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Chapter 1 : Adult Caregivers & Youth Advocates | Children's Hospital Pittsburgh

Parents and caregivers in particular serve as critical advocates and essential partners in the prevention and treatment of children's mental health concerns. Psychologists treating behavioral problems in children and teenagers always make engagement of the family a priority as this has been shown to boost positive outcomes for children and.

Understanding the Basics Share this Filed under: Sure, children and teens love to test the boundaries that adults set for them. Gender identity and expression are central to the way we see ourselves and engage in the world around us. This is certainly true of transgender and gender-expansive children and teens, for whom family support is absolutely critical. Studies show that familial rejection can: Moreover, familial support can act as a buffer against bullying and bias outside the home. In other words, for some transgender youth, family support can be the difference between life and death. Gender Basics Children are not born knowing what it means to be a boy or a girl; they learn it from their parents, older children and others around them. This learning process begins early. But gender does not simply exist in those binary terms; gender is more of a spectrum, with all individuals expressing and identifying with varying degrees of both masculinity and femininity. Transgender people identify along this spectrum, but also identify as a gender that is different than the one they were assigned at birth. Is My Child Transgender At some point, all children will engage in behavior associated with different genders – girls will play with trucks, boys will play with dolls, girls will hate wearing dresses and boys will insist on wearing them – and gender nonconforming behavior does not necessarily mean that a child is transgender. That said, sometimes it does – with some children identifying as another gender than the one they were assigned by the time they are toddlers. The general rule for determining whether a child is transgender rather than gender nonconforming or gender variant is if the child is consistent, insistent, and persistent about their transgender identity. In other words, if your 4-year-old son wants to wear a dress or says he wants to be a girl once or twice, he probably is not transgender; but if your child who was assigned male at birth repeatedly insists over the course of several months that she is a girl, then she is probably transgender. Naturally, there are endless variations in the ways that children express themselves, so the best option if you think your child might be transgender is to consult a gender therapist. Gender identity and sexual orientation are two different things. While many children who go on to identify as lesbian, gay or bisexual express gender-expansive behaviors, whether they are transgender is about identity rather than attraction. Everyone possesses both a gender identity and a sexual orientation; in other words, a transgender person can also identify as gay, lesbian or bisexual. Gender dysphoria is the diagnosis typically given to a person whose assigned birth gender is not the same as the one with which they identify. Rather, transgender people often experience a persistent and authentic disconnect between the sex assigned to them at birth and their internal sense of who they are. For some, understanding their gender identity is a more complex process that lasts into their teens or adulthood, even seniors. Stigma, lack of knowledge and fear of rejection by family and peers often keep transgender people from coming out as children or teens. Sometimes a transgender person will come out as gay, lesbian, or bisexual before recognizing their gender identity or coming out as their true gender. No matter when your child comes out, knowing they have your support is critically important. Educate yourself about the concerns facing transgender youth and adults. Encourage your child to stand up for themselves when it is safe to do so. Assure your child that they have your unconditional love and support. Resources More information about transgender children and youth: Gender Spectrum offers information and training for families, educators, professionals, and organizations, helping them creating gender-sensitive and inclusive environments for all children and teens. Trans Youth Equality Foundation provides education, advocacy and support for transgender and gender-expansive young people and their families. Programs include support groups, camps and retreats, and a popular Tumblr blog for youth. More support for families, caregivers and communities: PFLAG has local chapters across the United States, including groups specifically for families with transgender children. More information about affirming

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parenting: The Family Acceptance Project is a research, intervention, education and policy initiative that works to promote physical and mental health for lesbian, gay, bisexual and transgender children and youth by increasing family acceptance and affirmation in the context of their cultures and faith communities. Gender Spectrum has adapted Family Acceptance Project research for parents and family members of transgender children.

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Chapter 2 : Transgender Children & Youth: Understanding the Basics | Human Rights Campaign

For Parents and Caregivers. As a parent or caregiver, you want the best for your children or other dependents. You may be concerned or have questions about certain behaviors they exhibit and how to ensure they get help.

