It can be hard to tell the difference between normal behavior and problem behavior of young teens.

**What can parents expect?**

Young teens often take up new behaviors and want to try new things. Teen dress or actions may look strange or risky, but be completely normal and not a cause for concern. It is considered normal that a young teen:
- follows fads in clothes, hairstyles, and music;
- comes home 30 minutes to an hour late occasionally;
- spends more time alone or with friends; and
- shares less openly with parents or family members.

Teens naturally take risks. Trying out for the team or the school play, calling someone for a date, or standing up for their beliefs are all normal, healthy risks. Teens also test the abilities of their rapidly developing bodies and minds. Teens can show great courage, such as risking their safety to save a child from a water accident.

**Normal behavior or a problem?**

Dedrick and Alisha have two sons: Zach, 10, and Zoey, 13. Zoey is spending more time with his friends after school and texting constantly during the evening. He sits with his friends at ball games and at church. While his parents try to accept Zoey's growing independence, they know they must keep track of him. A few weeks ago a friend told Alisha that one of Zoey's friends was caught drinking. How will they know if Zoey has similar problems? Will they know what to do?

Some risks can be dangerous even though they are normal. Examples include:
- doing dangerous stunts when bike riding;
- taking dares (such as testing ice on a newly frozen lake or river);
- riding with older youth or someone who has been drinking;
- experimenting with drugs, alcohol, or sex, and
- damaging another's property.

Most parents want to protect and see their teens reach adulthood without serious problems. Parents fear troubles they learn about in the media—pregnancy, addiction to drugs and alcohol, unsafe driving, shoplifting, gang membership, and violence. A majority of teens do not become involved in these problems.
What can parents do?

Parents can steer teens in the right direction by knowing where they are, what they are doing, and who they are with. It’s important to keep track of youth, especially in the early teen years between ages 10 and 14.

Here are ways parents can monitor their young teens:

- Decide important rules (with your teen) — curfew times and off-limits places or activities.
- Ask your teen to call or text message if plans change.
- Develop consequences (with your teen) for breaking rules (be sure to follow through).
- Build a positive relationship — take time to have fun with your teen.
- Show your interest in his or her activities.
- Listen openly when your teen talks about problems or concerns.
- Get to know your teen’s friends and their parents.
- Encourage taking part in extracurricular activities, clubs, or organizations.
- Monitor online social networks. Join Facebook (or similar networks) and interact with your teen online. See online contacts and talk. Some parents require that their teen share their user name and password in order to create a Facebook page.
- Limit monitoring by age 14 or 15 and especially by age 16 (when many teens drive); teens may rebel against certain parental rules if they feel overprotected, unfairly punished, or cut off from friends.
- Trust your teen. Instead of trying to keep youth from making mistakes, help teens learn from mistakes, and what behavior is expected and rewarded.

What is a serious problem?

Acceptable teen behavior varies with age and differing family values. However, the following behaviors should always be of concern:

- depressive symptoms that lasts for two weeks or longer,
- abuse of alcohol or drugs, and
- unprotected sex.

Depression in teens may show itself as: sadness, hopelessness, irritability, anger, casual sex, or use of alcohol or drugs. No one behavior means depression; a youth in serious trouble probably will display several symptoms.

The following behaviors are danger signs of depression or substance abuse:

- unusual failure to do chores, follow rules, arrive home on time;
- loss of interest in goals, activities, or hobbies;
- temper flare-ups;
- rapid change in friends;
- lack of care in personal appearance or hygiene;
- abrupt change in school attendance and grades;
- unusual isolation and withdrawal from family;
- secretive and defensive behavior regarding actions, and
- stealing money or objects

When a teen has both a substance abuse problem and depression, most professionals suggest it’s first important to overcome drugs or alcohol, and then treat the depression.
How can parents get help?

Just as medical help is needed for physical problems, professional help is also needed for depression or substance abuse. Parents must (1) recognize the problem, (2) find out the severity of the problem, and (3) find treatment.

(1) Recognize the problem.
Watch for warning signs. Even if parents notice only one or two signs, they should talk to their teen. Parents can damage a relationship by secretly trying to determine if their teen is abusing drugs or alcohol. Instead, parents can express concerns when they and their teen are calm.

(2) Find out the severity.
Even though talking with a teen may reduce a parent’s concern, some teens need more information and support to overcome a problem. Many schools offer programs conducted by teen peers or professionals.

