the heavier she becomes, the more depressed

and hopeless she feels about the possibility of shedding the unwanted pounds.

Driving Factors

An obsession with food, water, exercise, weight loss, and weight gain is the outward symptom of an eating disorder, but it's not the real problem. People often assume that if an anorexic or bulimic could only dispense with the food obsession, the disorder would be cured. Nothing could be further from the truth. In actuality, the typical eating disorder has its roots in a crisis of self-identity and self-acceptance.

Generally speaking, the person with an eating disorder is unhappy with himself physically, mentally, or spiritually. The hyperfocus on food is part of a quest for personal definition. This definition may have something to do with physical appearance: usually it's a desire to be as thin as possible. But in most cases the person with an eating disorder is suffering from a distorted body image.

The need for control is another important factor behind many eating disorders. In some cases a child can develop this need in response to a domineering, perfectionistic parent with high expectations. This child tries to restrict food intake or manage her body weight so she can

Characteristics of People with Eating Disorders

- A diminished sense of self; poor body image
- People-pleasing; no personal boundaries
- A tendency to hide (bulimia, bingeing, purging)
- All-or-nothing thinking
- Self-isolating
- Perfectionism
- Controlling behavior

control at least one thing in her life. In other instances the situation is exactly the opposite: a negligent or overly permissive parent may leave a child with a deep sense of insecurity. So the child tries to compensate by keeping her eating habits under tight control.

Differences between Girls and Boys

It's commonly assumed that eating disorders are primarily a female issue. This isn't the case. Though the underlying causes may be different, the condition now affects males and females in equal numbers. In girls the motivation is often connected with a perception of self-worth based on cultural definitions of beauty. Boys may be driven by a desire to enhance athletic performance or stay in shape.

In both cases the subject is likely to be a high achiever or a perfectionist who desperately wants to fit in and be accepted by the larger social group. They may appear to be outgoing, extroverted, and friendly on the outside but struggle with emotional disconnectedness on the inside.

Links with Suicide

Eating disorders are among the most difficult psychological conditions to treat for the simple reason that they're so unrelenting in nature. Food, eating, and meals are things that we all have to deal with at least three times a day. This means that the anorexic, the bulimic, and the compulsive overeater are up against this perceived enemy almost constantly.

A person in this condition can easily become exhausted, isolated, and prone to thoughts of self-destruction. The danger is especially high in the case of the severe anorexic, whose body is starved and whose brain chemistry has been destabilized through lack of adequate nutrition. All of this, added to the self-hatred and shame that usually accompany the condition, can reduce the individual to a condition in which suicide seems like the only way out.

Myths and Facts about Eating Disorders and Suicide[1]

Myth: Eating disorders are really a form of slow suicide.
Fact: Eating disorders are characterized by a desire for thinness and not to feel rather than a desire for death.

Myth: People with anorexia are less likely to choose violent methods of suicide because they tend to avoid anything that causes pain.
Fact: Although people with anorexia tend to avoid behaviors that will intentionally harm their bodies, they have become used to damaging their bodies, which overrides these tendencies.

Myth: People with EDs are more likely to die by suicide because they're medically compromised.
Fact: People with EDs are more likely to die by suicide attempt because they use more lethal means.

Myth: People with EDs tend to attempt suicide because they have more selfish traits than individuals with other disorders.
Fact: People with or without EDs who attempt suicide tend to do so to relieve their perceived burden on others rather than as a selfish act.

Myth: People with EDs are more impulsive and therefore more likely to make an impulsive decision to die by suicide.
Fact: Most suicides are the result of long planning and deliberation, with or without an ED.

Harvard psychologist T. E. Joiner, in *The Interpersonal Psychological Theory of Suicide*, suggests that individuals with eating disorders often come to see themselves as a burden to others.[2] This feeling, combined with social isolation, creates a perfect storm in which the person becomes unusually capable of thinking about and carrying out suicidal thoughts. The results can be disastrous.

Signs and Symptoms

How can you tell if your child is struggling with an eating disorder? If a teen or young adult has an ED he

- doesn't want to eat with the family or prefers to eat in isolation,
- makes many trips to the bathroom during or after meals,
- spends a great deal of time in the bathroom during the night,
- always wears long pants and long sleeve shirts, even on hot days,
- obsesses over calories, food labels, and portion sizes,
- is hyperfocused on exercise,
- wears baggy clothing to disguise weight loss or weight gain,
- complains a lot about digestive issues or bowel problems,
- always has an excuse as to why he can't eat a meal or isn't home during regular mealtimes,
- constantly makes negative remarks about his looks, weight, or body shape.

Taking Action

If you suspect your child has an eating disorder, it's very important to get her into treatment with an ED specialist right away. It may be necessary to begin with an inpatient approach at a specialty clinic. An ED clinic can evaluate the severity of the problem and recommend an appropriate course of therapy.

For obvious reasons, this therapy will include a strong medical component. A good treatment plan for a person with an eating disorder usually involves weekly appointments with a medical doctor, two or three meetings per week with a certified dietician, and two to four sessions per week with a mental health counselor. The treatment will normally last a minimum of six months. Many patients will need to be hospitalized more than once before switching to outpatient counseling and support.

You'll also take action to help your child when you:

- Encourage and nurture pursuit of gifting, passions, and healthy relationships.
- Model healthy relationships with God and other people.
- Model healthy problem-solving.
- Model healthy imperfection; embrace failures as opportunities.
- Avoid legalism.
- Manage media.
- Model and nurture a value system that emphasizes spiritual things and spiritual disciplines.
- Make sure fathers stay connected with daughters during and after puberty.
- Nurture and provide emotional support and be comfortable with the child's sexual development.

Beyond Eating Disorders

It's important to note that an eating disorder, like alcoholism, is something from which a person never completely recovers. He can learn to cope with the condition and manage it effectively, but there's a sense in which it never really goes away.

This is why it's vital to make sure your adolescent with an eating disorder gets plenty of warm, affirming, and nurturing support from friends and family. She needs healthy relationships, both with God and other people, and a home atmosphere characterized by a spirit of

grace, if she is to manage this issue. It's also helpful to maintain a regular meal schedule, to slow mealtimes down (twenty minutes at the minimum) and model positive attitudes towards food in every area of life. The road to health may not be easy, but it can be navigated with prayer, persistence, and much outside assistance from friends and helping professionals.

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Self-Harm and Injury

When thirteen-year-old Mia came out of the bathroom in her father's new house, she was shocked to see a guy from her school.

"Hey, what are you doing here?" he said.

Mia was trembling—this boy had bullied her at school. She discovered that he was the son of her father's new girlfriend. The girlfriend had just moved into in their home following the divorce of Mia's parents, and so had her son. Mia's father didn't seem to understand her concern, but when Mia talked to her mother, she said her daughter could live with her and her new husband, Luis. But Luis was having none of it. He refused to let Mia move in.

So the young teen found herself living in an environment that felt unsafe. Because of that, she felt only hatred toward her stepfather. To deal with this emotional turmoil, Mia started cutting herself. Eventually, Mia ended up talking to a therapist.

"I cut myself so I can show my mom how much I hate my stepfather and how much he's hurt me," she told the counselor. "It makes me feel better when I cut, because it's like the pain he's left inside of me leaves my body when I bleed."

Self-injury has been practiced throughout history, dating all the way back to ancient Greece. Today, however, teens can take a video as they injure themselves and share it on the internet with anyone who wants to watch it. Teens who do this have an audience, sympathy, and an

immediate response. In fact, an entire subculture of cutting flourishes on the internet, with websites dedicated to providing guidance on how to cut "safely" and how not to get caught. Social media has a steady stream of posts that tout its attractiveness, benefits, and relief.

Self-injury isn't a fringe phenomenon, unfortunately. About two million cases of cutting are reported each year (with many more cases unreported). Roughly one in five females and one in seven males injure themselves. When asked, most high-school and middle-school students will tell you they know someone who's cutting.

