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Personal Narrative:

Mind Control is Not a Thing

By Shira Heller

I am an engaged parent, a passionate, experienced educator, and a trained social worker. I believe wholeheartedly in the human capacity to learn and grow. I witness the influence of parents, teachers, counselors, and other guides and mentors on young people's development regularly. As adults, we can have an incredibly strong impact on the children and teens who are in our orbit. It is a privilege, a responsibility, and a power trip. As adults, we matter so much!

As my family started out on our mental health rollercoaster, these beliefs contributed to two crises of faith in rapid succession.

First came the devastating (and devastatingly self-centered) thought, "What did I do wrong? How did I make/let this happen?" My amazing daughter was anxious and depressed. Surely, I thought, if I had been a better parent, I would have seen this coming and somehow prevented it. Surely I would have found the right words to say, the right boundaries to set, the right reassurances or encouragement to yield a happy, healthy kid. Her unhappiness must be my failure. I beat myself up pretty badly for a long time.

The second came as I looked forward rather than back and thought, "I can fix this! I might have messed up in the past, but if I love her enough, teach her enough, get the right support in place, I can guide her out of this hole she's in." I hustled. I ran myself ragged trying to find the right words, the right therapists, the right things to do to help her heal.

Over time, I had to accept my own limitations. I was not important or powerful enough to cause bipolar disorder. I was definitely not important or powerful enough to fix it, even with my commitment as a parent, experience as an educator and training in mental health. Her teachers didn't cause it and couldn't fix it either. Compassion and indulgence didn't fix it. Tough love and consequences didn't fix it. A small army of doctors and therapists couldn't fix it. Medication, hospitalization, residential treatment and DBT programs couldn't fix it. As influential and important as adults can be in a child's life, we aren't in control. We usually can't make someone get sick and we certainly can't make them get better.

Initially, this realization was depressing. Accepting my limits led me to feel powerless, helpless, and hopeless. Did I just have to sit by and watch her destroy herself? How could I? To some extent, that pain hasn't gone away. The world around us has provided an abundance of brokenness that could use fixing. I still sometimes struggle with the thought that if I just learned enough, tried enough, worked enough, I could 'be the change' that turned things around. I'm tempted back to a mode of living in which I'm constantly wrestling to control forces stronger than I am.

In a somewhat surprising way, accepting my limitations has also been liberating. The weight of responsibility to fix all the broken things (even just my daughter's broken things) is excruciatingly heavy.

Deeply understanding that it is bigger than me and beyond me has been a tremendous relief. I can't control it, so I don't have to. I can offer care, resources, and attention to something without accepting responsibility for the outcome. I can help without having to control. I can contribute without being consumed.

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I'm delighted to say it's been two years since I stopped waking up afraid every day. My daughter is a stable and thriving college student. With her own profound effort, the right medications, an effective therapist, and a supportive family, she is becoming the woman we all hoped she would be.

The time we spent — years — in the wilderness of her illness was a nightmare, but I see how much the things I learned are serving me in every aspect of my life — at home, at work, in my community, and as a citizen of our troubled world.

I am much more able to acknowledge and accept that I can't control how others think, feel, or act. I feel more peaceful when I'm beside someone in distress. I don't feel compelled to rescue the situation. Conflict and disagreement remain uncomfortable but are no longer intolerable, as they are not solely my job to resolve. The inflated sense of responsibility that compelled me to control and fix the things around me was an engine of anxiety — for me and for others. Focusing on contribution over control has helped stabilize my equilibrium. I'm valued as a calming influence by the students, families, and teachers with whom I work. They trust my ability to lean in and let go as needed. I'm happier and, delightfully, more helpful. Discovering my limitations has, in some ways, become my superpower.

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Middah - B'tzelem Elohim

To be Created in the Image of God

And God created humankind in Their image, in the image of God, God created them. (Genesis 1:27)

The idea of all humans being created in the divine image, being born with intrinsic value and worth, is one of the most significant gifts Judaism has given the world. The presumed dignity of a human being was a radical shift from previously held beliefs. "In the ancient world, various kings (and sometimes priests) were described as the images of a god...in dramatic contrast to this, the Torah asserts that ordinary human beings — not just kings, but each and every one of us — are mediators of divine blessings.(1)" The significance of this concept can be observed in its longevity, serving as the bedrock of not only ancient Jewish society but general society today. The United States Declaration of Independence emphasizes this truth: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."

