

December 13, 2019

Dear Parent/Guardian,

The adolescent years are marked by a roller-coaster ride of emotions—challenging for students and their parents. It can be hard to tell the difference between normal adolescent turmoil and what might be a mental health concern. Depression is becoming more common among young people and appears to be affecting students at an earlier age. Depression is treatable; but untreated depression is a leading risk factor for suicide.

To proactively address these issues, our school is offering suicide prevention education using SOS Signs of Suicide. SOS encourages students to seek help if they are concerned about themselves or a friend. SOS is an evidence-based program that has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression, as well as a reduction in actual suicide attempts.

Our goals in participating in this program include teaching students:

- that depression is treatable so they are encouraged to seek help
- how to identify serious depression and potential suicide risk in themselves or a friend
- to ACT (Acknowledge, Care and Tell a trusted adult) if concerned about themselves or a friend
- who they can turn to at school for help, if they need it

Students will watch an age-appropriate video and participate in a guided discussion about depression, suicide, and what to do if they are concerned about a friend. Following the video, students will complete a short screening for depression and a response slip indicating whether they would like to talk to an adult about any concerns.

We encourage you to visit www.sosignsof suicide.org/parent for information on warning signs for youth suicide, to access useful resources, and to learn more about the key message all students will learn in class.

If you have any questions or concerns about this program please contact me at eedubose@cps.edu. If you **DO NOT** give permission for your child to participate in SOS, please sign and return the form to your child's homeroom teacher by **January 7th**.

Sincerely,

Erin DuBose, School Counselor

I, _____ [parent/guardian name] **DO NOT give permission** for
_____ [student name] to participate in SOS Signs of Suicide.

_____ [parent/guardian signature]

_____ [parent/guardian email]

SELF-INJURY

What parents need to know

Many parents are becoming aware of the practice of self-injury, also commonly called “cutting.” Some kids who are experiencing stress or other forms of emotional distress resort to cutting or some other mutilating behavior (burning, scratching, hair pulling) to relieve stress.

This can be extremely distressing to parents. It is important to know that it is generally not about suicide, but is a sign that your child is struggling to cope with some negative feelings. If you suspect your child may be self-injuring (see box), how you respond can have a big impact on your child’s recovery. Try not to panic; listen and be supportive. The best thing you can do is seek professional treatment as soon as possible.

Signs of self-injury:

- Unexplained or clustered wounds or scars
- Fresh cuts, bruises, burns, or other signs of bodily damage
- Bandages worn frequently
- Inappropriate clothing for the season (e.g., always wearing long pants or sleeves in the summer)

Three Ways to Foster RESILIENCE IN YOURSELF

As a parent, you spend a lot of time and energy trying to raise your child(ren) to be as happy and resilient as possible. Don’t forget that setting an example by being resilient yourself is a powerful way to foster a good attitude in them, and will help you, too.

Three steps to be more resilient:

- 1 REACH OUT.** Building strong and positive relationships is vitally important to your health, wellbeing, and ability to handle adversity. If making friends is a challenge, participate in your community. You can volunteer, join a faith or spiritual community, or get active on an athletic team.
- 2 LEARN FROM EXPERIENCE.** Next time you are facing something difficult, think about how you got through a past challenge. Maybe even write about it.
- 3 BE PROACTIVE.** Don’t ignore a problem you are experiencing. Instead, figure out what needs to be done, make a plan and take action. Although it can take time to recover from a major setback, traumatic event or loss, know that your situation can improve if you work at it.

More information: www.mayoclinic.org/tests-procedures/resilience-training/in-depth/resilience/art-20046311?pg=2



School is a SAFETY ZONE

Adolescence is a time of many changes and challenges. Some are wonderful and some are extremely difficult. Each child handles it differently, but most parents and adolescents wonder: How do I know if someone is really struggling and needs help, or is just going through a “rough patch?” The Signs of Suicide (SOS) program teaches students what to do when they are worried about a friend by employing the ACT® message.