It can be addictive—there's growing evidence that opioids are released into the nervous system in response to self-injury. These opioids can also serve as a pain reducer when a teen self-injures.

What Is Self-Injury, Really?

Self-injury can be done in a number of different ways. The more common methods are

- cutting: intentionally cutting your skin on the arms, legs, wrists, genitalia, and other parts of your body using razors, knives, sharp glass, or other objects;
- rubbing your skin harshly with erasers or other objects to burn your skin;
- scratching or scraping your skin;
- picking at your existing wounds or scabs;
- hitting your head against a wall or other hard objects;
- burning yourself with matches or cigarettes.

Often the wounds are shallow, but sometimes teens can cut deep and create serious damage.

If your teen is engaged in self-injury he's typically not trying to commit suicide, yet the physical harm that results can be serious. Wounds can become infected, deep cuts may require stitches, and self-inflicted blows to the head may cause concussions. The wounds he self-inflicts may even be life-threatening.

Why Do Teens Hurt Themselves?

Self-injury involves intentionally injuring yourself for one of three main reasons:

1. *To relieve emotional pain.* A teen may be cutting to cope with feelings of emotional pain. As weird as it sounds, self-injury has a feel-good element to it because of the release of opioids and endorphins. Physical pain serves to override the emotional pain the teen is experiencing, at least for a while. And watching cuts physically heal can also symbolize the healing of emotional wounds. If teens are living with emotional numbness from past traumas, the pain of cutting is a reminder that they're still alive. It's an "I hurt, therefore I am" perception. The bottom line is that teens who cut are in pain and want relief and escape.

2. *To deal with deep-seated hatred.* Teens may harbor hatred for who they think they are, or because of something they've done or that's been done to them. It may be because they feel it's safer to aim their anger or rage toward themselves than toward the person with whom they're truly angry. Whatever the reason behind their anger, they're looking for relief.

3. *Because of curiosity or to copycat.* Maybe a teen has seen someone else do it on social media, in a movie, on television, at school, or while spending some time with a friend and was curious about how it might feel. Boys may be injuring themselves as a sign of toughness.

There are many different reasons why teens hurt themselves. The common thread is that self-harming teens are experiencing some kind of emotional distress. They want relief, and self-harm provides that relief. Of course, the emotional relief obtained by self-harming is short-lived and is usually followed by feelings of guilt and shame. Whether you can understand it all or not, at least get this: it's all about dealing with unbearable hurt, anger, frustration, and feelings of isolation and self-hatred. If your teen is cutting or harming herself, she is hurting—badly. Her actions speak much louder than her words.

How to Help

As a parent, you can help your child by teaching him or her how to better communicate and manage stress.

Cutting is an indicator of communication problems too. If teens are cutting, they are unable to verbalize and appropriately deal with their emotions, so they adopt an unhealthy means to express them. Talk with your child on a regular basis. Let your teen know you care about what he's going through and that you're available to talk about what he's feeling. Help him find words to express what's going on inside. Don't assume he can do that effectively. Try to find an activity that just you and your teen can share, to give you a special bond.

Your child may also need your help learning how to deal with stress. Keep an eye on your child's stress levels. What are things that put pressure on your child? Is her stress at a manageable level? If not, what can you suggest she do to reduce stress? Teach her about self-care.

You can also give your teen healthy ways to deal with stress. Get specific and practice the options. Maybe exercise or an enjoyable hobby will help. Have him make a menu of things he can do to cope with stress. It may take some time to develop a menu of stress-coping activities and ideas.

Be Alert

You can't be lulled into complacency thinking that because your teen isn't acting out that she's fine. Be aware of signs that she could be cutting. Look for

- scars on arm or legs (girls often cut on the stomach and breasts as well),
- excusing wounds as a result of frequent accidents,
- keeping sharp objects (razors, utility knives) on hand,
- bloodstained towels, washcloths, and sheets,

- wearing long sleeves or long pants, even when the weather is hot,
- difficulties with relationships,
- isolation for long periods of time,
- making statements reflecting self-hatred or worthlessness ("I'm so stupid," "I wish I'd never been born").

If you notice any of these signs in your child, start a conversation. You could say something such as, "I've noticed some scars on your arms lately. If those scars could talk what would they say?" Don't downplay it as a phase or a simple cry for help. While those who cut typically don't do it as a way of attempting suicide, research suggests that 70 percent of kids who engage in self-harm will make at least one suicide attempt; 55 percent will make multiple attempts.[1]

Remember, the underlying issues of cutting are deep emotional pain and the inability to effectively communicate and manage emotional pain and deal with it in a healthy way.

Take Action

Cutting is a serious problem. If your teen is cutting, seek help immediately from a licensed mental health professional with experience in this area. Some forms of counseling will attempt to equip your teen with coping skills, as well as the means to articulate and communicate his feelings and tolerate stress better. Therapy may focus on those things

The Oxytocin Connection

Oxytocin, which is the body's bonding hormone or the glue for relationship, is found to be low in people who self-injure. You can increase the levels of oxytocin by connecting with others and reducing stress. Safe touch and trusting relationships also help increase levels of oxytocin.

even before the actual cutting is addressed. The idea is that if teens stop cutting but can't deal with emotional pain in a healthy way, they'll return to self-harming activities.

ACTIVITY

Plan a family discussion time on the topic of self-harm. Use these questions to get it started:

- Do you know kids who are cutting or injuring themselves?
- Why is it so hard to explain emotional pain?
- What is self-harm?
- What do you think would happen if you talked about cutting with your youth pastor?
- Why do you think people injure themselves? What do they want?
- What are other ways kids tend to injure themselves intentionally? Why do you think they do this?
- Have you felt the desire or temptation to cut or hurt yourself?
- What are some healthy and unhealthy ways we handle stress in our home?
- Do you think we know and understand you? If not, can you help us know you better? What don't we understand? Help us understand.
- Do we laugh enough in our home? Do you feel overwhelmed? What have we not heard from you that we need to hear?

Since this is a difficult topic, when you feel it's a good time to end, talk about how the family can laugh—right now.

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Responding to These Issues

God has made it clear throughout Scripture, and especially in Ephesians 2:10 and Psalm 139, that we are carefully created with love and with purpose. Yet Satan's mission is to destroy that core identity and distort perceptions. The faulty messages communicated by our culture help the enemy do just that. In fact, many times people don't realize they're self-destructing. They think they're pursuing what will make them feel better, which could include hurting themselves or making other people feel sorry or bad for them.

We don't want our children to self-destruct. We want them to find what they need: to belong, to be good at something, to feel valuable as children of God. As we build our children up, listen to them, and help them find their God-given talents and purpose, we also need to help them clearly see the lies of our culture.

Correcting Faulty Cultural Messages

The following destructive messages are rampant in our culture. Teaching your children about them will help them develop a healthy identity.

It's All About Performance

Kids today are being raised in a performance-driven culture. Good grades, athletic trophies, ribbons at music and debate tournaments, and

badges earned for activities conquered seem to signify to others that they're doing well in life and to us as parents that we're raising highly productive children. Encouraging your kids to strive to do their best *is* an important incentive to work hard and develop the trait of perseverance. Yet when excellence in performance is emphasized more than excellence in character, coping with the pressure to perform or the inability to perform well may lead our kids to self-destructive behaviors.

It doesn't help that our culture definitely elevates some skills—specifically athletic, musical, and intellectual talents—over others. Some kids aren't able to perform well in these areas simply because they lack the physical, creative, or intellectual skills to do so. And the adage that "You can do anything you want to if you simply believe in yourself" is misleading. While desire and will can take us far in life, they can't overcome some of the deficits that exist in all of us at some level.

If your child struggles with self-destructive behaviors, in addition to seeking medical and psychological help for her, begin to encourage her to love and respect herself for who God made her to be instead of for what she has done or accomplished. It helps if you

- notice the positive character traits in your child and point them out;
- try to find opportunities for her to use those traits and contribute to the well-being of others;
- identify peers and older mentors who can provide good examples of healthy self-esteem;
- express admiration about others when you see them using their God-given traits and skills in ways that honor God and serve others.

