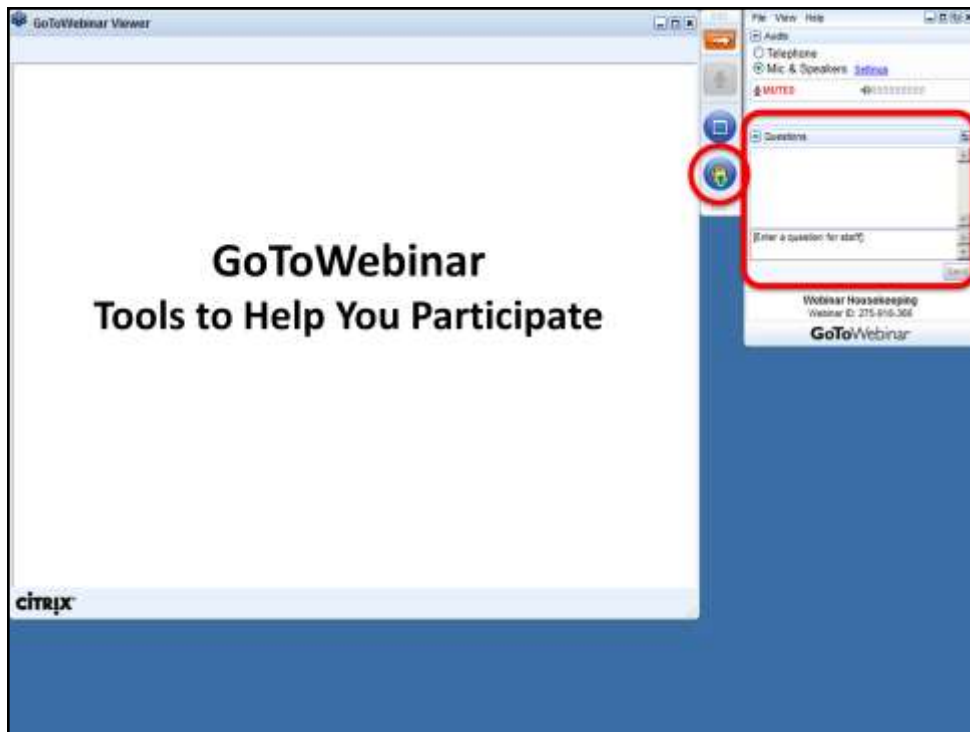


Intro Script:

Good Evening everyone, and welcome to today's Webinar hosted by the National PTA and American Psychological Association: *How to Tell When a Kid is Struggling Emotionally*.



OPERATOR

Before we go further I want to review the functionality of GoToWebinar.

Your active participation is important throughout the session. Right now I have everyone on mute to avoid background noises that may distract you from listening to the webinar. Throughout the presentation, someone on staff will be managing the chat functionality. (Click for animation 1) You can enter your questions and comments in the question box throughout the presentation.

(Click for animation 2) If you'd rather ask in person, you can also use this icon on the Control Panel to raise your hand to indicate that you have a question or comment (indicate if this better suited for the end of the webinar). Once you raise your hand someone will unmute your line so that you can ask your question.

(click to go to next slide)



I will now ask our hosts from the National PTA and American Psychological Association to introduce themselves.

Otha Thornton, Jr.:

Welcome, I'm Otha Thornton, president of National PTA.

APA Executive:

And I'm Katherine Nordal of the American Psychological Association.

Otha Thornton:

As the nation's largest volunteer child advocacy association with more than four million members who are parents, students, and educators, National PTA is committed to the mental health of all youth – from early childhood through adulthood.

We know that mental health is an essential part of overall health, and when a child or youth is mentally healthy, they are more equipped to learn and reach their full potential.

National PTA demonstrates our commitment to every child tonight by connecting families, educators and others who serve youth with experts from the American Psychological Association who will provide us with the information and resources we need to support our youth – every child, every tween, every teen –at times when they may be struggling emotionally.

I want to thank Dr. Nordal and the American Psychological Association for your partnership in communicating this important information tonight. And I want to thank all of you – hundreds of concerned parents, educators and professionals who work on a daily basis with our youth – for taking time out of your day to join us for this critical conversation.

