

Teen Scene – February 8, 2010

BY MEG SHERIDAN

On February 8, 2010, NYC Parents in Action held its annual Teen Scene panel discussion at the Trinity School with a group of 16 high school students from New York City independent day schools. The discussion, moderated by Lucy Martin Gianino, was attended by an appreciative audience of parents of New York City teens.

“Gossip Girl has nothing to do with my life,” was how one girl summed it up, explaining that students were aware of the recession and less focused on the appearance of wealth. She acknowledged that some students were materialistic and dropped designer names, but that attitude was not as acceptable as it might have been a few years ago. In general, the panel described current high school students as more accepting of each other and less apt to “pigeonhole” in areas ranging from economic status to sexual orientation to substance use.

“We sound like raging alcoholics...that’s not the case,” protested one panelist, after a free-ranging discussion on pre-gaming, fake IDs, and binge drinking. The students acknowledged that while many do drink to get drunk, most will experiment with going over their limit early in high school, then mature out of that phase by senior year; they said binge drinking is not that common. They offered tips: if your child gets ready with others before a party, he or she is probably “pre-gaming”; booze is available from family owned markets, home liquor cabinets, delis that deliver, and some restaurants. A girl, particularly one who is dressed up and looks sophisticated, can buy liquor more easily than a guy. A good number of students have fake ID’s, which go for about \$180. And they maintained that there is no pressure to drink, because students want to protect their supply.

“Potheads are not a subculture...athletes, straight-A students, student government...all use pot.” The panelists agreed that the use of marijuana is prevalent and no longer carries a counter-culture stigma, and that users are not shunned; rather they are integrated into school life. Some on the panel maintained that every school has a student who is a dealer; others disagreed, saying students usually have dealers outside of school. All acknowledged car services that deliver; these are “legitimate” businesses, replete with business cards. Panelists emphasized that users of pot are in a category distinct from that of cocaine users. They also discussed prescription drug use, noting there was some use of Ritalin and Xanax at a cost of \$10-\$15 per pill, and that the sale and use of Adderall skyrockets during finals. Still: “You can count the people who do prescription drugs. With pot you can count the people who don’t.”

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“If a girl carries a condom, she is considered promiscuous.” A boy, however, is considered irresponsible if he doesn’t carry one. When is it used? In spontaneous hook ups, or “one-night wonders” and sex that is part of a deeper relationship that could last a few months to a year. The panel agreed that the schools provided continuous and comprehensive sex education and that many boys had a “huge fear of STDs or of becoming a father.” Noting preventive measures, panelists said that generally, “there is always a condom — not necessarily the pill.” Some of the girls on the panel stated that “girls don’t usually carry condoms, because they are not necessarily expecting action.” In response to a question from the audience, the panel agreed that oral sex “is not really sex,” although they said that it was more significant

TEEN SCENE CONTINUED

than hooking up and usually occurred as part of a relationship. Although girls more commonly provide oral sex to boys, the reverse happens also. “Returning the favor is still courteous” remarked one boy.

“I’m so grateful for every minute of sleep,” said one panelist of her second semester senior year. “Sometimes sleep is more of a priority than fun.” The panelists emphasized that their lives are busy and parties are only one way that they socialize with each other. They said that they don’t go out during the week, but will stay in touch by texting or sending messages through Facebook. All acknowledged that messages might be misconstrued online, especially because it’s easy to say things online that a student may not have the courage to say face-to-face. They advised: “Don’t type anything you wouldn’t want to see next to your name in the *New York Times*.” In general, the panelists despaired of parents who opened their own Facebook accounts, perhaps to check up on their kids. To parents, one panelist said: “Please don’t friend us on Facebook.”

Video chatting is popular, with some students using it to study together. But students warned about that as well: “A guy on video chat will ask a girl to flash him; he will take a quick picture and circulate it the next day.” Another student gave an example of a photo taken in private that was posted on the Internet after the couple broke up.

“Make sure your kid is not afraid to come home. You don’t want your kid to sleep somewhere else when there is a potential problem.”