The opening verses of the Torah highlight both the existence of this blessing and the mission it carries. In Genesis, human beings are assigned the task of stewarding and leading Earth (Genesis 1:28) to creating a functional and prosperous world for all, and the gift of God's divine image gives us the qualities "that are needed for the fulfillment of [their] task on earth, namely, intellect, free will, self-awareness, consciousness of the existence of others, conscience, responsibility, and self-control.(2)"

(1) The Heart of Torah, Rabbi Shai Held, pg. 8
(2) Understanding Genesis, Nachum M. Sarna, pg. 15-16

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In Pirkei Avot, Ethics of Our Fathers, God showed Their extraordinary love for humankind, not just by endowing them with infinite value when creating them in the image of God but by expressly telling humankind they had that value inside of them, too.

Pirkei Avot 3:14

הוּא הָיָה אוֹמֵר, חָבִיב אָדָם שֶׁנִּבְרָא בְצֶלֶם. חִבָּה יְתֵרָה נוֹדַעַת לוֹ שֶׁנִּבְרָא בְצֶלֶם, שֶׁנֶּאֱמַר כִּי בְצֶלֶם אֱלֹהִים עָשָׂה אֶת הָאָדָם (בראשית ט)

He (Rabbi Akiva) used to say: Beloved is humankind for they were created in the image [of God]. Especially beloved is humankind for it was made known to them that they had been created in the image [of God], as it is said: "for in the image of God They made humankind" (Genesis 9:6).

In moments of stress when you are drowning in the challenges of caregiving, it can be easy to forget about the divine value of those you are caring for. But by creating humankind in the Divine Image, Rabbi Yechezkel Levenstein, former teacher at the history Mir Yeshiva in Bnei Brak, explained that God gave us additional support in rising to the occasion of seeing the divinity in others by giving humans the ability to feel a portion of the divine capacity for empathy and compassion. While serving in this life-saving role, what you need are the tools to combat the compassion fatigue that comes with caregiving and access that divine capacity for empathy God and the angels want to remind you that you have. Because you, too, are made in the image of God, with infinite value and infinite potential to see that image in others, even when it's hard.

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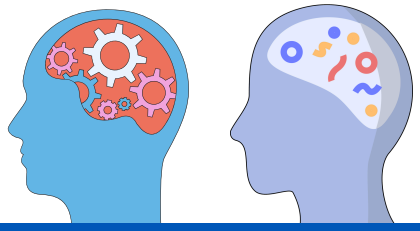
Understanding the Impossible: Inside the Mind of a Caregiver



"Tracht Gut Vet Zein Gut." ("Think good, and it will be good.")

Some of the more popular mantras in Jewish tradition emphasize positivity and faith in the face of tragedy. Such phrases include: "Think good, and it will be good," popularized by the most recent Lubavitcher rebbe, Rabbi Menachem Mendel Schneerson, and "Gam zu letovah" ("This, too, is for the good"), sourced from a story in the Talmud about a man who refused to give up his positive outlook on life despite suffering from a debilitating and painful illness. But; while positivity is a powerful tool, it isn't always the most accessible or realistic response to a crisis. We are human beings, and as much as we wish we could always be a calm, collected, serene parental figure, that's not reality. And falling back on optimism may not always be the "best" solution anyway. In order to fully understand and support someone in a mental health crisis, we have to be able to experience a full range of emotions and experiences. Judaism wants us to seek balance rather than overcompensation in our responses to distress and tragedy.

For a great example of someone finding this balance, we can look at Moses's response to the death of Aaron's two sons in the book of Leviticus. Moses, in an effort to manage the chaos of the situation and do what he thought was best, instructed the other priests to proceed with normative Temple procedures, while Aaron was left to silently mourn on his own. But when Moses rebuked the other priests for disobeying his instructions, Aaron objected, asking him if it was appropriate for them to proceed as normal after what had just happened: "Had I eaten the sin offering today, would God have approved?" (Leviticus 10:19)

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Aaron verbalized his pain and said he didn't think ignoring what had happened was appropriate. Moses, like a good caretaker should, saw his brother's distress and listened to what he said he needed. Aaron didn't need normalcy and positivity; he wanted comfort.

As caregivers, we can understand Moses's instinctive response. We encourage positivity and hope, and we offer practical solutions to problems when our loved ones are struggling. Like Moses, however, we need to realize what we see is only a very small part of the mental health experience our loved ones are enduring. We cannot fully understand and be objective about the mental health of someone we love, especially our kids. When we interact with a loved one who is in pain, we experience a complex process of thoughts, feelings, and emotions that are not just theirs; they are ours as well.

This section aims to help you better grasp how mental illness affects thinking (theirs and ours); teach you about family dynamics and how they are related to mental illness and recovery; and push you to do your best to step back and be as objective as possible in your understanding and communication. Then we will arm ourselves with strategies for communicating, where to go if you want to learn more, and how to navigate the process of getting support in place.

