

## Check Yourself for Working Parent Burnout

The 10-item Working Parent Burnout Scale is a tool that can be used to help both parents and clinicians determine whether a parent is experiencing burnout. This scale is free for use and should be employed more readily in the clinical setting as part of routine visits, but especially if a child or parent is being seen for a mental health condition. This scale has demonstrated validity and reliability to detect parental burnout in the working parent population.

### **Step one: Complete the scale**

	Not at all	A little	Somewhat	Moderately so	Very much so
Item 1: I get/feel easily irritated with my children.					
Item 2: I feel that I am not the good parent that I used to be to my child(ren).					
Item 3: I wake up exhausted at the thought of another day with my children.					
Item 4: I find joy in parenting my children.					
Item 5: I have guilt about being a working parent, which affects how I parent my children.					
Item 6: I feel like I am in survival mode as a parent.					
Item 7: Parenting my children is stressful.					
Item 8: I lose my temper easily with my children.					
Item 9: I feel overwhelmed trying to balance my job and parenting responsibilities.					
Item 10: I am doing a good job being a parent.					

*Scale Copyright, Kate Gawlik and Bernadette Mazurek Melnyk, 2021.*

## **Step two: Score each item on the scale**

**For all questions except questions 4 and 10, use these point values.**

Not at all = 0 points

A little = 1 point

Somewhat = 2 points

Moderately so = 3 points

Very much so = 4 points

**Questions 4 and 10 use reverse scoring. Use these point values for questions 4 and 10.**

Not at all = 4 points

A little = 3 points

Somewhat = 2 points

Moderately so = 1 point

Very much so = 0 points

## **Step three: Calculate the total score**

**Add all points together for a final score.**

## **Step four: Interpret the score**

**0-10 Points:** No or few signs of burnout

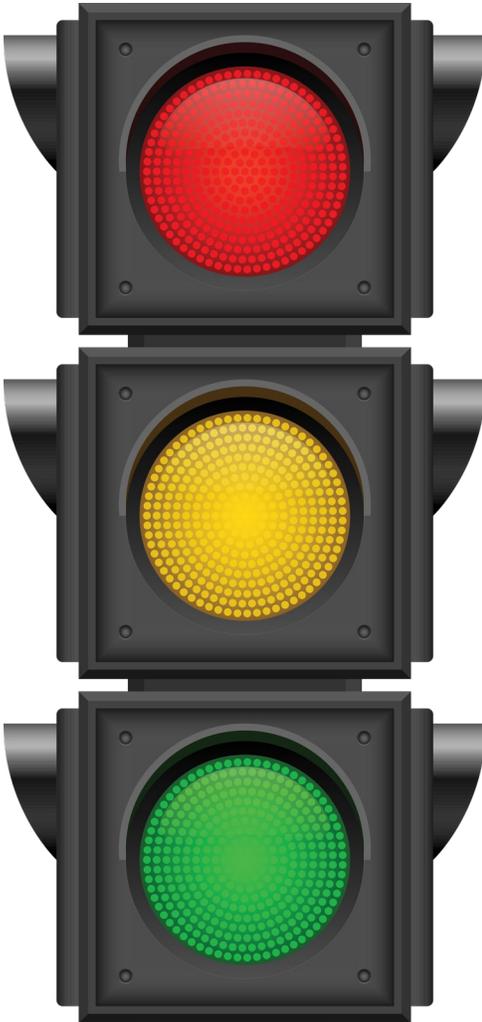
**11-20 Points:** Mild burnout

**21-30 Points:** Moderate burnout

**31+ Points:** Severe burnout



## **Step 5: Take the next steps**



**Score 31+:** Severe burnout – Ask for help from your healthcare provider or mental health professional; connect with family members and friends. Utilize available resources.

**Score 21-30:** Moderate burnout – Take action! Start interventions (e.g., take time out of each day to do something for your mental health and well-being), decrease stressors, use available resources and consider asking for help. If your level of burnout is interfering with your ability to function or concentrate, seek mental health help immediately. It is a strength to recognize when help is needed, not a weakness.

**Score 11-20:** Mild burnout – Start preventive interventions such as taking short recovery breaks each day to do something for your mental health and well-being, decrease stressors and identify resources to help.

**Score 0-10:** No or few signs of burnout – you should continue to do the things you are doing and remember to prioritize good self-care.

Overall, based on your definition of burnout, how would you rate your level of burnout regarding being a working parent?