<SLIDE TRANSITION>



Katherine Nordal:

APA is very excited to partner with PTA. Our organizations have mutual goals and interests when it comes to health and families. And, the APA and PTA both agree that addressing mental health is essential to ensuring our children’s health and wellbeing.

In 2013, APA and the YMCA of the USA did a similar webinar on “How to Tell If A Kid Is Struggling Emotionally” for Y staff and camp counselors. The Y, like the PTA and APA , is committed to educating our communities about behavioral health and identifying when a child may be distressed.

An estimated 13–20 percent of children in the United States experience a mental health disorder in a given year. (Institute of Medicine and National Research Council.)

Our research tells us that mental health problems, when not properly treated, can negatively affect children’s overall health and development and contribute to problems at home, in school, and in relationships. And, these problems can continue into adulthood.

Mental health problems can be successfully treated and managed. Research shows that early diagnosis and appropriate treatment for children and their families can make a difference in the lives of kids struggling with an emotional problem or a mental health disorder. But, before

that, the most crucial phase is picking up those signs and symptoms of emotional distress or detecting that something may be wrong ... the earlier the better.

The PTA and APA want to help you learn to recognize emotional struggles in children and know how to distinguish between emotional problems and normal behavior. So, we're very pleased that three APA members who work with kids and teens are able to join us today. All of the psychologists including myself will be available to answer questions following the presentation. Psychologists are not able to respond to specific questions or comments about personal situations, appropriate diagnosis or treatment, or provide any clinical opinions. This webinar is for informational and educational purposes.

Otha Thornton:

Now, I'd like to introduce the first psychologist, Dr. Mary Alvord.

Dr. Alvord is in Maryland and works with youth and families. She is a member of the American Psychological Association. She was also very active in her local PTA for many years.

Dr. Alvord is going to provide us with an overview of the signs of distress, depression and other problems typical in youth who may be experiencing emotional difficulties.



MARY ALVORD, PhD

Thank you, Mr. Thornton. I'm very excited to be talking to you today. When my three kids were growing up, I was personally involved in my local PTA for 18 years, including becoming co-PTA president at my kids' elementary school and continuing my PTA involvement during their high school years.

As a psychologist, I have given dozens of talks to PTA's over the years. So, I'm happy to reconnect with the PTA again. Now, let's get started.

COMMON PROBLEMS

- Anxiety
- Disruptive behavior
- Depression
- Substance exposure and use
- Trauma-related stress
- ADHD



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MARY ALVORD, PhD

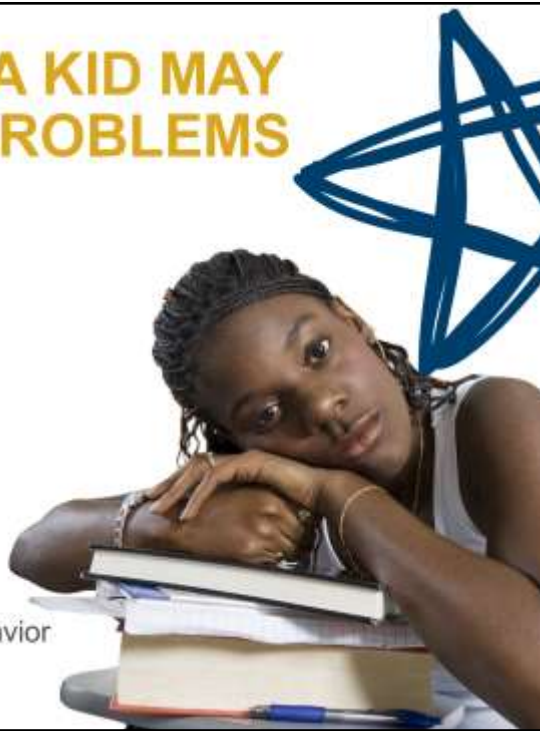
I'm going to focus on six main areas of common emotional problems seen in youth.

