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The Franklin Times

Louisburg, NC, Thursday, July 28, 2022

Parents can help kids struggling with social media

Social media is a big part of young people's lives. Psychology Today reports that social media use is now the most common activity children and teenagers engage in, with the majority of users accessing social media platforms several times each day through their personal cell phones.

Social media has its benefits, and being able to keep in touch with friends and family remotely was one of the saving graces in the early stages of the CO-VID-19 pandemic when people were isolating in their homes. But there's a dark side to social media as well. Recently leaked documents from Meta, the company that oversees social media giants Facebook and Instagram, suggest the company has known for several years that its Instagram app is contributing to body image issues and other mental health problems

for teens, particularly females. Social media platforms use algorithms to enhance users' engagement. Feeds may be driven toward polarizing topics or those that have the most shock value, further leading teens down a negative path.

teen generation is faced with constant information being delivered right to their handheld devices. Children may not be developmentally ready for the immediate gratification that social media provides nor the constant onslaught of content. As a result, teens increasingly are becoming more irritable, having trouble sleeping and are spending more time alone as a result of phone usage. The Harvard Graduate School of Education says recent studies have noted a significant uptick in depression and suicidal thoughts

for teens, especially those who spend multiple hours a day using screens.

There are steps parents can take to help tweens and teens who may be struggling and need assistance managing social media.

•Set real limits. The The current tween and Harvard T.H. Chan School of Public Health suggests that until meaningful government oversight is in place to police social media platforms, parents will have to set their own parameters for use. Putting phones down at meal times, turning off alerts close to bedtime, and making certain days "a rest from technology" can help

•Block upsetting content. It's a parent's job to be a parent, not a best friend. Giving in to requests to engage with cerwith one's beliefs or val-



MONITOR SOCIAL MEDIA. There are steps parents can take to help tweens and teens who may be struggling and need assistance managing social media.

limits on which platforms which sites are being vis- present in kids' lives. Parchildren are allowed to ited and how kids are ents and other caregivers

•Regularly monitain social platforms, even tor kids' usage. Parents child's mental health, have when they do not align should look through their him or her take a break or kids' phones and accounts delete the account. over the past several years ues, can be harmful. Set on a regular basis to see

engaging with others. If social media is affecting a Social media is ever- health.

have to find a way to assist struggling tweens and teens with social media so it does not become a detriment to their overall

How to talk with your kids about vaping

Courtesy of Partnership for Drug-Free Kids

ety of colors and devices available that charge just like cell phones, it's clear that vaping products are often marketed to teens. One of the slang terms for vaping, known as JUULing ("jeweling"), comes from the JUUL brand device that looks more like a flash drive as opposed to an e-cigarette. Vaping is also often sold as a "safer" alternative to cigarettes, and some teens are under the false assumption that because e-cigarettes don't contain tobacco they're safe.

Vaping may make the or daughter is vaping, transition to cigarette take a deep breath and set smoking easier in adolescence. In a meta analysis of six studies, the findings concluded that the risk of smoking increases four times if a teen vapes versus a teen that does not. In another study of more than 2,000 10th graders, researchers found that one in five teens who reported a regular vaping habit at the start of the study smoked traditional cigarettes at least three times a month by the end of the study period. Another 12 percent of routine vapers smoked at least one day a month. By comparison, less than 1 percent of students who didn't try vaping reported smoking even one day a month at the end of the study. What Can Parents Do? Make it clear to your son or daughter that you don't approve of them vaping or using e-cigarettes, no matter what. If you think your son

www.drugfree.org

What is Vaping?

Vaping is the act of inhaling and exhaling the aerosol, often referred to as vapor, produced by an e-cigarette or similar device.

It's become more popular among teens than regular cigarettes, especially given that vaping devices can be used for anything from flavors like mango, mint or tutti frutti, to flavorings containing nicotine or THC, the chemical compound in marijuana that produces the high.

What are the Risks? There are several risks to vaping for teens. Below are three major ones for parents to be concerned about:

Vaping is often marketed to kids, downplaying the dangers.

With lots of flavors available for vaping liquids, as well as the vari-

Vaping chemicals used in the liquids can be more concentrated and dangerous

Inhaling from a vape pen or e-cigarette, especially in the case of one containing nicotine or THC, can enhance a drug user's high and can amplify a drug's side effects.