Failure Is Bad

Failure is a part of life, so much so that most people have far more experience with failures than with successes in life. Think about it. The road to learning a new skill is almost always littered with multiple failed

attempts along the way. In fact, trying and failing is usually necessary in order to find the right answer.

Michael Jordan, one of the greatest basketball players of all time, failed to make his high school's varsity team as a sophomore. That failure, he said, instilled in him the drive to improve. Even when he was a professional player, failure was a necessary part of his success.

"I've missed more than 9,000 shots in my career," Jordan once said. "I've lost almost 300 games. Twenty-six times, I've been trusted to take the game-winning shot and missed. I've failed over and over and over again in my life. And that is why I succeed."[1]

Even so, failure is often presented as something to be avoided in 21st century culture. It's as if failing at something makes you, as a person, a failure. To further irritate the wound of failing, peers tend to attach labels such as *loser* to their friends who've been unsuccessful in various ways and then broadcast their failures over social media platforms. This leaves the person who has failed feeling alone, discouraged, and in need of comfort that may be found in some self-destructive behaviors. You can encourage your children to accept failure as a part of life if you

- define failure as a necessary step on the way to success;
- share the lessons you've learned from failure;
- talk with your kids after they experience failure and help them identify what they can learn;
- help your kids identify any ways they may be setting themselves up for failure;
- teach them how to successfully deal with a failure, learn from it, and move forward with confidence.

I Deserve to Be Happy

Commercials and culture in general give the message that we *deserve* to be happy. This false message removes gratitude, which is an antidote to depression. Nothing is deserved. Happiness actually comes from close and connected relationships, optimism, healthy decision-making, and

resilient thinking. The message "I deserve . . . " leaves kids looking for happiness through drugs, sex, risk, money, and many other things. God provides some guidance on contentment through His Word. He tells us in Philippians 4:8 what to think about to help our thoughts be less anxious. He tells us that He comes alongside the humble, that He will satisfy the thirsty, and that He will strengthen the weak. Scripture and science both agree that gratitude, instead of demands, brings a sense of contentment, which can lead to happy feelings.

Drugs, Alcohol, Sex, and Money Can Meet My Needs

The reality is that drugs, alcohol, sex, and money create a temporary fix, providing good feelings lasting for only a moment. Depending on these things to meet our needs is similar to drinking soda while hiking in the desert—a sugary drink might taste good at first, but it will only leave you thirstier and dehydrated. The pursuit of money, drugs, alcohol, and sex outside of marriage will likewise leave you with temporary relief that unravels and dehydrates the soul over time. Our brain tends to gravitate toward the easiest way to feel pleasure but benefits most from our self-discipline and motivation to pursue the higher and more satisfying longer-term goal. Learning how to manage pain, disappointment, loss, relationships, failure, and loneliness takes effort, but is worth it in the long run.

Moving toward Healing

Addictions, eating disorders, and self-harm, at the most basic level, are ways to express and cope with emotional pain. When we experience a physical injury or illness, people around us can usually see the evidence of our pain in the form of bleeding or a broken bone, for example, and that evidence compels them to come to our aid. Yet when we experience an emotional injury such as grief after the loss of a loved one or humiliation after being bullied, it's hard for others to see our pain. And it's hard for us to connect with the pain because we feel it, but can't see

it. Cutting skin, consuming alcohol or other drugs, and self-induced purging of food are ways to externalize inner pain and outwardly express that pain.

Because self-destructive behaviors are often an attempt to communicate pain to others and find some relief from that pain, we need to help our kids find healthier ways to communicate and relieve their inner hurts. These four steps will get you started:

Listen. Listening is the first step in communication. You can listen and really hear what your child is feeling when you

- prepare a place to listen to your child that is free from all distractions,
- ask your child to tell you exactly how he is feeling and assure him that there will be no negative consequences for his honest communication,
- allow him to express his feelings with no interruption,
- refrain from correcting any inaccurate information,
- repeat back what you've heard without adding your own views,
- write down what he says so you capture it all (if it helps you remember and focus),
- put yourself in his shoes. Display genuine empathy and compassion for what's happening in his life.

If your child appreciates touch, give her a hug or hold her. Sometimes kids just want to be held for a while with no words. They want the reassurance of your presence, much like we love to be reassured by the presence of our heavenly Father when things feel like they're unraveling.

Share. Talk honestly with your child about your own experiences with emotional pain. Empathize with feeling alone and confused. Tell your child about times when you coped with your inner hurts in healthy and unhealthy ways. You don't need to go into a lot of detail, but share the fact that your life has not always been perfect.

Make a menu of options. Work with your kids to develop a list of healthy activities they can do when they're stressed or experiencing negative emotions. Offer suggestions such as journaling, drawing, or other

forms of artistic expression; physical exercise activities; and singing or listening to music. Rather than stuffing their feelings until they come out in unhealthy ways, help your children find acceptable ways to put those emotions into nondamaging activities. Yes, you eventually want your kids to be able to verbalize their feelings. But in the meantime, find some options that don't require conversation.

Seek support. Asking friends, family members, pastors, and health-care professionals for support will aid in healing from self-destructive behaviors. Social support is important to provide a buffer between the child and the hurtful things in this world, and professional support is necessary to help your child learn to cope with pain in healthy ways. Because self-destructive behaviors can lead to death, your child will need professional medical and mental health help.

— Part Five Discussion Questions —

1. Have you ever felt hopeless and thought there must be an easy way out?

2. Do you think your kids or their friends ever feel hopeless? How would you know?

3. Have you ever known a great kid with maybe good success or straight A's who still really struggled emotionally or had difficulty with hopelessness? Did this person want to harm himself or herself?

4. How much pressure do you think kids these days feel to perform well or be perfect?

5. How does the church sometimes unintentionally contribute to kids feeling hopeless?

6. How much pressure do you think your own kids feel to perform or be perfect?

7. Where does the need to perform perfectly come from?

8. Has your child ever mentioned suicidal thoughts to you? What would you do if he or she did?

9. How have your own upbringing and childhood experiences influenced your views related to eating and alcohol consumption?

10. How might your views have a positive or negative impact on your child's views?

— PART SIX —

Dealing with the Issue of Suicide

Our hope is that you will never need to use the material in this section with your own children. Unfortunately, suicide has worked itself into our culture to the point where it's become commonplace. As parents, we *must* talk about it with our kids. We need to take a proactive approach, for ourselves and our kids. The internet and many public school districts have plenty of information of what to do once someone has died by suicide. Let's talk about what you can do *before* things get to that terrible point.

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Suicide Statistics

Up to this point we've done a lot of talking about what it means to parent children effectively and set them up for healthy lives. We've looked at some of the traps the world lays for them, the obstacles that can trip them up along the way, and the mental health issues that can send them spinning off in dangerous directions. All of this has been good, solid information, but there's an important sense in which it's only preparatory to our real task. Now it's time to get down to the heart of the matter.

Teen suicide has become a huge problem in our society. The National Institute of Mental Health estimates that for each teen who actually dies by suicide as many as twenty-five teens contemplate taking their lives. Apparently, quite a few of our young people are giving a great deal of thought to the possibility of ending their own lives.

Before we can fight back effectively, we need to find out exactly what we're up against. There's a story to be told here, and the relevant statistics can help us get a handle on it.

Teen Suicide: What Do the Numbers Tell Us?

What precisely is happening in the world of teen suicide? Here's a quick rundown of some basic figures:

According to the most recent statistics (2013) from the Centers for Disease Control and Prevention, suicide (22 percent) is now second only to accidents (45 percent) as a leading cause of death among young

people ages fifteen to twenty four, ranking tenth among subjects of all ages. The average number of teens who take action to end their lives per year is now 575,000. Of those, 4,600 die by suicide (about twelve per day on average). Of those teens who think about suicide, about half actually put their thoughts into action.