- Anxiety
- Disruptive behavior
- Depression
- Substance exposure & use
- Trauma-related stress
- Attention Deficit Hyperactivity Disorder or more commonly known as ADHD.

(LET'S MOVE ON.)

SIGNS THAT A KID MAY BE HAVING PROBLEMS

- Sad
- Irritable
- On edge
- Fearful
- Scattered
- Withdrawn
- Sleep problems
- Problems staying awake during day
- Change in appetite
- Sudden change in behavior



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MARY ALVORD, PhD

Before we cover those five common problem areas, let's talk about some typical signs to look for in your kids.

- Feeling **sad**, down or have low energy
- Another sign is acting **irritable**. For example, if your kids becomes angry or upset from small comments that usually never bother them. Perhaps they think in all or nothing terms. This means they might think something is all good or that they are a failure and they have a hard time seeing the middle ground.
- Being **on edge**, easily startled or over reactive or having outbursts. For example, if your kid's teacher or someone in your family says they are feeling uncomfortable or threatened by an outburst your kid is having. It could be a sign that something more is going on.
- Feeling extremely protective of or **fearful** for the safety of loved ones. For example, if your kid is overly clingy and doesn't allow you to leave him or sticks close to you when you drop them off for school. Another example, is a child asking for reassurance and saying "what if this happens" or "is it going to be okay".

- Feeling **scattered** or unable to focus, more than what you might expect. For example, you notice that your kid is having difficulty concentrating or sticking with an activity.
- **Withdrawal** is a significant sign of distress. Does your child or teen isolate him or herself from social activities or frequently remove him or herself from activities?
- **Sleep problems** can include difficulty falling or staying asleep, persistent and recurring nightmares, and excessive daytime sleepiness. So if you notice that your kids are having difficulty staying alert, it may be they are not getting sufficient or good quality sleep.
- **Problem staying awake during the day**
- **Changes in appetite**. Have you noticed that your kid is overeating or eating very little? That can be a sign that there is a problem.
- **Sudden change in behavior**. This means any significant change from the typical way your child responds or acts. For example, a child who is outgoing and engaging suddenly becomes quiet, withdrawn and notably reserved.

(LET'S MOVE ON.)

ANXIETY

Feelings of tension, worry, panic

SIGNS:

- Physical symptoms like sweating, trembling, dizziness or rapid heartbeat
- Health complaints without obvious illness
- Frequent avoidance



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MARY ALVORD, PhD

Getting back to common problems, let's talk about anxiety first.

Anxiety is characterized by feelings of tension and worried thoughts.

Anxiety, like many other emotions is a normal thing to experience. Sometimes a little anxiety can be good when it helps us to respond to challenges and motivates us to accomplish tasks.

People with anxiety problems tend to experience high levels of fear or worry and tend to avoid situations that they find troubling. They may have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat.

Everyone worries or experiences anxiety at times. It's normal for kids to worry about how they might fit in at school, or whether they will be able to do well academically or in sports or other afterschool activities.

When you notice that your kid's anxiety is frequent and intense, then you need to be concerned.

In kids sometimes anxiety shows up through **frequent health complaints, without obvious illness**. For example, stomach aches and headaches are common. **Frequent avoidance** is also a key indicator of possible anxiety or fear. So, if your kid is reluctant to participate in an activity, it might be that he or she is worried or fears that something bad might happen, to themselves or to others. This is common with test taking. A child may freeze up before a test because he or she has anxiety about test taking.

(LET'S MOVE ON.)

ANXIETY

Feelings of tension, worry, panic

TYPES:

- Separation anxiety
- Generalized anxiety
- Social anxiety



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MARY ALVORD, PhD

The most common anxiety disorders include **separation anxiety**, **generalized anxiety** and **social anxiety**.

• **Separation anxiety** occurs when kids don't want to leave a parent or caregiver. For example, children may refuse to go to school or may be upset during the day and want to call or text home. It's important to distinguish normal vs. abnormal separation anxiety. Kids with separation anxiety disorder will almost always have a strong level of distress and may cry or panic. They might also avoid engaging in activities. They may ask often about their parents or caregivers, and will experience these symptoms and others for a prolonged period of time, like several weeks.

