



EPRESS

Questions from Directors

I have a monitor who is very conscientious, but I get worried when she says things during case review about some clients. For example, she seems upset at one client who has no job. He has a mental illness diagnosis, but the monitor says it's "just an excuse." Another monitor complained that she called the client "lazy." We know from the file that this family has an extensive history of victimization. There are so many problems that the case seems overwhelming. How can I convince my monitor – who is always appropriate in the presence of the client – that her opinions are not helpful?

Your staff member may be experiencing a form of burnout or compassion fatigue. Or she may be engaging in victim blaming. We haven't talked much about victim blaming before, so I'll raise it during this month's phone conference, too. Regardless of the reason, it's important for you to speak privately to the staff member so that the comments cease. But it may also be valuable to speak to your entire staff about victim blaming and how to stop it.

Victim blaming is any devaluing act where the victim of of abuse, an accident, or a crime is held wholly or partially responsible for the wrongful conduct committed against them. To put it simply, victim blaming involves blaming a person for an unforeseeable incident that occurred at the hands of another.

So why do people blame the victim for something that is logically the fault of a perpetrator, or unfortunate circumstances? People do this as a way of distancing themselves from a scenario they do not want to think about or have happen to them. By blaming the victim, the person feels a sense of control over the situation and the knowledge because they do not act that way the abuse would never happen to them personally. It is a coping mechanism to defend against the realization that truly, anything can happen to anyone. We want to believe in a just world, where

consequences are always deserved. By identifying that sometimes bad things do happen to good people, we discover that no one is safe. This is a scary realization.

Consider victim blaming in relation to mental illness – about half of all adults have been or will be diagnosed with a mental illness sometime in their life.

Mental health issues are extremely prevalent in the U.S., yet we still harbor false and damaging stereotypes of mental health sufferers.

You should also know that many people are quick to unfairly blame the mental health of people involved in crimes or

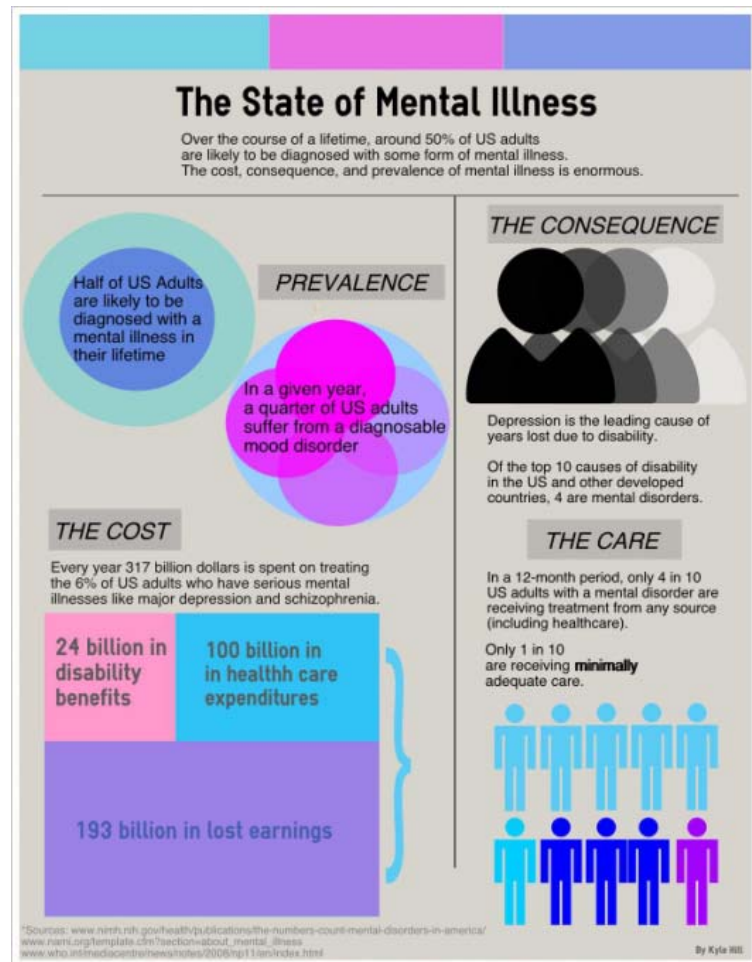
violence and link those actions to anyone with a mental health issue. This is stigmatizing, and further causes those ‘violent’ or ‘crazy’ labels to be placed on undeserving people.