Among students in the ninth to twelfth grades,

- 17 percent thought about suicide in the last twelve months (22.4 percent female, 10.3 percent male);
- 13.6 percent made a specific suicide plan in the last twelve months (16.9 percent female, 10.3 percent male);
- 8 percent actually took action to end their life one or more times in the last twelve months (10.6 percent female, 5.4 percent male);
- 2.7 percent required medical attention after suicidal actions (3.6 percent female, 1.8 percent male);
- Montana, Wyoming, and a few other western states have consistently registered the highest age-adjusted suicide rates. The problem is particularly acute in small towns and rural areas where there is limited access to mental health resources and greater access to firearms.

It's important to add that girls are more likely to take suicidal actions than boys—three times more likely. On the other hand, boys are more likely to die by suicide on their first attempt. As a result, 81 percent of all teen suicide victims are male.

This is largely a reflection of the different methods employed by boys and girls. Firearms are used in 56.9 percent of male suicides. Girls resort more frequently to drugs or some other form of poisoning (34.8 percent). The numbers may also be due to the fact that females usually find it easier to verbalize suicidal feelings and reach out for help, whereas boys tend to keep their emotions pent up inside.

The statistics on suicide methods suggests some rather obvious ways in which you can prevent the tragedy of suicide from overtaking your

son or daughter. You may not be able to protect your teens from every eventuality and negative influence, but there are some very simple things you can do to head this potential monster off at the pass:

If you have firearms in the house, make sure they're locked away in a safe place—all the time—and don't let your kids have the keys or the access codes. If your kids are involved in hunting or shooting exercises, make sure your kids engage in these activities only under adult supervision.

Meanwhile, make a clean sweep of your medicine cabinet and get rid of any old pharmaceuticals that are no longer needed. Stash current prescriptions in a safe or a locked cabinet where they won't be available to anyone except the person who actually needs them. You'll be glad you did.

As parents, work on your relationship with your kids and do everything possible to strengthen their sense of identification with the family. Encourage participation in church youth groups, school sports, music, orchestra, or dance classes. Invite your children's friends over to your house on a regular basis. Make your home the cool place for kids to hang out. Communal involvements of this nature are good buffers against depression, moodiness, and suicidal thoughts.

Causes and Risk Factors

Why do so many kids feel tempted to take their own lives? How can you tell if your child is susceptible to this trend and at serious risk of hurting himself? Studies have identified six top reasons for adolescent suicide:

1. *Depression*. Always accompanied by a pervasive sense of suffering, hopelessness, and despair, severe depression often seems to be too much to bear. It is by far the most common reason for teen suicide. About 75 percent of deaths by suicide are the result of depression, anxiety, or a sense of being trapped in difficult circumstances.

2. Psychosis. Malicious inner voices often command self-destruction for unintelligible reasons. People with schizophrenia will usually give honest answers about thoughts of suicide when asked directly.

3. *Impulse*. Under the influence of drugs or alcohol, some people become overly emotional and attempt to end their own lives. When sober, these individuals usually feel genuine remorse.

4. *Cry for help*. Some people don't want to die—they want to send a signal to others that something is seriously wrong. They frequently use methods they believe won't kill but often cause unintentional and irreversible damage.

5. *Philosophical reasoning*. For some, the decision to kill themselves is a deliberate, reasoned choice, sometimes motivated by a painful terminal illness from which there is little or no hope of recovery.

6. *Mistake*. Deaths in this category are often the result of experimentation with autoerotic asphyxiation—self-induced oxygen deprivation intended to produce sexual stimulation or a similar high.

Since the number-one cause of suicide among young people is depression, it's particularly distressing that only one in five depressed teens actually gets the help, often due to fear of stigma. This is all the more reason for us as parents to keep an eye out for the symptoms of depression (see page 118).

It's important to add that depression in and of itself is rarely sufficient to drive a young person to take her life. Almost every suicide has a triggering circumstance: an immediate crisis of some kind that compels kids to translate their feelings into action. These triggering circumstances can include such events as

- divorce of parents,
- violence in the home,
- inability to succeed in school,
- breakup with a boyfriend or girlfriend,
- feelings of worthlessness,
- rejection by friends or peers,
- substance abuse,
- death of a loved one,
- the suicide of a friend or acquaintance.

To a certain extent it would be fair to say that all teens, even the most normal and well-adjusted ones, are at risk for suicidal thoughts and behavior to some degree. That's because adolescence can be a stormy and tumultuous time of life under the best of circumstances. Hormonally driven emotional swings can deepen the feelings of helplessness and worthlessness that many young people experience during this stage of development. And there are other factors that can come into play as well. For example:

- Aggressive or disruptive behavior
- Confusion regarding gender identity or sexual orientation
- Spotty mental health screening
- Poor access to mental health services
- Reluctance to admit having a problem
- Bullying (whether at school or online)
- Disturbing societal issues and trends

Add to all of this the fact that many teens lack self-control and are temperamentally inclined to risky, impulsive behavior, and it's easy to see the need for parental vigilance.

The Bigger Picture

These facts and figures give us a pretty accurate picture of what we're facing in terms of teen suicide. The statistics assume an even greater significance when examined in the context of recent history. Viewed from this perspective, the numbers reveal an interesting trend. According to the Centers for Disease Control and Prevention, the teen suicide rate actually reached its highest point sometime during the 1990s. Then between 1999 and 2007, the suicide rate among ten- to nineteen-year-olds fell 15 percent, to 3.9 percent.[1] Since then the rate has picked up again, almost reaching its earlier apex. Experts now tell us that the suicide rate for white children and teens from ages ten to seventeen rose 70 percent between 2006 and 2016. While black children and teens kill themselves

less often than white youth, their rate of increase was even higher, at 77 percent.[2]

Is this good news or bad? The answer seems to be both. On the one hand, the teen suicide rate is no higher than it was twenty years ago, and it's still a relatively small number. On the other hand, it's on the rise again after having fallen for more than a decade. And of course, statistics are meaningless if it's your child who's the one in one hundred thousand.

While there's no need for panic, there's a real need for vigilance and hard work. After all, even one young life lost to suicide is one too many. And there are good reasons to suppose we'll be losing a lot more than that unless all of us—parents, teachers, pastors, youth workers, and public servants alike—take deliberate, preventative measures.

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Signs That Someone May Be Considering Suicide

How can you tell if your son or daughter might be developing suicidal tendencies or a self-destructive mind-set? Are there any specific risk factors or warning signs to keep in mind?

Potential Risk Factors

If you think about it for a moment, you'll realize that just about everything we've talked about in the first five parts of this book has something to do with risk. Our purpose has been to build up, brick by brick and stone by stone, a thorough and systematic understanding of the many developmental, psychological, and social factors that can feed into the growth and development of a suicidal mind-set.

We've talked about attachment, child discipline, and the importance of good self-care. We've considered the effects of worldly values, significant losses, domestic violence, anxiety, depression, addictions, personality disorders, mental illnesses, social media, and a host of other potential problems. Without rehashing that information here, we can summarize its significance as follows: if your child has issues in any of these areas, you need to remain vigilant. And if you see a combination of these factors, it's time to heighten the alert status.

A short list of specific identifiable risk factors for suicide among young people would include the following: mood disorders, substance

abuse, certain personality disorders, low socioeconomic status, childhood abuse, parental separation or divorce, inappropriate access to firearms or prescription drugs, and interpersonal conflicts or losses. Pay special attention to the following predictors of suicidal thoughts and behaviors:

- A previous suicide attempt
- A family history of suicide
- The presence of chronic pain, degenerative disease, or some serious psychiatric condition such as bipolar disorder
- Other mental health issues, such as clinical depression, anxiety, OCD, or OCPD
- Several of the adverse childhood experiences (ACEs)
- Traumatic brain injury
- Suicide among other adolescents in your community
- A sudden, major loss or humiliation, such as bullying or a dramatic boyfriend-girlfriend breakup

The presence of any of the factors listed above doesn't necessarily constitute cause for immediate concern. It doesn't prove your child is likely to commit suicide. It merely indicates that he might be more prone to think about suicide than people who aren't struggling in these areas. If these factors are part of your child's background or personality, be aware of the implications and stay on guard. But there's no need to jump to unwarranted conclusions.

