

A *new* BEGINNING
Where lasting change is possible



**Your Child's Mood:
When is it *More Than "Just A Phase"*?**

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“We don’t heal someone by trying to fix them, telling them they’re wrong or wishing their issues away. We heal them by listening, showing empathy, and just being with them. Our presence is more powerful than we know.”

-N. Starbuck



Today's Road Map

- Discuss adolescent development and unique experiences
- Discuss common mental health symptoms experienced by adolescents
- Learn how to identify when your adolescent's experiences are *more than just a phase*
- Explore parent support strategies and action plans
- Q & A

Typical Adolescent Development and Experiences

According to the American Academy of Pediatrics:

“Adolescence is the period of transition between childhood and adulthood. It includes some big changes- to the body and the way a young person relates to the world.”

“The many physical, sexual, cognitive, social and emotional changes that happen during this time can bring anticipation and anxiety for both children and their families.”

“Understanding what to expect at different stages can promote healthy development throughout adolescence and into early adulthood.”

Stages of Adolescence: Early Adolescence (“Pre-Teen”)



Age 10 to 13 years

- **During this stage, children often start to grow more quickly.**
 - They begin notice other body changes related to puberty
 - Usually starts a year or two earlier in girls than boys
 - It can be normal for some changes to start as early as age 8 for females and age 9 for males. Many girls may start their period at around age 12
- **These body changes can inspire curiosity and anxiety in some—especially if they do not know what to expect or what is normal.**
 - Some children may also question their gender identity at this time
 - The onset of puberty can be a difficult time for transgender children

Stages of Adolescence: Early Adolescence (“Pre-Teen”)



- **Early adolescents have concrete, black-and-white thinking.**
 - Things are either right or wrong, great or terrible, without much room in between
 - It is normal at this stage for young people to center their thinking on themselves (called "egocentrism")
 - As part of this, preteens and early teens are often self-conscious about their appearance and feel as though they are always being judged by their peers
- **Pre-teens feel an increased need for privacy.**
 - They may start to explore ways of being independent from their family
 - They may push boundaries and may react strongly if parents or guardians reinforce limits

Stages of Adolescence: Middle Adolescence (“Teen”)

Age 14 to 17 years

- **Physical changes from puberty continue during middle adolescence.**
 - Most males will have started their growth spurt, and puberty-related changes continue. Physical changes may be nearly complete for females, and most girls now have regular periods
- **At this age, many teens become interested in romantic and sexual relationships.**
 - They may question and explore their sexual identity—which may be stressful if they do not have support from peers, family, or community
 - Another typical way of exploring sex and sexuality for teens of all genders is self-stimulation

Stages of Adolescence: Middle Adolescence (“Teen”)

- **Many middle adolescents have more arguments with their parents as they struggle for more independence.**
 - They may spend less time with family and more time with friends
 - They are very concerned about their appearance and peer pressure may peak at this age
- **The brain continues to change and mature in this stage, but there are still many differences in how a middle adolescent thinks compared to an adult.**
 - Frontal lobe development is not complete until a person is well into their 20's!
 - The frontal lobes play a big role in coordinating complex decision making, impulse control, and being able to consider multiple options and consequences
 - Middle adolescents are more able to think abstractly and consider "the big picture," but they still may lack the ability to apply it in the moment
 - While they may be able to walk through the logic of avoiding risks outside of these situations, strong emotions often continue to drive their decisions when impulses come into play

How To Help Your Children Navigate Adolescence

Children and their parents often struggle with changing dynamics of family relationships during adolescence. But parents are still a critical support throughout this time.

Here are some things you can do:

- **Help your child anticipate changes in his or her body.**
 - Learn about puberty and explain what's ahead. Reassure them that physical changes and emerging sexuality is part of normal, healthy development.
 - Leave room for questions and allow children to ask them at their own pace. Talk to your pediatrician when needed!
- **Start early conversations about other important topics.**
 - Maintain open communication about healthy relationship, sex, sexuality, consent, and safety (such as how to prevent sexually transmitted infection and pregnancy, and substance use).
 - Starting these conversations during early adolescence will help build a good framework for discussions later.
- **Keep conversations with your child positive.**
 - Point out strengths. Celebrate successes.