Arming Ourselves with Information

Information is key when caring for someone with mental illness. The field of mental health is constantly changing, with new research and treatments being published all the time. Supporting someone with their mental health is different from other types of caretaking. We can provide support, education, safety, access to treatment, etc., but we CANNOT change anything ourselves (we've all tried). So where does that leave us? We first have to be aware of the boundaries and limitations — where we stop and the child begins. We strive to be as up to date as possible on mental health and use that knowledge to inform our choices as we act (or choose not to). Most important, we have to develop the skill of self-awareness, so we can separate our thoughts and emotions from our interactions as much as possible and act in the best interest of our loved one.

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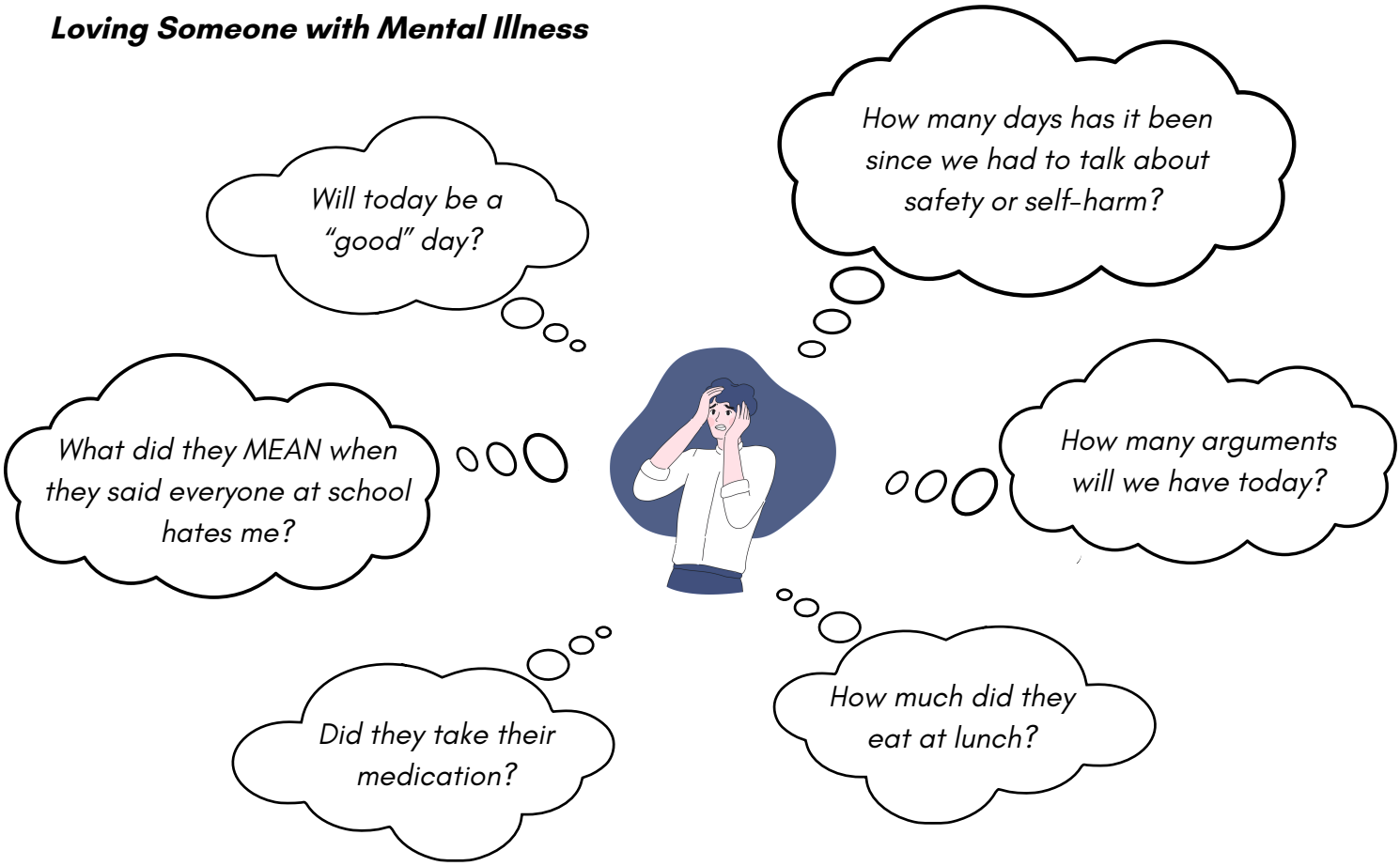
Loving Someone with Mental Illness



These thoughts race through our heads, often before we have gotten out of bed for the day.

Psychology today describes parenting a mentally ill child as a constant experience of trauma. "Most caregivers don't even recognize it as trauma, because it happens under the guise of parenting and fiercely loving their children.(3)" These thoughts and physical reactions become automatic, often happening so fast we don't notice. We spend hours, days really agonizing over small interactions, hold vigil over bedsides and constantly monitor internet usage. We are on edge all the time; we are irritable, we can't concentrate. We become different people. We also can internalize their struggle — feeling responsible for their dysfunction as a reflection on our parenting. Or our genetics. Or both. This cycle is exhausting and can lead to isolation. In many cases, our own mental health suffers.

