

CHENANGO COUNTY  
RESOURCE GUIDE FOR  
PARENTS, ADOLESCENTS,  
AND FAMILIES



**family**  
resources

Dear Community Member,

Welcome to Chenango County's Resource Guide for parents, adolescents, and families. In December 2011 service providers, community members, and parents came together for a training focused on transitional youth. This training identified the specific needs of this population as well as possible ways the community could come together to support transitional youth by creating a system of care approach. The system of care philosophy is focused on creating an equal partnership between parents, youth, service providers, and community members in order to providing support and creating solutions to issues facing youth in the community. A team of service providers from The Mental Health Clinic, Liberty Resources, The Probation Department, CCSI & Family Resource Network, The Leading Edge and Catholic Charities worked together to create a resource guide focused on the needs of transitional youth and parents. This resource guide was created in hopes it will assist individuals with knowing what resources are available in the community and how to access them. It was also created as a resource for service providers who come into contact with individuals asking for support and solutions to problems they are experiencing. The information in this resource guide focuses on possible issues transitional youth and families encounter.

Sincerely,

Chenango County System of Care Coalition  
December 2012

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# TABLE OF CONTENTS

02	Attention Deficit Hyperactivity Disorder (ADHD)
04	Autism
06	Chenango County Family Court
08	Child Development Guide
10	Conduct Disorder
12	Depression
14	Developmental Disabilities
16	Discipline Strategies
18	Divorce
20	Early Childhood Intervention
22	Eating Disorder
24	Oppositional Defiant Disorder
26	Peer Issues & Socialization
28	Run Away Issues
30	Self-Injury
32	Special Education & School Advocacy
34	Substance Abuse
36	Suicide
38	Teen Pregnancy
40	Trauma
42	Truancy





# Attention Deficit Hyperactivity Disorder (ADHD)

**Definition:** Attention-deficit/hyperactivity disorder (ADHD) is a chronic condition that affects millions of children and often persists into adulthood. ADHD includes some combination of problems, such as difficulty sustaining attention, hyperactivity and impulsive behavior. Children with ADHD may struggle with low self-esteem, troubled relationships and poor performance in school. While treatment doesn't cure ADHD, it can help with symptoms. Treatment typically involves medications and behavioral interventions. A diagnosis of ADHD can be scary for some people and symptoms can be a challenge for parents and children alike. However, treatment can make a big difference, and most children with ADHD grow up to be normal adults.

**Parental Concerns and/or Warning Signs:** The following are signs and symptoms of inattention, hyperactivity, and/or impulsivity

- Often fails to pay close attention to details and makes careless mistakes in schoolwork or other activities.
- Often has trouble sustaining attention during tasks or play
- Seems not to listen even when spoken to directly
- Has difficulty following through on instructions and often fails to finish schoolwork, chores or other tasks
- Often has problems organizing tasks or activities
- Avoids or dislikes tasks that require sustained mental effort, such as schoolwork or homework
- Frequently loses needed items, such as books, pencils, toys or tools
- Can be easily distracted and/or forgetful
- Fidgets or squirms frequently, often leaves his or her seat in the classroom or in other situations when remaining seated is expected, talks excessively, always seems on the go and frequently has difficulty playing quietly.
- Often runs or climbs excessively when it's not appropriate or, if an adolescent, might constantly feel restless
- Blurts out the answers before questions have been completely asked
- Frequently has difficulty waiting for his or her turn
- Often interrupts or intrudes on others' conversations or games

**Websites:**

<http://www.help4adhd.org/> (National Resource Center for ADHD)

<http://www.chadd.org/> (Child and Adults with ADHD)

**Treatment Options:** If you believe your child suffers from ADHD symptoms please contact:

1. **Chenango County Mental Health Clinic (607) 337-1600**  
County Office Building 5 Court Street  
Norwich, NY 13815
2. **Catholic Charities (607) 334-8244**  
3 O'Hara Drive  
Norwich, NY 13815
3. **Your primary care physician and/or your child's pediatrician**



# Autism

**Definition:** Autism is a complex developmental disability that causes problems with social interaction and communication. Symptoms usually start before age three and can cause delays or problems in many different skills that develop from infancy to adulthood. It is the result of a neurological disorder that changes the way the brain functions -- causing delays or problems in many different skills from infancy to adulthood. For example, both children and adults with autism usually exhibit difficulties in social interaction as well as in verbal and non-verbal communication. They also tend to be interested in repetitive or restricted activities. While the majority of autistic children look completely normal, they differ from other children by engaging in perplexing and distressing behaviors. Different people with autism can have very different symptoms. Health care providers think of autism as a “spectrum” disorder, a group of disorders with similar features. One person may have mild symptoms, while another may have serious symptoms. But they both have an autism spectrum disorder. Currently, the autism spectrum disorder category includes: Autistic disorder (also called “classic” autism), Asperger syndrome, Pervasive Developmental Disorder Not Otherwise Specified (or atypical autism). In some cases, health care providers use a broader term, pervasive developmental disorder, to describe autism. This category includes the autism spectrum disorders above, plus Childhood Disintegrative Disorder and Rett syndrome.

## Parental Concerns & Warning Signs:

- My child seems to be behind with his/her communication skills.
- Autistic children have problems with community - both verbal (spoken) and non-verbal (unspoken, such as pointing, eye contact, and smiling).
- My child seems to struggle in social situations.
- Autistic children have problems socially- such as sharing emotions, understanding how others think and feel, and holding a conversation.
- My child seems to focus on his/her routines or repetitive behaviors (also called stereotyped behaviors) - such as repeating words or actions, obsessively following routines or schedules, and playing in repetitive ways.
- The symptoms of autism can usually be observed by 18 months of age.
- Some features may mean a delay in one or more areas of development, while others may be more typical of autism spectrum disorders. If you think your child shows red flags for autism, talk to your health care provider.
- Infants with the disorder won't cuddle; they avoid eye contact and don't seem to want or need physical contact or affection. They may become rigid or limp when they are held, cry when picked up, and show little interest in human contact. These children don't smile or lift their arms in anticipation of being picked up. They form no attachment to parents and do not show any normal anxiety toward strangers. They do not learn the typical games of childhood, such as peek-a-boo.

## Websites:

<http://www.autismspeaks.org>  
<http://nationalautismassociation.org/>  
<http://www.mychildwithoutlimits.org/>  
<http://www.familyrn.org/>  
<http://www.kelbermancenter.org/>

**Treatment Options:** Treatment can focus on behavioral therapy and other therapeutic options, educational and/or school-based options, and medication options. If you believe your child may have Autism feel free to contact a provider listed below for assistance:

1. **Catholic Charities-Autism Family Support Services (607) 334-8244**  
3 O'Hara Drive, Norwich, NY 13815
2. **Mental Health Clinic (607) 337-1600**  
County Office Building 5 Court Street, Norwich, NY 13815
3. **Family Resource Network (607) 432-0001**  
46 Oneida Street, Oneonta NY 13820





# Chenango County Family Court

**Definition:** The Family Court handles most legal matters impacting families and children. The **Family Court** is established in each county and in the City of New York. It has jurisdiction over matters involving children and families. Its caseload consists largely of proceedings involving support of dependent relatives, juvenile delinquency, child protection, persons in need of supervision (PINS), review and approval of foster-care placements, paternity determinations and family offenses. The Family Court has jurisdiction over the following proceedings originated in Family Court by filing of a petition:

- Juvenile Delinquency. A juvenile delinquent is over seven and not sixteen and has committed a crime, but is not criminally responsible because of age or because the matter was removed from a criminal court to the family court.
- A Person in Need of Supervision (PINS). A person in need of supervision is a person less than sixteen who doesn't go to school or is out of control at home or in school or who possesses marijuana.
- The custody and visitation of minors.
- The support of dependents.
- The establishment of paternity.
- The guardianship of the person of minors.
- Family Offenses. A family offense is a crime or offense by or against minors or between spouses or between parent and child or between members of the same family or household.
- Abuse. An abused child is less than eighteen years old. The person responsible for the child allowed the child to be injured and created a risk of death or very serious physical or emotional injury or committed or allowed something sexual to happen to the child or incest happened or the child became a prostitute or a sexual performer.
- Neglect. A neglected child is less than eighteen years old. The child is in danger of having his/her physical, mental or emotional condition impaired because the person(s) legally responsible for his/her care did not properly care for the child.