How To Help Your Children Navigate Adolescence

- **Be supportive and set clear limits with high (but reasonable) expectations.**
 - Communicate clear, reasonable expectations for curfews, school engagement, media use, and behavior, for example.
 - At the same time, gradually expanding opportunities for more independence over time as your child takes on responsibility. Youth with parents that aim for this balance have been shown to have lower rates of depression and drug use.
- **Discuss risky behaviors (such as sexual activity and substance use) and their consequences.**
 - Be sure to set a positive example yourself. This can help teens consider or rehearse decision-making ahead of time and prepare for when situations arise.
- **Honor independence and individuality.**
 - This is all part of moving into early adulthood. Always remind your child you are there to help when needed.

The adolescent years can feel like riding a roller coaster. By maintaining positive and respectful parent-child relationships during this period, your family can (try to) enjoy the ride!

When is it *more than “just a mood?”*

Is this something you have experienced? (Thank you Disney-Pixar)



Common Mental Disorders in Teens

According to the U.S. Department of Health and Human Services, common mental health disorders in adolescents are:



- **Anxiety Disorders**
- **Depression**
- **Eating Disorders**



Anxiety Disorders

- Occurs in approximately **32 percent of 13-18 year-olds**
- Characterized by feelings of excessive uneasiness, worry and fear
- Examples include generalized anxiety disorder, post-traumatic stress disorder, social anxiety disorder, obsessive-compulsive disorder and phobias
- Nearly **1 in 3 teens** will meet criteria for an anxiety disorder by the age of 18.



Generalized Anxiety

- Occasional anxiety is a normal part of life. An adolescent might worry about things like health, money, or family problems.
- However, people with generalized anxiety disorder (GAD) feel extremely worried or feel nervous about these and other things—even when there is little or no reason to worry about them.
- People with GAD find it difficult to control their anxiety and stay focused on daily tasks.

Generalized Anxiety



What To Look For: Signs/Symptoms

Children and Teens with GAD often:

- Frequently ask for reassurance
- Report headaches, muscle aches, stomach aches or unexplained pains
- Frequently go to the bathroom or experience constipation
- **Children and teens with GAD often worry excessively about:**
 - Their performance, such as in school or in sports
 - Catastrophes, such as earthquakes or war
 - Safety of loved ones

How to tell if it is *more than “just a mood”*?

- Is this an appropriate response to life stressors?
- How long has the mood change lasted?
- Is the worry related to more than one area of life/more than one thing?
- Has there been a dramatic change in eating or sleeping habits?
- Have there been more physical complaints recently?
- Has there been avoidance of social interactions with usual friends, extracurricular activities, isolation from peer group, and spending more time alone?
- Reassurance and comfort is not enough to reduce fears.

Social Anxiety

- Social anxiety is characterized by an intense fear of social and performance situations
- Can significantly impact a child’s school performance and attendance
- Can significantly impact ability to socialize with peers and build and maintain relationships
- **9.1% of adolescents** will meet criteria for social anxiety disorder by the age of 18

Symptoms of Anxiety



What To Look For: Signs/Symptoms

- Hesitance, passivity, and discomfort in the spotlight
- Avoiding or refusing to initiate conversations, invite friends to get together, order food in restaurants, or call/text/e-mail peers
- Frequently avoiding eye contact with adults or peers
- Speaking very softly or mumbling
- Appearing isolated or on the fringes of the group
- Sitting alone in the library or cafeteria, or hanging back from a group
- Overly concerned with negative evaluation, humiliation or embarrassment
- Difficulty with public speaking, reading aloud or being called on in class

“The 2 W’s” : GAD and Social Anxiety

What do you say?

Encourage your child to open up about worries or fears:

- Describe a recent situation when you observed anxiety
- Ask what worries them the most?
- Offer support and reassurance that feelings are okay
- Emphasize effort over performance