• **Generalized anxiety** is when kids worry excessively about many things over a period of time, when there is no obvious danger. For example, kids who worry excessively frequently say "what if such and such happens or something goes wrong..?", expecting that things will go badly and may frequently seek reassurance that things will be okay.

• **Social anxiety** involves a high degree of anxiety in social situations and avoidance of

situations. Some shyness is normal, but when a child or teen excessively worries about what someone might think of him or her, or avoids social situations or group activities, it may lead to withdrawal and social isolation.

(LET'S MOVE ON.)



MARY ALVORD, PhD

Child misbehavior is very common and not necessarily a sign of a mental health problem. It's typical for kids and teens to want to test boundaries and try out new behaviors. It's part of growing up and childhood development. Misbehavior becomes a significant problem when the severity of the behaviors increases and when the behaviors interfere with normal child development and family function.

I want to start with **bullying** since it's something we often hear about in our communities and in the news.

It's important to look at the different aspects of bullying.

1. There's the bystander. A kid who watches a friend bully another kid and does nothing about it is perpetuating the bullying.
2. There's the witness. Kids who see other kids being bullied can be affected by the bullying just by witnessing it.
3. Then there is the kid who is being bullied.

Bullying causes stress in kids whether they are the ones being bullied, witnessing it or being the bystander.

There is a spectrum of bullying. For example, when a student has a dominance over another kid. We call this a power differential. It can be physical or social power. For example, it can be a physically big kid trying to dominate a smaller size kid.

Another form of bullying typical among girls is isolating other girls, whispering and gossiping about them.

Boys are different. They are more likely to say mean things or be physical; it's more overt. Bullying is always sneaky, out of sight of teachers and parents.

Some other signs of disruptive behavior in kids include:

- **Misinterpreting situations** and presuming others have hostile intentions toward them and become aggressive.
- **Yelling frequently.**
- **Disobeying directions** from parents, teachers or coaches or refusing to follow rules.
- **Meanness** toward others

It's not only what kind of behavior , but how often it's happening and how intense it is.

(LET'S MOVE ON.)



MARY ALVORD, PhD

There are two primary disruptive behavior disorders: **oppositional defiant disorder** and **conduct disorder**.

• **Oppositional defiant disorder** is when a child is very defiant toward authority figures. An example is a kid who disobeys directions from a camp counselor, teacher or parent. With oppositional defiant disorder, there is usually a pattern of consistent and extreme disobedience and opposition.

• **Conduct disorder** is the most serious of disruptive behaviors. It's when a kid or teen displays a pattern of extreme aggression and disregard for rules and laws. For example, stealing and destroying property.

(LET'S MOVE ON.)



MARY ALVORD, PhD

I want to say a few words about ADHD.

First, it's important to know that ADHD is not a disruptive behavior disorder.

ADHD is considered a neurodevelopmental condition. It tends to show up during a kid's development years. It involves high levels of **inattentiveness** or **hyperactivity** and **impulsivity**.

Difficulties with disorganization are typical. Often times inattentiveness and high levels of over activity are normal for children. When these behaviors become constant and extreme then there may be reason for concern.

(LET'S MOVE ON.)

DEPRESSION

Long-term feelings of sadness that get in the way of daily living

- Lack of interest
- Inability to concentrate
- Feelings of worthlessness
- Irritability
- Reckless and destructive behaviors



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MARY ALVORD, PhD

Depression is more than just sadness. People with depression may experience a **lack of interest** and pleasure in daily activities, insomnia or excessive sleeping, lack of energy and an **inability to concentrate**. Other symptoms of depression include significant weight loss or gain, **feelings of worthlessness** or excessive guilt and recurrent thoughts of death or suicide.

Everyone feels sad or "blue" on occasion. It is also perfectly normal for adults and kids to grieve over upsetting life experiences, such as a major illness or a death in the family. But, for most people, these feelings of grief and sadness tend to lessen with the passing of time.

However, if you notice your children's feelings of sadness lasts for two weeks or longer, and if their mood and behaviors interfere with daily life activities, something more serious than "feeling blue" may be going on.

