

Building Self-Esteem in Children

Most people have heard that “an ounce of prevention is worth a pound of cure,” and it’s especially true with self-esteem in children. All children need love and appreciation and thrive on positive attention. Yet, how often do parents forget to use words of encouragement such as, “that’s right,” “wonderful,” or “good job”? No matter the age of children or adolescents, good parent-child communication is essential for raising children with self-esteem and confidence.

Self-esteem is an indicator of good mental health. It is how we feel about ourselves. Poor self-esteem is nothing to be blamed for, ashamed of, or embarrassed about. Some self-doubt, particularly during adolescence, is normal — even healthy — but poor self-esteem should not be ignored. In some instances, it can be a symptom of a mental health disorder or emotional disturbance.

Caring adults can play important roles in helping their children feel better about themselves and developing greater confidence. Doing this is important because children with good self-esteem:

- act independently.
- assume responsibility.
- take pride in their accomplishments.
- tolerate frustration.
- handle peer pressure appropriately.
- attempt new tasks and challenges.
- handle positive and negative emotions.
- offer assistance to others.

Words and actions have great impact on the confidence of children, and children, including adolescents, remember



the positive statements parents and caregivers say to them. Phrases such as “I like the way you ...” or “You are improving at ...” or “I appreciate the way you ...” should be used on a daily basis. Adults also can smile, nod, wink, pat on the back, or hug a child to show attention and appreciation.

What else can caring adults do to help raise confidence in children?

- Be generous with praise.
- Teach positive self-statements.
- Avoid criticism that takes the form of ridicule or shame.
- Teach children about decision making and to recognize when they have made good decisions.
- Show children that you can laugh at yourself.

Alarming Rise in ER Visits for Misuse of ADHD Drugs

More 12- to 17-year-olds went to hospital emergency rooms for problems related to use of attention-deficit/hyperactivity disorder (ADHD) drugs in 2004 than people ages 18 to 24, according to research from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Data from SAMHSA's Drug Abuse Warning Network (DAWN) showed that there were about 8,000 ER visits for drugs like Ritalin, Concerta, and Adderal in 2004. Among those legally prescribed the drugs, ER visits occurred at the rate of 1.6 per 100,000 population among 12- to 17-year-olds and 0.4 per 100,000 among those ages 18 to 24. Among nonmedical users of the drugs, the rates were 1.7 visits per 100,000

population among those ages 12 to 17 and 1.0 per 100,000 among 18- to 24-year-olds.

Among ER patients using ADHD drugs nonmedically, 21% took the drug alone, 20% used it with alcohol, 26% used it with an illicit drug, and 57% used it in combination with other pharmaceuticals.

"These findings suggest an alarming level of nonmedical use that could have life-threatening consequences, such as heart attack or stroke," said Assistant Surgeon General Eric Broderick, DDS, MPH, SAMHSA's acting deputy administrator. "Parents need to help break this dangerous pattern of behavior by carefully monitoring their child's use of ADHD medication."



**HELPING
HAND**

v1719

Copyright© MMVII
Troy, Michigan

Performance Resource Press, Inc.
1270 Rankin Dr., Suite F
Troy, Michigan 48083-2843
248-588-7733
www.PRPonline.net

Editor: Erin Bell

Graphic Designer: Diane Chattersan

Please send suggestions or contributions to the editor at the above address or through your student assistance program.

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

Many Teens Drink, Use Drugs and Drive

A new survey finds that 19% of teens drive under the influence of alcohol, 15% drive after using marijuana, and 7% report driving under the influence of other drugs.

However, the annual Teens Today survey, sponsored by Students Against Destructive Decisions (SADD) and the Liberty Mutual insurance company, also found that teens whose parents set high expectations and impose serious consequences are less likely to drive while impaired. For example, 16% of teens who say there would be serious trouble at home reported driving drunk, compared to 29% of teens who said they would not face such consequences from their parents. Boys (32%) were more likely than girls (25%) to have driven while impaired, the study found.

"It's quite encouraging to see that parental involvement can significantly improve teen driving statistics, a mission we've been committed to for some time now," said Liberty Mutual executive Paul Condrin. "And through this study, the type of parental involvement that works is clear — parents need to know the laws and teen-driving rules of their state, set clear expectations with their teens about what safe driving is, and establish and enforce those consequences should those laws be broken or expectations not be met."

Good parenting also can cut down on car crashes, speeding, and distracted driving among teens, the study found. Suggested family rules for teen drivers include no friends in the car without an adult; no driving after 10 p.m.; no use of alcohol or other drugs; no distractions while driving, including eating, changing CDs, handling iPods and putting on makeup; and no cell phone use, including text messaging.

Brief Intervention May Influence Adolescent Alcohol and Cigarette Use

A brief one-on-one intervention may increase exercise and decrease alcohol and cigarette use among adolescents for up to three months after the intervention with some positive effects still seen one year later, according to a University of Florida study.