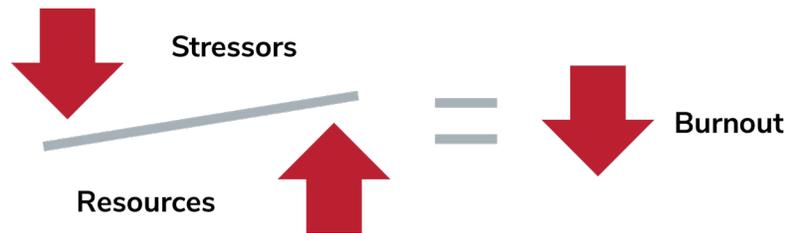
- I enjoy being a working parent. I have no symptoms of burnout. (0 points)
- Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out. (1 point)
- I am definitely burning out from being a working parent and have one or more symptoms of burnout, such as physical and emotional exhaustion. (2 points)
- The symptoms of burnout from being a working parent that I'm experiencing won't go away. I think about my frustration with being a working parent a lot. (3 points)
- I feel completely burned out from being a working parent and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. (4 points)

**A score of 2 or higher indicates you may be experiencing working parental burnout.**

*Copyright, Kate Gawlik and Bernadette Mazurek Melnyk, 2022*

## Strategies to Help

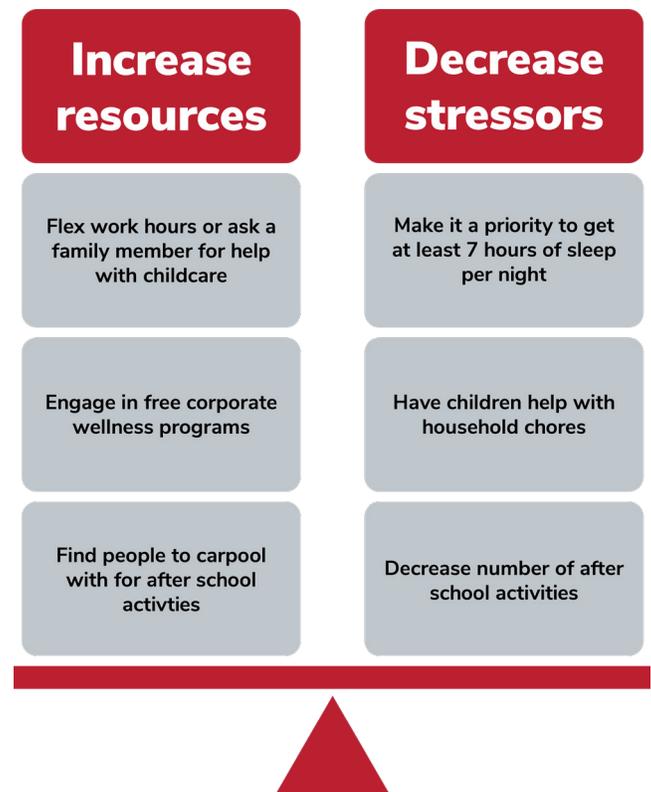
Stress and burnout looks different for everyone. Finding a balance that decreases personal stressors and increases the access to and use of available resources can decrease rates of burnout.



Stopping to catch, check and change the negative automatic thoughts that often happen with parental burnout can result in feeling emotionally better and can open the door to strategies and solutions that work for you and your family. Perhaps you have children in half-day preschool who are home in the afternoons while you work, or you're shuttling older kids to multiple after-school activities. Perhaps you stay up after your children go to sleep to do work for your job as you watch laundry pile up on the floor. Striking your right balance may mean utilizing untapped resources and leveraging the village around you.

### Here are five other evidence-based strategies that can help you every day:

- **Take good self-care (it is not selfish!):** Even a five- to ten-minute recovery break a couple of times a day to enhance your well-being or engage in something that brings you joy does wonders (e.g., drink a warm beverage slowly; do a five-minute meditation; get some physical activity, such as dancing to your favorite music or walking up and down the stairs).
- **Be kind to yourself:** Don't set expectations too high. Don't overcommit or feel guilty for saying "no" to something. Forgive yourself; everyone has strengths and opportunities for improvement.
- **Talk to someone you trust about how you are feeling:** Stay connected to family and friends.
- **Build your mental resiliency and coping skills:** This can include practicing mindfulness, developing cognitive-behavioral skills, practicing gratitude and self-affirmations and deep abdominal breathing.
- **Ask for help:** If your level of burnout, anxiety and/or depressive symptoms are interfering with your ability to function or concentrate, talk to your primary care provider or seek out mental health help. It is a strength to recognize when we need help, not a weakness!



Children's emotions and behaviors are often a source of stress for parents. This survey found that parents who were very worried about their children's mental health had a higher level of burnout than parents who were less worried. The [Pediatric Symptom Checklist-17](#) (located in the additional resources section) is a 17-item screen designed to help identify possible cognitive, emotional and behavioral problems so that appropriate interventions can be started as early as possible. "Never" is 0 points, "sometimes" is 1 and "often" is 2. Items that are left blank are given a 0. A score of at least 15 suggests possible significant behavioral or emotional issues. If your child scores a 15 or above, please talk to your child's healthcare provider.

## **Research study opportunity for parents and children to test online stress reduction modules for children and teens**

The authors of this report are conducting a research study with parents of children between 9 and 14 years old to determine the effectiveness of online stress reduction modules on child and parent mental health and well-being.