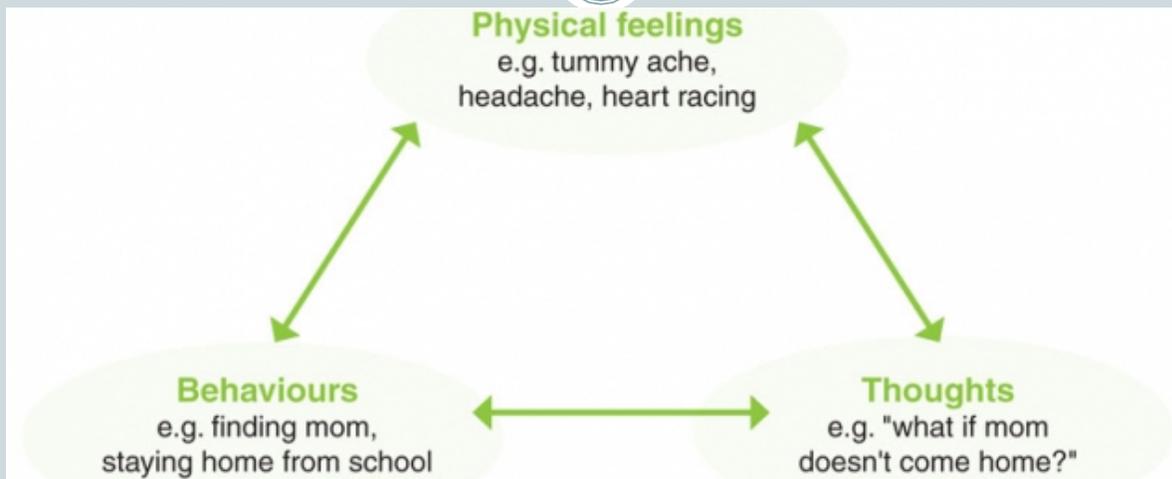
“The 2 W’s” : GAD and Social Anxiety

What do you do?

Teach your child about anxiety:

- [Anxiety is normal](#)
- Anxiety is not dangerous
- Anxiety is adaptive
- Explain how anxiety works (thoughts, physical feelings, behaviors)

How Does Anxiety Work?



Parent Tips

The recovery process can be stressful for everyone. It is helpful to build a support network of relatives and friends.

And keep these tips in mind:

- Listen to your child's feelings
- Stay calm when he/she/they becomes anxious about a situation or event
- Recognize and praise his/her/their small accomplishments
- Don't punish mistakes or lack of progress
- Try to maintain a normal routine
- Modify expectations during stressful periods
- Plan for transitions (i.e. allow extra time in the morning if getting to school is difficult)

Obsessive Compulsive Disorder (OCD)

- OCD is characterized by unwanted, intrusive thoughts (obsessions) and feeling compelled to repeatedly perform rituals or routines (compulsions) to try to ease anxiety
- Most children with OCD are diagnosed around age 10, although the disorder can begin as young as 2 or 3 years
- Boys are more likely to develop OCD before puberty, while girls tend to develop the disorder during adolescence
- Research has shown that for teens with the eating disorder anorexia nervosa, OCD is the most common co-occurring disorder

What To Look For: Signs/Symptoms

- Presence of recurrent, perseverative thought processes
- Presence of compulsive behaviors
- The obsessions and compulsions take a lot of time and get in the way of important activities the person values (working, going to school, etc.)
 - An individual experiences extreme distress if unable to complete compulsive behaviors

Obsessions



What Obsessions are...

Thoughts, images, or impulses that occur over and over again and feel out of the person's control.

- The person does not want to have these ideas
- He/She/They finds them disturbing and unwanted, and usually knows that they don't make sense
- They come with uncomfortable feelings, such as fear, disgust, doubt, or a feeling that things have to be done in a way that is "just right"
- They take a lot of time and get in the way of important activities the person values (socializing, working, going to school, etc.)
- ***What Obsessions are not...***
- It is normal to have occasional thoughts about getting sick or about the safety of loved ones

Obsessions



Common Obsessions:

- Constant, irrational worry about dirt, germs, or contamination
- Excessive concern with order, arrangement, or symmetry
- Fear of harm or danger to a loved one or self
- Religious rules or rituals
- Intrusive words or sounds
- Fear of losing something valuable

Compulsions

What Compulsions Are...

- Repetitive behaviors or thoughts that a person engages in to neutralize, counteract, or make their obsessions go away
- People with OCD realize this is only a temporary solution, but without a better way to cope they rely on the compulsion as a temporary escape
- Can also include avoiding situations that trigger their obsessions
- Time consuming and get in the way of important activities the person values (socializing, working, going to school, etc.)