Vaping is also verv new and there are literally hundreds of brands, so there's not a lot of firm information about what chemicals might be in



what vape liquids.

But even beyond nicotine and THC, synthetic chemicals that make up these liquids - including "herbal incense" like spice and synthetic marijuana – expose the lungs to a variety of chemicals, which could include carcinogens and toxic metal nanoparticles from the device itself.

Not only could these chemicals make their way into young lungs, causing irritation and potentially "smoker's cough," but they could also damage the inside of the mouth and create sores.

The CDC recommends against avoiding vaping because of the proliferation of lung illnesses.

yourself up for success by creating a safe, open and comfortable space to start talking with your son or daughter.

As angry or frustrated as you feel, keep reminding yourself to speak and listen from a place of love, support and concern.

Explain to them that young people who use THC or nicotine products in any form, including ecigarettes or vaporizers, are uniquely at risk for long-lasting effects.

Because these substances affect the development of the brain's reward system, continued use can lead to addiction (the likelihood of addiction increases considerably for those who start young), as well as other health problems.

You want your child to be as healthy as possible.

Find out why vaping might be attractive to your son or daughter, and work with him or her to replace it with a healthier behavior.

Education Should Start Sooner Than You T



INTERNET SAFETY TIPS

• NEVER give out personal information such as your name, home address, school name or telephone number in a chat room or on bulletin boards. Also, never send a picture of yourself to someone you chat with on the computer without your parent's permission. NEVER write to someone who has made you feel

uncomfortable or scared.

- DO NOT meet someone or have them visit you without the permission of your parents.
- TELL your parents right away if you read anything on the internet that makes you feel uncomfortable.
- REMEMBER that people online may not be who they say they are. Someone who says that "she" is a "12-year-old girl" could really be an older man.

• PARENTS: Make sure to monitor your child's social media activity.

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PLAYGROUND SAFETY TIPS • Check playgrounds where your children play. Look for age-

appropriate equipment and hazards, such as rusted or broken equipment and dangerous surfaces. Report any hazards to the school or appropriate local office.

- Avoid playgrounds with non-impact absorbing surfaces, such as asphalt, concrete, grass, dirt or gravel.
- Dress appropriately for the playground. Remove necklaces,

purses, scarves or clothing with drawstrings that can get caught on equipment and pose a strangulation hazard. Even helmets can be dangerous on a playground, so save those for bikes.

- Teach children that pushing, shoving or crowding while on the playground can be dangerous. • Ensure that children use age-appropriate playground equipment.
- Courtesy: safekids.org



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The Franklin Times **PROTECTING OUR CHILDREN**

Signs children might be victims of bullying

Despite the best efforts of educators and parents, bullying is a problem at many schools. According to StopBullying.gov, an official website of the United States government, as many as one in three American students say they have been bullied at school.

And the problem is not exclusive to the United States, as the Canadian Institutes of Health Research report that at least one in three adolescent students in Canada report being recent victims of bullying.

Bullied students often suffer in silence. As a result, the onus is on parents to learn the signs that a child is a victim of bullying. Such signs are not always easy to recognize, as StopBullying.gov notes that the most common types of bullying are verbal and social. Physical bullying happens less often, so kids who are being bullied may not exhibit physical symptoms like bruises or unexplained injuries, which are common indicators of physical bullying. By learning the common signs of bullying, parents are in better position to recognize when their children are being bullied, whether that bullying is physical, social or verbal.

Signs of bullying There are many signs

of bullying and kids may

exhibit no warning signs. So in addition to learning these signs of bullying, parents can make a con-

certed effort to communicate with their children every day, asking youngsters about how their day went



not exhibit them all. In STOP BULLYING. Victims of bullying may experifact, StopBullying.gov notes ence short- and long-term consequences. Learn the that some bullied children warning signs and communicate with your children.

and if they encountered anything that adversely affected their mood.

 Unexplainable injuries

Lost or destroyed clothing, books, electronics, or jewelry

 Frequent headaches or stomach aches, feeling sick or faking illness

• Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.