For kids, situations at school, camp and with friends such as poor grades, teasing and bullying can have an emotional effect. Additionally, changes in the family including a move, parents separating or divorcing, parent remarrying, family conflict or arrival of a new sibling can affect kids' lives.

Kids who are depressed may become overwhelmed and exhausted and may stop participating

in activities they enjoy. They may withdraw from family and friends. They may also have difficulty concentrating on school work. They may make statements indicating poor self-esteem or negative self-image. Or, they might express feelings of hopelessness and worthlessness.

Additional symptoms of depression are increases in temper tantrums or **irritability** and **reckless and destructive behaviors** such as drinking alcohol, doing drugs, or engaging in unsafe sexual activities.

(LET'S MOVE ON.)

SUBSTANCE EXPOSURE AND USE

- 10 million people ages 12 to 20 report drinking alcohol during the past month.
- By age 15, half of teens have had at least one drink.
- By age 18, more than 70 percent of teens have had at least one drink.



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MARY ALVORD, PhD

This may be hard for parents to hear, but the reality is that there are kids out there who are drinking or accessing drugs, including prescription drugs.

An estimated 10 million people aged 12 to 20 report drinking alcohol during the past month.¹ To put that in perspective, there are more Americans who have engaged in underage drinking than the number of people who live in the state of Michigan.

And, I'm sure you know the risks that come with alcohol and drug consumption – injuries, accidents, illness or developing an addiction problem.

5,000 people under age 21 die each year from alcohol-related car crashes, homicides, suicides, alcohol poisoning, and other injuries such as falls, burns, and drowning.

(LET'S MOVE ON.)

SIGNS OF SUBSTANCE EXPOSURE AND USE

- Academic and/or behavioral problems in school
- Changing groups of friends
- Less interest in activities and/or appearance
- Having alcohol among their things or on their breath
- Slurred speech
- Coordination problems
- Memory and/or concentration problems
- Not being truthful about where they are



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MARY ALVORD, PhD

If you're concerned that your kids might be drinking, some of the signs to look for include:

- Academic and/or behavioral problems in school
- Changing groups of friends
- Less interest in activities and/or appearance
- Finding alcohol among a young person's things like their school bag or smelling alcohol on their breath
- Slurred speech
- Coordination problems
- Memory and/or concentration problems
- Not being truthful about where they are

(LET'S MOVE ON.)

TRAUMA-RELATED STRESS

Long-term difficulties related to a traumatic experience

- Flashbacks
- Nightmares
- Reenactment through play
- Angry outbursts
- Difficulty sleeping
- Difficulty concentrating



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MARY ALVORD, PhD

Unfortunately, some children experience traumatic events during their childhood.

A traumatic event can mean different things to different people and could include a car accident, house fire, or sudden death of a loved one like a parent or sibling. There is a long list of what constitutes trauma including abuse or incidents like bullying or school shootings or sexual assaults. Trauma is an individual experience that varies among people and age groups. For example, what may seem like a situation of “boys being boys” to one person may be viewed as bullying or traumatic to another.

Experience of a trauma does not necessarily mean that anything long-term and impairing will result for a child.

For those who do experience long term difficulties related to a traumatic experience, there are some symptoms to watch out for.

- Children may re-experience a traumatic event through **flashbacks**, **nightmares**, or **reenactment through play**.

- Or kids may experience what are called hyper arousal symptoms including **angry outbursts**, **difficulty sleeping**, or **difficulty concentrating**.

They may also appear sad or withdraw from family or friends or classmates.

(LET'S MOVE ON.)



MARY ALVORD:

Now, I'd like to turn to my colleague, Dr. Michael Southam-Gerow from Virginia Commonwealth University.

MICHAEL SOUTHAM-GEROW:

Hi everyone. Now that Dr. Alvord has covered what you should look for, I'd like to talk about what you can do if you think your kid might be distressed or has any of the signs Dr. Alvord described.

(LET'S MOVE ON.)



Michael Southam-Gerow, PhD

• **Listen to your kids.** This may seem like a simple thing. But, listening attentively shows that you care about your kids and that they're not alone.