Watch Out for Depression

Of the several mental health issues cited above, depression, again, comes in for special mention. Why? Because statistics indicate that depression is the most common cause of teen suicide. Though depression doesn't always lead to suicide, it must be taken seriously on its own account. If you suspect your child might be clinically depressed, see our definition of this term in chapter twelve on depression, and seek appropriate help

immediately. You may want to contact your primary care physician for advice or a referral. Even if a present threat of suicide doesn't seem to be part of the picture, you'll want to take definite steps to deal with the depression.

Warning Signs

Up to this point we've been talking about tendencies and theoretical possibilities. A risk factor is not necessarily a problem: it's a weakness that could lead to a problem. A bald tire is not a flat tire, but it might become a flat tire under the right conditions very easily. When that starts to happen, there are usually some warning signs: wires sticking through the treads, for instance, or a bulge, or a slow loss of air. It's the same, metaphorically speaking, with people considering suicide.

Studies show that four out of five teen suicide attempts have been preceded by clear warning signs: changes in behavior or attitude indicating a dangerous psychological shift. An important part of averting a teen suicide is staying involved in your child's life—especially if she's at risk for some reason—and watching for these signals:

- Sudden changes in behavior, attitudes, or social habits
- Expressions of intense guilt or hopelessness
- Declining grades and other problems at school or work
- Behavioral issues
- Difficulty concentrating or paying attention
- Increased boredom
- For boys, sudden outbursts of anger and violence
- Substance abuse, unsafe sexual activity, and other risky behaviors
- Lack of positive response to praise
- Physical complaints (fatigue, aches, pains, migraines) resulting from emotional distress
- Loss of interest in favorite extracurricular activities
- Changes in sleep patterns: too much or too little

- Changes in eating habits
- Withdrawal from family and friends
- Threatening, talking, or joking about suicide
- Sudden interest in procuring potential tools for suicide (firearms, pills, poisons, etc.)
- A teen who has been struggling with depression, stress, anxiety or deep disappointment suddenly seeming happier and calmer; this may be a sign that he has made up his mind to end his life
- "Cleaning house": a sudden impulse to give away personal possessions
- Neglect of hygiene and other matters of personal appearance

Not all of these signs will be present in every case. There have been instances in which a seemingly well-adjusted teen committed suicide for no apparent reason. But vigilance is always important, especially if two or three of the signs listed above appear in combination.

It's always better to err on the side of caution. In particular, any talk about suicide on the part of your child needs to be taken seriously and given full attention. If your kid says something such as, "I'd be better off dead," or "Maybe life would be easier for you if I wasn't around," take action.

Assessing the Danger

On an even more serious level, the following behaviors may indicate that your child is actually in the process of putting together a suicide plan:

- Open declaration: "I'm thinking of committing suicide," or "I wish I could die."
- Verbal hints that could point to suicidal thoughts or plans; for example, "I want you to know something in case anything happens to me," or "I won't be troubling you anymore."
- Suicide notes or diary entries
- Verbal expression of bizarre or unsettling thoughts

Is Your Child at Risk Now? Use S.L.A.P. to Find Out Evaluate your child's level of suicide risk using the S.L.A.P. acrostic:	
S = Specific Plan	Is your teen considering a specific course of action for committing suicide (either communicated to you directly or brought to light in some other way)?
L = Lethality of the Plan	Is this specific plan deadly? If so, your teen is now running a 50 percent risk of suicide.
A = Availability of Plan	Can the plan be put into action? Does your teen have access to the means and/or materials needed to carry out the plan? For example, are there any guns in the house? Would it be easy to find large amounts of prescription medications? If so, your teen is in considerable danger. Take immediate action now as advised in "P."
P = Proximity of Help	Are there people close enough to keep your teen from following through with this specific, lethal, and available plan? Your child probably won't try anything while friends, family, or others whom he or she respects are physically close by. Most suicides happen when the depressed individual is alone or in the company of another suicidal person. If there's no help close by, get your teen to a place where he or she can be kept safe and under supervision. If you can't do that, call 911 or take your child directly to a local emergency room.

What Now?

If you become aware of any of the warning signs listed above, sit down with your child and have a heart-to-heart talk. Don't be afraid to get pushy. Press your son or daughter with some direct questions. You might begin by asking, "Where are these negative feelings coming from?" or "What is it that's causing you to talk so much about ending your life?" It could be especially helpful and revealing to ask, "Exactly what would have to change for you to feel better?" You may also want to get an

official psychiatric diagnosis so you can find out what's behind the depressive behavior and talk of suicide.

The important thing is to take action now—before it's too late.

In the next two chapters, we'll take an in-depth look at strategies for dealing with a suicidal teen or young adult.

28

Talking Openly about Suicide

Suicide is an inescapable and alarming feature of the modern landscape that's affecting those as young as ten and eleven. How do we counteract this negative trend? One way is to start talking. Older people need to establish regular lines of communication and connection with younger people. More than anything else, what's required is a network of support strong enough to catch and hold the young and vulnerable before they start sliding toward the conviction that life isn't worth living.

This conversation needs to take place on three different levels: cultural, social, and personal. Let's take a closer look.

Cultural: Suicide as a Reality in Our Society

Adolescents, with their raging hormones and emotional ups and downs, have always been susceptible to self-destructive thoughts and feelings. Today's entertainment and social media only exacerbates this natural tendency. Under the circumstances, parents have no choice except to adopt a proactive approach.

Once you've come to terms with the disturbing truth that suicide is now a normal part of the cultural scene, you'll be in a position to confront it. And it would be best if you got started right away. You can begin with these steps:

Be Aware

The first item of business is to educate yourself and your children. Take a look around and get a feel for the lay of the land. Ask your kids, "What's going on at school?" Find out if they have friends who've been thinking or talking about suicide. Discuss the subject openly with all of your children, even those who don't seem to be at risk. Do this as a matter of course, just as you would with sexuality and sex education. It's never too soon to begin.

Emphasize Relationship

Create a home environment based around a family identity and shared values. Get involved in your children's lives. Share meals together as frequently as possible. Be open, honest, and vulnerable. Have a weekly, biweekly, or monthly "date" or one-on-one time with each of your children. Help them feel comfortable about sharing their thoughts and impressions with you.

Adopt Realistic Goals

Realize what you can and can't do. The world is a perilous place, and you can't expect to protect your children against all dangers at all times. You can, however, help prepare them for the negative experiences they're likely to face in life. You don't have to be a perfect parent to be a good parent. So don't let worries of embarrassment or failure prevent you from talking with your kids about suicide.

Model Stress Management

Model and teach healthy, positive strategies for dealing with disappointment, disillusion, depression, and stress—things like prayer, scriptural meditation, exercise, or cultivating a hobby. Talk with your kids about your own ups and downs and help them see that, no matter how bad things look, tomorrow is always another day. Remember our discussion on self-care?

Make a Plan

Establish a family crisis intervention plan. Make sure everyone knows the details before a real crisis arises. Think of it as a kind of fire drill for stress management. Find ways of communicating negative feelings to others and dealing with them before they get worse. Practice these steps together at least three to six times a year so that everyone in the family is comfortable with them.

We want you to hear this message loud and clear: Suicide is now "normal" in our society, so be proactive as a parent, and talk often with your kids.

Social: When a Friend or Family Member Attempts or Commits Suicide

Given the current cultural climate, it's more than likely your kids will eventually come into contact with someone who is thinking about suicide. They may even lose a close friend or family member this way. When such things happen, it's important as a parent to be available with wise and understanding counsel. You can maximize the effectiveness of those conversations by keeping the following in mind:

Know the Signs

Be aware of the various warning signs suggesting an individual might be in danger of killing himself. Keep an eye out for symptoms of depression, anxiety, hopelessness, emptiness, withdrawal, anger, and significant changes in mood or behavior. The S.L.A.P. acrostic in this section can help you evaluate the level of danger.