(3) Understanding the Trauma of Caring for Children With Mental Illness | Psychology Today

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Developing Self-Awareness

Self-awareness is a crucial component of effective support. Taking care of a child reveals unique dynamics and challenges that do not occur in any other relationship. When we raise a child, we have responsibility for who that child is and becomes in terms of values, culture, behavior, or genetics. We may carry pride when we think they are successful or guilt and shame when we do not. From the time they are young, we are programmed to respond to and resolve their discomfort and pain. If we have been with them since they were very small, we remember the newborn and infant years — when they cried or were upset, we responded both mentally and viscerally. We feel it instinctually; an urge to protect and care for them at all costs. That instinct never really goes away. It makes sense to want to continue to follow that instinct as our child grows: When they struggle or are in pain, we don't just want to fix it, our bodies can feel like we HAVE to; it's our responsibility. Our instincts for caretaking are also merged with the fight-or-flight experience of never knowing what will happen next. So when we see our child struggling, when they are feeling anxious, depressed, manic or are acting out, it HURTS, emotionally and physically. As parents, that pain is incredibly difficult to tolerate, and again, our instinct is to resolve and eliminate that pain immediately. We want a fix, fast. We have an incredibly difficult time tolerating this distress (both theirs and ours), and eliminating it becomes the primary focus, even if it undermines the long-term well-being of our child. For example:

Kid: I hate my science teacher. She never listens to me, and I don't get anything she is saying. I'm going to fail the ninth grade. There's no point in me going to school today or ever, so I may as well just crawl into a hole and die.

Parent thinks: Oh no, here we go again. This sounds just like what happened last year, when Kid was feeling suicidal, and we couldn't get her to go to school for weeks. She actually sounds a lot like me when I was her age; I was bad at science too. What should I do? If I don't get her calmed down now, things will get out of control.

Parent says: Relax! We'll take care of it. Stay home today. I can call the school and get you switched to another class.

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In this example, the parent is focused on the here and now — helping the upset kid in front of them feel better. We all probably have a sense that the parent taking on these tasks might provide some temporary relief for the child but likely will not help the child learn any skills or make any progress toward tolerating these feelings the next time they are challenged. Still, in the reality of this moment, and in many similar situations where the feelings are stronger or the stakes are higher, we don't have the mental energy to go through all these thoughts and layers to think big picture or long term. These small "micro-crises" may happen many times in a day, often daily. It's so much! No wonder we want to just survive these moments, so we can make it through to whatever we are afraid might be coming next.

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Reacting vs. Responding

In order to effectively be there for our child, we have to be aware of ourselves, our reactions, and our own limitations. If not, we can be stuck in the cycle of reaction and misunderstanding, which is frustrating and often detrimental to our relationship with our struggling child. Our goal is to stay in the space of RESPONDING to what is happening in the moment as much as possible rather than REACTING to our own guilt and fear. In stressful situations, it is common to fall into unhelpful thinking patterns such as:

Catastrophic thinking: Anxiety and other emotional intensity can lead us to focus on when things have not gone well and worry the worst is likely to happen again. We brace ourselves for things to spiral out of control.

All-or-nothing thinking: Just like teenagers, we can get stuck in the trap of thinking in extremes. In some ways it is easier to think things will either all work out or all fall apart rather than imagine something in between.

Reacting in fear of the illness: Mental illness is scary. Dangerous and upsetting things such as self-harm, suicidality, risky behavior, overdose, and more are a part of the experience. It is natural to want to avoid those dangers above all else, which can affect how we see or respond to certain related behaviors.

Disproportionate responding: This is when we overreact or underreact to a situation, which often is related to the emotional experience we are having rather than the reality of the situation.

Poor boundaries: This can occur both in terms of communication (sharing too much or too little) as well as setting limits (too many or not enough).

Falling into the guilt trap: How we interact and raise kids definitely has an impact on how they live and grow. But there is a big difference between impact and causality. It is not possible for us to "give" a mental illness to a child. You as a parent do not have the power to cause or cure any mental health condition. We will repeat this fact as many times as necessary until it sinks in.

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Family therapy can be a highly effective way to address these dynamics and patterns in depth. We'll share some of the strategies and tools often recommended for caregivers in family work:

Practice self-awareness: Be honest with yourself about your triggers and weaknesses. Kids are experts at finding them and push on them often. Identify a support system of people you can turn to and who will keep you accountable.