**If you are interested, please visit [go.osu.edu/stressbusters](https://go.osu.edu/stressbusters)**



**“With mad and love, love always wins.”**

– Hunter, age 5



**THE OHIO STATE  
UNIVERSITY**

OFFICE OF THE CHIEF WELLNESS OFFICER  
and COLLEGE OF NURSING

---

# Additional resources for parents

1. [Pediatric Symptom Checklist \(PSC-17\) for Parents](#)
2. [Information for Parents About Anxiety in Children and Teens](#)
3. [Information for Parents About Behavior Problems in Children and Teens](#)
4. [Information on Depression for Parents](#)
5. [Information for Parents About Attention Deficit Hyperactivity Disorder \(ADHD\)](#)
6. [Information for Parents on How to Help Your Child/Teen Cope With Stressful Events or Uncertainty](#)

# Pediatric Symptom Checklist (PSC-17) for Parents

Please mark under the heading that best describes your child:

	NEVER	SOMETIMES	OFTEN
	(0)	(1)	(2)
1. Feels sad, unhappy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feels hopeless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is down on self.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Worries a lot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Seems to be having less fun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fidgety, unable to sit still.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Daydreams too much.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Distracted easily.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has trouble concentrating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Acts as if driven by a motor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Fights with other children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does not listen to rules.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does not understand other people's feelings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Teases others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Blames others for their troubles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Refuses to share.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Takes things that do not belong to them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any emotional or behavioral problems for which they need help? \_\_No \_\_Yes

Reproduced with permission from Jellinek, M., & Murphy, M. (1986).  
*Massachusetts General Hospital.*



National Association of  
 Pediatric Nurse Practitioners<sup>SM</sup>

<https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist>



SPRINGER PUBLISHING

# Lista De Síntomas Pediátricos (Pediatric Symptom Checklist—PSC)

La salud física y emocional son importantes para cada niño. Los padres son los primeros que notan un problema de la conducta emocional o del aprendizaje de su hijo(a). Ud. puede ayudar a su hijo(a) a obtener el mejor cuidado de su doctor por medio de contestar estas preguntas. Favor de indicar cual frase describe a su hijo(a)

Indique cual síntoma mejor describe a su hijo/a:

	NUNCA (0)	ALGUNAS VECES (1)	FRECUENTEMENTE (2)
1. Se siente triste, infeliz .....	_____	_____	_____
2. Se siente sin esperanzas.....	_____	_____	_____
3. Se siente mal de sí mismo(a).....	_____	_____	_____
4. Se preocupa mucho.....	_____	_____	_____
5. Parece divertirse menos.....	_____	_____	_____
6. Es inquieto(a), incapaz de sentarse tranquilo(a)..	_____	_____	_____
7. Sueña despierto demasiado.....	_____	_____	_____
8. Se distrae fácilmente.....	_____	_____	_____
9. Tiene problemas para concentrarse.....	_____	_____	_____
10. Es muy activo(a), tiene mucha energía.....	_____	_____	_____
11. Pelea con otros niños.....	_____	_____	_____
12. No obedece las reglas.....	_____	_____	_____
13. No comprende los sentimientos de otros.....	_____	_____	_____
14. Molesta o se burla de otros.....	_____	_____	_____
15. Culpa a otros por sus problemas.....	_____	_____	_____
16. Se niega a compartir.....	_____	_____	_____
17. Toma cosas que no le pertenecen.....	_____	_____	_____

Total \_\_\_\_\_

¿Tiene su hijo(a) algún problema emocional o del comportamiento para el cual necesita ayuda? .....  No  Sí

Reproduced with permission from Jellinek, M., & Murphy, M. (1986).  
*Massachusetts General Hospital.*



National Association of  
Pediatric Nurse Practitioners<sup>SM</sup>

[https://www.massgeneral.org/psychiatry/  
treatments-and-services/pediatric-symptom-checklist](https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist)



**SPRINGER PUBLISHING**

# Information for Parents About Anxiety in Children and Teens

## FAST FACTS

- Fear and anxiety are a normal part of growing up, but they should not interfere with your child’s daily activities.
- Anxiety disorders are among the most common mental health problems in children and teens.
- Children and teens with anxiety experience severe and persistent distress that interferes with their daily functioning; often these disorders are under-diagnosed.
- You might describe your child as a “worrier.”
- Children and teens will often report physical complaints or describe “feeling sick” (e.g., stomach pain, headaches, chest pain, fatigue).
- Many times, children with anxiety also have problems with paying attention/staying focused at school; they may have problems being “moody.”
- Many times, healthcare providers will mistake anxiety symptoms for attention deficit symptoms.

See Table 3.4 for common signs of anxiety in children and teens.