Talk About It

When a friend or family member has attempted suicide or died this way, sit down and talk with your children about it. Give them a chance to air their feelings. Encourage them to talk openly, to expect emotional

ups and downs, and to ask deep questions about the meaning of life and death. If your kids have a friend who's struggling emotionally or contemplating suicide, teach them how to reach out with compassion. If your child has lost someone she knows to suicide, ask her if she feels somehow responsible for her friend's death. Does she have any "If only I'd done . . ." thoughts? She may need you to firmly tell her this message: "It's not your fault. You may be thinking it is, but it's not your fault."

Use Appropriate Language

When discussing this issue, stay away from phrases like *successful suicide* or *completed suicide*. They tend to create the impression that self-destruction might be a desirable goal or objective. It's okay to say that someone died by suicide or killed himself. On the whole, it's best to be candid and forthright. Don't to try to soften things with simplistic language.

Tell Someone

Kids need to understand that saving a friend's life is more important than keeping secrets. If a suicidal acquaintance isn't willing to discuss her feelings with a parent or some other trustworthy adult, coach your child to speak with a teacher, pastor, or counselor who's in a position to intervene.

Personal: When You Think Your Child May Be Considering Suicide

When the threat of suicide hits close to home, it's important to approach the situation with understanding, sensitivity, and great care. Here's our recommended plan of action:

Evaluate the Risk

Start by using the S.L.A.P. acrostic to gauge the level of danger. If you see obvious signs of depression, get your child to a doctor for a

medical evaluation immediately. Depression and brain/body chemistry are closely related. The goal of the medical evaluation is to get your child stabilized, which is important to do before addressing thoughts of suicide and attempting to treat the psychological aspects of the situation.

Noticers, Builders, and Connectors

You can encourage your kids to help others who may be at risk of suicide by being a Noticer, Builder, and Connector. Use these questions to start the conversation.

Be a Noticer

Has anyone told you that he wants to kill himself? Have you ever had such thoughts? Why do you think people consider suicide?

Be a Builder

What do you think has been lost in a person's life if he wants to skip to "game over"? How can you help someone feel a sense of worth? What are some ways you can reach out to kids who seem all alone? How do you know you are cared about in your home? When do you feel loved?

Be a Connector

Who do you feel safe sharing your experiences and feelings with? Why do you feel they are the best to understand? What can you do if a friend starts talking about suicide? Do you trust your teachers, school counselor, or principal to handle a situation like this? If someone is thinking about suicide, tell that person to contact one of these hotlines:

- National Suicide Prevention Hotline at 800-273-8255
- Suicide Crisis Text Line (text "Connect" to 741741)
- Lifeline Crisis Chat at www.crisischat.org.

Talk About It

Find or create an opportunity to talk with your child about what he's going through. You can make this easier by inviting him to go for a drive with you, perhaps with pizza or ice cream as the destination. When deep emotions or delicate subjects are at stake, kids are often more comfortable talking to a windshield than engaging you eye-to-eye.

Stay Calm

Your tone of voice, your body language, and the level of anxiety you convey will have a very real impact on the discussion. Stay in prayer as the conversation proceeds and ask the Lord to grant you an extra measure of self-control.

Ask Questions

Avoid those of the yes-or-no variety. Ask how, what, or why instead. Try to come up with open-ended, nondirective invitations to dialogue. Help your child feel comfortable about sharing his thoughts and impressions by prompting him with unfinished sentences. For example, you could say, "You have deep feelings about this because . . . " If you get short, noncommunicative answers such as "I don't know," ask for details. Say something along these lines: "Tell me more. What's going well? What isn't? What does it feel like inside your mind and body right now?" Encourage journaling or play emotional charades as methods of discovering deep-seated emotions.

Seek Balance

Don't allow your teen to downplay or minimize the issue (much as you may want to minimize it). On the other hand, don't make mountains out of molehills. Remain calm and try to strike the right balance.

Guide and Empower

Don't be afraid to press the need to seek professional help. Make it clear to your teen that this is an absolute necessity. Tell her that she has no

alternative except to get the treatment she needs. At the same time, empower her with appropriate choices. Allow her the option of talking to other adult mentors—a pastor, for instance, or a youth leader, a teacher, coach, grandfather, or neighbor with whom your family has an especially close relationship. Kids often hesitate to share deep feelings with their parents because they have unfinished business with them.

End on a Positive Note

Try to bring your conversation, or series of conversations, to a close by focusing on life rather than death. Ask your child, "Who do you think

Emotional Charades Activity

Emotional charades can be a good gateway into communication with your children. Here's how to play:

1. Write out on index cards all the emotions you can think of (one emotion per card). Sometimes you can print out the faces from an emotion poster or use your "emoji" keyboard for common emotions.
2. Someone picks a card and acts out the emotion while the others guess the emotion.
3. Once the emotion is guessed, have everyone answer these questions:
   - What does that emotion look like on your face?
   - What does that emotion feel like in your body? (What does your body feel like when you have that emotion?)
   - How do you communicate that emotion with words? (Practice with the person to your right.)
   - What do you do to handle that emotion appropriately? (Give tools and tips for dealing with that emotion.)
4. When everyone has answered those questions, then the next person draws a card and acts out the next emotion.

God wants you to be? What would it look like for you to live a positive, healthy life? How can you contribute to the well-being of others?" Make these topics the ultimate goal of your discussion.

Remember, suicide isn't something that comes out of the blue. Many factors can contribute to a person actually deciding to end his life. In our current cultural setting, there's a very real danger that suicide can become contagious. If a teen hears about a suicide, he may see it as a solution to his own problems—problems such as bullying, trauma, loneliness, rejection by peers, or abuse. Family members, celebrities, friends, or coworkers who attempt suicide can give him the sense that he's been granted permission to follow their example. That's why open communication on the subject is essential.

We know this is easier said than done. But the lives of our children are at stake. That's why we need to open up and start talking about the problem of suicide.

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Responding to a Suicide Crisis

It's always best to be prepared, even for a crisis as unimaginable as suicide. The first thing to do is establish a family crisis intervention plan. Here's how we suggest you go about it:

Identify guardian angels. Begin by identifying a group of supportive, safe adults outside the family to whom you and your kids can turn in time of crisis. Ask every family member to choose one person from this group to be his or her personal guardian angel.

If these folks are willing to serve your family in this capacity, print up their contact information on laminated cards. Have family members carry their guardian angel's card in their wallet or purse. Post them on your refrigerator. Tell your kids, "If you ever need to talk to someone and can't talk to us, give your angel a call and let him or her know what's going on."

Discuss stress management. Talk with your kids about the importance of stress management. Teens can find it difficult to read their own feelings, much less manage their psychological ups and downs. You can help them by raising the following questions:

- How do you know when you're under stress? What does it feel like?
- What steps do you usually take to bring your stress under control?
- What can those around you do to help you manage your stress?

- How will we know if you're not managing your stress successfully?
- Have you ever thought about suicide? (Talking about this possibility can help deprive the issue of its power and mystique.)
- If you ever do feel suicidal, how can you let us know you're struggling? How can we know if you're safe or unsafe?
- Would you be willing to talk to a counselor if you ever feel down or insecure?

Role play. Prepare for an emergency by getting the whole family together and rehearsing your plan of action. Take turns acting the part of the person under suicidal stress and the family member who wants to help. Have the different players run through the following questions:

- How would you express your suicidal feelings? What exactly would you say to communicate them to another person?
- What would a compassionate, supportive response sound like?
- How can you help the person with suicidal thoughts? Is there someone else who could help? Who would that be?

As you go through this process, use the S.L.A.P. acrostic to assess the level of danger (see the sidebar from chapter twenty-seven). It's a good idea to revisit and rehearse your family crisis intervention plan every three to six months or so.

Responding to a Suicidal Action

What if your teen or some other member of your family actually attempts suicide? Here again, it's best to have your strategy in place before an emergency arises. Naturally, your first concern will be to attend to any immediate physical and medical needs. If necessary, call 911 or get your family member to the hospital or into a doctor's care as soon as possible.