The Consortium for Risk-Based Firearm Policy has refuted society’s thinking that there is direct causation between mental illness and violence, citing studies that violence has several interacting causes, only a small percentage of which may be mental illness.

Therefore the idea that mental illness leads to violence is unfounded, with only 4% of violence having a link to mental illness. In fact, sadly, mental illness sufferers are more often *victims* of violence, rather than perpetrators of it. Further stigmatizing mental health sufferers will cause barriers to care and prevent others from seeking treatment.

Here’s another interesting fact: 4 out of 5 Americans will experience poverty, near-poverty, unemployment and/or welfare use at least once in their lifetime! It’s never helpful to blame clients who need help.

Our job as social service providers is to give clients access to support, resources, and safety, but blaming them for what happened becomes a barrier to providing these goals.



So it's important to challenge victim blaming statements when you hear them.

During the next phone conference, we can talk more about this. In the meantime, if you'd like to talk about this issue with staff, here are some questions to consider:

- What are some areas of your life in which you subconsciously blame others for their circumstances?
- Have you ever experienced victim blaming? How did you feel? How should your situation have been viewed by others?
- How do you think clients feel if they know that you blame them for their victimization?
- Is victim blaming consistent with the supervised visitation best practices that require all to be treated with respect and dignity?

What is the protocol for dealing with parents who are angry? I have a client who is just terribly rude and angry and nasty when she is here. It wears us down trying to be polite to her, so I worry about the impact on her children. We have tried to do everything you tell us during the phone trainings, but I can't seem to reach her. We are at our wit's end. I promise that we have been sweet and kind and helpful, but this mom is driving us crazy. Any ideas?

It sounds like you are really trying hard with this client. The one thing you haven't tried is the very direct approach. Sit down with the client and acknowledge her emotions. (No, don't worry, that is not therapy.) Remember, she may express a lot of emotions by being angry if she has never had the opportunity to define how she feels. She may be frustrated. She may be sad. She may be feeling many emotions at once. Tell her that's it not uncommon for people to be full of emotions, and describe what some of these may be. Consider even showing her the Feelings Thermometer, and tell her that clients often have a full range of emotion. Don't feel alarmed: I have had many calls about angry clients, and sometimes it turns out that they are not angry at all.

Also, do you have a community mental health agency that you can refer her to? She may need professional assistance in dealing with her emotions.

Have you talked to her about calming techniques that she can use before visits? You may need to have her come to the program a few minutes early (if you can do so safely) to help her prepare for the visits. Try that at least once or twice. If you give this client some tools to calm down before visits, she may respond positively.

Finally, have you been giving this client positive feedback along the way? We created clients cards for you last year. If you need them, email me at koehme@fsu.edu. Call me (850-644-6303) and let's brainstorm more if these things don't work.

What Supervised Visitation Monitors Should Know: The Benefits of Play

For children and adults, play has physical, emotional and intellectual benefits. As a supervised visitation monitor, you have the chance to supervise play daily, helping parents and their children relax, bond and continue to develop their relationship. It's important for monitors to understand that children learn through play, and that the supervised visitation program should provide a child-friendly environment in which to play. No matter how old you are, play provides the following benefits:

- Play improves behavior and concentration
- Play improves cooperative and social skills
- Play increases movement and physical activity
- Play improves intellectual functioning
- Play is fun and relaxing!

If the benefits of play for children and adults are understood before a supervised visitation, parents will be better prepared to actively engage with their child, helping to make the experience more positive for all involved. When working with parents, supervised visitation monitors should relay the benefits of play to help children and parents benefit from the visit.

