“People do create their own emotions, just by what they tell themselves about their experiences. Your beliefs determine how you feel.”  Dinkmeyer

1. Taking responsibility for your emotions
   a. Giving away control to others/situations (i.e., “he makes me mad”, “that drives me crazy”)
   b. Use the words, “I CHOOSE TO FEEL. . .” for maximum empowerment
   c. Anger, guilt, self pity, hurt and high anxiety block emotional growth
   d. Emotions are used to GIVE MEANING to life

2. Avoiding emotional traps
   a. **Look at how emotions are USED by your teen and then respond, don’t react.**
   b. ANGER: back away from power struggles
   c. APATHY: use encouragement **(AT NEUTRAL TIMES)**
   d. BOREDOM: mentor, offer options, model variety in YOUR LIFE
   e. SADNESS & DEPRESSION: depression is most easily understood as anger turned inward. Dreikurs referred to some types of depression as “silent temper tantrums”. If you have any questions about your teen’s depression GET PROFESSIONAL HELP! Depression can be overwhelming and even life threatening.
   f. GUILT: realize that when we feel guilty, change most often **DOES NOT occur**. People who feel guilty often spend much time wallowing in the sensation and “pay” for what they have done “wrong” by feeling guilty. This gives them the “right” to do it again and again. Since guilt is a negative emotion it WILL NOT produce change. Apologies are often the result of guilt feelings, and often are designed to let the person off the hook from changing.
   g. FEAR & ANXIETY: encourage and mentor . . . don’t allow the fears and anxieties to be used as leverage to avoid responsibility. Refuse to be impressed by the fears.
   h. STRESS: an internal response to stimuli, usually composed of both anger and anxiety. Encouragement for the child and understanding about the stressors can help.

3. Your Beliefs Influence Your Emotions
   a. Ellis’s paradigm (A B C D)
   b. Distorted thinking/irrational beliefs/cognitive distortions

4. Your Emotions and Your Teen’s Misbehavior
   a. Typical, instinctive responses to misbehavior reinforce, instead try
   a. Admit your feelings, **accept yourself** and make commitment to change
   b. Identify the purpose of your negative emotions
   c. Watch your tone of voice
   d. Watch your nonverbal behavior
   e. Distract yourself
   f. **AVOID YOUR FIRST IMPULSE** = (First Thought Wrong)
   g. Learn to relax
   h. Use your sense of humor
   i. WORK DIRECTLY ON CHANGING YOUR IRRATIONAL BELIEFS

   “Discouragement is the reason for most teenagers failure to function effectively. Discouragement occurs when teens assume that they are inadequate or feel that they’ve failed to meet standards they or others have set.”

1. Discussion about the different elements that spawn discouragement and the resulting effects.
   Think about a time when you most discouraged either write that down or share with the class. What were the essential elements of the discouragement?, what exactly produced the discouraging feelings? (Look at lack of options, feeling insufficient, inferior, conflict, differing expectations, overwhelmed, etc) how long did it last? how did it impact your feeling toward others around you?, what did you say to yourself about yourself?, what happened to your energy level?, what types of physical symptoms did you experience?, how did you treat others when you were discouraged? What changed with your eating habits? Sleeping habits? Sexual feelings?

2. Discouragement is sometimes defined as a lack of courage. What do you think about that definition? Think back on the experience that you listed above. . . Did you in that case, have a lack of courage? If you had had more courage (taken more risks, been able to respond more completely, etc) what would have been different?

3. Discouragement & Depression: What do you think the difference is between discouragement and depression? How might you tell whether a youth/child is depressed versus being discouraged? Look at the following handout on depression and see if you can come up with some differences in your group.
Depression Alert List
Mary Griffin

1. Declining school performance, coupled with expressions of apathy and helplessness. This might include a sudden loss of interest in those areas – sports, hobbies, organizations that had previously been a source of much enthusiasm and pleasure for the person.

2. The recent loss of a loved one, especially someone in the family

3. An abrupt change in behavior, ranging from some degree of hyperactivity to social isolation. This might include a teenager’s sudden attempts to run away.

4. A marked change in sleeping or eating habits, such as excessive sleepiness, or loss of appetite.

5. Familial disruptions, such as divorce or other traumatic changes within the home, such as a life-threatening illness of a family member, a move to a new location, loss of employment by one or both parents, and so forth.

6. Evidence that the teenager is being disparaged in the home. Friends and teachers should take note when it becomes apparent that a teenager is not communicating with the family, that he or she is feeling alienated.

7. An absence of normal social contacts. This might include a teenagers desire to spend excessive amounts of time alone; a noticeable withdrawal from family and close friends.

