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Question: What signs should I watch for if I'm concerned that my child is clinically depressed.

Clinical Depression vs. Feeling Down [Video Link](#)

While there are textbook things to look for, which I will explain momentarily, it's important to say that sometimes it's hard to know the difference. We want things to be black and white. We want to know what's happening, but we can't always know what's happening with our teens. We can sometimes only make educated guesses. Some teens look depressed and they're actually kind of okay, and other teens look kind of okay, and they're actually pretty depressed. We need to be pretty forgiving towards ourselves as parents if we don't catch everything and we don't want to fall into that trap of hovering over our child thinking that the more we hover, the more we're going to understand them. That just pushes them away from us. There's always going to be an element of fallibility in how we assess what's going on with our teen, and that's totally okay.

In terms of clinical definitions, things to look for are weight loss or gain, intense irritability, like lashing out or just shutting down, isolating, potentially self-harm and sleep patterns changing, sleeping a lot more and looking for these things not to be happening just in a day or two, but to be sustained, at least two of them sustained over the course of at least two weeks. If you see two or more of those symptoms I just mentioned sustained over the course of two or more weeks, it's likely that there's a clinical issue going on. At which point I would intervene with the conversation, the [three-part icebreaker](#), and just kind of see where that leads you. For more information about the signs and symptoms of depression, you can go to [NIMH, the National Institute for Mental Health](#). That website is an absolute wealth of information and it can give you a very detailed rundown of what you should be looking for.

Question: What signs should I look for if I think my child is self-harming? *The MUST KNOW Signs of Self Harm in Teenagers. Are They Thinking about Suicide?* [Video Link](#)

Self-harm happens when teens in particular, but people of all ages can do this, don't have a way to express that energy inside them. So they have this anxiety, they have this depression, and it needs to come out, or it needs to be numbed. They want it to be numbed. When we self-harm, we dig our hands into our nails. A lot of times kids use pencils to stab themselves. It's not just the razor blades. There's all different ways to self-harm. Some are quite hard to see. It relieves that need to express an emotion or it numbs an emotion. And so it's a powerful antidote to what kids are feeling, and it becomes quite addictive for them. It's very problematic. Once that behavior gets going, it's hard to shut it down. Some of the things to look for in terms of self-harm are kids who are wearing long sleeves and long pants in warm weather. Girls who are wearing like lots of chunky bracelets because a lot of times self-harm is happening on the wrist. It's the easiest place to get to while you're in public. Kids wearing rash guards and items of clothing that are always covering up. Kids who are consistently itching different places on their body. That's where a self-harm place might be healing and being reopened. So if your child is self-harming, I highly recommend a clinical intervention for that behavior. It's a clear symptom of depression or anxiety, and really needs professional treatment in order to stop.

Question: Where do I begin in helping my child find the right treatment for their depression?

A Parent's FIRST STEP in setting up a TREATMENT PLAN [Video Link](#)

Treatment for depression for all ages is highly effective if a few things are in place. The most important one from my perspective and many people's perspective is the relationship between client and clinician. And that's especially true for teenagers. So it's not just a question of finding any therapist or even the most highly recommended therapist. Those people might not be right for your teen. So the way to find a great therapist for your teen is to do the research first. Find someone who specializes in anxiety and depression like we do at Sound Mind Counseling, or whatever the specific issue is to your teen. And then set up an appointment. Have your teen go and then ask them, "What did you think of that therapist? Did you like them? Did you connect with them at all?" Or did they feel kind of like, Hmm, listen to the answer. And even if they didn't like them, try a few more sessions. And if they persist in that perception

of negativity, then try someone else. So be willing to collaborate with your teen on who you find to help them. And empowering them in that way, I think really engages them in the process and certainly increases the chances of success. Okay, so that's my number one tip in terms of what treatment will look like.

For teens in particular, we tend to focus on things like communication skills, conflict resolution, mindfulness techniques to help manage all these emotions that are swirling around in their adolescent bodies. But mostly what therapy is for teens is a place for them to express all of that stuff that's going on inside them without fear of judgment or reprisal. And so I think of all those emotions as energy that has to get out and it has to get out one way or the other. And it can come out in negative ways, or it can come out in positive ways, like sports is a great way to get that stuff out. But therapy does that same kind of thing, just moving that energy through their teens so they can take a breath and relax for a little bit.