Examine your own history and prejudices: Mental health has only recently become commonly discussed, and that does not happen everywhere. Do you have any reservations about discussing it openly? Did you grow up that way? If not, why? How was emotional distress handled around you growing up? This history can affect us and how we interact as adults, whether or not we are aware of it.

Utilize emotion-regulation strategies: Become familiar with relaxation strategies and mindfulness techniques to help you to keep calm and focused. The most effective strategies for you are the ones that feel natural and effective, and are simple to add to your already existing routine. For example, if you practice daily prayer (such as saying the Modeh Ani when you wake up in the morning), add some relaxation skills to this experience.

Dialectical Behavior Therapy (DBT) is one of the most popular and evidence-based treatments for teens, and it has useful tools for caregivers as well. It combines the best of cognitive therapy and emotion regulation. The concept of dialectics involves reconciling contradicting truths, which is hard for us, especially for kids and teens. We are not designed to tolerate dissonance – it does not feel good, and we tend to fall back on thoughts and behaviors that address that icky feeling rather than trying to understand the issue at hand.

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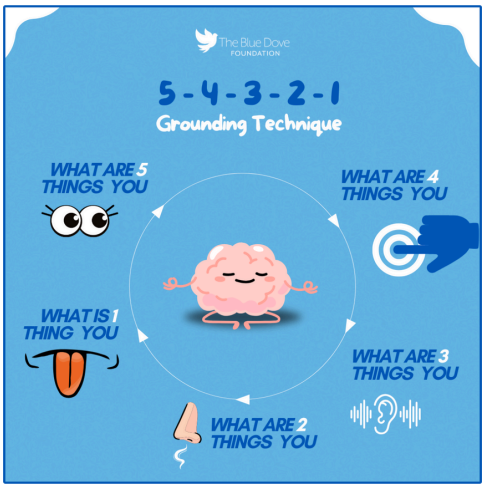
This resource shares many DBT strategies, starting with these mindfulness tools:



Mindfulness can be defined as having full awareness of what is happening in the present moment. When you think about it, the present moment is the only time and place where we have any control. We tend to focus on either the past or the future when we are anxious or upset, which can be unproductive; after all, we do not have the ability to change either of them right now. Practice this skill in some of the following ways:

- Turn your focus to your five senses. People often do this using the 5-4-3-2-1 method.
- Try to approach your thoughts in a nonjudgmental way. Notice what you are thinking and feeling with curiosity. Look for patterns. Try to let your thoughts come and go in waves, again trying to stay in the present moment.
- Practice managing your attention (easier said than done for most of us!!). Do your best to focus on only one thing at a time; in this moment, put off multitasking, and give each thought and feeling individual attention. Try not to worry about things passing you by; if they are important, they will come back to you when you need them.
- Focus on your breathing. Use your senses to notice your breath coming in and out. Try to lengthen your breaths and even your inhales and exhales. Slowing your breathing will help calm your mind as well as keep you in the present moment. Any time you feel you are wandering, returning to either your breathing or some other sense is a gentle and effective way to bring you back.

Like any change, these skills take practice to master. Don't expect them to work right away, and if the only time you try them is in a time of crisis, you will likely not be able to use them effectively.

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Family Dynamics

Assessing and addressing family dynamics are a way to understand your relationship with your child and to improve communication and limit-setting at home. Research has long shown that positive, effective communication at home provides a stable base of support for someone who is struggling, and of course the opposite is also true. The way people communicate and how (and whether or not) needs get met can also affect a child's mental health and behavior. Kids pick up on so much more than we think they do — what we say, what we do NOT say, how we manage conflict, how we communicate, and how we deal with feelings are all things our kids see, hear, and feel.

Kids learn a lot from their parents by interacting with them as well as observing their interaction with others. The relationships they form with parents, siblings, and other significant people in their lives help them practice how they will relate to others as they grow into adults. There are different systems and ways of looking at these dynamics. We are going to share one here as an example, but there are more to be found. And just as a resource like this one would not be sufficient to diagnose a mental health condition, this information is likely not enough for you to fully assess your family dynamics. Still, it should be useful to help you to identify goals and intentions in your communications. We strongly recommend that if you want to learn more or work on deeper change, you seek a qualified family therapist.

Six types of family dynamics

Various types of dynamics are present within each family system. They dictate how a family functions and the power roles parents and siblings play.