Play Improves Behavior and Concentration

Play provides children and adults with a positive outlet for excess energy and movement. When given the chance to play, children and adults better able to concentrate on given tasks and behavior in appropriate ways, as they are less overwhelmed with energy and the need to switch tasks. For children, play:



- Provides an opportunity to relax and release tension from the day.
- Helps them to relax and improves their ability to concentrate by giving them a positive outlet for using energy.

Similarly, adults are often asked to concentrate and focus (working 8 hours without a break, writing large assignments without breaks, etc.) for extended periods of time. Adult play breaks allow adults to:

- Relax
- Take their minds off of their assigned task
- Re-focus, ultimately helping them to perform better



During supervised visitation, monitors can help parents to understand the importance of play in improving behavior and concentration by encouraging children to play prior to having a serious conversation, completing homework or doing a task that requires serious attention and concentration. When the monitor encourages this specific behavior, both parents and children will see the change play produces in behavior and concentration level.

Play Improves Cooperative and Social Skills

Play is often the first form of interaction young child have with adults and peers. Aside from needs-seeking behaviors (crying when hungry, crying when tired, etc.), play is how young children interact with their environment. Play teaches children how to engage with adults (singing songs, playing peek-a-boo and other nursery games) and teaches them to interact with peers (playing in groups, sharing toys). The lessons children learn through playing with others provide the foundation for their social skills, including:

- Learning to share



- Learning how to react to excitement and anger
- Learning to control and experience their emotions
- Learning to share joy with others.

Similarly, adults learn social skills and cooperation through their play. Many companies or organizations use play-based “team building exercises” to improve their team’s function and cooperation. In supervised visitation sessions, play can be used to build relationships between siblings, parents and children. Just as lessons learned in play benefit children and adults in social relationships, they benefit family relationships.

Visitation supervisors can help parents by encouraging them to play with their children and encouraging children to play with one another. Supervisors can as well encourage parents to allow their children to play through disputes and differences, as learning how to compromise and move-on peacefully after a disagreement is an essential social skill children and adults learn through play.

Play Increases Movement and Physical Activity

Both adults and children are often indoors for most of the day; they spend their time sitting instead of to moving around because of work and school expectations. Even when seated, play helps to:



- Get rid of excess energy
- Move around and get blood flowing
- Reduce feelings of depression or being tired
- Release tension.

For visitation supervisors, play and movement can be used to break tension in a visit (doing a silly dance, jumping rope, playing hot potato) or allow children and their families to get active. If a visit isn’t going so well, play and movement can be used to help parents and children to bond, as play reduces stress and increases energy levels.

Play Improves Intellectual Functioning

Play has the potential to encourage children and adults to think differently. This intellectual challenge helps children to learn real-world problem solving skills and help adults to solve problems they may not have solved otherwise. For children and adolescents, play:

- Provides the chance to think outside the box
- Re-think traditional solutions or uses like giving new meaning to household objects (cardboard boxes, paper towel rolls, etc).

For adults, play offers:

- A chance to reduce stimulation from computers, cell phones, emails and memos
- A different environment for problem solving
- Much-needed brain breaks
- Unexpected solution to a previous problem.

Supervised visitation monitors can encourage parents and children to both engage in play during visits and remind parents to allow children to solve their own problems without immediately jumping in to provide assistance. Additionally, monitors should encourage parents to allow children to think creatively during play.



Play is fun!

The parents and children coming in for supervised visitation sessions are likely experiencing a wide range of emotions: anxiety, fear, nervousness, excitement, anger and sadness, among others. When parents and children play, they're reducing stress and tension and bonding in a healthy way, making the visit a success!

For more information, see the following resources:

<http://www.livescience.com/15541-top-5-benefits-play.html>

http://www.helpguide.org/life/creative_play_fun_games.htm

<http://www.parentingscience.com/benefits-of-play.html>

<http://psycnet.apa.org/journals/bul/139/1/1.pdf>

New Research You Should Know About:

Constellations of Interpersonal Trauma and Symptoms in Child Welfare: Implications for a Developmental Trauma Framework by Cassandra L. Kisiel, Tracy Fehrenbach, Elizabeth Torgersen, Brad Stolbach, Gary McClelland, Gene Griffin, & Kristine Burkman

Summary:

This study found that children in the child welfare system who have experienced forms of both violent and non-violent trauma are significantly more likely to experience difficulties across all levels of impairment than all other groups of children. These impairments can range from social and behavioral issues to academic impairment.