Over time, however, a good thing can disintegrate into a tough, tense situation. Knowing the top trouble spots can help you make changes that can delay or avoid the need to move on to out-of-home placement. Here are five big "sore points" that undermine family caregiving -- and what to do about them: Lack of privacy Everyone in a caregiving family needs privacy -- the freedom to exist in their own space. Advertisement Having mental privacy means being able to continue some version of long-established family time and traditions. Solutions Advertisement Make necessary home improvements to allow the live-in elder to have his or her own space, not just for sleeping but also for living: Avoid making a child share a room with an elder if you can. Establish household rules everyone agrees on for the use of the TV, the kitchen, and other possible points of conflict. Keep in mind, though, that in the case of dementia, rules become less realistic as the disease progresses. Remain conscious of maintaining one-on-one time with other family members. Everyone in the house -- including you -- must be safe. Ignoring sleep deprivation The common scenario: Sleep problems are often dismissed by caregivers for two common, misguided reasons, says geriatric psychiatrist Ken Robbins. First, they assume that poor sleep is part of aging or of dementia, and that nothing can be done about it. Second, they fear that addressing sleep problems is "selfish," only for their benefit. In fact, resolving runaway sleep problems helps everyone. The elder whose sleep issues are addressed will experience better mood, more energy, and less pain; sleep is closely connected with all three conditions. And the caregiver who makes his or her own sleep a priority will be better able to cope with caregiving stresses and will have more energy for every part of life. No stimulating beverages or activity late in the day. A quiet, dark room. Proper clothing for sleep elders sometimes nod off in their day clothes. No TV or electronics used in the bedroom at night. Use of a proper, comfortable bed, not a lounge chair. An elder may "turn in" but never actually get in bed. Next, make sure your own sleep habits are similarly healthy. Not a good idea. Run a medication review with a doctor to make sure no meds are interfering with sleep. Benzodiazepines used for depression and as short-term sleep aids can actually prevent sleep, Robbins says; these include drugs such as ProSom, Restoril, Xanax, and Valium. A mixed-up sleep-wake cycle is not a normal part of aging. At last resort, medications may be prescribed to improve sleep health. Lone-soldier syndrome Caregivers too often fall into "lone-soldier" mode thinking without even realizing it. Feeling responsible for a loved one, they assume the full burden, marching forward without regard to their own emotional needs. In reality, it takes a whole army to manage caregiving effectively. Failing to have emotional outlets where you can vent and "be yourself," and failing to let others share the practical burdens, results in a surefire recipe for falling down -- or giving up. Find local resources to help you. Solutions Let go of old ideas that asking for help is a sign of weakness. Join a caregiver support group. They get tired of listening to you or have little to offer besides a pat on the back. To find a group, ask your doctor or your local Area Agency on Aging , or try an online group. Arrange monthly or, ideally, weekly respite breaks. Solutions Make contingency plans. Once a week, devote an hour to focusing on "if this, then this" scenarios. Make lists of your options, or of places and people you can contact to solve potential problems common to your situation. Diseases are realities, not wishes. If your loved one has dementia, understand the various stages, where your loved one likely is, and what to do next. Consider a support group. Both urinary incontinence and fecal incontinence, for example, are among leading causes of nursing-home placement. A small or frail wife of a big man who needs help is another tough scenario. Adult diapers and toileting schedules, or a change in medications, may make incontinence more manageable, for example. Frequent falls and problems getting up are other physiological problems that may be treatable. For behavioral issues such as wandering , learn the basic ways to address the problem for example: Explore whether bringing in more help, such as personal care assistants or nurse aides, can buy time and get you through difficult challenges such as

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bathing and dressing. Brainstorm possible solutions with other family members, a social worker or geriatric care manager, doctors, and friends -- including virtual ones -- who may have experienced similar issues.

Chapter 3 : Caregiver Issues | 5 Biggest Issues for Family Caregivers | racedaydvl.com

Talk to your child's doctor, school nurse, or another health care provider and seek further information about the behaviors or symptoms that worry you. Ask your child's primary care physician if your child needs further evaluation by a specialist with experience in child behavioral problems.

Chapter 4 : Families and Caregivers | The National Child Traumatic Stress Network

Mass is a 24/7 hotline that connects callers to information about critical health and human services available in their community. It serves as a resource for finding government benefits and services, nonprofit organizations, support groups, volunteer opportunities, donation programs, and other local resources.

Chapter 5 : Office of the Child Advocate | racedaydvl.com

The American Association of Caregiving Youth (AACY) is devoted to providing information and support to children in caregiving roles in their families. AACY's Caregiving Youth Project is a comprehensive program to address the challenges faced by children who take care of ill, injured, elderly or disabled family members.

Chapter 6 : Parents Play Key Role in "Conversion Therapy" Efforts - and Harm - for LGBT Youth - Mombia

Drawing on information from expert advisors, the materials respond to parents' most pressing concerns about children's and adolescents' mental health and behaviour problems at home. The information, in accessible, easy-to-use formats, is designed to help parents understand behaviours that cause them concern.