## Parental Concerns:

- I am a victim of domestic violence
- I am in need of mediation
- I am unsure about the paternity of my child
- I am having problems obtaining child support payments from my child's mother/father
- I am interesting in filing a petition with Family Court
- I have a Family Court hearing and would like to request legal counsel
- My child has recently been appointed a law guardian

## Websites:

<http://www.nycourts.gov/courts/6jd/chenango/family.shtml>

<http://www.nycourts.gov/courts/6jd/broome/glossary.shtml> (common court terms)

<http://www.nycourts.gov/courts/6jd/chenango/family/dispute.shtml> (Mediation)

<http://www.nycourts.gov/courts/6jd/chenango/family/agencies.shtml> (Other related agencies)

**Treatment Options:** If you believe you or your child requires the services of the Chenango County Family Court please contact Family Court.

## Chenango County Family Court

County Office Building

5 Court Street Norwich, NY 13815

Phone: 607-337-1824

Fax: 607-337-1835

**Hours:** Mon. - Fri. 8:30 a.m. to 4:30 p.m.

**Petition Intake:** Mon-Fri: 8:30 a.m. to 4:30 p.m. (Excluding State Holidays)



# Child Development Guide

**Definition:** One minute you are bringing home a helpless newborn and in just twelve months this newborn grows into an active toddler. Babies grow and change at an astounding pace, and every month brings new and exciting developments. New moms and dads often wonder what to expect next and how to know if their baby's development is on target. Instead of focusing too much on developmental milestones it is important to remember that babies all develop at their own pace. There's a fairly wide window for when it is normal for a baby to reach a particular developmental stage. Babies grow in such unique ways and the following information is meant to be used as a guideline and not an absolute. When in question, please discuss your child's growth and development with the pediatrician. Keep in mind the baby who sits up weeks before her peers might be one of the last to learn how to crawl. Sometimes the 18-month-old who's still communicating with grunts and gestures suddenly bursts forth with prepositional phrases at 2 years. Since babies aren't identical the child development guide allows for variations in stages of development. Use this to gain insight into what you're observing in your baby today and to preview what you can look forward to in the months ahead.

## Child Development Stages:

**One to Three Months:** During this first development stage, babies' bodies and brains are learning to live in the outside world. Between birth and three months, your baby may start to: Smile. Early on, it will be just to herself. But within three months, she'll be smiling in response to your smiles and trying to get you to smile back at her. Raise her head and chest when on her tummy. Track objects with her eyes and gradually decrease eye crossing. Open and shut her hands and bring hands to her mouth. Grip objects in her hands. Take swipes at or reach for dangling objects, though she usually won't be able to get them yet.

**Four to Six Months:** During these months, babies are really learning to reach out and manipulate the world around them. They're mastering the use of those amazing tools, their hands. And they're discovering their voices. From 4 to 6 months old, your baby will probably: Roll over from front to back or back to front. Front-to-back usually comes first. Babble, making sounds that can sound like real language. Laugh. Reach out for and grab objects (watch out for your hair), and manipulate toys and other objects with her hands. Sit up with support and have great head control.

**Seven to Nine Months:** During the second half of this year, your little one becomes a baby on the go. After learning that he can get somewhere by rolling over, he'll spend the next few months figuring out how to move forward or backward. During this time period, your baby may: Start to crawl. This can include scooting (propelling around on his bottom) or "army crawling" (dragging himself on his tummy by arms and legs), as well as standard crawling on hands and knees. Some babies never crawl, moving directly to walking. Sit without support. Respond to familiar words like his name. He may also respond to "No" by briefly stopping and looking at you, and may start babbling "Mama" and "Dada." Clap and play games such as patty-cake and peek-a-boo. Learn to pull up to a standing position.

**10 to 12 Months:** The last development stage in baby's first year is quite a transition. She isn't an infant anymore, and she might look and act more like a toddler. But she's still a baby in many ways. She's learning to: Begin feeding herself. Babies at this developmental stage master the "pincer grasp" -- meaning they can hold small objects such as O-shaped cereal between their thumb and forefinger. Cruise, or move around the room on her feet while holding onto the furniture. Say one or two words, and "Mama" and "Dada" become specific name for parents. The average is about three spoken words by the first birthday, but the range on this is enormous. Point at objects she wants in order to get your attention. Begin "pretend play" by copying you or using objects correctly, such as pretending to talk on the phone. Take her first steps. This usually happens right around one year, but it can vary greatly.

## Websites:

<http://www.babycenter.com/milestone-charts-birth-to-age-3>

<http://www.cdc.gov/ncbddd/actearly/milestones/>

<http://www.parents.com/kids/development/>

<http://childdevelopmentinfo.com/>

## Treatment Options:

**Early Head Start**  
44 West Main Street  
Norwich, NY 13815  
Phone: (607) 334-7114

**High Risk Birth Clinic**  
305 Main Street  
Binghamton, NY 13905  
Phone: (607) 729-1295

**Early Intervention Program**  
5 Court Street  
Norwich, NY 13815  
Phone: (607) 337-1720



# Conduct Disorder

**Definition:** In children with Oppositional Defiant Disorder (ODD), there is an ongoing pattern of uncooperative, defiant, and hostile behavior towards authority figures that interferes with the day-to-day functioning. Symptoms of ODD may include frequent tantrums, excessive arguing with adults, questioning rules, defiance and refusal to comply with adult requests, deliberate attempts to annoy or upset people, blaming others, easily annoyed, frequent anger and resentment, mean and hateful talk when upset, and spiteful attitude and revenge seeking. Some children with Oppositional Defiant Disorder (ODD) may go on to develop conduct disorder.

Conduct Disorder refers to a group of behavioral and emotional problems in teens and adolescents. Children and adolescents with this disorder have great difficulty following rules and behaving in a socially acceptable way. Other children, adults, and agencies often view them as “bad” or delinquent, rather than mentally ill. Many factors contribute to a child developing conduct disorder, including brain damage, child abuse or neglect, genetic vulnerability, school failure, and traumatic life experiences.

**Parental Concerns & Warning Signs:** Children and adolescents with conduct disorders may exhibit some of the following behaviors: Aggression to people and animals, destruction of property, deceitfulness, lying, stealing, and serious violation of rules.

Many children with conduct disorders may have coexisting conditions such as mood disorders, anxiety, PTSD, substance abuse, ADHD, learning disabilities, or thought disorders, which can also be treated.