 Difficulty sleeping or frequent nightmares

• Declining grades, loss of interest in schoolwork, or not wanting to go to school

• Sudden loss of friends

or avoidance of social situations

· Feelings of helplessness or decreased self-esteem

• Self-destructive behaviors, such as running away from home, harming themselves, or talking about suicide

Parents are urged to report any concerns about bullying to educators immediately, as research indicates bullying can lead to or worsen feelings of isolation, rejection, exclusion, and despair. Bullying also can lead to or worsen feelings of depression and anxiety, which can contribute to suicidal behavior.

Learn more about bullying and how to combat it at www.StopBullying.gov.

How to spot signs of cyberbullying

Despite its relative inwasn't so widely available. Yet that time wasn't so long ago. In fact, many adults who are now enterit through their secondary educations without the internet. That's not so for today's students, and that divide can someparents to spot signs that their children are victims of cyberbullying.

Ćvberbullying to the use of electronic easy to spot as other bullycommunication to bully a ing behaviors.

person, typically by sendfancy, the internet has ing intimidating and/ League notes that hatebecome so prevalent in or threatening messages. ful words and rumors daily life that it's hard to These messages may be are often a component of imagine a time when it sent in various ways, including through apps or via social media platforms. According to *StopBullying*. gov, a website managed ing or in middle-age made by the U.S. Department of able. In decades past, bul-Health and Human Services, research has shown that a quick and consistent havens. That's no longer response to bullying is an the case, which is why it's effective way to convey vital that parents learn to times make it difficult for that such behavior is un- recognize the signs of cyacceptable. But parents berbullying. first must learn to recognize signs of cyberbullyrefers ing, which is not always as symptoms if they're being

cyberbullying. In such instances, that abuse can follow young people home, giving them the idea that the bullying is inescaplying victims could at least see their homes as safe

Young people may exhibit their own unique victimized by cyberbullies. In addition, the ADL general.

The Anti-Defamation notes that parents can look for these signs and then reports symptoms of illthey suspect their children wants to stay at home. are being cyberbullied.

• A child becomes up- depression or sadness. set, sad or angry during or after being online or using who see any of these signs their phone.

from family or friends.

luctance or refuses to par- dren, making sure to exticipate in activities previ- press your concerns while Bullying.gov. ously enjoyed.

• A child has an unexplained decline in grades. • A child refuses to go

to school or expresses anger or dissatisfaction with a specific class or school in

take immediate action if ness for which he or she what is so upsetting.

The ADL urges parents to respond to them im-• A child withdraws mediately. Take a gentle, supportive tone during • A child expresses re- any discussions with chil-

• A child increasingly also listening to the child when he or she explains

Parents who have con-• A child shows signs of firmed or suspect their child is a victim of cyberbullying should contact their children's school immediately. More information about how to respond to cyberbullying and prevent its recurrence is available at www.Stop-



CYBERBULLYING IS AN ISSUE TOO! Parents can look for several signs and then take immediate action if they suspect their children are being cyberbullied.

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Tips to help choking infant

cause of unintentional death in infants. Young children not can choke on food as well as objects they put in their mouths while exploring the world around them. Parents of young children and hosts who intend to invite youngsters into their homes can learn how to respond when kids appear to be choking. The Mayo Clinic recommends

chstone Energ

Choking is a leading the following approach when tending to children under the age of 1, which differs from the steps necessary to address choking instances in older children and adults.

> •Assume a seated position and hold the infant facedown on your forearm, which is resting on vour thigh. Support the infant's head and neck with your hand, and place the head lower than the trunk.

•Thump the infant gently but firmly five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object. Keep your fingers pointed up to avoid hitting the infant in the back of the head.

•Turn the infant face up on your forearm, resting on your thigh with the head lower than the trunk if the infant still isn't breathing. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions. Press down about 11/2 inches, and let the chest rise again in between each compression.

•Repeat the back blows and chest thrusts if breathing doesn't resume. Call for emergency medical help.

•Begin infant CPR if one of these techniques opens the airway but the infant doesn't resume breathing.

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Childproofing checklist to keep kids safe

It's not long before newborns who need their parents to cater to their every need become toddlers who can't wait to go exploring on their own. The curiosity can come quickly, which underscores how important it is for parents to childproof their homes.