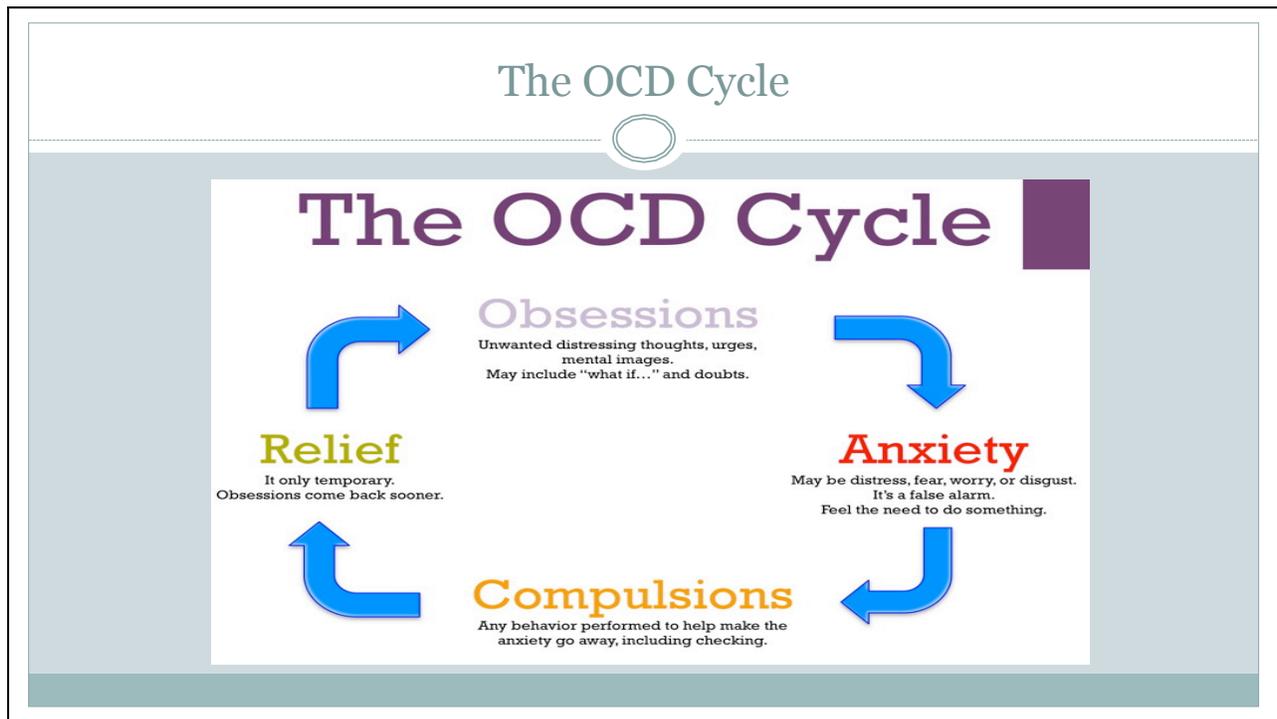
What Compulsions Are Not...

- Not all repetitive behaviors or “rituals” are compulsions. Bedtime routines, religious practices, and learning a new skill involve repeating an activity over and over again. However, these behaviors are a welcome part of daily life.
- Behaviors depend on the context: Arranging and ordering DVDs for eight hours a day isn’t a compulsion if the person works in a video store.

Compulsions

Common Compulsions:

- Washing and rewashing hands to avoid exposure to germs
- Arranging or ordering objects in a very specific way
- Checking and re-checking objects, information, or situations
- Repeating a name, phrase, tune, activity, or prayer
- Hoarding or saving useless items
- Counting objects such as steps
- Seeking reassurance or doing things until they seem just right



How to tell if this is *more than "just a mood"*

- Are perfectionistic tendencies focused on a single task?
- Do behaviors take up large amounts of time?
- Did symptoms arise and persist following a medical condition such as strep throat?

“The 2 W’s” : OCD



What do you say?:

- In a non-judgmental way let your adolescent know he or she can discuss worries
- Explain the difference between facts and fears
- Normalize strange worries (“it’s just a thought”)

“The 2 W’s” : OCD



What do you do?:

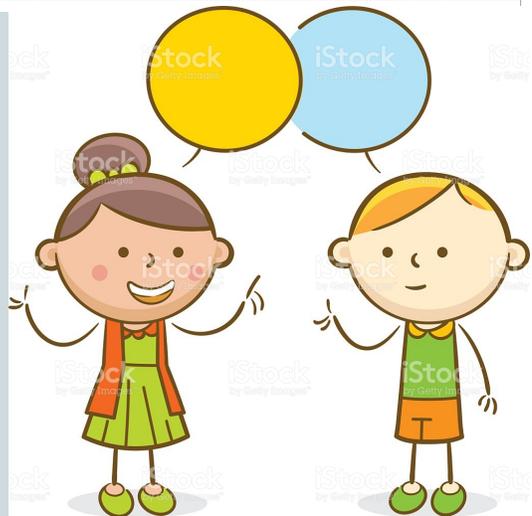
- Don’t change routines or expectations around the house
- Discuss schedule and plans with your adolescent prior to events
- Learn more about OCD
- Recognize and praise small accomplishments
- Don’t punish mistakes or lack of progress