• **Encourage.** Getting support and finding ways to handle stress are important social skills for all children and teens. It's important to encourage your kids to ask for help. Creating an environment where asking for help is okay can go a long way. Let your kids know that when they ask for help they are advocating for themselves AND it's a sign of courage.

• **Model** solving a problem. Your kids learn from your examples and behaviors. So, one thing you can do to model problem solving is to think out loud in front of your kids. State the problem you're grappling with. Generate several possible solutions, evaluating the pros and cons of each solution, and saying what you will try. Let your kids know if it doesn't work out the way you want it to, you will then problem-solve again.

• **Talk with them.** Ask your kids what's going on. Some examples of good questions to

ask your kids include: “I’m wondering what you are thinking about?”, “How are you feeling today?” “I noticed that you didn’t, how can I help?” Or if they seem to be struggling with an activity, ask “What is making that hard?” Try to avoid questions that are answered with a yes/no. Instead, ask questions that encourage discussion. Maybe start with a What, Who, How, When, Where, and Why.

•**Reassure and redirect.** Focus on helping to reassure your kid and redirect them toward activities and interacting with his or her friends.

•**Empower your kids.** There are several ways you can help empower your kids. You can serve as positive role models to kids and help guide them in building positive relationships. Developing a good relationship with their friends and classmates and siblings can teach your kids:

- ❖ how to support each other by encouraging and complimenting one another during after school activities like sports or creative hobbies like art and dance

- ❖ how to listen to people’s feelings and express empathy

Provide your kids with examples on how to handle conflict and create positive resolutions in social situations. Additionally, you can teach your kids how to set realistic and clear boundaries in relationships and appropriate behaviors in groups.

Also, a good message to help empower kids, is to encourage them to talk to you about any concerns they may have.

(LET’S MOVE ON.)



Michael Southam-Gerow, PhD

I want to share some general tips on how to effectively communicate with your kids:

- Listen to their feelings.
- Keep it at their level by using age appropriate language
- Be compassionate
- Normalize negative emotions your kids might be feeling. You can say something like “all people at times feel anxious, sad, depressed or angry.” Be aware if your kids’ negative talk becomes more intense and more frequent. This could be a sign that there is a problem.
- Affirm and support the need for asking for help when they have a problem or feel distressed.

- Be honest. If you're a teacher, this is especially important when communicating that you may need to talk with their parents or seek outside help.
- Your priority is to keep your kids safe.

(LET'S MOVE ON.)



Michael Southam-Gerow, PhD

We all know that life has its ups and downs. We all have the ability to learn how to deal with life challenges. Research shows that resilience is key to coping and dealing with difficult situations. And, everyone can learn skills that help them to be more resilient. The more we can do to help kids build resilience skills, the better able they will be to handle challenges throughout their lives.

Resilience is the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress. Often times people describe it as “bouncing back.”

When working with kids, we say how “bouncy is your brain.” We also explain that resilience is like a muscle, it makes us stronger and the more you use resilience, the stronger it gets.

With older kids, we might talk about it like a rubber band that stretches with stress and problems. But we CAN do things to make the rubber band go back to its flexible state. Help them know that they can try new things. Effort is what counts, not immediate success. Make sure there is a lot of praise for trying.

Resilience can help our children manage stress and feelings of anxiety and uncertainty. However, being resilient does not mean that children won't experience difficulty or distress.

Emotional pain and sadness are common when we have suffered major trauma or personal loss, or even when we hear of someone else's loss or trauma.

We all can develop resilience, and we can help kids and teens develop it as well. It involves behaviors, thoughts and actions that can be learned and practiced over time.

(LET'S MOVE ON.)

STEPS TO BUILDING RESILIENCE

- Make connections
- Accept that change is a part of living
- Move toward your goals
- Keep things in perspective
- Take care of yourself



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Michael Southam-Gerow, PhD

Resilience is not something you are born with - that you either have or don't have. Resilience can be learned.

There are skills and strategies for building resilience. Some of these may seem very obvious, and probably many of the things you are doing now.

