



In sickness and in health™

A Parent's Guide

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Our path this evening

1. Understanding mental health
2. Recognizing warning signs
3. Strategies for parents

Understanding mental health

Looks different

Misunderstanding leads to fear

Mental illness can be treated

Emotional reaction

Upstairs Brain

Allows us to think before we act
Decision-making
Control over emotions & body
Focus/concentration
Empathy
Self awareness



Downstairs Brain

Allows us to act before we think
Fight/Flight response
Emotional reactions
Bodily functions

Source: Siegel & Bryson "The Whole Brain Child"

Risk factors

Mental illness

High risk taking behaviors

Family history of suicide

Social

Self value

Depression

Marked change in

~ emotions

~ behaviors

Anxiety

BODY: Fatigue, Restlessness OR Sweating

BEHAVIOR: Hypervigilance OR Irritability

COGNITIVE: Racing Thoughts OR Worry Thoughts

OTHER COMMON SYMPTOMS

Trembling, Overwhelmed, Poor Concentration,
Shortness of Breath, Excessive Worry, Fear,
Insomnia, Increased Heart Rate, Feelings of Nausea

Protective factors

Healthy coping strategies

Strong relationships

Communication

Value driven

Support

Resiliency: A Parenting Shift

Children will face stressors and challenges unique to their situation

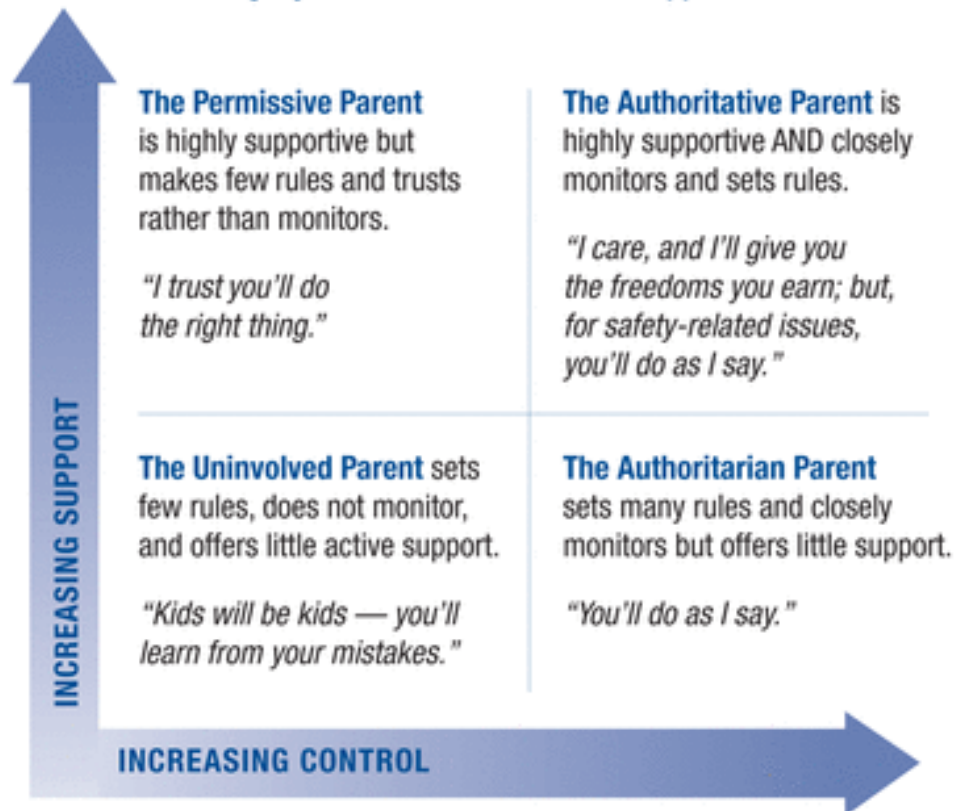
Every family is unique



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Parenting styles

Parenting styles: the balance between support and control



Effective Parenting

SITUATION	0 - 10

Describe specific
what makes
you feel varying
levels of
discomfort

Emotional Development Scale

Age 18: Development of personal identity and move towards independence by setting goals. Planning for future (i.e. move away from home, going to college). Being able to tolerate disappointment and increased demonstration of critical thinking skills.

Age 16: More regular use of emotional self-regulation and distress tolerance skills. Ability to think of different possible outcomes and work towards goals when approaching a problem. Identify and understand core-beliefs. Quest to start moving towards independence away from parents (i.e. driving). Experimenting with different behaviors and ideas.

Age 14: Increase in use of critical thinking skills and development of abstract thinking. Heavily influenced by peers' opinions and judgments. Self-esteem will be influenced by peers' opinions. Will advocate for needs and start/practice setting boundaries with peers. Engaging in serious aggression, is rare. Aggressive behaviors are more verbal. Recognizes that outbursts have consequences.