“Make sure your kid is not scared of you,” said one panelist in response to a parent seeking general advice. “Don’t freak out the first time something happens,” said another. The panelists seemed to agree that punishing a student by grounding him or her is not necessarily productive. They admired students who have an established trust with their parents — and who know they can call their parents for a ride or for help in a predicament. “Make sure your kid is not afraid to come home,” said one. “You don’t want your kid to sleep somewhere else when there is a potential problem.” ●

PRESIDENT'S Letter



Staying Involved

Transitions! This time of year brings many transitions for us all. We watch our children complete another school year, move up to another grade, to a new school, to college or the world of work. As parents we want to support them through both the exciting and difficult aspects of transitions. These moments are often bitter sweet; excitement to begin the new adventure is accompanied by sadness for what we leave behind.

My family and I will make our own transition this summer. We will be moving to Tokyo. This is an adventure in our lives, but it marks a separation from home, friendships, schools, work and volunteer efforts about which we care deeply. I am spending a lot of time talking with my children about the excitement that this move may bring to all of us, while recognizing that we share sentimental and difficult feelings about it too.

Being a parent means guiding our children at times when we are trying to understand how we feel as well.

Being a parent means guiding our children at times when we are trying to understand how we feel as well. My motto is, "We will manage this together, and everyone has a right to his or her feelings." There is nothing more important than being heard and understood.

Seeing my term as president of NYC-Parents in Action come to a close is emotional. I deeply believe in the mission of this organization. Building community, talking to one another both within our families and within our parent groups is key to helping ourselves and our children navigate the challenges and joys of childhood and parenting. When I arrive in Japan, I'll be looking for a Tokyo-Parents in Action. If I don't find one, maybe I'll start a chapter.

My sincere thanks go to all of you who have supported me, and NYC-Parents in Action, over the years. Please continue to support this organization. The issues surrounding stress, alcohol and drug use in New York are real; we have to keep talking about them, and find ways to support our children when they face them. Please attend your Parent Talk meetings. They are one of the best ways to stay involved, informed and connected. And look for information on line at www.parentsinaction.org.

Thankfully, although Tokyo is thousands of miles across the sea, I am only an e-mail away. I've told my children I may finally have to join Facebook. Please stay in touch!

MARY BETH HARVEY

Teen Mental Health Talk Sparks Lively Discussion

BY LISA HUFFINES

“The Emotional Well-Being of Our Teenagers” was the subject of the November 18, 2009 Parents in Action luncheon at St. James Church, with speakers Dr. Robert Feiguine, Senior Psychologist at the Morgan Stanley Children’s Hospital of New York Presbyterian and Assistant Professor of Psychiatry (Psychology) at Columbia University Medical Center; and Dr. Jennifer Havens, Vice Chair and Associate Professor in the Department of Child and Adolescent Psychiatry at the NYU School of Medicine and Chief of the Department of Child and Adolescent Psychiatry at Bellevue Hospital Center. In her introduction of these distinguished guests, PIA board president Mary

Physical, cognitive, chemical and emotional changes prompt children to question who they are, challenge parental values, and struggle with sexual identity.

Beth Harvey quoted Marion Wright Edelman’s insight that “children don’t come to us in pieces” but must be treated as a whole. With their combined, 50 years of treatment experience, Drs. Haven and Feiguine were well qualified to expand on that theme, explaining why mental and emotional health must be intact before parents tackle other problems in their children’s lives.

Dr. Feiguine compared adolescence to early childhood, noting that between birth and around age five, children pass through three phases: “I am,” in which they discover who they are in the world; “I can,” in which they test their minds and bodies and explore limits; and finally “I am” again, this time involving gender identification.

Adolescence is an intensified experience of both “I am” and “I can” development. Physical, cognitive, chemical and emotional changes prompt children to question

who they are, challenge parental values, and struggle, again, with sexual identity (gay or straight? attractive? abnormal?). And this is *healthy* adolescence.

Teens’ changeable emotions make it hard to recognize what Dr. Feiguine called “derailed” adolescence, but there are five signals to watch for that warn parents something is amiss: pronounced change in school performance, friends, appearance, or interests, or use of drugs or alcohol. What to do once a parent establishes that the teen is troubled is a different and vexing question.