**Treatment Options:** Research shows that youngsters with conduct disorder are likely to have ongoing problems if they and their families do not receive early comprehensive treatments. Treatment of children with conduct disorder can be complex and challenging. Treatment can be provided in a variety of different settings depending on the severity of the behaviors. Adding to the challenge of treatment are the children’s uncooperative attitude, fear, and distrust of adults. Behavior therapy and psychotherapy are usually necessary to help the children appropriately express and control anger. Parents often need assistance in carrying out special management and educational programs in the home and school. Treatment may also include medication for those with difficulty paying attention impulse problems, or those with depression. Treatment is rarely brief since establishing new attitudes and behavior patterns takes time.

## Websites:

<http://www.aacap.org> (facts for families/conduct disorder)

<http://www.aacap.org> (facts for families/children with ODD)

[www.parentproject.com](http://www.parentproject.com)

## Chenango County Department of Social Services/ PINS Diversion

County Office Building

5 Court Street

Norwich, NY 13815

607-337-1523

## Chenango County Mental Health Clinic

Suite 42-County Office Building

5 Court Street

Norwich, NY 13815

607-337-1600

After hour’s emergency services: 1-877-369-6699

## The Parent Project

Chenango County Youth Bureau

5 Court Street Norwich, NY 13815

607-337-1656



# Depression

**Definition:** According to the World Health Organization, depression is “a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self worth, disturbed sleep or appetite, low energy and concentration.” Young adults who are at high risk for depression often have low self esteem, are very critical of themselves and often feel they have very little control over any negative events. The good news is that depression can be treated successfully!

## Causes of depression in young adulthood

- The normal process of maturing and the stress that occurs with that
- The influence of sex hormones
- Independence conflicts with parents
- The death of a friend or relative, often being “the first death” experience
- A break up with a boyfriend or girlfriend, especially the first serious relationship
- Failure at school
- Bullying or harassment
- Child Abuse
- Lack of social skills
- Learning problems
- Long term illness

## Symptoms (Some or all of these symptoms may be present)

- Appetite changes
- Difficulty concentrating
- Difficulty making even simple decisions
- Memory Loss and/or fatigue
- Feeling constantly upset, restless, irritable
- Feeling worthless, hopeless, sad
- Loss of interest or pleasure in doing things that were once enjoyed
- Thinking or talking about death, suicide \*\*\* NEVER IGNORE A SUICIDE THREAT OR ATTEMPT!!!\*\*\*\*
- Trouble sleeping, too much sleeping or daytime sleepiness
- Acting out behaviors, defiance
- Criminal behavior
- Irresponsible behavior that is out of character
- Poor school performance, slipping grades
- Spending more and more time alone
- Use of illegal substances

## Treatment

- Talk therapy and/or Medication

## Thoughts for Prevention

- Do not keep guns in the home or keep them securely locked away with the ammunition in a separate area
- Lock up all prescription and over-the-counter medication within easy reach

## Websites

1. <http://www.aware.ie>
2. <http://www.ulifeline.org>
3. <http://www.helpguide.org>

## Treatment Options

1. **Chenango County Mental Health Services (607) 337-1600**  
County Office Building, 5 Court Street, Norwich NY 13815
2. **Chenango County Catholic Charities (607) 334-8244**  
3 O’Hara Drive, Norwich NY 13815
3. **Liberty Resources Placement Diversion Program (607) 334-7779**  
26 Conkey Avenue, Eaton Center 2<sup>nd</sup> floor, Norwich, NY 13815





# Developmental Disabilities

According to the **Developmental Disabilities Act**, section 102(8), “the term ‘developmental disability’ means a severe, chronic disability of an individual 5 years of age or older that:

1. Is attributable to a mental or physical impairment or combination of the two;
2. Is manifested (diagnosed) before the individual attains the age of 22;
3. The disability is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major activity;
  - (i) Self care;
  - (ii) Receptive and expressive language;
  - (iii) Learning;
  - (iv) Mobility;
  - (v) Self Direction;
  - (vi) Capacity for independent living ; and
  - (vii) Economic self sufficiency
5. Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, conclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting developmental disabilities if services are not provided.

This includes diagnoses of mental retardation, cerebral palsy, autism or in the autistic spectrum, epilepsy, significant learning disabilities and other neurological conditions that begin in childhood. In other words, it includes a wide and diverse population of people!

**If you suspect that your child is experiencing developmental delays, has any of the above issues, or has been diagnosed with developmental disability, it is important for your child to receive services and early intervention. Do not hesitate to talk to your doctor, school counselor, etc. about your concerns. For more information, below are websites you can review.**

## Websites:

1. [www.opwdd.ny.gov](http://www.opwdd.ny.gov)
2. [www.co.chenango.ny.us](http://www.co.chenango.ny.us)
3. [www.familyrn.org](http://www.familyrn.org)

## Treatment Options:

1. **Family Resource Network, Inc. (607) 432-0001**  
46 Oneida Street Oneonta, NY 13820
2. **Chenango County Public Health (607) 337-1660**  
County Office Building  
5 court street Norwich, NY 13815
3. **Springbrook (607) 286-7171**  
105 Campus Drive Oneonta, NY 13820
4. **DCMO BOCES (607) 335-1200**  
6678County Road 32 Norwich, NY 13815
5. **Broome Developmental Services (607) 334-3577**  
119 Kemper Lane Norwich, NY 13815
6. **Chenango County Catholic Charities (607) 334-8244**  
3 O’Hara Drive Norwich, NY 13815



# Discipline Strategies

**Definition:** There are numerous theories about how to discipline children and youth. No one theory works in every case. However, parents are urged to use positive rather than negative discipline in raising their children to have positive attitudes and self esteem. In order to discuss discipline, we need to start by defining what discipline is and two related words: consequences and punishment.

- Discipline is a system of rules to help develop positive behavior in people.
- A consequence is something that results from an action.
- Punishment is a penalty the usually involves suffering, pain or loss.

When we understand the meaning of these three words, then we are able to see that too often parents confuse them. Once we understand these differences, we can discuss the goal of each:

- The goal of discipline is to develop positive behaviors and life skills. As parents, we are responsible for teaching these skills to our children.
- The goal of consequences is to reward positive behaviors and not to reward negative behaviors.
- The goal of punishment is to discourage negative behavior. As parents, we are responsible for penalizing our children when they exhibit negative behaviors.

**Parenting Concerns and Warning Signs:** Sometimes parents find that they have problems with providing discipline, consequences and punishment. If a parent has not learned positive behaviors or life skills in their own childhood, it is difficult to teach their children these skills. If parents treat their children as if they were older or more emotionally developed than they really are their children do not understand the discipline that they are being given. If parents have low self esteem, it is often difficult to teach their children to have high self esteem. If parents are not consistent in following through with consequences for negative behaviors, their children often do not learn the difference between positive and negative behaviors. If a parent over reacts to a negative behavior, or imposes harsh consequences out of frustration or anger, a child develops increased anger, rage and harsh reactions to the consequences. Punishment must be age appropriate, such as a three minute time out for a three year old, not grounding them for a year. Punishment needs to be used when a parent is not over-reactive. A parent may need to wait until he or she has calmed down before punishing a child. Parents cannot emotionally or physically abuse a child as a method of punishment.

As children grow older, they find that there are forms of discipline, consequences and punishment, not only at home but also in school and in the community and society as a whole. There is detention in school and laws in the community and society that we all must follow. Parents are a model to older children in following these forms themselves. For example, a parent that is stopped for speeding in their car teaches their children that speeding is ok.