Building Anxiety Resiliency In Today's World

- Focus on effort versus performance
- Be mindful of personal reactions to events and situations
- Encourage open communication about struggles or mistakes
- Allow emotions to be part of everyday life
- Teach feedback loops as way to communicate emotions and resolve conflict
- Honor and validate experiences and perspectives

Feedback Loop

- When you (said/did) _____.
- I felt (emotion) _____ and
- What I heard was _____.
- Next time, I would like you to _____.



Depression

- Depressed mood that affects thoughts, feelings, and daily activities, including eating, sleeping, and working
- Occurs in approximately **13 percent of 12 to 17-year-olds**
- When we think about a depressed person, many automatically picture a sad and tearful person. However, this image is more accurate for an adult with depression.
- Teens and kids often show their depression with irritability and anger instead of sadness

Symptoms of Depression in Teenagers



LACK OF ENERGY AND FATIGUE



LOW SELF-ESTEEM



SELF-HARM



TROUBLE CONCENTRATING



MOOD SWINGS



INABILITY TO FEEL PLEASURE



LACK OF EMOTION



SLEEPING TOO MUCH OR TOO LITTLE



What To Look For: Signs/Symptoms

- Depressed mood most of the day
- Significant decrease in interest or pleasure in all, or almost all, activities most of the day
- Significant decrease or increase in appetite (with associated weight fluctuations)
- A slowing down of thought and a reduction of physical movement
- Fatigue or loss of energy
- Feelings of worthlessness or excessive, inappropriate guilt
- Decreased ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death or suicide

How to tell if this is *more than “just a mood”*

- Is this an appropriate response to life stressors?
- How long has the mood change lasted?
- Look at how the adolescent is doing in different areas of his or her life.
- Has there been a dramatic change in eating or sleeping habits?
- Have there been more physical complaints or illness?
- Has the adolescent lost interest in activities they once enjoyed and not replaced them with new interests?

“The 2 W’s” : Depression



What do you say?

- **Focus on listening, not lecturing.**
 - Resist any urge to criticize or pass judgment once your teenager begins to talk. The important thing is that your child is communicating.
 - You’ll do the most good by simply letting your teen know that you’re there for them, fully and unconditionally.
- **Be gentle but persistent.**
 - Don’t give up if they shut you out at first. Talking about depression can be very tough for teens. Even if they want to, they may have a hard time expressing what they’re feeling.
 - Be respectful of your child’s comfort level while still emphasizing your concern and willingness to listen.

“The 2 W’s” : Depression



What do you say?

- **Acknowledge their feelings.**
 - Don’t try to talk your teen out of depression, even if their feelings or concerns appear silly or irrational to you.
 - Well-meaning attempts to explain why “things aren’t that bad” will just come across as if you don’t take their emotions seriously.
 - Simply acknowledging the pain and sadness they are experiencing can go a long way in making them feel understood and supported.

“The 2 W’s” : Depression

What do you do?

- **Make face time a priority.**
 - Set aside time each day to talk—time when you’re focused totally on your teen, without distractions or trying to multi-task. The simple act of connecting face to face can play a big role in reducing your teen’s depression.
 - And remember: talking about depression or your teen’s feelings will not make the situation worse, but your support can make all the difference in their recovery.
- **Combat social isolation.**
 - Do what you can to keep your teen connected to others. Encourage them to go out with friends or invite friends over.
 - Participate in activities that involve other families and give your child an opportunity to meet and connect with other kids.
- **Get your teen involved.**
 - Suggest activities—such as sports, after-school clubs, or an art, dance, or music class—that take advantage of your teen’s interests and talents. While your teen may lack motivation and interest at first, as they reengage with the world, they should start to feel better and regain their enthusiasm

“The 2 W’s” : Depression

- **Get your teen moving!**
 - Ideally, teens should be getting at least an hour of physical activity a day, but it needn’t be boring or miserable. Think outside the box: walking the dog, dancing, shooting hoops, going for a hike, riding bikes, skateboarding.
- **Set limits on screen time.**
 - Teens often go online to escape their problems, but when screen time goes up, physical activity and face time with friends goes down. Both are a recipe for worsening symptoms.
- **Provide nutritious, balanced meals.**
 - Make sure your teen is getting the nutrition they need for optimum brain health and mood support: things like grains, healthy fats, quality proteins, and fresh produce. Eating a lot of sugary, starchy—the quick “pick me up” of many depressed teens—will only have a negative effect on their mood and energy.
- **Encourage plenty of sleep.**
 - Teens need more sleep than adults to function optimally—up to 9-10 hours per night. Make sure your teen isn’t staying up until all hours at the expense of much-needed, mood-supporting rest.