These children are also more likely than all other groups of children to experience PTSD symptoms, psychiatric hospitalizations, and functional impairment in school and social situations. This study claims a need for a new DSM diagnosis, the Developmental Trauma Disorder, in order to better meet the needs and symptoms of children who have experienced multiple traumas. This



new diagnosis was proposed for the DSM 5, but was unfortunately denied admission. The study also exclaims the need for a developmental trauma framework to be able to use with multiply traumatized children in assessment, treatment planning, and intervention methods in order to meet these children's specified needs.

Findings:

The study identifies many specific difficulties that children who have experienced multiple sources of trauma face throughout their lifetime. Children who have

experienced both interpersonal, violent traumas (such as neglect and emotional abuse) and attachment-based, non-violent traumas (such as sexual abuse and physical abuse) are consistently more likely, up to nine times more likely, to have significant negative symptoms stemming from their trauma than any other group of children. These negative symptoms include five types of dysregulation that can occur in trauma victims: affective and physiological, attentional and behavioral, self and relational dysregulation, post-traumatic spectrum symptoms, and functional impairment. Affective and physiological dysregulation includes lack of anger control, slowed development of motor and sensory skills, and the inability to properly express emotions. Attentional and behavioral dysregulation can range from difficulty with social behaviors to increased suicide risk. Self and relational dysregulation can mean an overall lower well-being and decreased social functioning for these children. The children are also at a higher risk for experiencing post-traumatic spectrum symptoms, which includes avoidance, numbing, and dissociation. In addition, children who have experienced both violent and non-violent trauma are at a significantly higher risk for functional impairment, including impairment of academic achievement and involvement, difficulties with social behavior, and lower rates of school attendance.

Implications for monitors and other social service providers:

This article emphasizes the broad-ranging and long lasting effects of trauma. As supervised visitation programs seek ways to better serve their clients, they should be aware of the full spectrum of problems associated with trauma.

Children who witness domestic violence: Thinking about the Implications

By Melissa Ferraro

Each year, 3-4 million children between the ages of 3-17 are at risk of exposure to domestic violence. Since interventions are usually aimed to help the perpetrator or victim of violence, the children who witness the violent acts are often referred to as “forgotten victims” or “secondhand victims.” But supervised visitation providers understand that children may need extra help so that they can heal.

In this brief training, we will discuss:

- General information about witnessing domestic violence
- Emotional, physical, and behavioral responses of witnessing violence
- Interventions used for children
- Psycho-education
- Resources



Witnessing domestic violence can have numerous effects on a child. The potential negative effects vary across the age span. For infants, their attachment may be disrupted. More than 50% of these infants cry excessively and have eating and sleeping problems. Infants are also at a significantly higher risk for physical injury.

Preschool-aged children who witness domestic violence may develop psychosomatic complaints such as headaches and abdominal pain. They also can display regressive behaviors such as bed wetting, thumb sucking, and sleep disturbances.



Research has shown some common responses to witnessing abuse and they include the following:

Emotional responses of witnessing abuse

- Fear
- Anxiety
- Shame
- Depression

- Anger
- Disturbances in sleep

Physical responses of witnessing abuse

- Stomachaches and headaches
- Bedwetting
- Inability to concentrate

Behavioral responses of witnessing abuse

- Acting out and using aggression
- Withdrawal
- Poor school performance
- Developmental delays (ex. Speech, motor, or cognitive skills)
- Self-injurious behavior



Interventions for children and adolescents who are exposed to violence

There are a wide variety of counseling and mental health interventions available to families affected by domestic violence. Usually families also need case management and advocacy to assist with the legal system and obtaining resources.