**Table 3.4.** Common Signs of Anxiety in Children and Teens

Physical	Behavioral	Thoughts
Restlessness and irritability (very common in younger children)	Escape/avoidant behaviors	Worry about “what ifs . . .”
Headaches	Crying	Always thinking something terrible will happen
Stomachaches, nausea, vomiting, diarrhea	Clinging to/fear of separating from parents	Unreasonable, rigid thinking
Feeling tired	Speaking in a soft voice	
Palpitations, increased heart rate, increased blood pressure	Variations in speech patterns	
Hyperventilation/shortness of breath	Nail-biting	
Muscle tension	Thumb-sucking	
Difficulty sleeping	Always “checking out” surroundings	
Dizziness, tingling fingers, weakness	Freezing	
Tremors	Regression (bedwetting, temper tantrums)	
	Anger/irritability	

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).

© National Association of Pediatric Nurse Practitioners and Springer Publishing Company.



National Association of Pediatric Nurse Practitioners™



SPRINGER PUBLISHING

## MEDICAL PROBLEMS THAT MIMIC ANXIETY SYMPTOMS

- low blood sugar,
- thyroid problems,
- seizures,
- irregular heartbeat,
- migraine headaches, and
- breathing problems.

## MEDICATIONS/DRUGS THAT MAY CAUSE ANXIETY SYMPTOMS

- caffeine,
- nicotine,
- antihistamine (Benadryl),
- medications for asthma,
- marijuana,
- nasal decongestants, such as pseudoephedrine,
- stimulant medication (e.g., Ritalin),
- street drugs (e.g., cocaine), and
- steroids.

Prescribed medications to treat anxiety, when started, can cause effects that mimic anxiety symptoms, but these symptoms often subside after a few days.

## MANAGEMENT

- Talk to your primary care provider if you have concerns; describe what you are noticing about your child.
- Ask your primary care provider for things to read or websites to visit to learn more about your child's symptoms.
- Therapy might be recommended to help treat your child's symptoms. It could involve individual, group, or family work (cognitive behavioral therapy or skills building is the type of therapy that is supported by research to be effective for children and teens experiencing anxiety and/or depression).
- Help your child to practice mindfulness (staying in the present moment).
- Consider what could be changed at home or in school to help your child deal with their worries (e.g., set a regular bedtime routine or think about which activities are stressful for your child and think about ways to handle them differently).
- Medication is often recommended as an alternative treatment if symptoms are interfering with your child's day-to-day activities. Your provider may recommend a class of medicines called SSRIs, short for selective serotonin reuptake inhibitors.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



National Association of  
Pediatric Nurse Practitioners™

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



SPRINGER PUBLISHING

- Be sure to ask:
  - What symptoms will the medication treat?
  - How long will my child have to take this medication?
  - How much medication will my child have to take, and how many times a day will they have to take it?
  - How often will we see and/or talk to you about how my child is doing on the medication?
  - What happens if my child misses a dose of medication?
  - How do we stop the medication?
- SSRIs sometime take weeks to see the positive benefit; it is important for your child to take the medication as prescribed. The most common side effects when starting an SSRI is stomach upset/nausea, which tends to subside in a few days.
- Watch your child for any suicidal behaviors when being started on an SSRI.
- Never have your child abruptly stop the medication if placed on an SSRI.
- Your level of anxiety and stress will affect your child so seek help if you also are experiencing anxiety to the point where it is interfering with your concentration, judgment, or functioning.
- Teach, practice, and reinforce coping skills, such as breathing exercises, mindfulness meditation, visualization, positive self-talk, distraction with music or stories, and exercise.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



National Association of  
Pediatric Nurse Practitioners™

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



**SPRINGER PUBLISHING**

# Information for Parents About Behavior Problems in Children and Teens

- Pediatric providers recognize how difficult your role as parent is with this challenging child. You still may want to remind us about how exhausting it is to have a child with behavior issues.
- Please write down and tell us about every positive step that is being made as you parent your child.
- Always build on your child’s particular positives; give your child praise and positive reinforcement when he or she shows flexibility or cooperation.
- Your child’s problems are “loud” problems—they stand out for all to notice (as opposed to anxiety, which is more of a private child problem). You may be bombarded by others in your community telling you about your child’s behaviors.
- The journey of working with a child who has problem or disruptive behaviors can be frustrating, draining, and isolating. This website connects you to a vast array of resources and links that can help you better understand challenging children: [www.livesinthebalance.org/](http://www.livesinthebalance.org/)
- We want you to be well informed so you can teach others what you know. Your child’s behaviors get “louder” and more obvious to others when they don’t have the skills to deal with the demands being placed on them.
- Your child’s difficulties are complicated, and may have come with the child. Maybe it is in their hard wiring—their brain anatomy and connections. Maybe it is in subtle temperament qualities; maybe it is compounded with traumatic experience. Maybe your style of parenting is perfect for one type of child but not such a “good fit” with this child’s strong personality traits. Another significant factor is family stress, and family distress, including socioeconomic status.
- Whatever the combination of factors, there is no blame; rather, there is assurance that your child can learn to be more flexible, and can learn problem-solving skills, and can get better at tolerating frustration.
- Recognize that, as Dr. Greene writes in the *Explosive Child*—**children do well if they can.**
- Your child longs for your approval, so provide it when your child does something positive.
- Because your child has some very real challenges with their “wiring” and temperament, possibly genetics and early developmental stress, it is very likely that your child has trouble with (a) flexibility, (b) frustration tolerance, and (c) problem-solving (from *The Explosive Child* by Ross W. Greene, 2014), just as other children lag behind in acquiring academic or athletic skills).