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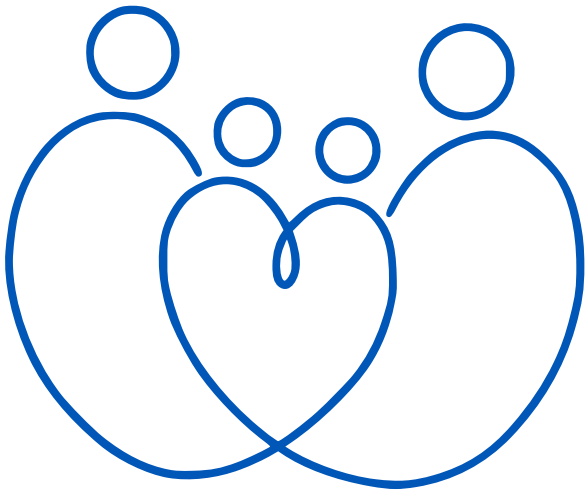
1. **Authoritarian:** Authoritarian dynamics are focused on following a set structure and rules, where one family member is very controlling. They expect others to follow them without negotiation or questioning. There is generally little collaboration or communication between the levels of power, and consequences for breaking rules tend toward punishment.For example, the head of the household sets the rules for when everyone in the family must be home for dinner. If anyone is late, they are met with aggression and punishment.

2. **Authoritative:** Authoritative dynamics also involve rules and consequences but in a different way. One individual sets the rules while validating other family members' feelings and respecting their opinions. The authoritative family member stays in charge.They use positive discipline such as reward systems and praise to reinforce good behavior. They don't use threatening punishment for disobeying the rules. Notice how in these first two examples the balance of power is the same, but the way the structure is implemented and communicated is different.

3. **Competitive:** With competitive dynamics, family members continuously compete with one another. There is a sense of rivalry within the household. This competition could be for many things, such as attention, recognition, or power. Achievement is valued, resulting in comparison and competitive dynamics between siblings, which parents encourage. This competition can be between the adults as well.



(4) Speaking Up for Yourself Is Important — 11 Steps to Get It Right

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5. **Uninvolved:** When uninvolved dynamics are present, family members aren't present to one another, even when they're in the same room. Individuals don't really know what the other members of the family are doing. As a result of the limited communication encouraged in the family, children and adults tend to their own needs. There is often a lack of support and guidance. Parents have indirect power, but why they have it or how it works is often unclear.

6. **Communal:** The presence of communal dynamics emphasizes the family as a community in which every member makes a contribution. Individual opinions are respected, and all voices are heard (4). In a communal family structure, everyone shares tasks and helps to set rules and solve problems and challenges. All family members are encouraged to actively participate in making decisions and setting rules. This process, while egalitarian, can be disorganized and chaotic, with power not concentrated in any one place.

7. **Alliance-based:** Alliance-based dynamics lead to members of the family grouping together and playing off each other. Certain family members form alliances in order to gain leverage over other members of the family. They agree to work together for mutual interest. This agreement can be explicit or implied. For example, in a step family, biological siblings may form alliances against their step-siblings. Or a child may form an alliance with one parent and pit them against the other parent or their siblings.

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Just as our kids benefit when we develop internal self-awareness, it helps for us to become more aware of how our relationships (both with and around our children) have an impact. We all play different roles in our families, and they manifest different characteristics and power dynamics. There is no right or wrong way to have a family, but it can help to have an idea of what dynamics are present and if a shift would be helpful. Healthy dynamics of any kind should have the following characteristics:

1. **Open communication and validation**: Each family member should be heard and their thoughts and feelings validated. Note how this does not necessarily mean we DO what everyone else says or asks, but we do make an effort to hear. Even (and especially if) our feelings do not make sense or are not shared, it is important to recognize they are a part of our loved one.
2. **Shared responsibility and authority**: If there is more than one caregiver, they share responsibilities and power. (Note: This does not have to be completely equal). Children take on responsibilities to contribute and care for themselves as they grow.
3. **Express interest**: Even if the last thing you want to do is look at an online video or relive teenage social events, it matters to your child that you care about what is important to them and are willing to take time to share it with them.
4. **Safety, respect, and unconditional love**: These things are not negotiable and do not depend on the child's mental state or behavior.
5. **Balance of support and discipline**: The exact look of this varies, but we all have to find a balance between setting limits, serving consequences, and protecting our families.

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As mentioned above, having a child who is experiencing mental illness such as an anxiety or mood disorder can greatly disrupt the way a family functions. The illness itself often becomes a major aspect of how the family thinks, feels, and behaves. Some families in therapy will even use the technique of addressing the illness like a separate challenging family member who disrupted or took over the role of the child before they began to struggle. This "monster" can disrupt the normal functioning of the family dynamics, making it difficult for the parents, child, and siblings to fulfill their roles.