Where do you turn?

Trust your gut.

- If your teen claims nothing is wrong but has no explanation for what is causing the depressed behavior, you should trust your instincts.
- If your teen won't open up to you, consider turning to a trusted third party: a school counselor, favorite teacher, or a mental health professional. The important thing is to get them talking to someone.



Where do you turn?

- When choosing a specialist or pursuing treatment options, always get your teen's input.
 - If you want your teen to be motivated and engaged in their treatment, don't ignore their preferences or make unilateral decisions.
- No one therapist is a miracle worker and no one treatment works for everyone.
- If your child feels uncomfortable or is just not 'connecting' with the psychologist or psychiatrist, seek out a better fit.

Building Mood Resiliency In Today's World

- Encourage adolescents to be active and involved
- Limit screen time
- Ask open-ended questions to build communication and connection
- Be consistent in what you say and do
- Make your environment positive and safe for discussion

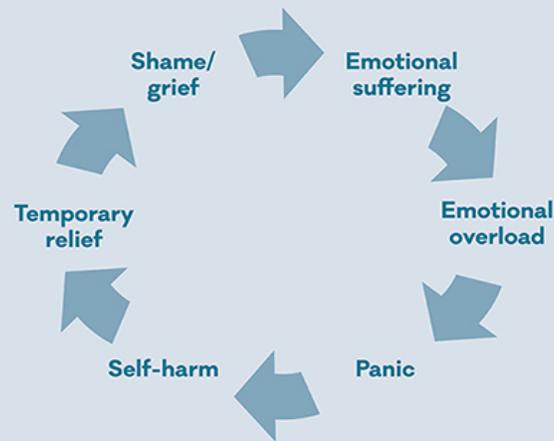
Detour Signs: Things To Be Aware Of

Potential signs of self-harm:

- Wearing long-sleeves/pants in inappropriate weather
- Scabs or scratches in less obvious areas of the body
- Excessive amount of time in the bathroom
- Internet search history of self-harm
- Increased piercings and stick and poke tattoos
- Instagram followers and #'s
- ***1 in 5 girls age 14 is at risk of self-harm***



Self-Harm Cycle



Eating Disorders

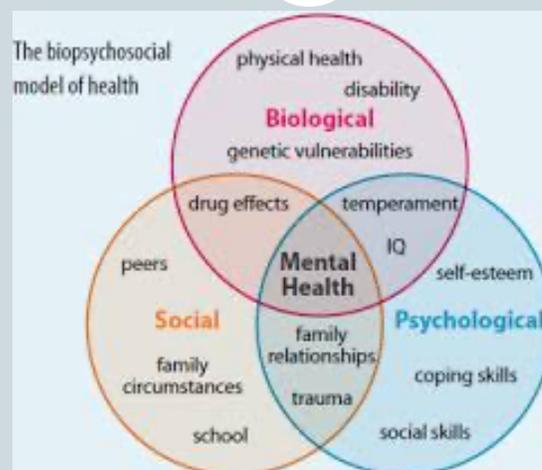
- Eating disorders are serious and sometimes fatal illnesses that cause severe disturbances to a person's eating behaviors.
- Obsessions with food, body weight, and shape may also signal an eating disorder.
- Common eating disorders include **binge eating disorder, bulimia nervosa and anorexia nervosa.**
- **ARFID****



Eating Disorders

- The National Institute of Mental Health reports that **2.7% of teens ages 13-18 struggle with an eating disorder**
- **50% of teenage girls and 30% of teenage boys use unhealthy weight control behaviors** such as skipping meals, fasting, smoking, vomiting, and taking laxatives
- **46% of 9-11 year-olds are often on diets** and 82% of their families are often on diets
- Young people between the ages of 15-24 with anorexia have **10 times the risk of dying** compared to same age peers
- **Males represent 25% of individuals with anorexia** and are at higher risk of dying in part because of late diagnosis