Dr. Feiguine offered some helpful guidelines:

“With advice, less is more.”

Teens don’t listen to lectures, but if parents present advice in small pieces that allow them to think for themselves — what Dr. Feiguine called “tidbits” — teens listen more closely than we think. Forego the long cautionary tale and try a pithy word to the wise, or, better yet, start with a question that gets your child involved and invested in the discussion.

“You are not their friend.”

Parents and friends have completely different roles in a child’s life. Stick to your role.

“The guardrail hypothesis:”

Good parents are like highway guardrails. For young children, rails should be narrow and firm, but as the child matures, they should be widened — far enough to allow room for mistakes, but close and firm enough to prevent lasting harm.

“Let them explore their worlds.”

Teach children to anticipate consequences and think about how today’s decisions affect tomorrow. But let them explore and learn from their own mistakes.

“Transport yourself back to that age.”

We do forget what it felt like to be a teenager. Try to remember and see issues from their perspective.

TEEN MENTAL HEALTH CONTINUED

Questions from the audience instigated a lively discussion on drug and alcohol use. Before they leave high school, 50 percent of teens have smoked marijuana and 75 percent have experimented with alcohol, said Dr. Feiguine. For the vast majority of teens, drugs and alcohol are basic facts of life even if they don't partake, and most won't suffer long-term harm. Parents' reactions to drug and alcohol use, of course, range widely, from the mom who experimented in her youth and blithely assumes her teen will outgrow it, to the parent who greets the first sign of experimentation by severing all connections between the child and his social life. Dr. Feiguine's advice might surprise both these parents.

Dr. Havens emphasized that a real disorder presents symptoms, duration, and impairment.

There is a fine line between behavior that calls for radical intervention and behavior that may just bear close (very close) watching, he said. He compared two patients from his practice, both 15: one, a boy, smokes pot every day and his grades have dropped; the other, a girl, smokes pot, drinks socially and occasionally, enjoys good family relationships, earns straight As and has lots of friends. For Dr. Feiguine, the two fall into different categories.

The boy's case calls for strong, immediate intervention. Habitual drug use is often self-medication for an underlying mental health problem; marijuana, for example, is an effective anxiety reducer. This boy's daily drug use could signal a health issue that needs urgent attention.

The girl concerns him too, but less so. Dr. Feiguine stressed that he neither condones nor makes light of drug use, but noted that anything a parent does to stop a child's social behavior — grounding her for long periods of time, blacklisting friends — threatens the child's open dealings with her parents and interrupts her exploration of her world. Her world includes drugs and alcohol whether she uses or not. Keep very close watch, but don't overreact, he advised.

Dr. Havens spoke from a more clinical perspective about depression and other mental illnesses that affect teens. Depression afflicts some 20 percent of the population at some time, with first onset typically occurring in the early high school years (the average age of onset of mental illness is 14, though depression rarely shows up before early adolescence). Given the importance of the high school years, where one "lost semester" can have serious consequences, early identification is critical.

There are two types of depression: major depressive disorders and chronic dysthymic disorder, or dysthymia. The former are more acute but often shorter term, while dysthymia is milder but of longer duration, lasting a year or more. Symptoms of a major depressive disorder include sadness, irritability, persistent boredom or anger, fatigue, sleep or appetite problems, thoughts of death, social withdrawal, decreased ability to concentrate or make decisions, and feelings of guilt or worthlessness. A child must present at least five symptoms, most of the day, nearly every day for two weeks, for a diagnosis of major depressive disorder. The symptoms for dysthymia are similar, but a disorder is present when a patient exhibits symptoms most of the day, "more days than not" for at least a year. In either case, onset is typically insidious, not sudden.

Dr. Havens emphasized that a real disorder presents symptoms, duration, and impairment. As with other mental illnesses, the symptoms of depression are feelings we all experience sometimes and they're not considered disordered unless they meaningfully compromise function in other areas of one's life. Mood swings and ordinary sadness in response to adverse events, therefore, are not depression. However, stress and loss (a death in the family, a breakup with a boyfriend) may trigger or exacerbate depression.