For example, a child who has depression may become significantly more withdrawn or irritable over time. A parent may learn that things like setting limits or asking the child to report on how they are doing tends to lead to conflict or withdrawal. So they do these things less and less. They walk on eggshells around their child, thinking if they have a "negative" interaction or conflict it will make the child worse (5). They may also offer suggestions, hints or try to modify the child's environment to reduce stressors or triggers. Other parents may take more of an aggressive approach- they may push, shout, punish, or otherwise express their frustration at the behavior they feel helpless to fix or control

Some children over time, more commonly in the case of anxiety, will develop more power than is typical of the role of a child. The family will submit to behaviors and practices that help them avoid experiencing the anxiety. Often this will include everyday activities like eating and scheduling, but it also can be things like the child mediating or processing adult conflicts with parents or the child attempting to intervene to avoid stress. In most cases, these patterns result in short-term relief, but in the long term, they reinforce the illness, making the patterns and habits very hard to break. (6)

(5) Family Dynamics Can Lift You Up (or Drag You Down)
(6) What Are Family Dynamics? 5 Crucial Roles Within The Family!

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We wish we could offer a universally guaranteed strategy to follow that would be guaranteed to support your child, reduce their suffering and make them open up to you. Unfortunately, mental health does not work that way, as you likely know. There are so many individual differences between each child, family and their environment that it is impossible to predict what will happen with accuracy. What we CAN do is offer you information and strategies that are evidence-based and provide you with the intentions and themes to keep in mind when communicating with your child.

> *Anything that's human is mentionable and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary.*
>
> **Fred Rogers**

Intention means WHY you are saying and doing something is much more important than WHAT you are saying. Therapists, mental health support staff and educators often find adults are terrified of saying the wrong thing, or they feel unequipped to respond in a particular mental health situation. In most cases, the adult knows the child far better than their clinicians — as skilled as they are — and the adult has a practical and emotional connection. When a parent has structure, intention for the communication, and some examples, they can come up with their own words, which often results in a more effective strategy for the long term. The first few times may be stressful, but with practice, they can learn to manage stress in the moment and become more comfortable having difficult conversations.

The INTENTION to keep in mind in a supporting conversation with your child is to first make an effort to notice what you believe is happening in a curious, nonjudgmental way.

- "Looks like you are having a hard time with the change in schedule today. What's up?"
- It feels to *me* (this is important; you are sharing YOUR feelings, not projecting what they feel) like you are more irritable this morning. Want to talk now or maybe after breakfast?

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This list from SAMHSA(7) is a good reference for things to keep in mind while you are talking.

When talking about mental health problems with your child, you should:

- Communicate in a straightforward manner.
- Speak at a level that is appropriate to a child's or adolescent's age and development level (preschool children need fewer details than teenagers).
- Discuss the topic when your child feels safe and comfortable.
- Watch for reactions during the discussion, and slow down or back up if your child becomes confused or looks upset.
- Listen openly, and let your child tell you about their feelings and worries.

We recommend the following resources for information and training for parents and other adults caring for kids struggling with mental health:

- **Mental health first aid training (MHFA):** Adult, youth, and teen MHFA training, designed for nonprofessionals, provides some overview about mental health, why it is important, and how to recognize signs and symptoms of someone struggling. It also provides training for crisis intervention and safety screening.
- **Parent effectiveness training**: Designed to teach healthy communication skills to parents, educators or carers, P.E.T. is a 24-hour course that usually comprises eight three-hour sessions. The philosophy is focused on teaching families to recognize and honor each family member's feelings and needs, strengthening their relationship.
- **NARCAN/Naloxone training**: A training to recognize the signs of opiate overdose, the general first aid for responding, and how to administer nasal Narcan, the medication that can be lifesaving for someone in an overdose.
- **De-escalation/restraint training**: Teaches how to bring down stress, assess safety, and intervene in a mental health crisis (typically with children in a school/treatment setting, but when appropriate, these skills can be essential at home as well). You learn how to address someone who is in crisis, how to get help, and how to physically intervene when necessary to keep someone from hurting themselves or someone else. This is often a certification you have to get, and we do NOT recommend using these skills and strategies unless properly trained.

(7) For Parents and Caregivers of Children | SAMHSA

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- **Dialectical behavioral training (DBT):** One of the most evidence-based treatments for teens and young adults for emotion regulation, managing anxiety, impulse control, etc. There are treatment and training modules for kids as well as parents and family members. We recommend learning the basics of DBT for many parents, because it teaches universally applicable skills such as de-escalation, mindfulness, challenging unproductive behavior, etc.
- **Family-based treatment (FBT):** A more recent development in treating children, FBT began being used with kids who had eating disorders but has recently begun to expand to some other specialties as well. It centers on addressing and restructuring the family system, with the therapist working as a coach to help the family disrupt the unproductive patterns created by the illness. They empower the parents to retake control of the family, introducing more structure until the child is stable enough to do things on their own.
- **Supportive parenting for anxious childhood emotions (SPACE):** A short-term, evidence-based program designed for parents to help their child/adolescent manage and reduce disruptive anxiety and behaviors.

Navigating schools and synagogue education

Many kids and teens struggle at school without support for their mental health condition. One thing all mental health conditions have in common is that they interfere with functioning, so their symptoms are likely to cause problems at school, whether with academics, executive functioning, communication with teachers, or social skills.