Biopsychosocial Model of Eating Disorders



What To Look For: Signs/Symptoms of Anorexia

Emotional/Behavioral Signs of Anorexia Nervosa:

- Dresses in layers to hide weight loss or stay warm
- Is preoccupied with weight, food, calories, fat grams, and dieting
- Refuses to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Makes frequent comments about feeling “fat” or overweight despite weight loss
- Denies feeling hungry
- Develops food rituals (e.g., eating foods in certain orders, excessive chewing, rearranging food on a plate)
- Cooks meals for others without eating
- Obsessively looking up recipes/watching food videos
- Consistently makes excuses to avoid mealtimes or situations involving food
- Expresses a need to “burn off” calories taken in
- Maintains an excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury
- Withdraws from usual friends and activities and becomes more isolated, withdrawn, and secretive
- Seems concerned about eating in public
- Has limited social spontaneity
- Has intense fear of weight gain or being “fat,” even though underweight
- Has disturbed experience of body weight or shape, undue influence of weight or shape on self-evaluation, or denial of the seriousness of low body weight
- Has strong need for control and perfectionism but often suffers from low self-esteem
- Shows inflexible thinking
- Has overly restrained initiative and emotional expression

What To Look For: Signs/Symptoms of Anorexia

Physical signs of Anorexia Nervosa:

- Drastic weight loss and a refusal to maintain appropriate body weight
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities—amenorrhea, irregular periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low blood cell counts, slow heart rate)
- Dizziness/Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin and nails
- Swelling around area of salivary glands
- Fine hair on body (lanugo)
- Thinning of hair on head, dry and brittle hair
- Cavities, or discoloration of teeth, from vomiting
- Muscle weakness
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing

What To Look For: Signs/Symptoms of Bulimia

Emotional/Behavioral Signs of Bulimia Nervosa:

- Behaviors and attitudes indicate that weight loss, dieting, and control of food are becoming primary concerns
- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics
- Appears uncomfortable eating around others
- Chewing, doesn't allow foods to touch)
- Skips meals or takes small portions of food at regular meals
- Steals or hoards food in strange places
- Drinks excessive amounts of water
- Uses excessive amounts of mouthwash, mints, and gum
- Hides body with baggy clothes
- Maintains excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury, the need to “burn off” calories
- Develops food rituals (e.g. eats only a particular food or food group [e.g. condiments], excessive

What To Look For: Signs/Symptoms of Bulimia

Physical Symptoms of Bulimia Nervosa:

- Shows unusual swelling of the cheeks or jaw area
- Has calluses on the back of the hands and knuckles from self-induced vomiting
- Teeth are discolored, stained
- Creates lifestyle schedules or rituals to make time for binge-and-purge sessions
-
- Withdraws from usual friends and activities
- Looks bloated from fluid retention
- Frequently diets
- Shows extreme concern with body weight and shape
- Body weight is typically within the normal weight range; may be overweight

What To Look For: Signs/Symptoms of Binge Eating Disorder

Signs and Symptoms of Binge Eating:

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Steals or hoards food
- Hides body with baggy clothes
- Has secret recurring episodes of binge eating (eating in a discrete period of time an amount of food that is much larger than most individuals would eat under similar circumstances); feels lack of control over ability to stop eating
- Creates lifestyle schedules or rituals to make time for binge sessions
- Skips meals or takes small portions of food at regular meals
- Has periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling comfortably full
- Does not purge
- Engages in sporadic fasting or repetitive dieting
- Body weight varies from normal to mild, moderate, or severe obesity

The More You Know

- **Diet Trends**
 - Apple Cider Vinegar
 - Ketogenic Diet; Paleo Diet; Military Diet
 - Fit-bit
 - Whole 30 Diet
- **Social Media Trends**
 - Challenges: Paper Thin Challenge; Bank-Note Challenge; Collarbone Challenge; Thigh Gap Challenge; iPhone Leg Challenge
 - “Thinspiration” Boards
 - Pro-Ana/Pro-Mia Websites
 - Texting Lingo

Thinspiration Board

LET'S GET FUCKING SKINNY.

I JUST WANT TO HEAR THOSE WORDS, "HAVE YOU LOST WEIGHT?"

SUCK IT UP AND SOMEDAY YOU WON'T HAVE TO SUCK IT IN

1500 LBS 1100 LBS

So I can walk into my closet and pick anything out because I know everything will fit and it'll look damn good.

The voice that says you can't do it is a lying slut.