## Websites:

1. <http://www.kidshealth.org>
2. <http://www.parents.com>
3. <http://www.beachpsych.com>
4. [www.parentproject.com](http://www.parentproject.com)

## Treatment Options:

1. **Chenango County Mental Health Clinic (607)337-1600**  
County Office Building, 5 Court Street Norwich NY 13815
2. **Chenango County Catholic Charities (607) 334-8244**  
3 O'Hara Drive Norwich NY 13815
3. **Liberty Resources Placement Diversion Program (607) 334-7779**  
26 Conkey Avenue, Eaton Center 2<sup>nd</sup> floor Norwich NY 13815
4. **The Parent Project (607) 337-1656**  
Chenango County Youth Bureau  
5 Court Street Norwich, NY 3815



# Divorce

**Definition:** Divorce or the dissolution of marriage is the final termination of a marital union, canceling the legal duties and responsibilities of marriage and dissolving the bonds of matrimony between the parties (unlike annulment, which declares the marriage null and void). The legal process of divorce may also involve issues of alimony (spousal support), child custody, child support, distribution of property, and division of debt. Where monogamy is law, divorce allows each former partner to marry another.

**Parental Concerns & Warning Signs:** Below are examples of how divorce may impact relationships:

- Divorce can have a positive effect on families due to less conflict in the home.
- There are, however, instances where the parent-child relationship may suffer due to divorce.
- Financial support is at times lost when an adult goes through a divorce. The adult may be obligated to obtain additional work to maintain financial stability. In turn, this can lead to a negative relationship between the parent and child. The relationship may suffer due to lack of attention towards the child as well as minimal parental supervision.
- Children who have experienced a divorce frequently have lower academic achievement than children from non-divorced families
- Children from age range from 3–5 years old may often mistake the divorce of their parents as their own fault. Older children experience feelings of anger, grief, and embarrassment.
- You can support your children by helping them express emotions, and commit to truly listening to these feelings without getting defensive. Your next job is reassurance—assuaging fears, straightening misunderstandings, and showing your unconditional love. The bottom line: kids need to know that your divorce isn't their fault.
- Conflict between parents—separated or not—can be very damaging for kids. It's crucial to avoid putting your children in the middle of your fights, or making them feel like they have to choose between you.
- If things get worse rather than better after several months, it may be a sign that your child is stuck in depression, anxiety, or anger and could use some additional support. Watch for these warning signs of divorce-related depression or anxiety: sleep problems, poor concentration, trouble at school, drug or alcohol use, self-injury, cutting or eating disorders, frequent arguing or violent outbursts, withdrawal from loved ones, and/or refusal of loved activities. Discuss these or other divorce-related warning-signs with your child's doctor, teachers, or consult a child therapist for guidance on coping with specific problems. Discuss these or other divorce-related warning-signs with your child's doctor, teachers, or consult a child therapist for guidance on coping with specific problems.

## Websites:

<http://www.divorcesupport.com/> (divorce support website)

[http://www.helpguide.org/mental/children\\_divorce.htm](http://www.helpguide.org/mental/children_divorce.htm) (helping kids cope with separation and divorce)

<http://www.divorce360.com/> (divorce topics)

**Treatment Options:** If you are thinking about getting a divorce or are going through a divorce and would like assistance please contact:

1. **Chenango County Mental Health Clinic (607) 337-1600**  
County Office Building  
5 Court Street  
Norwich, NY 13815
2. **Chenango County Catholic Charities (607) 334-8244**  
3 O'Hara Drive  
Norwich, NY 13815
3. **Chenango County Family Court (607) 337-1835**  
County Office Building  
5 Court Street  
Norwich, NY 13815



# Early Childhood Intervention

**Definition:** Early intervention is a system of coordinated services that promotes the child's growth and development and supports families during the critical early years. Early childhood intervention is a family support system for children with developmental disabilities or delays. Early intervention services can: improve both developmental, social, and educational gains, reduce the future costs of special education, rehabilitation and health care needs, reduce feelings of isolation, stress and frustration that families experience, help alleviate and reduce behaviors by using positive strategies and interventions, and help children with disabilities grow up to become productive and independent individuals.

**Parental Concerns & Warning Signs:** Although children's growth patterns vary among individuals, uneven development or significant delays in development can signal the presence of a learning disability. Any child may exhibit one or two of these behaviors in the course of normal development.

A developmental delay means a child is behind in at least one area of development including:

- **physical development** -growth, gross and fine motor abilities)
- **cognitive development**- learning and thinking
- **communication**- understanding and using words
- **social and emotional development**- relating to others
- **adaptive development**-self help skills, such as feeding and toileting

**Treatment Options:** If you have noticed, your child is not developing skills such as walking, talking or playing like other young children consult your family doctor. Your physician may be able to reassure you that children develop at different rates and your child is within the normal developmental scales. However, if the doctor is concerned, or if you are still not comfortable with your child's progress, you can request an evaluation of your child. Your doctor may suggest taking your child to a high risk birth clinic for further evaluation. The high risk birth clinic offers an early intervention program serving children with developmental disabilities, ages 0-6, and their families. The program is family centered and provides diagnostic and treatment services in a variety of settings.

## Websites:

<http://www.asha.org/public/speech/disorders/LateBlooming.htm>

<http://ofcinc.org/cfd/ehs.php>

[http://www.health.ny.gov/community/infants\\_children/early\\_intervention/](http://www.health.ny.gov/community/infants_children/early_intervention/)

## Treatment Options:

### Chenango County Health Dept

#### Children with Special Needs

#### Early Intervention Program (ages: 0-2 ½)

5 Court St

Norwich, NY 13815

Phone: 607-337-1729

Fax: 607-337-1720

### Early Head Start

44 West Main St

Norwich, NY 13815

Phone: (607) 334-7114

Email: headstart@ofcinc.org

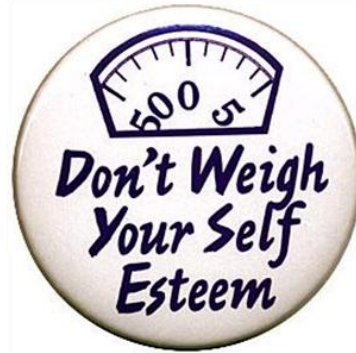
### High Risk Birth Clinic

305 Main Street

Binghamton, NY 13905

Phone: (607) 729-1295





# Eating Disorders

**Definition:** Eating disorders are often defined as a group of serious conditions in which you're so preoccupied with food and weight that you can often focus on little else. The main types of eating disorders are anorexia nervosa, bulimia nervosa and binge-eating disorder. Eating disorders can cause serious physical problems and, at their most severe, can even be life-threatening. Most people with eating disorders are females, but males can also have eating disorders. An exception is binge-eating disorder, which appears to affect almost as many males as females. Treatments for eating disorders usually involve therapy, education about nutrition, family counseling, medications and if needed, hospitalization.