After any medical problems have been resolved, it's essential to get a formal assessment by a qualified medical professional. Your course of action from this point forward will depend on a number of factors.

Professionals may recommend treatment for your loved one ranging from outpatient counseling to a formal treatment program in a psychiatric hospital. No matter the approach, stay involved and be proactive in your interactions with caregivers. Don't wait for the people to contact you—take the initiative and contact them. Ask questions about treatment and progress.

We know that any act toward suicide is a desperate cry for help. Take any deliberate self-destructive act on the part of a child or adolescent very seriously. It doesn't matter if the act was planned or impulsive, or if the child was injured or not; it was still a cry for help.

It's important that you do everything in your power to maintain a strong relationship with the victim. Pray for her and love her with an unflinching, unconditional love. Understand that the road back to health will probably be long, and that it's unrealistic to look for instant solutions or quick fixes. As upset or guilty as you may feel under these terrible circumstances, this is not a time to express shock and disappointment (such as "How could you do such a thing?"). Your task at this moment is to draw near to your child and help him bear the burden of his pain.

Take Care of Yourself

As you arrange for and oversee the necessary treatment for your child, take action to manage your own pain and hurt. Practice good self-care so you can stay healthy and strong enough to support your child and attend to her needs. Get help from a pastor, mentor, or professional counselor. Make sure you eat right and get plenty of sleep, rest, and exercise. This is a very real and serious aspect of the situation you're facing.

Don't be surprised if you are overwhelmed by a host of "Why, God?" questions. You'll ask yourself where you went wrong and how you could possibly have missed the signs that this tragedy was approaching. You'll wrestle with feelings of shame, guilt, and despair. Parents in your position tend to blame themselves. Be aware of these dangers and

make a determined effort to avoid them. A great deal depends on your ability to stay calm, cool, strong, sensible, and available to help wherever needed.

What if your teen or family member has died by suicide? Words cannot adequately or completely describe the loss, the grief, and the range of emotions or anguish you feel. No words can bring your child back. Please hear us when we say, "It's *not* your fault." You didn't make your son or daughter choose suicide. Whatever emotion you're feeling right now is normal—whether it's anger, worry, confusion, regret, embarrassment, betrayal, or something else. It's even normal to feel several differing emotions at the same time, or in rapid succession.

As you can, talk to a trusted family member, friend, pastor, or counselor. Talk about the feelings you're experiencing. Talk about the memories you have of your son or daughter. Talk about the confusion going on in your thinking. Talk about the "Why, God?" questions if you have them. Think about joining a grief recovery support group when you're ready—at least for a while. And be sure to take a break from actively grieving from time to time to do normal life things, even if it feels mechanical and uninteresting at first.

Life will never be the same again. But there will come, in time, a new normal. Life will settle down, and you will find your equilibrium again. It might not seem possible at first, but your family *will* make it through this grieving journey.

Take Care of Your Family

Obviously, your focus will be on your child who attempted suicide. And you must tend to your own needs, too. But you must also see to it that the rest of your family's needs are tended to as well. You don't have to be the one doing all the tending yourself; just make sure all the members of your family are getting the attention and help each needs.

It's not uncommon for your other children to go silent so as to not

make matters worse. Children are very aware: they can tell that you are focused on their sibling and are overwhelmed. They won't want to bother you with their feelings, anxieties, pain, anger at sibling, and so on. Take time to check in with all your children, even if they seem to be doing fine. Have a relative, teacher, or youth pastor check in with your other children as well.

Suicide involves more than just the threat to an individual life. It creates a ripple effect that touches many, many other people: extended family members, friends, acquaintances—even entire communities. Keep this larger picture in mind as you address the issue with your kids and attend to your own emotional needs.

Supporting Someone Else

If the subject of suicide hits relatives or friends of yours, consider the following ideas as you try to reach out to them with love and care.

If someone with a friend or family member is considering suicide: Help people in this position understand that there's a great deal they can do to help their suicidal loved one. Share the S.L.A.P. acrostic with them and urge them to establish a family crisis intervention plan. Don't allow them to minimize the situation. Instead, encourage them to talk openly and honestly with their suicidal family member. If that loved one is a child or a teenager, it's important to stay aware of issues he may be facing at school or in his social life—issues such as isolation, peer pressure, or bullying. There are three simple messages that need to be communicated to anyone who's seriously contemplating suicide:

1. We care.
2. You matter.
3. Let's get help.

Asking the question "When was the last time you didn't feel suicidal?" will help him realize that life hasn't always appeared as bleak as it does right now.

If someone with a friend or family member has attempted suicide: Friends and relatives of individuals who harmed themselves tend to blame themselves for what has happened. They need to be reassured that it's not their fault. Sometimes they hesitate to reach out for help because they're afraid of what others will think. Do what you can to help them get over that barrier. Remember that they're probably experiencing a lot of anxiety and anger, as well as a sense of broken trust. Let them know that these feelings are normal in this situation. Meanwhile, encourage everybody concerned to stay involved with the suicidal individual. Be intentional about treating her as a person rather than a problem to get fixed.

If someone with a friend or family member has died by suicide: This, of course, is the most challenging scenario of all. Here's what you'll want to communicate to a person in this situation:

- It's not your fault. No one can foresee or control the thoughts and actions of another person.
- The feelings of anger, anxiety, confusion, failure, and betrayal you're feeling are normal. You can get on top of them if you're willing to talk about them openly.
- Maybe you can't believe it right now, but you will survive this. We're here to support and help you.

At some point, you may want to encourage this person to see a therapist who can also offer support during this difficult time.

Stay Open

If you, your family, or anyone within your circle of friends and acquaintances is struggling in any way by the tragedy of suicide, remember to keep the lines of communication open. It's easy to withdraw and clam up when something this terrible happens to your family. Fight that tendency with every ounce of strength and energy you can muster. It's vital to talk about your feelings and allow yourselves to grieve openly. This has to take place whenever we lose a loved one, but it's especially important—and difficult to achieve—in the case of a suicide.

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Keeping Hope Alive

Can you see it? There's a light at the end of the tunnel.

Depending on where you're coming from, you may find that hard to believe. If so, your reaction is understandable. We've set ourselves a lofty goal of not just keeping our kids alive, but helping them thrive in every way. Yet the obstacles are formidable, and there are many challenges lurking by the wayside. To make matters worse, the cultural climate is against us. It's easy to see how somebody might reach the end of this journey feeling unnerved or pessimistic.

Where do you stand as our study draws to a close and we prepare to confront the threat of teen suicide out in the real world? Is your family in a good, safe place? Or do you have some doubts about what the future might hold? Whatever your situation, we want to leave you with a single thought: hope is real, and hope never dies. That's true no matter who you are or where you've been.

It's likely you've arrived at this final chapter in one of four distinct states of mind: reassured, troubled, alarmed, or grieving. These four mind-sets run the emotional gamut from positive to negative, but not one of them is incompatible with hope in the true sense of the word. Everything depends on your response. Let's take a closer look.

Reassured

Let's say you've followed the curriculum from beginning to end and come away with a feeling that all is well. That's great! It doesn't mean you and

your teens don't have issues, of course; there are rough spots in every parent-child relationship, and even the healthiest and most well-adjusted adolescents can have problems with hormones, homework, romantic breakups, and academic disappointments. But if you've built the right kind of relationships over the years, chances are that your kids will make it through without any serious difficulties. For the time being, your role is to

- thank God for His blessings,
- continue moving forward in the same direction,
- keep the lines of communication open,
- continue to bring your needs and concerns to the Lord in prayer. It's important to trust God in the good times as well as in the bad.

Troubled

Perhaps this study has rocked your boat. Maybe you started out thinking that everything was okay only to discover some disturbing flaws in the fabric of your family life. Perhaps you're even feeling that you've made some serious mistakes. What then?