It is also important to understand that there is no one single way to build resilience or a prescribed timeline. It is a lifelong journey. What works for one kid, may not work for other kids and teens. Steps to building resilience include:

1. Making connections. Good relationships with close family members, friends or others are important. Having at least one good friend helps protect against bullying and feeling isolated. Accepting help and support from those who care about you and will listen to you strengthens resilience.

2. Accept that change is a part of living. While you can't control everything, there are many aspects of your life you can control. So, accepting circumstances that are out of your control, free you up to focus on those things in life you can manage.

3. Move toward your goals. Instead of focusing on tasks that seem unachievable or huge, ask yourself, “What’s one thing I know I can accomplish today that helps me move in the direction I want to go?”

4. Keep things in perspective. Avoid blowing a stressful event out of proportion. For example, this is something we’ve all seen in the news, where people are catastrophizing situations. When a child is facing very painful events, help him or her look at the situation in a broader context and keep a long-term perspective. Try to get them to look ahead towards the future, instead of dwelling on the past. An optimistic and positive outlook enables a child to see the good things in life and can help him or her keep going even in the hardest times.

5. Take care of yourself. Pay attention to your own needs and feelings. That will help keep your mind and body primed to deal with situations that require resilience.

When it comes to helping kids build their resilience skills, it’s important to be mindful that kids have cultural experiences influencing their lives. Having a positive racial and ethnic identity can promote leadership skills, optimism, better grades and academic achievement. It also helps with self-esteem, self-acceptance, goal setting and problem solving skills. These are all things tied to resilience.

Also, it’s important to note that resilience is not the ability to suppress or push aside negative emotions such as anxiety, depression or anger. Suppressing emotions can actually lead to additional problems. Resilience can be about finding ways to appropriately express these emotions and learn healthy ways of coping.

(LET’S MOVE ON.)



MICHAEL:

Now, I'd like to turn to my colleague Dr. Laurie McCubbin from Washington State University.

LALI:

Hello, everyone. I want to talk about how you determine when it's time to get help and who to turn to for help.

(LET'S MOVE ON.)

WHEN TO GET HELP

- Aggressive outbursts
- Persistent signs of anxiety, depression or disruptive behavior
- Talk of alcohol or drugs
- Mention of harming another person



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Laurie McCubbin, PhD

So you've tried to encourage, empower and talk to your kids, but you still have serious concerns that a problem exists. What do you do next?

If you have some concerns that your child or teen may not be coping well, then it may be time to get help. There are a number of important signs to pay attention to and that most likely require seeking help. They include:

- Displaying aggressive outbursts that feel frightening to you or your family or friends. For example, when your kid's outburst feels threatening to you or someone else or it feels out of control.
- Persistent display of signs of anxiety, depression or trauma for several days or longer. For example, a kid seems sad and withdrawn almost the whole day for three or more days in a row.
- Witnessing or overhearing your kids discuss using alcohol or drugs
- Overhearing your kid talk about physically or emotionally harming another person.

(LET'S MOVE ON.)

WHEN TO GET HELP

- Talk of hurting or killing self
- Evidence of possible self mutilation
- Mention of abuse or sexual assault
- Plans for antisocial or criminal acts



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Laurie McCubbin, PhD

So, how do you tell when it's time to get help? There are specific warning signs.

- You or a teacher overhear your kid talking of hurting himself or killing himself
- You notice **signs** of possible self-mutilation. For example, seeing cuts on your kid's wrists or noticing that your kids always wears long sleeves or pants in the heat of summer. A lot of kids who cut themselves try to hide it.
- A kid mentions abuse or neglect or sexual assault/rape or unexplained bruises for example, a kid can't tell you how they got the bruises. They may be trying to hide something.
- Witnessing or overhearing your kids discuss engaging in or planning an antisocial act. For example, vandalism, theft, starting a fire.

If you hear your child talking about hurting or killing himself/herself or if she or he mentions abuse or rape, sit down with them and try to find out what happened. And,

immediately call your pediatrician, the school nurse or counselor or a crisis center. The school should be able to direct you to other appropriate resources.

(LET'S MOVE ON.)

WHO CAN HELP?