## **Parental Concerns & Warning Signs:**

### **Warning Signs of *Anorexia Nervosa*:**

- \* noticeable weight-loss
- \* cessation of menstruation
- \* excessive concern with weight gain; possibly spends much time before the mirror
- \* distortion of body image
- \* aversion to eating, such as skipping meals and taking minute portions
- \* extreme narrowing of range of foods consumed
- \* moodiness
- \* difficulty concentrating
- \* growth of lanugo (fine, thin hair) all over the body
- \* dry skin

### **Warning Signs of *Bulimia Nervosa*:**

- \* eating unusually large amounts of food (though people who are healthy may do this periodically \* while having no disorder)
- \* eating particularly quickly
- \* eating past the point of comfortable fullness
- \* eating when not really hungry
- \* eating alone (due to embarrassment)
- \* experiencing negative feelings after overeating
- \* excessive concern about body
- \* secretiveness
- \* purging behavior (through use of vomiting, diuretics, diet pills, or laxatives)
- \* over-exercise
- \* fasting or frequent dieting

### **Warning Signs of *Binge Eating Disorder*:**

- \* eating unusually large amounts of food (though people who are healthy may do this periodically while having no disorder)
- \* eating particularly quickly
- \* eating past the point of comfortable fullness
- \* eating alone (due to embarrassment)
- \* experiencing negative feelings after overeating
- \* gaining weight

## **Websites:**

<http://www.nationaleatingdisorders.org/>  
[http://kidshealth.org/parent/emotions/feelings/eating\\_disorders.html](http://kidshealth.org/parent/emotions/feelings/eating_disorders.html)  
<http://www.anad.org/>

## **Treatment Options:**

### **Chenango County Mental Health Clinic:**

5 Court Street Norwich, NY 13815 (607) 337-1600

**National Eating Disorder Association's Helpline:** 1-800-931-22373

### **Greater Binghamton Health Center:**

425 Robinson Street Binghamton, NY 13904 (607) 724-1391



# Oppositional Defiant Disorder

**Definition:** A pattern of uncooperative, disobedient, hostile, and defiant behavior toward authority figures that seriously interferes with the youngster's day to day functioning. Oppositional defiant disorder (ODD) is a disorder found primarily in children and adolescents. It is characterized by negative, disobedient, or defiant behavior that is worse than the normal "testing" behavior most children display from time to time. Most children go through periods of being difficult, particularly during the period from 18 months to three years, and later during adolescence. These difficult periods are part of the normal developmental process of gaining a stronger sense of individuality and separating from parents. ODD, however, is defiant behavior that lasts longer and is more severe than normal individuation behavior, but is not so extreme that it involves violation of social rules or the rights of others. Children who have ODD are often disobedient. They are easily angered and may seem to be angry much of the time. Very young children with the disorder will throw temper tantrums that last for 30 minutes or longer, over seemingly trivial matters.

In addition, the child with ODD often starts arguments and will not give up. Winning the argument seems to be very important to a child with this disorder. Even if the youth knows that he or she will lose a privilege or otherwise be punished for continuing the tantrum or argument, he or she is unable to stop. Attempting to reason with such a child often backfires because the child perceives rational discussion as a continuation of the argument. Most children with ODD, however, do not perceive themselves as being argumentative or difficult. It is usual for such children to blame all their problems on others. Such children can also be perfectionists and have a strong sense of justice regarding violations of what they consider correct behavior. They are impatient and intolerant of others. They are more likely to argue verbally with other children than to get into physical fights. Older children or adolescents with ODD may try to provoke others by being deliberately annoying or critical.

## Parental Concerns & Warning Signs:

- \*Actively does not follow adult requests
- \*Angry and resentful of others
- \*Argues with adults
- \*Blames others for own mistakes
- \*Has few or no friends or has lost friends
- \*Is in constant trouble in school
- \*Loses temper
- \*Spiteful or seeks revenge
- \*Touchy or easily annoyed
- \*More common in boys than in girls
- \*Typically starts by age 8, but it may start as early as preschool years

## Websites:

<http://www.childconductclinic.yale.edu/opposition> (Yale University – Dr. Alan Kazdin methods)  
<http://www.mhyr.com/needs> (Mountain Homes Youth Ranch Assessment)  
[www.parentproject.com](http://www.parentproject.com) (The parent project)

**Treatment Options:** If you believe your child suffers from ODD symptoms please contact:

1. **Chenango County Mental Health Clinic (607) 337-1600**  
County Office Building 5 Court Street Norwich NY 13815
2. **Liberty Resources Placement Diversion Program (607) 334-7779**  
26 Conkey avenue Eaton Center 2<sup>nd</sup> floor Norwich NY 13815
3. **PINS (Persons In Need of Supervision (607) 335-1523**  
County Office Building 5 Court Street Norwich NY 13815
4. **The Parent Project (607) 337-1656**  
Chenango County Youth Bureau  
5 Court Street Norwich, NY 3815



# Peer Issues & Socialization

**Definition:** The process by which an individual learns how to interact with others and becomes a member of society. Areas of interaction that affect socialization: the family, the school, peer groups, and the media. Problems with a peer group can mean many different things to a teen. It can be not having friends, having too many friends, being sucked into a friend's problem, following friend's actions blindly, getting mad at a friend and not expressing it appropriately, dealing with peers who are violent or into drugs, etc. The list can go on and on. These are your teen's problems he/she will need to learn how to deal with them, obviously with your help if asked. But, when any of these types of peer problems affect your teen's ability to do well in school, that is when it becomes a problem for you, the parent, as well. It may be helpful to talk with your child, to try to understand the whole story. Sometimes children who would never lie to you have a hard time giving parents the whole story when it involves a friend or peers who scare your teen.

## Parental Concerns & Warning Signs:

- Child monopolizes conversations by always talking about themselves –*positive reminder*–“Listen to what others have to say and ask them questions about themselves.”
- Child talking to loudly—*positive reminder*–“practice turning down your volume”
- Making too many negative comments or put downs- *positive reminder*- “compliment others when they do well”
- Child getting mad when other won't do things their way- *positive reminder*-be willing to listen and try out other people's ideas”
- Bad table manners- *positive reminder*- “*practice good manners at home so that children do them automatically when with people other than family.*”
- My child complains of being bored but isn't involved in any activities-*positive reminder*-encourage small group activities and work towards structured and unstructured activities to improve participation and appropriate behaviors.
- Child reports they do not have any friends or that they are bullied

## Websites:

<http://www.scholastic.com/resources/article/when-your-child-has-trouble>

<http://www.norwichnewyork.net/plan/youth.html>

Chenango County Youth & Family Activity Opportunities

Municipal Recreation and School Based Options

<http://www.co.chenango.ny.us/YouthNew/coverhandout.pdf>

**Treatment options:** If you believe your child is having peer issues or is interested in becoming involved in an activity contact the following:

Local church for additional opportunities

Local school district for recreation and team sport options

### The Place

20 East Main St  
Norwich NY 13815  
Phone: 607-336-9696  
Fax: 607-334-2995

### City of Norwich Youth Bureau

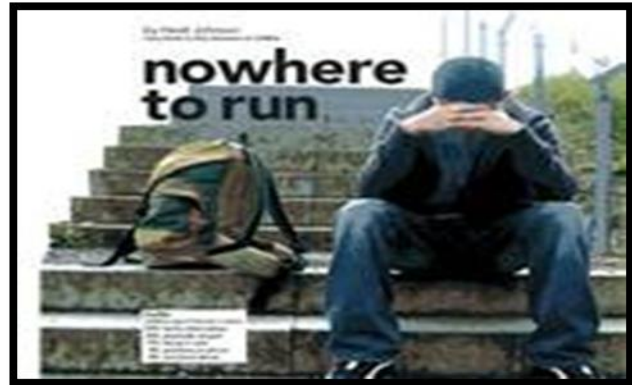
One City Plaza-East Main St  
Norwich NY 13815  
Phone: 607-334-1206