Age 12: Starts to develop critical thinking skills and recognition of more than the obvious answer. Increase in empathy skills and understanding that others may have mixed feelings. Concerned with peer opinions and fitting in but should be able to handle limits and calm self when upset. May become frustrated with limits, due to wanting more immediate gratification.

Age 10: Reasoning becomes logical but if unable to solve problem may ignore or redefine the situation (may appear to lack responsibility). Empathy increases as emotional understanding improves. Start to see interest/concern about peer approval and social support. Develop internal skills for managing emotion.

Age 8: An increase in development of skills to manage peer interactions and social situations. Sensitivity to criticism and struggles with failure, tendency to be competitive and bossy. Peer influence emerges, concerned about being liked by their friends. Aggression is markedly decreased or nonexistent, may see physical reaction to communicate emotions (i.e. pouting when upset). Awareness of others and consideration for other's feelings and needs, especially if other is disadvantaged (understanding of benevolence). Decrease in black and white thinking pattern, able to understand "shades of gray". Fears are less based in imaginary objects.

Age 6: Ambition and responsibility are developed, greater understanding of causes and consequences, strategies for self-control expand. Able to utilize language to manage anger and significant decrease in aggressive behaviors. Temper tantrums, yelling, blaming, arguing behaviors should decrease or abate as the emotions become more regulated and language is more utilized to express emotions.

Age 4: Empathy and problem-solving emerges. May see decline in physical aggression (hitting, fighting, throwing things, etc) although may still see irritability, blaming. During frustration may exhibit infant behaviors. Can express basic emotions (happy, sad, proud and excited)

Ages 2-3: Temper tantrums, self-centered, and immediate satisfaction is hallmark. Often says "no" and shows lots of emotions (laughs, squeals, throws things, cries,). Use of external behaviors to express emotions (i.e. throwing and destroying property). Can play alone and does not need other involvement. Resists change.

Understanding Family Dynamics

Stressors in the family

Boundaries and limits

Communication patterns

Spoken and unspoken rules

Family values and/or religious/cultural
beliefs

History of family mental illness

Identify values & goals

Recognize values

Goal directed parenting

Creating W.A.Y.S.M.A.R.T Goals

W.A.Y.S.M.A.R.T.



Written goals

Align goals to values

Your goals

Specific

Measurable

Achievable

Realistic

Timely

Communication with Effective Language

When people talk, listen completely

Most people never listen

Communicating to your Supports

Rating	Physical Symptoms	Thoughts	Emotions	Coping Skills
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				

Possible traps

Assumption, when the child is sad, we say,
“What’s wrong?”

Leading Questions

“Did you have anxiety today?”

Hypervigilant during difficult times

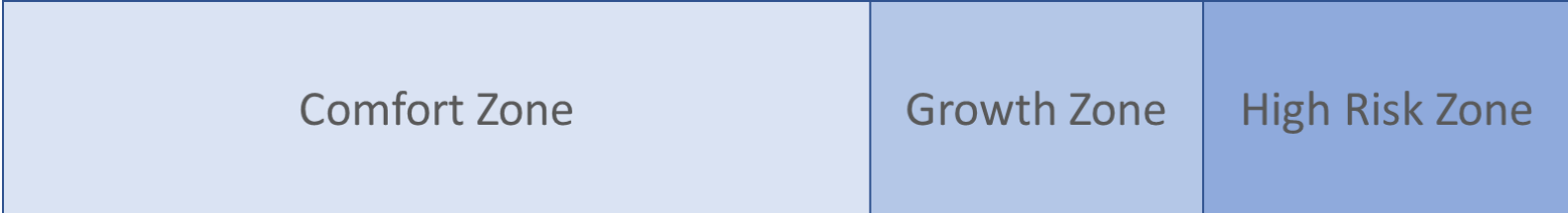
Dealing with Emotions Self and Child

Allowing child to experience
discomfort

Solution Notebook

Healthy Coping Strategies

Growth Zone



Difficulty

Building Resilience

“Bounce Back!” acronym for some of the foundational principles of resilience

B – Bad times don’t last, and things get better.

O – Other people can only help if you share with them.

U – Unhelpful thinking only makes you feel worse.

N – Nobody is perfect~not you, not your friends, not your family, not anybody!

C – Concentrate on the good things in life, no matter how small.

E – Everybody suffers, everybody feels pain and experiences setbacks; they are a normal part of life.

B – Blame fairly – negative events are often a combination of things you did, things others did, and plain bad luck.

A – Accept what you can’t change and try to change what you can.

C – Catastrophizing makes things worse – don’t fall prey to believing in the worst interpretation.

K – Keep things in perspective. Even the worst moment, is but one moment in life.

Why a plan

Structure and consistency

Create expectations

Family Plan

Strategies

Awareness

Communicate effectively

~ LISTEN, keep it short & simple

Allow your child to develop
healthy coping skills

GOAL – Healthy child

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