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



National Association of  
Pediatric Nurse Practitioners™

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



SPRINGER PUBLISHING

- Some of the skills children similar to yours (with problem behaviors) have trouble with include:
  - Difficulty handling transitions—shifting from one mind-set task to another,
  - Difficulty reflecting on multiple thoughts or ideas simultaneously (disorganized),
  - Difficulty considering a range of solutions to a problem,
  - Difficulty considering the likely outcomes or consequences of actions (impulsive),
  - Difficulty expressing concerns, needs, or thoughts in words,
  - Difficulty managing emotional response to frustration in order to think rationally, and
  - Chronic irritability and/or anxiety significantly impede capacity for problem-solving.
- One of the biggest favors you can do for an explosive child is to identify the lagging skills that are setting the stage for his or her challenging behavior so that you and others understand what is getting in his or her way. Also, identify what problems may be causing explosive episodes and what helps to calm your child down. You and the teacher can keep a journal of these observations.
- Build in some extra minutes for the child to comply with your request. Your child may have trouble “switching gears” and moving to the new activity. Don’t add time for their time out for every minute they stall on the way. That is the way they are wired; that is, they are slower to process a change in activity.
- Take a break or time out if you are about to make the conflict with your child worse. This is good modeling for the child of using self-control strategies.
- The best parenting style is a warm and involved guiding approach—providing discipline. Being consistent and firm, yet loving, is the best approach.
- Build on the positives of your individual child (an example would be the COPE exercise in the Child Handout—where you and your child list three positive things particular to your child, and you display those prominently and bring those up regularly and add to them).
- Dr. Greene writes, “Good parenting means being responsive to the hand you were dealt.”
- Your child likely had developmental “lags” or challenges in these areas:
  - Difficulty seeing the “grays”: concrete, literal, black and white thinking,
  - Difficulty deviating from rules or routine,
  - Difficulty handling unpredictability, ambiguity, uncertainty, or novelty,
  - Difficulty shifting from original idea or solution, or
  - Difficulty taking into account situational factors that would suggest the need to adjust a plan.
- Pick your battles. Prioritize the tasks you want the child to do, or habits you want to develop.
- Avoid power struggles. The child with ODD has trouble avoiding power struggles so you may have to go the “extra mile” to avoid getting into the battle of wills.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



National Association of  
Pediatric Nurse Practitioners™



SPRINGER PUBLISHING

- Set up reasonable, age-appropriate limits with consequences that can be enforced consistently. Review these with an expert you trust, such as your pediatrician or nurse practitioner. Once these are set, feel confident they are what are best for the child, and stick consistently with your limits and consequences.
- All “adults” that are authorities in your child’s life should also know your rules and also consistently enforce them. If the other parent disagrees, then there must be a plan made that all of the important adults in that child’s life can consistently enforce.
- Your child has difficulty sorting out what to do if rules are not black and white.  
*Because of this difficulty—the adults caring for and parenting this child will have to be super consistent in consistently enforcing the rules.*
- Sticking to your expectations is very important. If you eventually give up your resolve and give in, the child will learn to persist until you give in.
- Remember that the problem behaviors may escalate, get worse at first, as the child “tests” the new parenting approaches.
- Parents will need to make special efforts to care for themselves. The strong willed, explosive child consumes so much of the parent’s time and energy, it is easy to become exhausted physically and mentally. Maintain interests other than your child and ODD.
- Parents can seek out supports from other parents who are raising challenging children. When you receive regular calls from the school or childcare setting with complaints about your child’s behavior, you need sounding boards. You need people around you who support your heroic efforts in parenting this child.
- Remember, much of the intense effort you are putting into your child is directly focused on making sure that other people will want to be around them. You have a good parenting goal.
- Please know that your healthcare provider knows and applauds how much time and energy you are investing—to make the tiny steps that seem undetectable but, in fact, are the necessary steps for your child’s march toward success.

The *Explosive Child* book by Dr. Greene promotes a “collaborative problem-solving approach.” That approach has been incorporated into this resource page for parents. There is an excellent website for you to check out this approach to see if it fits with your family values/preferences.