- **Safety:** The first and most important intervention for children and adolescents is to address the issues of safety for themselves and their nonviolent family members. Informing the non-abusive parent of resources such as shelters, legal advocacy, and other agencies are very helpful. When children know that their caregiver is being assisted with planning for their safety, they have a sense of control, allowing them to feel less vulnerable.
- **Counseling:** Interventions can be done at a community agency, shelter, private practice, school, etc. The victim parent can advocate for the child to receive services.
 - **Individual counseling**
 - Some clinicians have adapted models used for treating PTSD for treatment. However, not all children exposed to domestic violence will display symptoms of PTSD, but many similarities do exist. The therapist works with the child to manage the symptoms that resulted from the trauma.

- **Group counseling**
 - Some of the groups are held in shelters, whereas others are based in mental health clinics or social service agencies. Groups generally target children between the ages of 6 and 15.
 - Group treatment can assist children and adolescents with important developmental tasks. Adolescent groups may also focus on violence in dating relationships, healthy relationships, sexism/gender issues, bullying, and abuse of power.
- **Supervised visitation**
 - The aim is to increase and strengthen the child's relationship with the non-offending parent.

Treatment depends on the age of the child, severity of the trauma, the family's current circumstances, and other support system availability. For younger children, some techniques used to engage the child in treatment include art therapy, music therapy, and play therapy. For older children/youth, they may play games, or be given reading materials and worksheets.



Psycho-education for children and adolescents

Many certified domestic violence centers facilitate education sessions geared toward preventing the escalation of domestic violence. Education sessions can last anywhere from 2 to 4 hours and are free of charge.

Training staff offer education classes at domestic violence shelters as well as at various areas/events including:

- Schools/universities
- Social services
- Health care facilities
- Community groups

Children and adolescents will learn the following in the trainings:

- Extensive information about domestic violence
- Information on how to recognize signs of domestic violence
- Resources in the community
- Safety planning
- Intervention/Prevention

Conclusion

The costs to children and to society of children's exposure to domestic violence are vast. There is growing knowledge of the importance of helping these forgotten victims by ensuring that their non-abusive parents get help. To know how to help these children, supervised visitation programs can partner with local domestic violence centers. All visitation programs should be aware of the services and resources of the local center, for both the victim parent AND the children.

Resources

<http://www.myflfamilies.com/service-programs/domestic-violence>

<http://www.fcasv.org/>

<http://www.fcadv.org/>

http://www.ncdsv.org/ncd_training.html

<http://www.aafp.org/afp/2002/1201/p2052.html>

<http://www.domesticviolenceroundtable.org/effect-on-children.html>

<https://www.childwelfare.gov/>

http://futureofchildren.org/futureofchildren/publications/docs/09_03_8.pdf

<http://www.nctsn.org/content/interventions-children-exposed-domestic-violence-core-principles>

<http://www.musc.edu/vawprevention/research/witnessing.shtml>

http://counselingoutfitters.com/vistas/vistas08/McWhirter_1_Article_4.pdf

TV and Children: Information to Share with Parents

Supervised visitation programs often provide parents with information, and Florida legislators are scrutinizing the amount of television that children in daycare are exposed to. With summer vacation coming up for students, it's a good idea to remind parents to limit TV exposure and know what their kids are watching.



A new law is being proposed in South Florida, in Broward County, that would affect some of the actions taken in day care centers. A good portion of the changes proposed have to do with limiting the amount of time that children spend in front of the television and increasing the amount of time that they spend engaging in outdoor, physical activity. Sponsors and supporters of this law are hoping that these new regulations will improve the lives of the children in their community. This is especially being emphasized for day care centers in areas of high poverty and unemployment, with the focus being on increased community access to resources, such as funding for upgrading playgrounds and outside play areas.

Some of the stipulations regarding T.V. that are included in the law are as follows:

- Forty minutes of indoor or outdoor physical activity would be required every three and a half hours, except during nap time. Kids must be allowed outside daily, if weather permits. Students in after-school programs would be required to have 40 minutes of outdoor physical activity a day.
- Child care workers could not withhold physical activity from children as a form of discipline.



- Children 2 and older would be limited to 90 minutes of TV, movies and video games a week.