### Big Brother Big Sister

PO Box 971 ↔ 20 East Main St  
Norwich, NY 13815  
Phone: 607-334-3878  
Fax: 607-334-2995

### Chenango County Youth Bureau

5 Court St Norwich, NY 13815  
Phone: 607-337-1656  
Fax: 607-337-1435  
Email: [kathyc@co.chenango.ny.us](mailto:kathyc@co.chenango.ny.us)



HOMELESS  
YOUTH  
AWARENESS  
MONTH

# Run Away Issues

**Definition:** Running away involves being voluntarily absent from home at least overnight without permission from a parent or caretaker. A runaway is a minor who is reported missing because his\her whereabouts are unknown to the child's legal custodian, the circumstances of whose absence indicate that the child voluntarily left the care and control of his legal custodian without the custodian's consent and without intent to return. A runaway may include a minor in the company of another person or is in a situation the circumstances of which indicate that the missing children or missing person's safety is in doubt, or a minor who is unemancipated as defined by the law of the state. When identified by authorities, a peace officer will return the minor to the minor's parent or guardian at the parent's or guardian's residence if the residence is in the same community where the minor was found and if the minor's parent or guardian consents to the return, except that the officer may not use this option if the officer has reasonable cause to believe that the minor has experienced physical or sexual abuse in the parent's or guardian's household. It may also be possible to take the minor to a nearby location agreed to by the minor's parent or guardian if the parent or guardian does not consent to return of the minor. The minor might also be taken to an office specified by the Department of Health and Social Services, a program for runaway minors, or a shelter for runaways that agrees to shelter the minor.

**Parental Concerns & Warning Signs:** There are no specific signs that your child is about to run away. You can look for secretive behavior, hoarding of money, things of value missing around the house. If you notice this happening trust your instincts. You probably know something is up, whether it is substance abuse or your child's desire to leave home. Any child can run away at any time if the circumstances are right. If under enough stress, any kid can justify running away. Running away is like any action. In order to do it you need three things: **the ability, the willingness, and the opportunity.** Kids have the opportunity and ability to run away everyday so it takes willingness to do it. Willingness can develop for a variety of reasons. It could be a stressful situation for your child, fear of getting consequences for something they have done, a form of power struggle, not wanting to go to school, or a substance abuse issue. In addition to fear and anger, feelings of failure can also cause kids to leave home. Some children run away because it is easier to live on their own than to live in a critical home. Kids with behavior management problems or learning disabilities often get tired of the feeling that they can't get it right. It is easier for them to run away from home than to fix the problem.

## **Treatment Options:**

***A step-by-step way to teach your kids that running away won't solve their problems-*** Teach problem solving, create an atmosphere of acceptance, check in with your child, talk to your child if you think there is a risk of running away, and respond to threats.

***3 Things Parents can Do in the Moment-*** Many kids leave home in the heat of an argument with their parents or after some major event. This is not always spontaneous. Your child might be considering how they will run away for quite some time. If you sense your child is about to leave, here are a few things you can do or say to them:

***Try to get them to calm down-***Try to get your child to calm down for five minutes. You can say, "Why don't you sit here in the living room and take a minute. I will be back in five minutes. It is not a good idea to send your child to their bedroom because they can leave undetected.

***Ask "What's going on?" Not How are you feeling"-***Don't ask about feelings. All kids want to argue about how they are feeling. –or will deny they are feeling anything at all. Instead, try asking, "What's going on? What did you see that made you want to leave?"

***Use Persuasive Language-***A good question to ask is "so what's so bad about this that you can't handle it? You have been able to handle this kind of situation before. "Face what you've got to face and then let's get on with life." That type of statement is "persuasive talking". As a parent you are not giving in, you're trying to persuade your child they are ok.

## **Websites:**

<http://www.empoweringparents.com>

<http://www.1800runaway.org/>

<http://www.missingkids.com/>

**Chenango County Department of Social Services**  
5 Court St Norwich, NY 13815  
607-337-1500

**Chenango County Sheriff's Office**  
279 State Route 46 Norwich, NY 13815  
(607) 334-2000



No. You aren't alone.  
Yes. We all feel this way sometimes.  
No. You won't always feel like this.

Yes. The world  
is a better place  
with you in it.



# Self Injury

**Definition:** Self-harm (SH) or deliberate self-harm (DSH) includes self-injury (SI) and self-poisoning and is defined as the intentional, direct injuring of body tissue most often done without suicidal intentions. Some individuals engage in self-injury to evoke emotion when they feel numb or dissociated. Self-injury may also be used as a means of self-control, punishment, or distraction. Some people report self-injuring to increase energy or improve mood. Self-injury may also be used to solicit attention from adults or peers, or to be part of a group. The most common form of self-harm is skin-cutting but self-harm also covers a wide range of behaviors including, but not limited to, burning, scratching, banging or hitting body parts, interfering with wound healing, hair-pulling and the ingestion of toxic substances or objects. Although suicide is not the intention of self-harm, the relationship between self-harm and suicide is complex, as self-harming behavior may be potentially life-threatening. There is also an increased risk of suicide in individuals who self-harm to the extent that self-harm is found in 40–60% of suicides. However, generalizing self-harmers to be suicidal is, in the majority of cases, inaccurate. Self-harm is listed in the DSM-IV-TR as a symptom of borderline personality disorder. However patients with other diagnoses may also self-harm, including those with depression, anxiety disorders, substance abuse, eating disorders, post-traumatic stress disorder, schizophrenia, and several personality disorders. Self-harm is also apparent in high-functioning individuals who have no underlying clinical diagnosis. The motivations for self-harm vary and it may be used to fulfill a number of different functions. These functions include self-harm being used as a coping mechanism which provides temporary relief of intense feelings such as anxiety, depression, stress, emotional numbness or a sense of failure or self-loathing and other mental traits including low self-esteem or perfectionism. Self-harm is often associated with a history of trauma and abuse, including emotional and sexual abuse.

## Parental Concerns & Warning Signs:

- Severely scratching or pinching with fingernails or other objects to the point • that bleeding occurs or marks remain on the skin
- Cutting, ripping, or carving words or symbols into wrists, arms, legs, torso, or other areas of the body
- Banging, punching objects or oneself to the point of bruising or bleeding (with the intention of hurting yourself)
- Biting to the point that bleeding occurs or marks remain on skin
- Pulling out hair, eyelashes, or eyebrows with the overt intention of hurting oneself
- Intentionally preventing wounds from healing
- Burning the skin
- Embedding objects into the skin

## Websites:

[www.mclean.harvard.edu](http://www.mclean.harvard.edu)  
[www.reachout.com/](http://www.reachout.com/)  
[www.mclean.harvard.edu/](http://www.mclean.harvard.edu/)  
[www.self-injury.net/](http://www.self-injury.net/)  
[www.psyke.org/](http://www.psyke.org/)  
[www.recoveryourlife.com/](http://www.recoveryourlife.com/)  
[www.selfinjury.com/](http://www.selfinjury.com/)

## Treatment Options:

### Chenango County Mental Health Clinic

5 Court Street  
Norwich, NY 13815  
(607) 337-1600

### Greater Binghamton Health Center

425 Robinson Street  
Binghamton, NY 13904  
(607) 724-1391

### Cutting & Teenage Girls

1 (888) 548-7149



# Special Education & School Advocacy

**Definition:** *Special education* is a specifically designed individualized or group instruction or special services or programs to meet the unique needs of a student with disabilities. Special education services and programs are provided at no cost to the parent. *School advocacy* –Educational advocates assists parents with questions they might have regarding their child's special education program and Individualized Education Plan. Advocates primarily support families via phone and e-mail and only very occasionally are available to attend a Committee on Special Education meeting or a Committee on Preschool Education meeting. For special education issues that need the assistance of an attorney, the Intensive Advocacy Program provides access to attorney consultation for families who meet eligibility criteria.