[www.livesinthebalance.org/](http://www.livesinthebalance.org/)

The research evidence to support “collaborative problem-solving” can be found on this website:  
[www.explosivechild.com](http://www.explosivechild.com)

Fact sheet: Children with Oppositional Defiant Disorder

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx)

## REFERENCE

Greene, R. W. (2014). *The explosive child: A new approach for understanding and parenting easily frustrated, “chronically inflexible” children* (Rev. 4th ed.). HarperCollins.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



National Association of  
Pediatric Nurse Practitioners™

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



SPRINGER PUBLISHING

# Information on Depression for Parents

## WHAT IS DEPRESSION?

Depression is an unhappy mood that affects daily functioning, including thoughts, feelings, behavior, and overall health. When depression is too severe or lasts too long, it is considered an illness that can be treated. Left untreated, depression can take the joy out of life and even take away the desire to live. Everyone experiences minor upsets, but this does not mean that everyone is depressed. To have true depression, the symptoms must be present for at least 2 weeks.

## HOW COMMON IS DEPRESSION?

Depression in children and teens is far more common than most people realize and affects school-age girls and boys equally. After puberty, girls are twice as likely as boys to be depressed. Ten out of 100 teens get seriously depressed each year, and many more have mild levels of sadness or the blues. About one in 10 children without known problems has suicidal thoughts.

## WHAT ARE THE SIGNS OF DEPRESSION?

The most important signs to look for are feelings of sadness and hopelessness. While every child or teen is sad some of the time, no child should feel sad all of the time. If you notice that your child is unhappy and can't seem to have fun, think of this as a sign of depression. To be hopeless or without hope means to feel that nothing can go right, that nothing will change, and that no one can help.

Poor self-esteem is another important sign of depression. This is the teen or child's attitude toward himself or herself. If your child's self-esteem is poor, he or she may feel stupid, ugly, or worthless. Another sign is a change in school performance. If your child was a good student and now wants to stay home, or if his/her grades suddenly fall, he/she may be depressed. Other signs include sleep problems, appetite changes, irritability, anger, crying, and aches and pains, such as headaches or stomachaches.

What would your child say if he or she is depressed? Don't expect your child to say much, because you can't count on him/her telling you how he/she feels. While your child may talk of being unhappy, he or she probably won't say, "I'm depressed" the way an adult will. So, you want to be aware of the signs.

## WHAT IF MY CHILD SHOULD MENTION SUICIDE?

Sometimes a child mentions that he or she does not want to live. **If your child mentions suicide: Take it seriously.** Talk to your child. Ask if he or she has made a plan for suicide. If so, it is more serious. If suicide is mentioned or if an attempt is made, seek professional help immediately. Do not assume your child is just looking for attention. Don't ever dare a youngster who mentions suicide to "go ahead." You may think it's a bluff, but he or she may take the dare.

## HOW CAN A PARENT HELP?

You can be very helpful to your depressed child. Some suggestions include: Be supportive – listen to what your child has to say. Encourage him or her to keep talking. If your child can't talk well with you, perhaps he or she can talk with a sibling, aunt, friend, teacher, or healthcare provider. Encourage

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



National Association of  
Pediatric Nurse Practitioners™

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



SPRINGER PUBLISHING

your child to describe or write down how he or she feels. Don't get angry if he/she describes unhappy feelings. **If the problem is severe, worrisome, or lasts more than 2 weeks, get professional help. Talk to your child's healthcare provider if you have any concern that your child may be depressed.**

## WHAT ARE THE CAUSES OF DEPRESSION IN CHILDREN?

There is no single answer to the cause of depression. It is probable that several factors combine to create the condition. The child's environment, especially if it is unhappy and stressful, is often a major cause. Depression also may be triggered by difficult situations, such as a death or divorce in the family or abuse. Another possible contributing factor is heredity. Studies show that depression frequently runs in families, so genetics may play a part in the depression of some children. Yet other reasons are a lack of a certain chemical in the brain, called serotonin, and a negative pattern of thinking (e.g., I can't do anything right; everything is bad).

## WHAT ARE THE TREATMENTS FOR DEPRESSION?

- Treatment is possible and helpful. The choice of treatment depends on the cause of the problem, the severity of the depression, and whether suicidal thoughts are present. Psychotherapy, such as cognitive behavior therapy, is the primary treatment. By meeting regularly with a therapist, your child can find out the causes of his/her depression, and then learn ways to help deal with it. It is usually good for the family to become involved in the treatment.
- Medication can be an effective part of treatment. Antidepressants have few side effects and are not habit-forming or addictive.
- Finally, you should not feel guilty if your child is depressed. The important point is to realize that there is a problem and to get help for it. If you are concerned, be sure to talk to your child's healthcare provider. Remember, depression in children and teens is treatable.