Both sufferers and their parents must grasp the biological (and nearly always genetic) nature of depression. Parents shouldn't try to talk children out of their sadness, and patients need to understand

TEEN MENTAL HEALTH CONTINUED

they suffer a brain disease largely out of their control. Often, Dr. Havens said, teens feel better on medication and want to discontinue it. While this should be allowed and even encouraged, it's critical to teach patients to recognize a recurrence. Relapses are common: 30 percent will suffer symptoms again within two years and 70 percent by adulthood.

Anti-depression medications require extremely close monitoring with children, Dr. Havens said, but she believes the media have over hyped the danger of an increased suicide risk. She *has* seen “negative reactions” to medications in children, especially younger children, and would like to see more and better scientific evidence that the medications she prescribes are effective for children, but in general she feels that more children (especially in the lower socioeconomic brackets) are undermedicated than overmedicated. Suicide rates have dropped with the introduction of medicines like Prozac, and there's even been a small rise in suicides in the two years since the FDA required black box warnings about suicide risks. Suicide remains the third leading cause of death among adolescents; when a child is thinking a lot about death or expresses a desire to kill himself, said Dr. Havens, “It always means something.”

Cutting and other forms of compulsive self-harm usually *don't* signal suicide risk, alarming as they appear. Cutting usually co-occurs either with depression or with past or present trauma, and it happens when a child is in a “dysphoric mood state” — an overwhelmed, chaotic state of mind. Parents need to understand that the cutting really does improve the child's mood, making him or her feel better, and that it is addictive. The best course of action is to deal directly with the underlying problem, whether it is depression or something else. “Don't freak out about the cutting,” said Dr. Havens, “just get to the bottom of it.” ●

Dads-Only Lecture Draws Overflow Crowd

BY DON KING

Listen, learn, lead — and laugh! Those four “L’s” emerged as the undercurrent themes in a wide-ranging and thoroughly engaging seminar presented by Drs. George Lazarus and Ralph I. Lopez to more than 200 fathers who attended PIA’s first ever “males-only” event on Tuesday, January 12th at The Hewitt School in Manhattan.

And those “L’s” are the fundamental answer to the fundamental question that parents ask, according to Dr. Lazarus (a staff pediatrician at New York Presbyterian and Lenox Hill Hospitals and a professor of pediatrics at Columbia University): “How do I teach my values?” He offered a variety of ways to use those “L’s” to find the answer.

“You’ll be amazed at how much you can learn while driving your children with their friends,” Dr. Lazarus suggested. “Stay quiet and let them talk. They’ll forget you’re in the car.”

“Communicate,” he said, “at dinner, with no TV.” And do it often. “Quantity leads to quality.” And “magical moments come from mundane moments.”

He also suggested that talking about our own experiences can resonate with our children. “Tell them when a presentation at work goes well or when someone was offensive.” Your children will absorb these stories and understand the values they illuminate. “Children will know,” Dr. Lazarus said. “They miss nothing. They are fast learners.”

Above all, he emphasized the importance of a father’s relationship with his children’s mother. “How you treat her and talk about her will influence how your children treat the opposite sex throughout their lives. It is mandatory that that relationship be respectful.”

Dr. Lopez, (affiliated with New York Presbyterian and Weill Cornell Medical College and a specialist in

adolescence) reinforced Dr. Lazarus’s “get involved” advice, and suggested that a father’s knowledge and understanding is particularly important during the developmental stages of puberty. He offered a broad outline of those stages and the differences between girls and boys in that process. “Boys and girls must catch up to their bodies” as they change, he said, but there are major differences in their rates of maturity. He said that understanding those differences can serve a father immeasurably in helping his children through the stress of this undeniably difficult transition. We must be tolerant of and sensitive to those changes and remain open and available.

Paradoxically, “parents lose clout” as their children become adolescents. Peer groups become more important so it becomes more difficult, but no less important, for fathers to be present. “Have dinner with your kids,” Dr. Lopez insisted. “It’s the most important thing you can do. A dad’s presence is huge.”