Childproofing is essential in the nursery where children tend to spend much of their time, but it's necessary elsewhere in the house as well. The Children's Hospital of Los Angeles says fractures are the most common injuries among infants and toddlers as they develop a sense of curiosity and gain mobility. Head and mouth/tooth injuries are some additional injuries curious kids may suffer during this period in their lives. This childproofing checklist can help reduce the risk of injury.

• Follow United States

Consumer Product Safety Commission crib safety regulations, which include fixed sides, a firm mattress and slats that are no more than 23/8 inches apart.

•Install UL-listed carbon monoxide detectors and smoke detectors on every story of the house and check batteries in detectors frequently.

•Install a temperature guard on the water heater and never set it above 120 F.

•Cover all sharp furniture edges and corners with safety padding or specialty bumpers.

•Block all open outlets with outlet covers or safety plugs.

• Place lockable covers on the garbage.

•Install stove knob covers.

•Use latches on any drawers, toilets, doors, or cabinets within the child's reach.

•Anchor heavy furni-

ture, such as televisions, bookshelves and dressers, to the walls.

• Install safety guards on windows.

• Pull the crib away from other furniture.

• Use cordless window blinds.

• Place gates at the top and bottom of stairs and use them to prevent access to rooms that are off limits.

• Store cleaning supplies, tools and breakable items out of reach or in a locked cabinet.

• When the child reaches 35 inches in height or can climb out of the crib, it's time to transition to a toddler bed.

• Choose toy chests or other furniture with spring-loaded hinges.

• Do not hang heavy wall art or shelving over cribs.

• Cover radiators, hot pipes, etc., with protective materials.



There are many things you can do in your home to keep your child safe.

•Remove flaking paint cause injury. and be sure to have paint tested for lead.

•Inspect the home for protruding nails, bolts or other hardware that can These are some child-

proofing measures parents can implement to keep kids safe. Parents can customize childproofing

plans based on their needs and the designs of their homes. Consult with a pediatrician for other tips on making a home safe for young children.

Poison prevention tips

The Health Resources and Services won't have immediate access to safety Administration says that more than 90 percent of poisonings happen at home — with many occurring in the bathroom, kitchen and bedroom. The American Association of Poison Con- cines with other people. Poisoning

control centers across the United States receive millions of calls year. every inter-Many actions with poisons can be avoided by implementing smart poison control strategies at home.

Choose products with child safety caps

The U.S. Consumer Product Safety Commission reports nine out of 10 poisoning incidents involving chilproximately 67,500 children under the age of five ended up in emergency rooms due to unintended poisoning. Parents can protect children by keeping medicines in their original childsafe containers. When buying cleansers, cleaners and detergents, choose products that have strong child-safety lids and seals.

protocols that can save lives.

Avoid sharing meds

Never share prescription meditrol Centers reports that the 55 poison can occur because medicines are pre-

scribed based on weight and other physical factors. One individual can seriously be impaired by a medication even if it's safe another for person. In addition, drugs can interact with other medicines, including over-

the-counter products, further increasing the risk for accidents.

Monitor children

Supervise children when using any dren occur in the home. In 2019, ap- products, as they can be dangerous if not used correctly. These include art supplies, cleaning supplies and even hand sanitizers and soaps.

Potential stressors for kids

as the primary cause of stress. Indeed, workrelated stress is a global issue. According to the Global Organization for Stress, workers in countries as different as the including poor perfor-United States, Australia and China all report confronting considerable work-related stress. But framing stress as an issue primarily affecting workers overlooks how it affects kids.

The Global Organization for Stress reports that stress is the number one health concern for high school students. Kids dealing with stress experience many of the same symptoms as adults, which the Mayo Clinic reports include headaches, chest and performing in front causes stress. pain, anxiety, and mood of others, whether it's

ors include: with

•Conflicts friends

- •Bullying
- •Peer pressure

•Academic struggles, with the curriculum

 Problems socializing Disappointing parents

•Parents' divorce or separation

 Family financial struggles

• Unsafe or precarious living situation

Stressors for children

New experiences are among the stressors that affect children. Such experiences can include

Work is often cited graduation. Such stress- children. Such dangers may include kidnapping, fires and natural disasters, among others.