ACKNOWLEDGE CARE TELL

Acknowledge

that you are seeing signs of depression or suicide in yourself or a friend and that it is serious.

Care

Let your friend know that you care about them, and that you are concerned that they need help you cannot provide.

Tell

a trusted adult — take your friend with you or go alone if you need to.

TALKING TO YOUR CHILD

Adolescence is a time when kids often do not open up as much with their parents. Some tips to get the conversation flowing:

- » Ask open-ended questions such as “What was fun at school today?”
- » Don’t rush to solve their problems. Instead, ask your child what he or she thinks would help a situation.
- » Be available and make sure your child knows it. A simple “I’ll be at my desk if you decide you want to talk later” may help.
- » Try talking in the car. The relaxed atmosphere makes it easier for some kids to open up.

MOODY vs DEPRESSED

It is easy for parents to assume that most adolescent outbursts are the result of hormones, stress, and a changing brain. How can you tell if your child's moodiness is actually depression, anxiety or something else?

There are **three** things to consider when you're assessing your adolescent's moods.

- 1 SEVERITY:** Keep an eye on your child's emotions, whether it is a down mood, outbursts, crying, or other symptoms. The more severe these signs are, the more likely it is that he or she may be depressed or troubled in some way.
- 2 DURATION:** How long is the distressed mood lasting? If it lasts for more than a couple of weeks, it could mean your child is struggling and needs help.
- 3 DIFFERENT AREAS OF LIFE:** Is your child acting out at home and struggling at school? Noticing changes in multiple venues may signify a mood disorder instead of just moodiness.

It is important to remember that the things we call "protective factors" when it comes to depression and anxiety, such as social interaction, sports, and good rest, are often not enough. A child who is suffering from depression needs medical care.

More information: <https://www.health.harvard.edu/blog/distinguishing-depression-from-normal-adolescent-mood-swings-20100913335>

If you are worried about your child's mental health, call the National Suicide Prevention Lifeline, or text the Crisis Text Line available 24/7 at: **1-800-273-TALK (8255)** or text **ACT** to **741741**

Is My Child Being BULLIED?

SOMETIMES, KIDS WILL NOT SEEK HELP when they are being bullied, so it is important for parents to recognize the signs:

- Unexplainable injuries
- Lost or destroyed clothing, books, electronics, or jewelry
- Changes in eating habits
- Difficulty sleeping or frequent nightmares
- Frequent headaches or stomach aches, feeling sick or faking illness

PARENTS CAN TAKE STEPS TO ADDRESS BULLYING by talking to their child, documenting what's happening, and talking to the school. But what about the kids who are bullying others? Some signs include:

- Getting into physical or verbal fights
- Becoming increasingly aggressive
- Getting sent to the principal's office or to detention frequently
- Having friends who bully others
- Blaming others for their problems
- Having unexplained extra money or new belongings

Media reports often link bullying with suicide, but most youth who are bullied do not have thoughts of suicide. However, we do know that bullying can be linked to mental illness (such as depression) for everyone – those who are bullied, those who bully, and those who witness bullying.

KIDS WHO WITNESS BULLYING OFTEN SUFFER TOO:

- Vulnerability to becoming victimized
- Pressure to participate in the bullying
- Worry that the adults are not in control
- Guilt for not having defended the victim
- Powerlessness to stop bullying
- Anxiety about speaking to anyone about the bullying

More information:

<https://www.stopbullying.gov/at-risk/warning-signs/index.html#bullying> • <https://www.stopbullying.gov/at-risk/effects/>

TEENS & ALCOHOL

Ask parents of an adolescent about their biggest social concern for their child and you will likely hear: alcohol and drugs. Advertisements for alcohol feature people who are beautiful, popular, and in control – all things many adolescents strive to be. It is a powerful message. The organization Students Against Destructive Decisions (SADD) estimates that about 3/4 of high school students and 1/3 of 8th graders have consumed alcohol.

