



Handout for Surviving Anxiety: Protecting our Teens in an Age of Distress

By Dr. Rebecca Resnik, Licensed Psychologist

Founder, Rebecca Resnik and Associates LLC, Bethesda and Rockville

www.resnikpsychology.com * drresnik@resnikpsychology.com

Important 'Take Aways' about Teen Anxiety and Depression

Anxiety is natural and necessary, but should not become chronically overwhelming

Teens are more likely to have mixed anxiety with depressed mood

Natural brain development during early adolescence makes it harder for teens to regulate their thoughts and feelings. They also have a harder time controlling their impulses or anticipating consequences of their choices.

Early signs of anxiety may include avoidance/withdrawal, irritability, or exhaustive attempts to be perfect/in-control.

Though teenagers can sometimes exhibit unattractive or off-putting behavior, it is NOT normal for there to be regular arguing, verbal abuse of family members, school refusal, defiance, substance abuse, or aggressive behavior.

Teenagers often know the risks, but discount them 'in the moment.' Teens tend to focus on the anticipated benefits of a choice and discount the risks (unlike adults, who tend to focus more on risk). They also tend to have good knowledge about how to stay safe, yet do not think bad things will actually happen.

Self-destructive coping behaviors can be contagious among teenagers. Teens are more likely to adopt substance use, self-injury, or self-harm if other teens they interact with do so. Teens are more likely to take a risk if they think it is socially acceptable among their peer group. They may try self-destructive behaviors in order to fit in or solicit care. It is essential to pay attention and respond to these behaviors, but adults must be careful not to romanticize them.

Red Flags

Please note that it is impossible to know for sure who is at risk. This list is not a substitute for consultation with a licensed/certified professional

Red flags that a teenager is having mood regulation problems include: irritability, changes in eating/sleeping/energy level/grooming, loss of interest in previously enjoyed activities, drop in

grades or academic performance, substance use, unhealthy use of technology/social media/iPhone

Red flags for a student at risk of self-harm may include those listed previously, and more serious signs also include:

- Talking about self-harm or dying (including on social media),
- Researching how to die by suicide, making plans, acquiring lethal means
- Previous attempt at suicide
- Self-injury (cutting, scraping, burning)
- Changes in behavior and mood (including an unexpected sudden calm/euphoria)
- Hopelessness—feeling that there is nothing to live for, no one cares, or nothing will improve no matter what
- Self-hate, self-loathing
- Agitation—the need to take action to escape or avoid distress
- Constricted thinking—focusing on death as a way to escape or solve problems
- Teenager feels that he/she is a burden on others, believes that loved ones will be better off if he/she were gone
- Loss of fear of death/dying (may come with an increase in risky behavior)

Factors that protect our teen's mental health

- 'Stress inoculation' -- healthy attitude towards risk-taking and failure
- Age-appropriate responsibility and independence
- Face-to-face social engagement
- Strong relationships with parent/guardian/supportive adult
- Good sleep
- Regular exercise 3x/week
- Good nutrition (eating foods that keep blood sugar levels stable, little to no caffeine, regular consumption of fish and foods rich in omega-3 fatty acids)
- Adequate treatment of mental health concerns by a qualified, licensed/certified clinician who uses evidence-based treatments. If the student takes medication, he/she should be adherent to the medication regimen
- A sense of belonging to a larger community (school, church/shul, team, club etc.)

What do I do if I think a teen needs help?

Remember, “Any member of the school community, student or adult, can prevent a student from dying by suicide”—Erbacher, Singer and Poland, Suicide in Schools. English teachers may see evidence of mental health problems in a student’s creative writing. Students often drop their guard around custodians, security guards, school nurses, and bus drivers –these staff members may be the first to notice that something is wrong.

Err on the side of *over*-reacting—a good place to start is to contact the school’s ‘gatekeeper’ or in-house mental health professional. The ‘gatekeeper’ will be able to determine how to connect the student with qualified professionals

Contact the student’s parents. Do not be afraid of offending or bothering someone—never assume that the parent’s have already noticed a problem or have taken appropriate action!

Call the Montgomery County Crisis Center 240-777-4000 and the student’s psychiatrist or psychotherapist if there is one. If there is an immediate threat, the student should go to an emergency room. A student who discloses suicidal thoughts or imminent risk should never be left alone *even for a few minutes* (the period right after disclosure can be dangerous)

How do I find a qualified clinician?

Ask a trusted professional who *regularly refers adolescents to mental health providers*. The ‘gatekeeper’ at school or your child’s pediatrician will know quality resources in the community. You can also try the Maryland Psychological Association or the Maryland Psychiatric Society. Local hospitals that serve teens (Georgetown, Children’s, Suburban) will also be able to connect you to their behavioral health department or community resources.

Before engaging a clinician, if he/she has advanced training in the assessment of risk. Many professionals in this area have been trained to use the Collaborative Assessment and Management of Suicide (CAMS) which is an evidence-based evaluation tool published by Dr. David Jobes.

Be careful to select an independently licensed or certified professional with the appropriate qualifications and credentials! Avoid someone with an ‘unregulated’ title like: consultant, coach, advisor, expert. A professional with a license or certificate will *always* refer to him or herself with these credentials (e.g. licensed psychologist, licensed professional counselor, licensed clinical social worker, certified school psychologist). You can check someone’s license online at the Maryland State Board of Health Professions website. Many pastoral counselors also hold licenses or certificates. *Having an advanced degree is not the same as having earned a professional license/certification to provide health care in the state of Maryland.*

Resources for learning more about teen mental health

How to Talk so Teens Will Listen and Listen So Teens Will Talk by Adele Faber and Elaine Mazlish

Brainstorm: The Power and Purpose of the Teenaged Brain by Dr. Daniel Siegel

Teenagers: A Natural History by Dr. David Bainbridge

American Girls: Social Media and The Secret Life of Teenagers by Mary Jo Sales

Conquer Negative Thinking for Teens, Dr. Mary Alvord (workbook)

Resources for Suicide Prevention

Suicide in Schools by Ercacher, Singer and Poland (2015), Routledge Press

Suicide Prevention Resource Center sprc.org

American Association of Suicidology

National Suicide Prevention Lifeline: 1-800-273-8255 (TALK). Spanish: 1-800-SUICIDA

Crisis Text Line: Text "START" to 741-741

Online chat: <http://www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx>

<https://www.reddit.com/r/SuicideWatch/wiki/hotlines> - This page provides information about phone and chat hotlines and online resources in the U.S. and worldwide.

Dr. April Foreman and SPSM Chat <http://www.docforeman.com/>, @docforman (twitter)