## WHAT CAN I DO TO PREVENT OR HELP MY CHILD WITH DEPRESSION?

- Stay involved in your child's life. Spend time with your child regularly, even if it's only a family dinner. Too often, parents respond to growing teenagers' wishes for independence by withdrawing from their teens' lives. The most important thing for parents to do is to be aware of and involved in their teen's life.
- Support positive relationships by encouraging your teen to get involved in school, clubs, or community events. Help your teen find interests and activities where he or she can connect with other teens. Also, know where your teen is and what he/she is doing when they go out.
- Talk to your teen and listen when he/she talks to you! Parents should talk to their children as often as possible so teens can talk about their problems and worries. Ask your teen about school and friends. Listen to his/her troubles and help find solutions.
- Teach your child coping and problem-solving skills; it also is important for you to role model positive ways of coping and dealing with stress.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



National Association of  
Pediatric Nurse Practitioners™

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



SPRINGER PUBLISHING

- Know the warning signs of depression and be aware if your child shows any of these signs while talking to you, especially if he or she mentions suicide. Praise your teen's accomplishments rather than finding fault with things he/she does. Teens need to feel that their parents care about them and that what they are doing is recognized.
- It is mainly your job to make sure that your child receives the treatment he or she needs. Make sure that your teen takes his/her medication and goes to counseling. Be supportive.
- For more information about depression, contact the school counselor, psychologist, or social worker at your child's school, or contact your child's doctor or nurse practitioner.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



National Association of  
Pediatric Nurse Practitioners<sup>SM</sup>

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



**SPRINGER PUBLISHING**

# Information for Parents About Attention Deficit Hyperactivity Disorder (ADHD)

## WHAT IS ADHD?

ADHD is the name of a group of behaviors found in many children and adults. People with ADHD have trouble paying attention in school, at home, or at work. They may be much more active and/or impulsive than what is usual for their age. These behaviors contribute to significant problems in relationships, learning, and behavior. For this reason, children with ADHD are sometimes seen as being “difficult” or as having behavior problems. ADHD is common, affecting 4% to 12% of school-age children. It is more common in boys than in girls.

## WHAT ARE THE SYMPTOMS OF ADHD?

The child with ADHD who is inattentive will have six or more of the following symptoms:

- Difficulty following instructions.
- Difficulty keeping attention on work or play activities at school and at home.
- Loses things needed for activities at school and at home.
- Appears not to listen.
- Doesn't pay close attention to details.
- Seems disorganized.
- Has trouble with tasks that require planning ahead.
- Forgets things.
- Is easily distracted.

The child with ADHD who is hyperactive/impulsive will have at least 6 of the following symptoms:

- Runs or climbs inappropriately.
- Is fidgety.
- Can't play quietly.
- Blurts out answers.
- Interrupts people.
- Can't stay in seat.
- Talks too much.
- Is always on the go.
- Has trouble waiting his or her turn.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



National Association of  
Pediatric Nurse Practitioners™



SPRINGER PUBLISHING

## WHAT CAUSES ADHD?

Children with ADHD do not make enough chemicals in key areas in the brain that are responsible for organizing thought. Without enough of these chemicals, the organizing centers of the brain don't work well. This causes the symptoms in children with ADHD. Often there is a family history of ADHD. Things that *don't* cause ADHD: poor parenting (although a disorganized home life and school environment can make symptoms worse); too much or too little sugar, aspartame, food additives or colorings; lack of vitamins; food allergies or other allergies; fluorescent lights; video games; or too much TV.

## WHAT CAN I DO TO HELP MY CHILD WITH ADHD?

A team effort, with parents, teachers, and doctors working together, is the best way to help your child. Children with ADHD tend to need more structure and clearer expectations. Families may benefit from talking with a specialist in managing ADHD-related behavior and learning problems. Medicine also helps many children. Talk with your doctor or nurse practitioner about treatments he/she recommends.

## WHAT MEDICINES ARE USED TO TREAT ADHD?

Some of the medicines for ADHD are methylphenidate, dextroamphetamine, atomoxetine guanfacine, or clonidine. These medicines improve attention/concentration and decrease impulsive and overactive behaviors.

## WHAT CAN I DO AT HOME TO HELP MY CHILD?

Children with ADHD may be challenging to parent. They may have trouble understanding directions. Children with ADHD are often in a constant state of activity. This can be challenging. You may need to change your home life a bit to help your child. Here are some things you can do to help:

- **Make a schedule.** Set specific times for waking up, eating, playing, doing homework, doing chores, watching TV or playing video games, and going to bed. Post the schedule where your child will always see it. Explain any changes to the routine in advance.
- **Make simple house rules.** It's important to explain what will happen when the rules are obeyed and when they are broken.
- **Make sure your directions are understood.** Get your child's attention and look directly into his or her eyes. Then tell your child in a clear, calm voice specifically what you want. Keep directions simple and short. Ask your child to repeat the directions back to you.
- **Reward good behavior.** Congratulate your child when he/she completes each step of a task.
- **Make sure your child is well supervised.** Because they are impulsive, children with ADHD may need more adult supervision than other children their age.
- **Watch your child around his or her friends.** It's sometimes hard for children with ADHD to learn social skills. Reward good play behaviors.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