## Parental Concerns & Warning Signs

### Preschool Children (age 3-5)

- If your child is preschool age and is not developing skills such as walking, talking, or playing like other young children you may want to talk to the child's doctor. He or she may be able to reassure you that children develop at different rates and your child is within the normal developmental scales. If the doctor is concerned, or you or your child's teachers are still not comfortable with your child's progress, you may wish to make a referral to the school district's Committee on Preschool Special Education (CPSE).

### School-Age Children (age 5-21)

- If you have a school-age child and you have noticed difficulty that your child has been having in school you may want to talk with your child's teacher. Your child's teacher may be able to help you understand the problems your child is having in school. You may also talk with your child's doctor. If your child's doctor, teacher, or you are still concerned about your child's progress in school you may make a referral to your school district Committee on Special Education.

### Websites:

*Special Education in Plain Language* -a user-friendly handbook on Special Education, Law, Policies, and Practices in New York. This document was created by the NY Special Education Task Force and is available on their website at [www.nyspecialtaskforce.org](http://www.nyspecialtaskforce.org).

<http://www.familyrn.org>

**Treatment Options:** If you believe your child is in need of educational advocacy or has special education needs, below is a list of agencies, which may be able to offer support and assistance:

**Parent to Parent of NYS**-is a statewide not for profit organization with a mission to support and connect to families of individuals with special needs. There are nine offices located across NY, staffed by Regional Coordinators, who are parents or close relatives of individuals with special needs.

PO Box 1296  
Tupper Lake, NY 12986  
Phone: 518-359-3006  
1-866-727-6970  
Fax: 518359-2151

**The Family Resource Network, Inc.** –is a parent run, parent driven, not for profit organization serving families of children with special needs in Chenango, Delaware, Otsego, Broome, Tioga, and Tompkins counties. FRN has provided information, support, and advocacy services to families who have children with developmental, special health care and mental health needs.

46 Oneida St  
Oneonta, NY 13820  
Phone: 607-432-0001  
1-800-305-8814  
[familyrn@dmcot.net](mailto:familyrn@dmcot.net)



# Substance Abuse

**Definition:** Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. Substance use is often defined as the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed. There are substances that can be abused for their mood-altering effects that are not drugs at all -- inhalants and solvents -- and there are drugs that can be abused that have no mood-altering or intoxication properties, such as anabolic steroids.

## Why do people use substances?

- To socialize
- To feel high
- To relax
- To reduce stress or feel calm
- To “fit in” with other people who are using
- To avoid feeling depressed, anxious or worried
- To escape problems at home, school or work
- To build up courage to do something
- To satisfy the urges of dependency or addiction

## Parental Concerns and Warning Signs of Possible Alcohol or Drug Use:

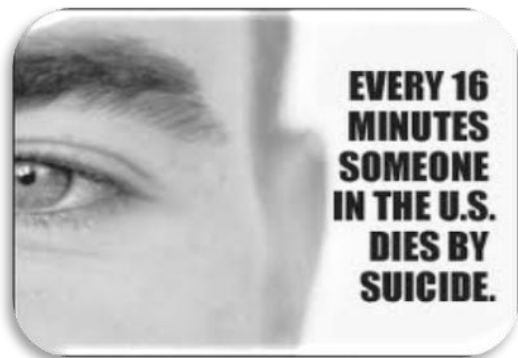
- Increased substance use and preoccupation with getting high
- Missing work, school, arriving late
- Increased conflicts with family, friends, partners, teachers, coaches
- Neglecting one’s health, hygiene and appearance
- Stealing money or other’s belongings to get high
- Increased irritability
- Hiding drinking/drugging behaviors from others
- Spending too much money on alcohol or never having any money
- Forgetting what happened while using drugs or alcohol
- Finding large quantities of OTC medications, such as Robitussin or Sudafed
- Parents discover that their OTC or prescription medications are disappearing
- The discovery of drug paraphernalia in their children’s possessions

## Websites

1. <http://www.adolescent-substance-abuse.com>
2. <http://www.pubs.niaa.nih.gov>
3. <http://www.medicinenet.com>

## Treatment Options

1. **Chenango County Drug and Alcohol Abuse Services**  
105 Leilanis Lane  
Norwich, NY 13815  
(607) 337-1680



# Suicide

**Definition:** The act of intentionally causing one's own death. Suicide is often committed out of despair, the cause of which can be attributed to a mental disorder such as depression, bipolar disorder, schizophrenia, alcoholism, or drug abuse.

## Parental Concerns & Warning Signs:

- \*Stress factors such as financial difficulties or troubles with interpersonal relationships
- \*Although the reasons why people commit suicide are multifaceted and complex, life circumstances that may immediately precede someone committing suicide include the time period of at least a week after discharge from a psychiatric hospital or a sudden change in how the person appears to feel.
- \*Real or imagined losses, like the breakup of a romantic relationship, moving, loss of a friend, loss of freedom, or loss of other privileges
- \*Being bullied
- \*Firearms are by far the most common methods by which people take their life
- \*History of being physically or sexually abused
- \*Mental illness (depression, manic depression, schizophrenia, substance abuse, eating disorders, anxiety)
- \*Personal history of suicidal thoughts, threats or behaviors
- \*Family history of attempting suicide
- \*Suddenly visiting friends or family
- \*Buying instruments of suicide like a gun, hose, rope, pills or other forms of medications
- \*Sudden or significant decline or improvement in mood, or writing a suicide note
- \*Loss of interest in activities they used to enjoy (anhedonia)
- \*Insomnia
- \*Severe agitation
- \*Hopelessness
- \*Persistent thoughts about the possibility of something bad happening

## Websites:

- <http://www.metanoia.org/suicide/> (Suicide: Read This First)
- <http://www.suicidology.org> (American Association of Suicidology)
- <http://www.afsp.org> (American Foundation for Suicide Prevention)
- <http://www.caascenter.org> (Community Awareness and Support Center)
- <http://www.suicide.org> (National Suicide Prevention Hotline)
- <http://www.safeyouth.org> (National Youth Violence Prevention Resource Center)

**Treatment Options:** If you or a loved one are experiencing symptoms of suicide please get help immediately at any of the following:

1. **National Suicide Prevention Lifeline 1-800-273-8255**
2. **911**
3. **Chenango County Mental Health (607) 337-1600**  
County Office Building  
5 Court Street  
Norwich, NY 13815





Each year, almost 750,000 U.S. women aged 15-19 become pregnant.



# Teen Pregnancy

**Definition:** Pregnancy is divided into 3 trimesters. Each trimester is a little longer than 13 weeks. The first month marks the beginning of the first trimester. For many women, the first sign of pregnancy is a missed period. Most pregnancy tests will be positive by the time a woman has missed her period. Other early signs of pregnancy include fatigue, feeling bloated, frequent urination, mood swings, nausea, and tender or swollen breasts. Not all women have all of these symptoms, but it is common to have at least one of them. Most teenagers don't plan to get pregnant, but many do. Teen pregnancies carry extra health risks to the mother and the baby. Often, teenagers don't receive timely prenatal care, and they have a higher risk for pregnancy-related high blood pressure and its complications. Risks for the baby include premature birth and a low birth weight.