Stress for preteens and teens

The bodily changes mance and difficulties associated with puberty are among the potential stressors for kids in this age group. The changes children undergo at this stage in life also can lead to issues with self-esteem and other negative thoughts, and that can be a stressor for some kids. The specter of college and the uncertainty that life after high school can spark are another potential stressor for kids in this age group. Older kids who begin dating being away from home also may find that this

Stress is often caused swings, among others. in a sport, school play by work, but adults are

Up and away

Store cleaning products and cosmetics up high or behind locked cabinet doors. Simply having them out of sight and out of mind can prevent interaction.

Use original containers

It's tempting to transfer certain cleaning products or chemicals to other bottles or jars for ease of use, but this can be dangerous. People in the home may mistakenly ingest something if it is transferred to a beverage container or something typically used for food storage. Plus, should ingestion occur, you will no longer have the safety label in place. That means you

Handle foods properly

Foods must be properly stored at the correct temperature and cooked to a safe level. Always wash fresh fruits and vegetables with running water. Never use commercial cleaning products on foods or food packaging. Always wash hands and counters before preparing food. Promptly refrigerate or freeze foods if they will be saved as leftovers, as bacteria can grow quickly at room temperature.

Keep the poison hotline number nearby

Program the National Poison Help Line number into your cell phone and post it near the landline phone. It is 1-800-222-1222. Promptly call in a poisoning situation for assistance.

Poison prevention is an important lesson to review at home and discuss with all household members to avoid potentially fatal injuries.

for kids and adults, and Children also may feel able to stress. Various life parents concerned about stress if or when they are events can trigger stress stress affecting their children can learn about potential stressors so they can be better prepared to help children get through stressful experiences.

The Boys and Girls Club of America notes that stressors change as children grow up. Parents can keep that in mind but also recognize that certain events can contribute to stress regardless of how old a child is.

General stressors

The BGCA notes that kids of all ages may be stressed by incidents or experiences that can affect kids whether they're in elementary school or approaching high school

picked last for a sports in kids. Parents can do team. Perceived dangers, even when there's no imminent threat, also can be stressors for young in a healthy, safe way.

But stress triggers differ or other public forum. not the only ones vulnertheir best to recognize potential stressors and help kids manage stress





The Franklin Times **PROTECTING OUR CHILDREN**

Look for warning signs of drugs or alcohol

Courtesy of Partnership for Drug-Free Kids www.drugfree.org

How to Find Out if Your Child is Using **Drugs or Alcohol**

•Use Your Nose. Have a real, face-to-face conversation when your son or daughter comes home after socializing with friends. If there has been drinking or smoking, the smell will be on their breath, on clothing and in their hair.

•Look Them in the Eyes. When your child gets home after going out with her friends, take a close look. Pay attention to his or her eyes. Eyes will be red and heavylidded, with constricted pupils if they've used marijuana. Pupils will be dilated, and he or she may have difficulty focusing if they've been drinking. In addition, red, flushed color to the face and cheeks can also be a sign of drinking.

•Watch for Mood Changes. How does your teen act after a night out with friends? Are they loud and obnoxious, or laughing hysterically at nothing? Unusually clumsy to the point of stumbling into furniture

and walls, tripping over their own feet and knocking things over? Sullen, withdrawn, and unusually tired and slack-eyed for the hour of night? Do they look queasy and stumble into the bathroom? These are all signs that they could have been drinking, using marijuana or other drugs.

•Monitor Driving and the Car. Your teen's car and driving habits can offer clues as well. Is driving more reckless when he or she's coming home after being with friends? Are there new, unexplained dents? If you're suspicious, examine the inside of the car too. Does it smell like smoke or alcohol fumes? Are there any bottles, pipes, bongs, or other drug paraphernalia rolling around on the floor or hidden in the glove box? If you find evidence of drug use, be sure to prepare for the conversation ahead.

•Keep an eye out for deceit or secretiveness. Are their weekend plans starting to sound fishy? Are they being vague about where they're going? Can they describe the movie they supposedly just saw? They say parents will be at the party they're attending, but can't give you a phone number and come home acting intoxicated? They get in way past curfew or estimated time with an endless string of excuses? When excuses fail, do they respond to your inquiries and concern by telling you that it's none of your business? If these ring true, something is wrong and it's time to take action.

Should You Search Their Room?