If a teen doesn’t want to participate in such programs, or if the behavior gets worse (the teen becomes defiant or runs away from home), seek a professional evaluation of the problem. It’s likely a teen will resist this, but parents must find help just as they would for a serious physical condition.

Most evaluations provide a check for the presence of serious depression and should be conducted by a skilled psychiatrist, mental health counselor, or other professional. The person also should be familiar with signs of youth substance abuse.

Professionals should evaluate a teen’s coping skills in four areas: family, school, peer group, and community. They look for:

• relationships within the family and with old friends growing worse
• grades and involvement in school activities dropping
• arrests or community disturbances
• church, sports, or youth club activities dropping

If the evaluation shows serious depression or substance abuse, parents should have their teen receive some form of treatment.

(3) Take action to get treatment.

Treatment varies according to the severity of the problem. It can include:

Outpatient treatment: The teen lives at home and sees a counselor as an outpatient. The teen can continue to participate in family, school, and peer activities. This method works best when youth are still connected with their family and the family takes an active role.

When substance abuse is involved, the treatment works better if the abuse is relatively new and the young person recognizes abuse as a problem.

Partial hospitalization: The teen spends the day in the hospital or treatment center and goes home at night and on weekends. This works for substance-abusing youth who need help with schoolwork, or who are involved in an intensive 12-step program (like Alcoholics Anonymous) and can participate actively in individual, group, and family therapies. This method requires responsibility from both the teen (to be home at night and on weekends) and the parents (to monitor and guide).

Hospital inpatient care: The teen stays at the hospital due to safety concerns—suicidal behavior, serious psychiatric problems, or lack of supervision. This care may last only a week or two until an accurate diagnosis is made, medication levels are set, and/or outpatient care is set up. A patient may be transferred from the hospital directly to residential treatment.

Residential treatment: The teen stays at a center 24 hours a day for several weeks. These programs help teens who have let alcohol or drugs become a core part of their lives. Usually a teacher is available to help with schoolwork. Most programs offer group therapy, individual counseling, and physical activities to help patients learn to have fun without using substances. Families also are involved in treatment to learn how to help teens stay away from alcohol and other drugs when they return home.

Do not accuse a teen of wrongdoing. This only arouses the teen’s defensiveness. If a teen refuses to talk, talk later that day or the next day. If talking only increases concern, parents may need to do detective work—finding out what’s in their teen’s room and talking to peers, coaches, and teachers.
Support for parents

Parents may be confused and frightened if they suspect their teen has a serious problem. Taking these steps together, parents and youth may come through a dangerous time into healthier and happier lives. Parents may become better informed by reading about substance abuse and depression in young people. Community mental health or substance abuse prevention centers can provide further information, or provide a list of qualified counselors in the area.

Before discussing worries with a son or daughter about alcohol or other drug abuse, parents can contact Al Anon, a 12-step recovery program for families of people with substance abuse problems. They can attend an Al Anon meeting to learn more without disclosing their situation, or they can share concerns and get feedback. Visit www.al-anon.alateen.org.

Parents can gain more information about teen depression from books or through local mental health clinics, which may know of support groups for parents.

The best prevention of serious problems in preteens and teens is a home with open communication and acceptance, an aware parent, and increased maturity and responsibility in the teen.

What to say? We’re concerned about you, John. We’ve noticed some changes that worry us. Your grades dropped last quarter and you’re not going to school activities. We know you’re growing up and need to be more independent but lately it seems like you don’t want to spend any time with us at all. We don’t know your new friends and that worries us. You look really tired and your eyes are often bloodshot. You don’t seem as happy as you were a few months ago.

Prepared by Kimberly Greder, associate professor and family life extension state specialist and Melissa Schnurr, doctoral candidate, human development and family studies, Iowa State University. Taken from materials originally prepared by Virginia K. Molgaard, former family life specialist.

To access other extension parenting resources, visit www.extension.org/parenting or www.extension.iastate.edu/store

See the following websites for more information

Al-Anon Family Group, Incorporated
www.al-anon.alateen.org

Alcohol and Drug Problems Association of North America
www.adpana.com

Alcoholics Anonymous
www.aa.org

Keeping Youth Mentally Healthy and Drug Free Substance Abuse and Mental Health Services Administration http://family.samhsa.gov

National Families in Action
www.nationalfamilies.org