Communicating with your teen: The 3-Step Ice Breaker [Video Link](#)

It's notoriously hard to speak to our teenagers, even under the best of circumstances. What I like to do first is make an assessment before I speak to my teen and just feel their energy. When you do see them around the house, do they feel light? Do they feel heavy? Are they making pleasantries with you or are they feeling very closed, dark, with the hoodie and all that sort of stuff going on and not even saying hello.

If you start to sense like your teen is not quite acting themselves, what I suggest is something called a three part icebreaker. And that's a simple way to communicate with your teens. The first part of the three part icebreaker is just asking them, "Hey, can I bug you for a second?" And if they get that look on their face, like, Ugh, really, mom, you can say quickly. It's nothing bad. I just want to touch base for a second. So just keep it really light. And then the second part of the icebreaker is to make a statement. So saying something like, "I notice you seem a little bit more withdrawn lately." So opening statement. And then the third part of the icebreaker is to finally ask them the question. "Is there something going on? I, maybe I'm just overreaching here, but I was just wondering." So keeping it light, making it just those simple three parts. And then most importantly, not getting upset when your teen potentially doesn't reply to you because a lot of times they won't. You'll say all that and then they'll just sit there or they'll

grunt at you, or they'll just do some other non-communicative thing. The important thing to remember is even if they respond that way, you've opened the door and they know that you're paying attention. They know that you're thinking about it, and that makes the chances of them reaching out to you and communicating a lot greater. So I think that's my best advice for how to make contact with those elusive teens.

Question: What is the difference between passive and active suicide? How do I be brave and talk about suicide with my child? [Video Link](#)

SI is suicidal ideation, and that means suicidal thinking. And there's two different kinds of suicidal thinking. The first is passive and the second is active. There is a critical, critical difference between these two ideas. I'd say 99%, if not more, of human beings at some point in their lives have passive suicidal ideation. We imagine what it's like to not be alive. Not nearly so many of us have active suicidal ideation. And the difference is that in active suicidal thinking, we have a plan to die. It's specific. We think about it a lot and we sort of try on different modes of death. Would I do it with pills? Would I take a gun? And then you sort of settle on a thing and it becomes an obsession. That's active suicidal thinking. So they're very different states of mind and passive suicidal ideation, while it can lead to active, is not in itself absolutely worrisome.

I mean, it's not great, but generally people don't take their lives when they're in that state of mind. I can't think of a single example where they have. If passive medical intervention is not necessarily required, if active, it a hundred percent is. So how do we know the difference? That was your question. How do we know the difference between active and passive? And unfortunately, part of that answer is we don't always know. How can we lean towards knowing, looking for those other symptoms of depression is a great place to start. So going back to observing your child, are they sleeping more than they used to? Are they eating more or less than they used to? Are they more irritable than they used to be? Are they isolating themselves? Is there self harm? All of those things point to potentially active suicidal ideation.

For me as a mom who unfortunately I think as you know, lost her son to suicide, what I wish I had done and what I would do now differently with my own child is normalize this conversation of suicide. And I know that might be hard for some people to stomach, because some people have the idea that if we talk

about suicide, it increases the chances of it happening. ***Studies show over and over again that is absolutely not the case. What does increase the chances of it happening is someone close to us taking their own lives, but not anybody talking about it.***

So I would say to my child, if I were worried about passive or active suicidal ideation,

"Hey, can I talk to you about something kind of uncomfortable for a couple minutes?"

Your kid probably won't say anything. That's fine.

Just say, ***"You know, no one really talks about suicide. And I just wonder how you feel about that. I remember being your age and having some suicidal thoughts, and I think that's pretty normal. What do you think about that?"***

See if you can get them talking. If you can't, that's okay. Just try to feel their energy when you bring it up, you get information from them, even if they're not opening their mouth. Just really pay attention. Try to keep it easy and light. Keep it short.

And if you have any sense that there is a real issue, just don't hesitate to intervene. You know, the worst thing that can happen is you take him to a therapist and it's not a good thing, and you try somebody else. At least you tried. That's my very best advice. There's no, unfortunately, hard and fast way to successfully deal with this. Stay alert, keep the door open, and don't hesitate to get treatment if you think in your best assessment that is what is required.