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- Public schools have systems in place to support kids who struggle with mental health. See the following from NAMI(8):
  - **Speak with your child's teacher:** It's always a good first step to begin by speaking with your child's teacher(s). They can share observations of your child's performance, strengths, and areas posing a challenge and provide them to you. They can also share their thoughts about what may be interfering with your child's performance and make suggestions to improve it. However, it is not a teacher's expertise or responsibility to suggest a diagnosis of what is causing difficulties.
  - **Know your child's rights:** Quality education is a fundamental human right, protected under the law. Knowing your rights will empower you to advocate effectively and insist on accountability from the school. Section 504 and the Individual with Disabilities Education Act (IDEA) are both federal regulations put in place to protect the rights of children with disabilities, including those with mental health concerns, guaranteeing that all children have a free and appropriate public education (FAPE).
    - There are two levels of accommodation plans in most schools: Individual Educational Plans (IEPs), which are the most intensive and comprehensive, or Section 504 Plans, which are less intensive. An IEP may include time outside class in a "resource room," psychological counseling, or extra time for tests. The 504s generally keep the child in the classroom, but they have many accommodations you and the team agree upon.
  - **Request an evaluation:** This is a formal process where you can request services under IDEA if you feel your child's mental health issues are interfering with their ability to learn.
    - You must provide the request to the school in writing, and you will need to keep copies of all correspondence for your records. The request could be as simple as a single sentence that says, "I am requesting an evaluation for my child," or you can be more detailed regarding your specific concerns in the request.

(8) Getting Your Child Mental Health Support and Accommodations in School | NAMI

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- A core evaluation lays the foundation for creating accommodations. A comprehensive evaluation will provide insight and give you a better understanding of what will be necessary to provide optimal support, allowing your child to meet their social, emotional, and academic goals.
- The school typically arranges the evaluation at their expense. It can be provided by a school psychologist or through an outside professional. This evaluation process is necessary, even if your child has already received a medical diagnosis from a psychiatrist, pediatrician, or neurologist. This is a separate evaluation.

- **Take an active role in meetings**: Following the evaluation, you and your child (if appropriate) will meet with the IEP team on special education. Others on the team are encouraged to participate — typically teachers, the school psychologist (who will review the testing if performed outside of the school), school nurse, those who performed any components of the evaluation, and anyone you wish to contribute, such as your child's psychiatrist or psychologist. You have the right to invite anyone you choose to attend these meetings with you, including members of your child's treatment team. You may also present any supporting collateral information, such as letters from your child's providers.
  - During this meeting, you will discuss the evaluation and go over the recommendations for accommodations, modifications, and other related services to create a plan to support your child. You and your child are a critical part of the IEP and must approve of the school's recommendations. You have the right to appeal any decisions you don't agree with or object if you feel your child is not receiving the services they need. (9)
- **Maintain consistent communication**: Request that teachers report any time the interventions in place appear to be ineffective, so you can work with them to update the plan accordingly. Regular and frequent communication will be integral to the success of the plan.
  - To advocate for your child the best you can, you will need to build a positive and collaborative relationship with school staff. Keep the lines of communication open and the conversations positive.

(9) ibid.

Mind - שֵׂכֶל

- Private schools/Jewish day schools/synagogue education
  - When you are participating in nonpublic education, such as private schools or a synagogue religious school, there may not be as much preexisting structure in place, which may require you as a caregiver to take a much more active role in developing your supports. In most states, access to an evaluation and recommendations for a 504 plan may be available to you through your local school district, even if your child is not attending.
  - We want you to feel empowered to advocate for what you feel is right for you, your child, and your family. Flexibility is a benefit of these types of environments, so nontraditional solutions are more possible, even if they have not been tried before
  - If you are in a Jewish community that offers mental health support services (such as a Jewish Family Services agency), reach out to them or the local federation to see if they have specific support services or resources available that can help you.

- **Jewish summer camps**
  - Jewish summer camps have made great progress in the past few years with regard to mental health professionals on their staff and including them in training. We want this trend to continue and for parents to feel comfortable sharing information with the camp and collaborating with staff to make sure needs are being met.

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- **Jewish organizations:** We would all love to live in an ideal world where each child's needs are easily and affordably met. We know we also can't be completely comprehensive in our knowledge.
  - Seeking out others who have walked this path, stigma is the biggest barrier for many families to find information and support.
  - Thinking about ways you can role model openly discussing issues of mental health and welcome those conversations into your community.
  - Encourage your the organizations you are involved in to commit to providing mental health education opportunities for their staff including a basic working understanding of mental health, how to recognize if a child/teen is struggling and feel comfortable addressing the issue, intervening in a crisis and locating resources in your community.