Communication is vital. “Learn to listen,” Dr. Lopez emphasized, “and don’t preach.” Find the “correct moment” to touch on the sensitive topics of physical change and sexual awakening. “Don’t try to solve all the problems at once, either,” he recommended. “And don’t be afraid to admit ignorance. Don’t pretend.” He also insisted that fathers use the “ten silent words.” Practice with your spouse if you find it difficult to use words like masturbation and intercourse.

And what should dads answer when their teens ask, “Well, what did YOU do when you were my age?” Dr. Lopez suggested this reply: “Why are you asking that now?” He maintains that we don’t owe our kids answers to questions about the past. We owe them only support, guidance and the strength of our family values. And love, of course, unconditionally. But he quoted the parent of a patient he heard tell her demanding teen, “Love you get for free. Respect you have to earn!” ●

November 19th Mt. Sinai Conference

The Internet: The Ins and Outs of Cyberspace

BY SUSAN FISHER

The “digital divide” is an evolving term that may be unfamiliar to many of us. At one time it referred to a socioeconomic distinction between people who were computer literate and people who were not. The current, more metaphorical meaning of the phrase describes the gap in cyber knowledge between parents and children. But the level of sophistication, the speed at which even “educated” parents are becoming ignorant, and the threats that exist for our children stupefied everyone in the audience on Nov. 19th, at the presentation held by Parents in Action and Mt. Sinai’s Adolescent Health Center. The three presenters were extraordinary, both in their backgrounds and their respective positions at the intersection of cyberspace and children: Michael Fertik, founder of Reputation Defender; Regina Lewis, Consumer Advisor at AOL; and Dr. Debra Braun, a NYC pediatrician specializing in adolescents. The panel was introduced by Richard Porter of Mt. Sinai and moderated by Lucy Martin Gianino of Parents in Action.

Ninety-five percent of what is on the Internet does not show up in a Google search. That doesn’t mean it is inaccessible information, it just means there is at least one level of privacy control separating it from the searcher. For example, school directories, government papers and Facebook pages require passwords for access. However, if there was one overriding message from all three exerts on the panel, it was “Privacy controls do not work.” Finding revealing information is not difficult: everyone from college admissions officers to current and future employers has strategies to get into “the Deep Web” and uncover data. Children need to be mindful of what they’ve posted and of how it can be misconstrued when taken out of context. Furthermore, even the most cautious Internet user has no guaranteed protection. Consider a photo of two college girls rolling in the grass and laughing

on a nice sunny day. It may appear innocent, but should that same photo surface on a Spring Break Web site, the girls’ actions could take on damaging connotations, given a context that suggests a drunken and riotous event.

The panel offered some statistics about teens and cyberspace:

- More than 90% of teens in America have access to the Internet, and many have multiple points of entry, via cell phones, computers at home, and computers at school.
- These devices are now capable of technologically converging all relevant information, from the data in one’s calendar and address book, to gossip, cyberbullying, and other inappropriate content. News travels faster with the convergence.

If there was one overriding message from all three exerts on the panel, it was “Privacy controls do not work.”

- Only 14% of teens use email as a major means of communication with their friends (Facebook, texting, bbm’s and IM’s are all more popular).
- 71% of the teens have an online profile, and many may have at least three: a school profile, a Facebook profile (or two) and a MySpace or Twitter profile.
- The average number of “friends” for a single Facebook profile is 130 people.
- There are “profiles for every occasion.” Teens, especially, maintain different profiles for different viewers: some that are safe to show parents and others that project a more racy “fun” image for peers.
- 60% of teens Sext. “Sexting” can be loosely defined as any text message hinting at sex. Even flirting can be considered sexting.

INS AND OUTS OF CYBERSPACE CONTINUED

- 40% of teenage boys have received sext messages not originally intended for them. This means the messages have been “passed around,” or forwarded, from one boy to another.
- 64% of children post photos online.
- 39% of teens admit to having posted photos or text they later regretted making public.
- 25% of children 8-15 years old have made friends with a total stranger on the Internet.
- Reputation defamation is a much bigger threat to children than sexual predators. Only 1 child in 10,000 is victimized by a sexual predator.
- 32% of teens have been victims of cyberbullying.