## Parental Concerns & Warning Signs:

- Your adolescent shows signs of weight gain and she appears to be trying to hide this by wearing bigger clothing all of a sudden.
- Your adolescent has not had her period in several months and menstrual irregularity has not been a problem for her.
- The adolescent complains of breast tenderness, fatigue, frequent urination, heartburn, nausea, and vomiting.
- The adolescent has not had their period in several months and is complaining of frequent heartburn, constipation, breast changes (larger breast size as the pregnancy continues), dizziness, shortness of breath, nosebleeds, and gum bleeding.
- I am unsure if I should talk with my child about sex and pregnancy. Parent-child communication about sex can help young people to gain the knowledge, skills and confidence to protect themselves when they do become sexually active. Research shows that young people who spoke with their parents about condoms and contraception before they became sexually active were more likely to use protection when they did become sexually active. Further research shows that talking about sex does not cause young people to become sexually active.
- My adolescent has posted things on facebook and/or sent text messages to friends stating she thinks having a baby will make sure her boyfriend never leaves her. I don't think she realizes having sex with her boyfriend won't prevent him from cheating and having his baby won't make him stay.

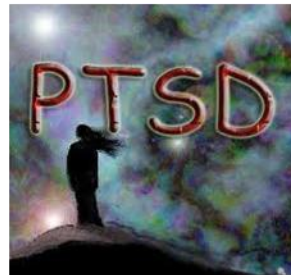
## Websites:

<http://www.plannedparenthood.org/>

<http://www.advocatesforyouth.org/teen-pregnancy-prevention>

**Treatment Options:** If you believe your child is pregnant or is at risk for becoming pregnant please contact a local health care provider. Below is a list of agencies which may be able to offer support and assistance:

- 1. Planned Parenthood of Chenango County**  
26 Conkey Avenue, Ste. 208 The Eaton Center  
Norwich, NY 13815  
Phone: 607.334.6378  
Fax: 607.336.1304
- 2. Chenango Memorial Hospital**  
179 North Broad Street  
Norwich, NY 13815  
(607) 336-5130
- 3. Chenango Memorial Hospital-Women's Health Center**  
179 North Broad Street  
Norwich, NY 13815  
(607) 337-4218
- 4. WIC Program-Opportunities for Chenango**  
44 West Main Street  
Norwich, NY 13815  
(607) 334-7114



# Trauma

**Definition:** An event becomes a trauma when a child experiences or sees one or a series of events or interactions that involve, or feel like they involve, actual or threatened death or serious injury to the physical or psychological integrity of the child and/or another person. How children cope with trauma is determined by how they experience what they are exposed to, who they were exposed to in their traumatic past, and who and what they are exposed to in their current environment.

**Parental Concerns & Warning Signs:** Below are some possible warning signs that your child has been impacted by a traumatic event.

- Young children who have been traumatized may be overly aroused, on constant alert for danger. Many shut down or withdraw, sometimes appearing stubborn or uncooperative. Very often trauma can overwhelm a child's capacity to cope.
- Is extremely oppositional, inattentive, and/or aggressive.
- Has trouble sleeping, afraid to sleep alone or be left alone even for short periods of time.
- Is easily startled (terrified) by sounds, sights, smells similar to those that existed at the time of the event - a car backfiring may sound like the gun shot that killed someone; for one child, his dog pouncing down the stairs brought back the sound of his father falling down the stairs and dying.
- Becomes hyper vigilant - forever watching out for and anticipating that they are about to be or are in danger.
- Seeks safety "spots" in their environment, in whatever room they may be in at the time. Children who sleep on the floor instead of in their bed after a trauma do so because they fear the comfort of a bed will let them sleep so hard they won't hear the danger coming.
- Becomes irritable, aggressive, acting tough, provoking fights.
- Verbalizes a desire for revenge.
- Acts as if they are no longer afraid of anything or anyone (and in the face of danger, responding inappropriately, verbalizing that nothing ever scares them anymore).
- Forgets recently acquired skills.
- Returns to behaviors they had previously stopped i.e. bed wetting, nail biting, or developing disturbing behaviors such as stuttering.
- Withdraws and wants less to do with their friends.
- Develops headaches, stomach problems, fatigue, and other ailments not previously present.
- Becomes accident prone, taking risks they had previously avoided, putting themselves in life threatening situations, reenacting the event as a victim or a hero.
- Develops school problems including a drop in grades and difficulty concentrating
- Develops a pessimistic view of the future, losing their resilience to overcome additional difficulties, losing hope, losing their passion to survive, play and enjoy life.

## Websites:

<http://www.nctsn.org/> (The National Child Traumatic Stress Network)

<http://www.tlcinstitute.org/ptrc.html> (The National Institute for Trauma and Loss in Children)

**Treatment Options:** If you believe your child is suffering from some sort of trauma and/or is at risk for developing mental health issues as a result of experiencing trauma please contact:

4. **Chenango County Mental Health Clinic (607) 337-1600**  
County Office Building, 5 Court Street, Norwich NY 13815
5. **Chenango County Catholic Charities (607) 334-8244**  
3 O'Hara Drive, Norwich NY 13815
6. **Liberty Resources Placement Diversion Program (607) 334-7779**  
26 Conkey Avenue, Eaton Center 2<sup>nd</sup> floor, Norwich NY 13815
7. **Greater Binghamton Health Center (607) 724-1391**  
425 Robinson Street Binghamton, NY 13904-1755

EDUCATION



# Truancy

**Definition:** The definition of truancy is usually established by school district policy and may vary across districts. Definitions for excused absence, an unexcused absence, or a truancy can vary by state and even school districts. The following is a generic definition of truancy that fits many states' policies, it is offered as a starting point: If a student is absent without an excuse by the parent/guardian or if the student leaves school or a class without permission of the teacher or administrator in charge, it will be considered to be an unexcused absence and the student shall be considered truant.

**Parental Concerns & Warning Signs:** In early research, depending upon the perspective of the researcher, truancy was said to be caused by the student, the student's family, or the school. More recently, it is understood that a combination of all three factors usually affects truancy:

## Characteristics of the Student:

- \*Low grades in reading and mathematics
- \*Neurological factors, such as dyslexia
- \*Inability to make friends with mainstream students or teachers
- \*Negative attitudes toward school or teachers

## Characteristics of the Student's Family:

- \*Parent(s) who do not value education
- \*Parent(s) who did not complete school, were truant themselves
- \*Poor parenting skills
- \*Low socio-economic status
- \*Physical or mental health problems of parents
- \*Family history of delinquency
- \*Single parent families
- \*Many children in the family

## Characteristics of the School:

- \*Weak or no monitoring of daily attendance
- \*Inconsistent attendance policies
- \*Lack of parent involvement in the school
- \*Lack of personalized attention to students
- \*Lack of teacher expectations for high student achievement

## **Websites:**

<http://www.truancyprevention.org/>

<http://www.schoolengagement.org> (National Center for School Engagement – NCSE)

<http://www.cde.gov>

**Treatment Options:** If you are having difficulty getting your child to school, for assistance you may contact:

1. Your local school district may have some type of truancy officer.
2. PINS (Persons In Need of Supervision) (607) 337-1523  
County Office Building  
5 Court Street  
Norwich, NY 13815