"We found long-term sustained effects of the intervention on both cigarette and marijuana use, and vigorous and moderate physical activity among adolescents using marijuana and/or cigarettes prior to the consultation," said Chad Werch, director of the Addictive & Health Behaviors Research Institute and the lead investigator on the study.

"These later findings suggest that the brief consult titled Project SPORT, provided by a trained health-care provider and lasting about 12 minutes in length, was particularly useful for those adolescents most in need of intervention because of their current drug consumption," Werch said.

These results support a previous study by Werch and his colleagues suggesting that a brief sport-based consultation tailored to adolescent's health habits may reduce alcohol use, while increasing exercise frequency.

"Given the challenges with implementing typical prevention programs in today's schools which are focused on standards testing, brief interventions like Project SPORT may provide a more realistic alternative to reaching adolescents with critical prevention interventions than standard full-semester length curricula," Werch said.

"Preventive intervention effects as extensive as those found in this study, involving numerous health behaviors and a range of important risk and protective factors, are relatively uncommon in the literature, especially among brief interventions," Werch said.

Project SPORT is based on a new model for integrating the prevention of health risk behaviors, such as substance misuse, with the promotion of health-enhancing behaviors such as physical activity. This is accomplished by promoting images



and attributes that youth value.

The participants in Project SPORT demonstrated significant positive effects at three months post-intervention for alcohol consumption, alcohol initiation behaviors, alcohol use risk and protective factors, drug use behaviors, and exercise habits, and at 12 months for alcohol use risk and protective factors, cigarette use, and cigarette initiation. In addition, drug-using adolescents who received Project SPORT showed significant changes in alcohol consumption, drug use behaviors, and drug use initiation at three months, and drug use behaviors and exercise habits at 12 months.

"Another advantage of an intervention like Project SPORT is that it may be more successful in attracting and retaining adolescents to participate in the program, compared to common risk-based prevention programs because it emphasizes a positive, health promoting theme," said Werch.

Frequent Family Dinners Can Prevent Drug Use

The more often teens have dinners with their families, the less likely they are to use alcohol, tobacco, or other drugs, according to a recent national telephone survey of teens. For example, 32% of teens who have dinner with their family five or more times a week report that they have tried alcohol, and 7% report that they get drunk at least once a month, compared to 48% and 18%, respectively, of teens who have

less than three family dinners a week. This relationship can be largely explained by the fact that parents who frequently eat with their children are very involved in their children's lives. According to the survey, parents who have frequent family dinners are more likely to say they know the parents of their teen's closest friends, know the names of their teen's teachers, and believe they have a good relationship with their teen. Overall, 58% of teens report having dinner with their family at least five times a week. The top three reasons given for not having more frequent dinners were that parents work late, being too busy, and having conflicting schedules.

Resource: Your Child's Mental Health

When a child has a high fever, parents usually get medical advice. Mental health problems can be more difficult to recognize. One in five children has a diagnosable mental, emotional, or behavior problem that can lead to school failure, family discord, violence, or suicide. Help is available. However, two-thirds of children with mental health problems are not getting the help they need.

Mental health is how we think, feel, and act. It's common for children to feel sad or to behave badly from time to time. If you see troubling behaviors that seem persistent and severe, it's time to take action. These questions can help you:

Does your child seem angry most of the time? Cry a lot? Overreact to things?

Does your child avoid friends or family? Want to be alone all the time? Seem to have lost interest in things usually enjoyed?

Does your child destroy property, break the law, or do things that are life threatening? Often hurt animals or other people? Seem not to care when you explain that this behavior is harmful? Use alcohol or other drugs?

Is your child extremely fearful? Having unexplained fears or worrying more than other young people?

Is your child limited by poor concentration? Suddenly having trouble making decisions? Grades showing a marked decline?

Is your child obsessed about how he/she looks?

Experiencing unexplained changes in sleeping or eating habits? Often complaining about headaches, stomachaches, or other physical problems?

Does your child feel that life is too hard to handle or talk about suicide?

If you answered "yes" to any of these questions, talk to your family doctor or pediatrician about your child's feelings and behavior. Discuss how your child may have been affected by recent major changes in your family or community. Together, you may decide that your child and family need help from someone with more mental health training.

Parents, teachers, and other care providers can work together to build on your family's strengths. All families have strengths. Maybe your family strengths are shared during a community function that you attend regularly. A family activity like cooking together may provide a time to experience both good communication and good food. Bonds may be strengthened and skills developed in the ways you encourage your child's interest in activities like baseball, science, or being a helpful neighbor. Building on your family's strengths can provide the support your child and family need to succeed.

For more information, contact:

For more information on Chippewa Valley Schools Student Assistance (drug and violence prevention) programming and/or the Chippewa Valley Coalition for Youth and Families, please contact 723-2360.