National Association of  
Pediatric Nurse Practitioners™



SPRINGER PUBLISHING

- **Set a homework routine.** Pick a regular place for homework, away from distractions such as other people, TV, and video games. Break homework time into small parts and allocate frequent breaks.
- **Focus on effort, not grades.** Reward your child when he or she tries to finish schoolwork, not just for good grades. You can give extra rewards for earning better grades.
- **Talk with your child's teachers.** Find out how your child is doing at school—in class, at playtime, at lunchtime. Ask for daily or weekly progress notes from the teacher.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



National Association of  
Pediatric Nurse Practitioners™

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



SPRINGER PUBLISHING

# Information for Parents on How to Help Your Child/Teen Cope With Stressful Events or Uncertainty

The most important thing that you can do to help your child/teen cope with stressful events is to remain as calm as possible when you are with them. Children pick up on their parents' anxiety very quickly. If they sense you are anxious, they will be anxious as well. Therefore, if you are having difficulty coping with a stressful situation, it is a good idea to reach out to resources to help you, such as friends, family members, support groups, clergy, or healthcare professionals. Taking care of your own stress so that you are less anxious will help your child to stay calm.

## RECOGNIZE SIGNS OF ANXIETY/STRESS IN YOUR CHILD

- Children and teens typically regress when stressed. That is, they go back to doing things they did when they were younger to help themselves feel more comfortable and secure. For instance, a preschool child may go back to sucking their thumb and a school-age child or teen may act more dependent upon the parents or have difficulty separating from them.
- Other common signs of anxiety in *young children* include: restlessness/hyperactivity, temper tantrums, nightmares, clinging behaviors, difficulty separating, and distress around new people.
- Common signs of anxiety in *older school age-children and teens* include: difficulty concentrating and sleeping, anger/irritability, restlessness/hyperactivity, worry, and physical complaints, such as stomachaches or headaches.
- At age 9 years, children realize that death is permanent. Fears of death or physical violence and harm are often common after this age.
- Signs and symptoms of anxiety such as these are usually healthy, temporary coping strategies that help your child to deal with stress. However, if these symptoms persist for several weeks or interfere with your child's functioning, talk to your child's primary healthcare provider about them. Your child's doctor or nurse practitioner will know what to do to help.
- Be honest and give age-appropriate and developmentally appropriate explanations about stressful events when they occur.
- For young children (under 8 years of age), only provide answers to questions they are asking and do not overwhelm them with too much detail. Use language that young children can understand. Do not expose young children to visual images in the newspapers or on television that may be terrifying.
- It may be easier for young children to express how they are feeling by asking them to talk about how their stuffed animals or dolls are feeling or thinking.
- Help children and teens to express how they are feeling about what they have seen or heard. If children have difficulty verbally expressing their feelings, ask them to make a drawing about how they are feeling. Older school-age children and teens can benefit from writing about how they feel.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).



National Association of  
Pediatric Nurse Practitioners™

© National Association of Pediatric Nurse Practitioners  
and Springer Publishing Company.



SPRINGER PUBLISHING

- Ask your child/teen, “What is the scariest or worst thing about this event for you?” or “What is worrying you the most right now?” and take time to really listen to what they have to say.
- Reassure children that they did nothing wrong to cause what happened. Toddlers and preschool children especially feel guilty when stressful events happen.
- Tell children and teens that what they are feeling (e.g., anger, anxiety, helplessness) is normal and that others feel the same way.
- Decrease anxiety in your child by reassuring them that you will get through this together. Emphasize that adults are doing everything possible to take care of the stressful situation and that they are not alone.
- Help your child/teen to release tension by encouraging daily physical exercise and activities.
- Continue to provide as much structure to your child’s schedules and days as possible.
- Recognize that added stress/anxiety usually increases psychological or physical symptoms (e.g., headaches or abdominal pain) in children/teens that are already anxious or depressed.
- Young children who are depressed typically have different symptoms (e.g., restlessness and excessive motor activity) from those experienced by older school-age children or teens who are depressed (e.g., sad or withdrawn affect; anger/irritability, difficulty sleeping, or eating; talking about feeling hopeless).
- Use this opportunity as a time to work with your child on their coping skills (e.g., relaxation techniques, positive reappraisal, prayer). Children watch how their parents cope and often take on the same coping strategies. Therefore, showing your child that you use positive coping strategies to deal with stress will help them to develop healthy ways of coping.
- Be sure to have your child or teen seen by a healthcare provider or mental health professional for signs or symptoms of persistent anxiety, depression, recurrent pain, persistent behavioral changes, or if they have difficulty maintaining routine schedules or the symptoms are interfering with functioning.
- Remember that stressful times can be an opportunity to build future coping and life skills as well as to bring your family closer together.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). *A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion* (3rd ed.).

© National Association of Pediatric Nurse Practitioners and Springer Publishing Company.



National Association of  
Pediatric Nurse Practitioners<sup>SM</sup>



SPRINGER PUBLISHING