In that case there's only one thing you can do: embrace your imperfections. Talk about them with the rest of the family. Request forgiveness where appropriate, and take steps to right any wrongs that aren't past fixing. After that, get on with life. Don't obsess over things that can't be changed. If you're tempted to dwell on the bad stuff, make a conscious choice to redirect your attention to things that are true, noble, just, pure, lovely, and of good report (Philippians 4:8). Start moving in a positive direction, and your kids will follow suit. This is a good time to seek the assistance of a licensed Christian counselor to help you and your family through the troubling issues.

Alarmed

A third group of readers may get to this point in a state of full-blown panic. They've seen the signs of a suicidal mentality in their child's

behavior and are convinced something needs to be done before it's too late. They may even be dealing with the aftermath of a suicide attempt. If that's your situation, review the previous chapter, "Responding to a Suicide Crisis," and implement the strategies outlined there. Then take steps to assemble a strong support system, including a licensed Christian therapist. Above all, remind yourself that this is not your fault. God, who stood by and watched His beloved children make a serious mistake in the Garden of Eden, knows what it's like to be in your shoes.

Discerning the Difference Between Can and Can't

We're imperfect people living in a fallen and distorted world. As parents, we can't expect to raise our children without ever making a mistake. When things get messy, it's important to remember that God is sovereign and active, and that He's still in the mix. Once you've put the situation in God's hands, it's important to remember that you're only human and that you can only do so much to fix the problems and right the wrongs. Here's a chart that can help you tell the difference between the things you can and can't do:

Can	Can't
Focus on my own actions and behaviors	Control the actions of others
Exercise self-control over my own words, thoughts, and feelings	Control the words and thoughts of others
Fulfill my own responsibilities	Demand my rights
Influence the situation for good (realizing that I am just one of many factors)	Manage the situation to suit myself
Manage my own emotional responses	Control the emotional responses of others

Ask God to teach you how to respond with patience, love, and understanding. Distinguish between the things you can and can't do to improve the situation. After that, move ahead one step at a time, holding tightly to the Lord's hand.

Grieving

There's a fourth possibility. You may be the mom or dad whose child has actually gone to the extreme of taking his own life. If so, resist the temptation to blame yourself. It wasn't God's fault when Adam and Eve took the serpent's bait and ate the forbidden fruit. Don't add to the severity of your grief by assuming responsibility for things beyond your control. Instead, make an intentional effort to ground yourself in the reality of the Lord's unchanging love and grace. Talk to a friend, a pastor, or a professional counselor about the situation. Allow yourself to grieve. Grief, when handled properly, can be a positive and healing process. At some point you will begin to see the light at the end of the tunnel. Until then, hold on to hope.

Hope: An Anchor for the Soul

"Hold on to hope." What exactly does that mean?

Hope is more than wishful thinking. The Bible tells us that we find hope when we flee to God "for refuge" (Hebrews 6:18). It describes this hope as a sure and steadfast "anchor of the soul" that fixes itself in the solid reality of God's presence (Hebrews 6:19). Hope in the scriptural sense is about clinging to the good we can't see even in the midst of the bad we can't escape. It has nothing to do with human expectations. It's not a matter of solving or fixing the problem. Instead, it's the confidence that God is with you and that He will carry you through somehow. That's why the writer of Hebrews compares it to an anchor. It's the thing that holds you firm in the fiercest storm.

Staying Anchored: Four Final Affirmations

With that thought in mind, we can bring our journey to a close by affirming four vital spiritual truths. Note the modifier *spiritual*. In the course of this study we've accessed useful information from several different fields: medicine, physiology, psychology, and sociology. We've armed ourselves against teen suicide with every weapon we could get our hands on. But in the end we have to admit that, where life and death are concerned, ultimate answers can't be found within the realm of purely human knowledge. We unlock those mysteries only through the exercise of our faith.

What does the Christian faith have to say to us in answer to such questions? We can summarize its message in four statements.

God Is Sovereign Over All

If you've been affected by suicide, it's crucial to maintain your sense of perspective. When faced with something so overwhelming, most of us can't help but lose sight of the bigger picture. The universe is a vast place, yet God controls every inch of it. He is always in charge, even when we don't understand what He's up to. Your pain and confusion have not escaped His notice. He has a plan for you, and He will bring it to fulfillment:

> Fear not, for I have redeemed you;
> I have called you by name, you are mine.
> When you pass through the waters, I will be with you;
> and through the rivers, they shall not overwhelm you;
> when you walk through the fire you shall not be burned,
> and the flame shall not consume you.
> For I am the LORD your God,
> the Holy One of Israel, your Savior. (Isaiah 43:1-3)

Christ Is Our Healer and Protector

The notion that God is sovereign can be cold comfort to a grieving parent if it isn't combined with the thought that God is also active and involved. He cares about your situation and wants to do something for you. Jesus Christ has not merely suffered on your behalf; He also suffers with you. His wounds have the power to heal and make you whole (Isaiah 53:5). He will give you beauty for ashes (Isaiah 61:3) and turn your mourning into dancing (Psalm 30:11). Lean into His love. It's important to add that a big part of the hope and healing of God's presence is found in fellowship with His people. Don't be afraid to reach out to others for the support and understanding you need.

The Holy Spirit is our helper. This may be the most important piece of the puzzle. Our sovereign, healing God is neither impersonal nor distant. He desires to live within your heart and revive you from the inside out. His indwelling Spirit will lift you up and intercede on your behalf when your words have run out and your strength is gone (Romans 8:26). He is the Helper Jesus sends to us in the midst of our grief and pain (John 16:5-7), and He has promised to turn our sorrows into joy (John 16:20).

Who Needs to Know?

God doesn't want you to bear your burdens alone. An important part of keeping hope alive is reaching out to others for help and support. But this needs to be done with discretion and in strict confidentiality. You can spare yourself a lot of unnecessary pain by keeping the following distinctions in mind:

Secrets: When the people who need to know don't

Gossip: When the people who don't need to know do

Confidentiality: When the people who need to know do, and others don't

Prayer Changes Things

We can top all this off with one last reassuring thought: God hears us when we pray. "Behold, the Lord's hand is not shortened, that it cannot save," writes Isaiah, "or his ear dull, that it cannot hear" (Isaiah 59:1). When you're hopeless, anxious, grieving, and empty inside, let prayer be your lifeline. Prayer is your entrée into the protective circle of God's never-failing, watchful care. It's a weapon with which you can fend off all the "flaming darts of the evil one" who wants to crush you beneath a burden of guilt and despair (Ephesians 6:16). Whatever else happens, then, stay on your knees. The Lord will never leave you nor forsake you (Hebrews 13:5).

Final Thoughts

In the end, it's important to remember one simple concept: hope is undying. Hope that is real and rooted in the right place can never be destroyed. No matter who you are or what your state of mind, this essential truth is true for you. It's true for those who are so weighed down by life that they can't think of anything but escape. It's true for the people who love them and don't want to see them make a terrible mistake. It's even true for those whose worst nightmares seem to have come true. When the night is darkest, God is still standing by your side.

Indeed, that's when the light of His hope shines the brightest.

For more helpful information, videos, and resources on suicide prevention, be sure to visit AliveToThrive.com.

— Part Six Discussion Questions —

1. What personal experience do you have with suicide?

2. What would be a person's reasons for contemplating suicide?

3. What do you think are best ways to help kids know how valuable they are and that things can get better when they're feeling down?

4. Name as many warning signs of suicide as you can.

5. Have you asked your children if they know what suicide is and if they've ever thought about it?

6. Are you tracking your child's stress levels?

7. What can you do to encourage your kids to talk openly about their thoughts and feelings?

8. As you consider your present family situation, do you feel reassured, troubled, or alarmed? Or are you a grieving family?

9. What might keep you or your spouse from talking to your teens about suicide? How can you overcome any obstacles you might have to discussing this topic?

10. What is your hope truly based upon? How has it helped you get through painful times in your life?

11. Have you taken the time to set up a spiritual support system among Christian friends, with church members, and in your prayer life? If not, what do you need to build that up?

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