- School counselor
- Pediatrician
- Psychologist
- EAP (Employee Assistance Program)
- 911



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Laurie McCubbin, PhD

So, when you want to get help, who can you turn to?

There are all types of professionals who can help.

If your kid's school has a counselor or a school psychologist on staff, consider starting with that person. They're familiar with the school, teachers, staff and students. If not, the school might have a nurse who can provide other resources. Also, every community typically has a crisis center or hotline which is another good resource.

Your pediatrician may be able to help. The American Academy of Pediatricians has guidelines for mental health screenings. So, pediatricians who are members of this professional association will most likely be familiar with the guidelines and can include a mental health screening in your kid's regular physical exam. You may want to first call your pediatrician to talk about any symptoms your child is displaying and determine next steps.


Your pediatrician may also be able to refer you to a mental health professional who works with kids and families.

Another resource is your employer's Employee Assistance Program also known as an EAP. If you're worried about your child, you could start by talking to someone at the EAP to help you figure out next best steps. Most EAP programs include short term help like five to six visits and then can provide a list of professionals like psychologists, social workers and other mental health professionals available for longer term treatment. Check your employee benefits to see how your workplace EAP is structured.

If you see evidence that a kid may be trying to take his or her own life, call 911. And, stay with him or her while help is getting to you. It's important to always stay with someone who talking of hurting oneself or taking their own life.

(LET'S MOVE ON.)

ASK THE PSYCHOLOGISTS




MARY ALVORD, PhD

MICHAEL SOUTHAM-GEROW, PhD

Laurie "Lal" MCCUBBIN, PhD

KATHERINE C. NORDAL, PhD

This webinar is for informational and educational purposes. Psychologists will answer general questions and provide information on resources. Psychologists are not able to respond to specific questions or comments about personal situations, diagnosis or treatment, or provide any clinical opinions.



National PTA
every child deserves

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Laurie McCubbin, PhD

Now, we'd like to invite you to ask questions and chat with us. This question and answer segment is for informational and educational purposes. We are not able to respond to specific questions or comments about personal situations, diagnosis or treatment, or provide any clinical opinions.

At this time, I'd like to ask the operator to open up the phone lines for questions.

RESOURCES

Psychology Help Center
apa.org/helpcenter

Find a Psychologist
PsychologistLocator.org



National Institute on Drug Abuse
Teens.drugabuse.gov

Mentalhealth.gov

Stopbullying.gov

Twitter [@apahelpcenter](https://twitter.com/apahelpcenter)

Special thanks to the YMCA of the USA for granting permission to use content from the original APA and Y-USA webinar presented in 2013.

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DESIGN NOTE: INCLUDE IMAGE OF NEW PTA & APA TIP SHEET

KATHERINE NORDAL

Thank you for joining today’s webinar. Additional resources to help you become more familiar with warning signs of emotional distress in kids and ways you can help are available on the PTA website. These resources include:

- A new tip sheet on how to talk to your kids and teens.
- Additional reading suggestions from APA

Also, APA’s Psychology Help Center has information.

I’d like to turn it back to PTA President Otha Thornton.

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Thank you to Dr. Nordal and to all of our participants in tonight's special event. I know as a parent, a mentor and a PTA leader, I have learned so much tonight about how to recognize and help a child who may be emotionally struggling.

Today's PTA is all about providing our members with relevant resources that will aid us all in ensuring that every child's potential becomes a reality. Tonight's conversation is just one example of those resources. For those of you listening tonight, who are not yet PTA members, I encourage you to join PTA now. Whether you choose to connect with us locally or you choose to join our National PTA unit, you connecting with us is essential to PTA delivering our mission. Learn how you can get connected with Today's PTA at PTA.org/join or follow us on our social media sites, where we will continue this conversation tonight.

Tomorrow, you will receive a survey asking for feedback on this event. Your insights will help to shape future events such as this. Also, we will send you a link to the recording of this event so that you can share it with your PTA and social networks.

On behalf of National PTA and the American Psychological Association, thank you for joining us today. We hope you found this information and dialogue valuable in supporting a kid you love. You can make the difference.

Good night.