Depending on the age of their children, parents may be confronted with a variety of cyber issues. All parents, of children of any age, should be aware that Internet addiction is a genuine and growing disorder, and that sleep deprivation is an additional side effect of cyberspace activities. (One quarter of teens polled reported texting between midnight and 5am!) Children must be 13 to obtain a social networking ID, but many younger children lie about their age, more frequently than parents imagine. Older teens often engage in online gambling, and while only 10-15% are at serious risk, most parents are similarly unaware of this activity. While teens admit that cyberspace time takes time away from their families, most believe their online time strengthens their friendships. Parents must be aware of these issues and adopt an offensive rather than a defensive strategy regarding Internet use.

What should parents do? Strategies for parents:

- Be a role model for your child and set a good example. Don't “live” on the computer, don't text compulsively, don't talk on the phone or text while driving, and don't use language you don't want to hear your child using.
- Frontload a positive footprint on the Internet by joining online forums about responsible activities, community service interests, etc.
- Until the child is well into his/her teens, keep the computer out in visible, public areas of the apartment.

- If your child won't “friend you” on the social networks, ask a friend, relative or coach to do it, and let that person be a monitor for you.
- If your child does allow you to be a friend on Facebook, don't stalk him, don't make too many comments or ask too many questions, and unless it is critical, don't complain about the language he uses or the photos she posts.
- Establish time limits for texting, IM'ing and Internet surfing.
- Talk to your children about creating levels of friends. It is not necessary for each of their friends to see everything.
- Parents need to be aware that kids talk on the Internet rather than the telephone. What happens in the household might well end up online with comments such as “You won't believe what my mom said tonight...” Or “My dad's deal fell through...”
- Talk to your children about provocative sites and provocative scenarios. Ask questions about cyberbullying and gossip.” Have you ever thought about . . .?” is a good way to begin. Talk about what to do when someone asks your child where he lives, or wants other inappropriate information.
- Make your child aware that by forwarding Sexting messages he will be vulnerable to charges of distributing child pornography. He may be subject to child pornography laws, which apply to anyone over 16 years of age.

On a positive note, the Internet enriches our children's lives, encouraging intellectual independence and allowing them to pursue academic and extracurricular activities. A younger child can watch videos of animals of the Amazon, start his or her own professional soccer blog, or make music or movies. The Internet allows older children to investigate health concerns in privacy (GoAskAlice.com is a particularly good site for young girls) with questions about adolescent issues. The Internet gives socially awkward children a forum in which to experience “social success.” It can support

INS AND OUTS OF CYBERSPACE CONTINUED

friendships that are geographically difficult and help children stay in touch with those they see irregularly, like camp friends. Best of all, the Internet it is fun!

The dynamic presentation by these three experts left parents with much to think about. Technology has many significant ramifications for our children's present and future lives, but surprisingly, even in this techno-world, the panel's most potent message was a familiar one: "Talk to your children. Be involved in their lives." ●

Be Involved, Be Informed, Be Connected!

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Our Web site is a great source of information on our programs, upcoming events and other parenting resources.

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**Train to Be a Discussion
Group Facilitator**

Are you looking to give back the support other parents have given you during the child-rearing years? If you are, here's a way:

VOLUNTEERS WANTED: NYC-Parents in Action provides facilitated discussion groups free of charge to member schools. To serve an increasing number of requests for discussion groups, we need to train parent volunteers from as many schools as possible. We are looking for parents who are articulate, comfortable speaking in groups, and have an interest in parenting issues. Our goal is to provide a forum for the exchange of ideas and concerns among parents and to create a comfortable communications network that will be in place through lower, middle and upper school. Facilitators receive professional training, and become an integral and valued part of the NYC-PIA community. If you would like more information about becoming a discussion group facilitator or about our upcoming training, please call NYC-PIA at 212-426-0240 or e-mail facilitation@parentsinaction.org.