Adolescents drink for many of the same reasons that adults do – to alter their mood to cope with feelings of depression and anxiety. It is important to remember that alcohol use and depression can be a dangerous combination. Alcohol use among adolescents who are sad or depressed has been linked to suicidal thoughts and behaviors.

Avoiding the subject of alcohol with your child and hoping it is not an issue is not the best approach to preventing teenage drinking.

TALK EARLY AND OFTEN, in developmentally appropriate ways, with children and teens about your concerns—and theirs – regarding alcohol. Adolescents who know their parents' opinions about youth drinking are more likely to fall in line with their expectations.

ESTABLISH POLICIES EARLY ON, and be consistent in setting expectations and enforcing rules. Adolescents do feel that parents should have a say in decisions about drinking, and they maintain this deference to parental authority as long as they perceive the message to be legitimate; consistency is central to legitimacy.

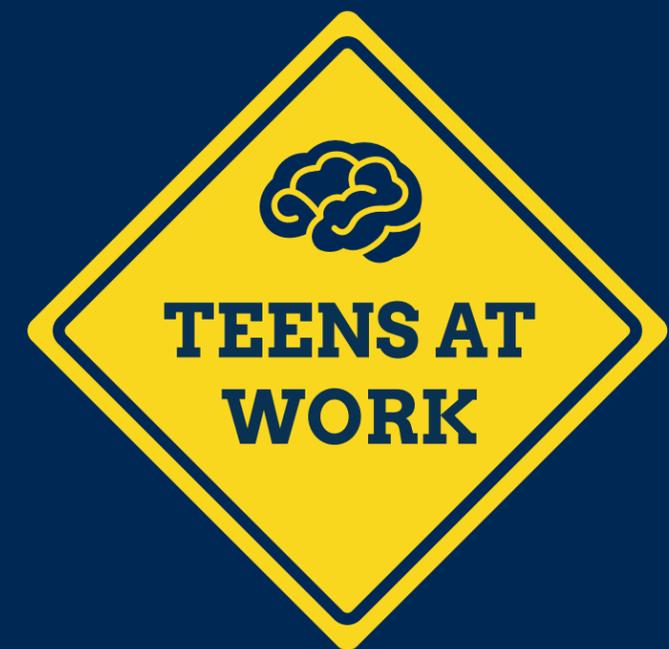
WORK WITH OTHER PARENTS to monitor where kids are gathering and what they are doing. Being involved in the lives of adolescents is key to keeping them safe.

Work in and with the community to promote dialogue about underage drinking and the creation and implementation of action steps to address it.

BE AWARE OF YOUR STATE'S LAWS about providing alcohol to your own children and never provide alcohol to someone else's child.

More information:

<http://pubs.niaaa.nih.gov/publications/adolescentflyer/adolflyer.htm>
www.sadd.org/initiatives/substance-abuse/alcohol
[www.jahonline.org/article/S1054-139X\(08\)00337-6/abstract?cc=y](http://www.jahonline.org/article/S1054-139X(08)00337-6/abstract?cc=y)



What's happening in my teen's brain?

Teens think that they are just like adults, but science tells us that their brains are not fully developed until they reach their twenties. Those differences contribute to some of what we think of as typical teen behavior.

DECISION-MAKING: When you think to yourself, "why did my child do this?" remember that the frontal lobe of the brain, which controls decision-making, is not fully insulated, so the signals move slower than they do in adults.

EMPATHY & IMPULSE CONTROL: These areas are also in the frontal lobe and therefore late to be completely developed.

ADDICTION: The adolescent brain is, unfortunately, more efficient at becoming addicted to a substance than the adult brain. In the same way an adolescent brain learns a fact more efficiently than an adult, it also gets addicted easier, which is important for adolescents to know.

More information:

<https://www.npr.org/sections/health-shots/2015/01/28/381622350/why-teens-are-impulsive-addiction-prone-and-should-protect-their-brains>