In regards to child care:

The American Academy of Pediatrics (AAP) currently recommends no TV time whatsoever for children under 2. For kids in day care over the age of 2, the AAP suggests that TV should be on no more than once a week, and for no more than 30 minutes per session. This is very different from the standards that many counties and states have in place. In Broward County, for example, regulations presently allow one to two hours of TV a day.

Why the fuss?

One of the reasons the AAP has advertised these certain regulations is because of the information that has been found linking human interaction to healthy brain development. The more time a child spends in front of the TV, the less time they are engaging in face to face social interactions. This can be detrimental to a child's development.



Change the Channel

It's easy to understand that there are times when parents don't have the option of limiting their child's TV time. Researchers suggest that making the effort to monitor and select the types of shows that children are watching can improve the consequences seen. In fact, one study found that replacing aggressive and violent shows with educational, pro-social shows lessened children's aggressive behavior over the span of a six month period. It is a good idea to make a switch to shows that extend learning concepts, or the themes that they are learning in class. This way, the child is going deeper with the material he or she hears in classes – such as colors, shapes, animals, sharing, and word comprehension. Interestingly enough, low income boys benefited to most from the switch, according to the study. Although a reduction in the amount of

time spent watching TV is the ultimate goal, it may be helpful for parents and families to start encouraging change by altering the content that their children daily consume.

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Child Advocacy Organizations: Statewide and National Resources for Supervised Visitation Programs

This document serves as resource for supervised visitation program in finding child advocacy organizations, both on a statewide and national level. These organizations focus on the child's well-being and can provide support and information.

Florida

Children's Advocacy Center of Southwest Florida (CAC) – <http://www.cac-swfl.org/>

The mission of CAC is to combat issues of child physical and sexual abuse and situations of neglect and maltreatment. They seek to improve the relationships between children and families through a coordinated response to abuse and neglect. They offer a wide range of Prevention Services from violence, parenting, and afterschool and summer programs. The specific Child Protection Team (CPT) provides crisis intervention through medical exams and evaluations, forensic interviews, family assessments, psychological evaluations, expert court testimony.

Florida Network of Children's Advocacy Centers (FNCAC) – <http://www.fncac.org/>

The FNCAC is an organization that focuses on putting the needs of child victims first. They are dedicated to assisting local communities handle issues of child abuse and provides training, support, technical assistance and leadership on a statewide level to local children's and child advocacy centers.

Florida Children's First – <http://www.floridaschildrenfirst.org/>

The FCF organization works to protect the rights of children. It was founded by child advocate attorneys from around the state who fight on behalf of children at risk. FCF hopes to guide Florida in a direction that considers the needs of children and youth first when making policy decisions and promote sustainable improvement in Florida's child-serving systems.

Florida CHAIN – <http://floridachain.org/category/issues/childrens-health/>

Florida CHAIN is a statewide advocacy organization dedicated to improving the health of all Floridians by promoting access to affordable, quality health care. They are dedicated to children's health and provide resources and information on health and healthcare regarding children and youth.

Safe Kids Florida – <http://www.floridahealth.gov/healthy-people-and-families/safe-kids-florida/index.html#coalitions-chapters>

Safe Kids Florida exists under Safe Kids Worldwide and provides specific resources and services on the topic of preventing injuries in children. This subset of the larger organization has 11 agencies throughout the state to address the needs of local communities. Safe Kids Florida hopes to reduce the injuries or fatalities that can motor vehicles, drownings, falls, burns, etc., and can be an important resource for visitation centers in specific cases,



Children’s Movement of Florida –

http://childrensmovementflorida.org/about/progress_report/

The Florida Children’s Movement is a non-partisan advocacy organization that focuses on the importance of the first five years in a child’s life. They provide information and resources catered, but not limited, to parent skill building, health issues, and special needs.

National

National Children’s Alliance – <http://www.nationalchildrensalliance.org/>

This organization is a professional membership organization that concentrates on assisting local communities and programs. The focus lies with responding to allegations of child abuse and neglect and ensuring that the needs of the child victim are put first. One way they achieve this is by providing training, support, technical assistance, and leadership on a national level to local advocacy centers.