8. Impulsiveness. Erratic behavior not appropriate to a given situation or typically characteristic of the teenager.

9. Giving away cherished belongings.

10. Being obsessed with death and dying.

Positive Responses to Suicidal Ideation

1. Discuss suicide. If there has been a suicide in the school or neighborhood, discuss it frankly and openly.

2. Recognize that an unsuccessful attempt at suicide does not mean that there won’t be other attempts.

3. LISTEN

4. Show love and encouragement

5. Keep communication lines open.

6. Realize that a suicidal teen feels worthless. All of us need to feel worthwhile and loved. Learn ways to show this that are effective with each specific youth/child.
Chapter 1
The Adolescent Brain

A: Current Brain Research

1. Giedd’s study of brain imaging at the Child Psychiatry Branch of the National Institute of Mental Health.
   a. MRIs on 1000 “kids” over a nine year span found that throughout the teens years and into the 20s, “substantial growth occurs in a brain structure called the Corpus Callosum. The Corpus Callosum is a set of nerves that connects all the parts of the brain that must work together to function efficiently, as in making good decisions. This set of “wires” is critical to things like intelligence, consciousness, and self-awareness.”
   b. They also found that the “prefrontal cortex of the brain goes through a wild growth spurt that coincides with the onset of the adolescence. In fact they found that this part of the brain does the bulk of its maturation between the ages of 12 and 20.
   c. What this means to you: The good and bad news is that, first, this wild brain development may create new unpredictable thought pathways, wherein action thoughts can outrace judgment capabilities just as they did in early childhood. Second, teens may be neurologically handicapped in recognizing and processing emotions such as anger and fear. In adolescent children, the maddening behavior is just the result of mixed-up wiring that will straighten out in time, if, if and only if we adults respond NOT with raging, hurtful punishments, but with carefully crafted responses intended to calmly but firmly teach brain-challenged children to become functional adults.

2. Common Adolescent “Disorders”
   a. Shepherdus Germanus Seizure Syndrome
   b. Aphasis Whenus Iwannus
   c. Maturantionnus Erraticus
   d. Moodus Elevatoris Irrationnus

3. Recognizing the Pain and Confusion
   a. Since we’ve begun to keep such records, researchers have found that, psychologically speaking, teenagers are very consistent creatures from generation to generation. Yet a romantic myth has somehow evolved that today’s kids are so different from the way we were in our day—that as teenagers we were more responsible, less violent, less sex-driven, more spiritual and so on. . . Our research shows adolescent
personality to be amazingly similar over time comparison studies, which now makes sense in light of our new adolescent brain research.

b. Teens left on their own as small adults not only screw up bit time, they become depressed and rageful in the bargain.

Chapter 2
Your Adolescent’s World:
Sex, Drugs, and Rock’N Roll
Like You Never Saw

A. Drugs: A Short Term Antidote for the Pain/Alcohol is the Drug
   a. The first truly frightening fact you need to confront is that drug use often DOES make major sense in the context of the adolescent world. Drugs can serve so many purposes so well. They change painful emotional realities, make uncool kids cool, provide friends, enable identity development, help rebel against authority, spotlight adult hypocrisy, and do many other wonderful things for your kid, at least in the short term. In the long term, they can kill her.
   b. Believe it or not, your child stands a radically better chance of dying from booze than from marijuana, heroin, cocaine and hallucinogens COMBINED.
   c. Marijuana and heroin are NOT the same drugs they were years ago. Marijuana potency has increased radically due to innovations in production. Heroin “purity” rates have increased by factors of 4 to 9.

B. Sex: Too Much + Too Soon = Too Late
C. Intimacy and Sex : A Warped View
D. Rock ‘N Roll: A World of Violence and Aggression
E. Adolescent Suicide: The Ultimate Rock ‘N Roll
F. Speaking of Guns
Chapter 3
Peer Influence and Your Child

A. Parents of adolescents sooner or later feel desperately outmatched by the power that peers seem to gain overnight over their child. They anxiously fret, saddened and scared by the apparent loss of their teenager to the whims of this weird adolescent culture.

B. The Power of Peer Pressure: Ways You Can and Can’t Win
   a. The first measure of peer power is TIME. How many hours per week to you get to sit and talk intimately with your teenager?
   b. Peer Groups Can’t Ruin Kids. Myth number one is about how peer groups recruit and then convert good kids to bad ones.
   c. Peer Pressure Can Be Your Ally. Researchers find that the most prevalent form of peer pressure teenagers “suffer” from is a demand from their friends that they finish school.
   d. Their Friends Are Not the Problem.
   e. Your Values Are Most Powerful to Your Child.

C. Internet Insanity: Don’t Laugh it Off
   a. The internet has been linked to teenage depression, isolation and even suicide risk.
   b. Many adolescents find “cyber” connections much easier to maintain than real ones because computers are great to hide frailties behind, at least for a while. The result is often a kid who gradually withdraws from taxing “real-time” involvements to the fantasy internet world.
   c. Remember that a child’s fantasy flight into those peer worlds, whether cyber or real, becomes dangerous only when the connections with you are lost.
A. Write a brief summary of how you are responding to both the content and the delivery style of the Bradley book.

B. What do you think some effective approaches are in dealing with teens who are using drugs? (list/discuss at least 3)

C. What does Bradley suggest about peer influence that might be helpful to you?

D. The Corpus Callosum is:

E. Describe and summarize the research that Giedd did on teens and the brain functioning. How is this knowledge important to you?

F. Bradley writes that there is “good news” and “bad news” in the brain research findings about teens. . . what is the “good” and “bad” news?

G. The current research suggests that teens are not much different from teens from decades ago . . . how did you feel when you read that conclusion? (they aren’t more violent, more sexual, less spiritual, etc)

H. “Maturantionnus Erraticus” is a teen “disorder” (PLEASE remember this is tongue in cheek) that might best be described as:

I. Bradley suggests that “booze” is a much more likely killer of our children than drugs. How do you feel about his assertion that, “Believe it or not, your child stands a radically better chance of dying from booze than from marijuana, heroin, cocaine and hallucinogens COMBINED.”

J. The statement “the first measure of peer power is ______” means what? How can you learn from this and use the principle to help you be more effective with your teens?