YOU CAN FEEL SORE TOMORROW OR YOU CAN FEEL SORRY TOMORROW. YOU CHOOSE.

BE SKINNY PLEASE BE HAVE TO BE MUST HAVE SKINNY SKINNY SI SKINNY SK

Everything looks good on skinny.

Pro-ANA/Pro-MIA Websites

nothing tastes as good

as **skinny** feels



Pro-ANA/Pro-MIA Websites

Ana's Laws

Thin is beauty; therefore I must be thin, and remain thin, if I wish to be loved.
Food is my ultimate enemy. I may look, and I may smell, but I may not touch!

I must think about food every second of every minute of every hour of every day...
and ways to avoid eating it.

I must weigh myself, first thing, every morning, and keep that number in mind
throughout the remainder of that day. Should that number be greater than it was
the day before, I must fast that entire day.

I shall not be tempted by the enemy (food), and I shall not give into temptation
should it arise. Should I be in such a weakened state and I should cave, I will feel
guilty and punish myself accordingly, for I have failed her.

I will be thin, at all costs. It is the most important thing; nothing else matters.

I will devote myself to Ana. She will be with me where ever I go, keeping me in
line. No one else matters; she is the only one who cares about me and who
understands me. I will honor Her and make Her proud

ANA LIFESTYLE & RELIGION

PRO ANA RULES AND COMMANDMENTS

1. If you aren't thin you aren't attractive.
2. Being thin is more important than being healthy.
3. You must buy clothes, cut your hair, take laxatives, starve yourself, do anything to make yourself look thinner.
4. Thou shall not eat without feeling guilty.
5. Thou shall not eat fattening food without punishing oneself afterwards.
6. Thou shall count calories and restrict intake accordingly.
7. What the scale says is the most important thing.
8. Losing weight is good/gaining weight is bad.
9. You can never EVER be too thin.
10. Being thin and not eating are signs of true will power and success.

Pro-ANA/Pro-MIA Websites

1. Look in the mirror tell yourself you are fat.
2. Don't believe what others say about you.
3. Look at pictures of skinny girls daily and become like them.
4. Don't think or eat food at all. 5. Food makes you fat. Any food makes you fat.
6. Drink as much water as you can. if you feel like you are going to explode, drink more.
7. Go to the mall and try on clothes two sizes two small for you so you will be motivated to not eat and to fit into them.



Texting Lingo

53X = sex

KMS = kill myself

LH6 = let's have sex

KYS = kill yourself

MOS = mom over shoulder

POS = parent over shoulder

GNOC = get naked on camera

99 = parents are gone

ADR = what's your address

PAL = parents are listening

“The 2 W’s” : Eating Disorders

What Do You Say?

As a parent, it can be tempting to believe your child when they insist that they are fine. But when it comes to an eating disorder, your child may not always be the best judge of their physical and mental state.

By insisting on a thorough evaluation by an eating disorder expert, the worst thing that can happen is you find out you made a big deal out of nothing.

- Set up a place to talk to express concerns and explain any steps you are taking
- Be prepared for denial and don't expect buy in
- Asking questions to understand and validate emotions

“The 2 W’s” : Eating Disorders

What do you do?

- Seek specialized professional evaluation
- See primary care physician to evaluate medical stability
- Remind your adolescent that there will be life after treatment
- Don’t bargain
- Use whatever leverage you can
- Keep lines of communication open

Building Resiliency In Today’s World

- Eat together as a family
- Involve teens with cooking meals
- Do not label food as “good or “bad”
- Explain the function of different food groups
- Teach/Encourage intuitive eating
- [Be aware of how you speak about your body and the bodies of others](#)
- Model healthy habits and self-care
- Focus on praising characteristics versus physical attributes
- [Teach your children how to be critical consumers of social media](#)

Parent Resources

- **Teen Development:**
 - U.S. Department of Health and Human Services:
<https://www.hhs.gov/ash/oah/resources-and-training/for-families/index.html>
- **Anxiety/OCD:**
 - International OCD Foundation: <https://iocdf.org>
 - Anxiety and Depression Organization of America: <https://adaa.org/living-with-anxiety/children>
- **Depression**
 - National Institute of Mental Health (NIMH): <https://www.nimh.nih.gov/health/publications/teen-depression>
- **Eating Disorders**
 - National Eating Disorder Association: <https://www.nationaleatingdisorders.org/parent-toolkit>

Q & A



We Are Here To Help!



When in doubt, reach out!



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