America’s Promise Alliance – <http://www.americaspromise.org/>

This national organization is dedicated to improving the lives of youth and children in America and is able to bring together hundreds of national organizations in order to complete their goals. This organization remains committed to making sure that children are able to access any fundamental resource that they need in order to lead healthy and successful lives. They believe that these fundamental resources fall under the categories of: Caring Adults, Safe Places, A Healthy Start, Effective Education, and Opportunities to Help Others.

Center for Law and Social Policy (CLASP) – <http://www.clasp.org/>

The CLASP organization focuses on law and social policy, and tackles the issue of child welfare work in order to be part of the change in preventing child abuse and neglect. They also seek to find ways to relieve that trauma children and youth experience when maltreated. Their main avenue of work is through promoting policies that empower



parents when appropriate and provide safe alternative living situations.

Child Welfare League of America – <http://www.cwla.org/>

The CWLA is an association of hundreds of private and public agencies assisting vulnerable children and families. Their focus lies with children who have experienced neglect, abuse, family disruption, or threats to safety and well-being. CWLA is guided by the hope that, through advancing policies, practices, and programs every child can grow up in a safe, nurturing, and stable family.

Children Now – <http://www.familiesusa.org/>

Children Now is an organization determined to discover the common ground among influential opinion leaders, interest groups and policymakers when creating policies that affect and involve children. They believe that the focus of the child being the priority has been lost and have started The Children’s Movement in hopes to give a stronger voice to the issues that children are facing today.

Children’s Defense Fund – <http://www.childrensdefense.org/>

This non-profit child advocacy organization is a proponent of policies and programs to help raise children out of poverty, protect them from all forms of maltreatment, and establish a secure access to health care, quality education and a moral foundation. This national organization works for children at the federal, state, and community level with the intent to “ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start in life and successful passage to adulthood with the help of caring families and communities”.

10 Tips on Talking about Healthy Relationships with your Teen by: Respect! (www.giverespect.org): A Campaign of Futures Without Violence

1. **Encourage open, honest, and thoughtful reflection.** Talk openly with your young teen about healthy relationships. Allow your child to articulate his or her values and expectations for healthy relationships. Rather than dismissing ideas as “wrong”, encourage debate —this helps your child come to his or her own understanding.

2. **Be sensitive and firm.** Parenting young teens is not easy – especially when it comes to helping him or her navigate their way through relationships. To be effective, you will need to find the balance between being sensitive and firm. Try to adapt to the changes faced by your child. Be willing to talk openly and respect differences of opinion. And, realize that the decisions you make will sometimes be unpopular with your young teen.



3. **Understand your teen’s development.** Adolescence is all about experimentation. From mood swings to risk taking, “normal teenage behavior” can appear anything-but-normal. New research, however, reveals that brain development during these formative years play a significant role in shaping your preteen/young teen’s personality and actions. Knowing what’s “normal” is critical to helping you better understand and guide your child.
4. **Understand the pressure and the risk your teen faces.** Preteens and young teens face new and increasing pressures about sex, substance abuse and dating. Time and time again, young teens express their desire to have parents take the time to listen to them and help them think through the situations they face – be that parent!
5. **Take a clear stand.** Make sure your young teen knows how you feel about disrespect, use of abusive or inappropriate language, controlling behavior, or any forms of violence.
6. **Make the most of “teachable moments”.** Use TV episodes, movies, music lyrics, news, community events or the experiences of friends to discuss healthy and unhealthy relationships.
7. **Discuss how to be an ‘upstander’.** Teach your child how to stand up for friends when he or she observes unhealthy treatment of his or her peers.
8. **Accentuate the positive.** Conversations about relationships do not need to focus solely on risky



behavior or negative consequences. Conversations should also address factors that promote healthy adolescent development and relationships.

9. **Be an active participant in your young teens life.** Explore ways to know more about your young teen's friends and interests. Find activities you can do together.
10. **Be prepared to make mistakes.** You *will* make mistakes. Accept that you will make mistakes, but continue to help your young teen make responsible choices while trying to maintain that delicate balance of being sensitive, but firm.