The limits you set with your child do not stop at their bedroom door. If you notice concerning changes in behavior, unusual odors wafting from their room (like marijuana or cigarette smoke), smells to mask other smells like incense or air fresheners, or other warning signs, it's important to find out what's going on behind that "KEEP OUT" sign.

One note of caution, however. Be prepared to explain your reasons for a search, whether or not you decide to tell them about it beforehand. You can let them know it's out of concern for their health and safety. If you discover that your kid is not drinking or doing drugs, this could be a good time to find out if there's something else that may need to addressed.

Kids come up with some crafty places to conceal alcohol, drugs, and drug paraphernalia. Some possible hiding spots include:

-Dresser drawers beneath or between clothes

- -Desk drawers
- -CD/DVD/Tape/Video cases
- Small boxes jewelry, pencil, etc.
- -Backpacks/duffle bags
- -Under a bed -In a plant, buried in the dirt
- -In between books on a bookshelf
- -Inside books with pages cut out

-Makeup cases – inside fake lipstick tubes or compacts

- Under a loose plank in floor boards

- Inside over-the-counter medicine containers (Tylenol, Advil, etc.)

-Inside empty candy bags such as M&Ms or Skittles

Don't overlook your teen's cell phone or other digital devices. Do you recognize their frequent contacts? Do recent messages or social media posts hint at drug use or contradict what they've told you?

If your search turns up evidence of drug use, prepare for the conversation ahead and do not be deterred by the argument of invaded privacy.

Stand by your decision to search and the limits you've set.

It's never to early to talk about drugs! Tips when talking with 5-8 year olds

Contributed by www.drugfree.org Partnership for **Drug-Free Kids**

Five - eight year-olds are still tied to family and eager to please, but they're also beginning to explore their individuality. The following scripts will help you get conversations going with your 5- to 8-yearold child:

SCENARIO

Your child has expressed curiosity about the pills she sees you take every day — and the other bottles in the medicine cabinet

WHAT TO SAY

Just because it's in a family's medicine cabinet doesn't mean that it is safe

for you to take. Even if your friends say it's okay, say, "No, my parents won't let me take something that doesn't have my name on the bottle."

SCENARIO

Your child dresses herself for school in a pink zebra print tank top, a polka dot vest, striped leggings and an orange beret.

WHAT TO SAY

"You look great. I love how you express your personality in your outfits." Celebrate your child's decision-making skills. Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions impact the families and for herself.

Tips for Conversations with Your Early

Elementary School Child Talk to your kids about

the drug-related messages they receive through advertisements, the news media and entertainment sources. Ask your kids how they feel about the things they've heard you'll learn a great deal about what they're thinking

Keep your discussions about substances focused on the present - longterm consequences are too distant to have any meaning. Talk about the differences between the medicinal uses and illegal uses of drugs, and how drugs can negatively friends of people who use

them.

Set clear rules and ex- support them. plain the reasons for your rules. If you use tobacco child's friends or alcohol, be mindful of their friends' parents. the message you are sending to your children.

Work on problem solving: Help them find long-lasting solutions to homework trouble, a fight with a friend, or in dealing with a bully. Be sure to point out that quick fixes are not long-term solutions.

Give your kids the power to escape from situations that make them feel bad. Make sure they know that they shouldn't stay in a place that makes them feel uncomfortable or bad about themselves.

with friends who don't Check in once in awhile to

Get to know your and

make sure they are giving their children the same kinds of messages you give your children.



Also let them know that COMMUNICATE. Learn to talk to your child at an they don't need to stick early age. Encourage questions and dialogue.

What is gaming disorder?



the globe are gaming en- tain social interaction with thusiasts. A recent ESA friends and other family survey showed that more members. However, excesthan 214 million Ameri- sive gaming may be too cans are playing video much of a good thing. In games, which can help 2018, the World Health Ordevelop familial bonds. ganization added "gaming Furthermore, with more disorder" to their Intertime spent at home, video national Classification of games may be a way to Diseases (ICD-11), which

Billions of people across pass the time and main-



is the latest list of diseases and medical conditions that health professionals use to diagnose issues affecting their patients. According to the ICD-11, individuals with gaming disorder have trouble managing the amount of time that they spend playing video games. In addition, gaming may be put ahead of other activities. Over time, excessive gaming may lead to other negative effects, including behavioral issues akin to other addictive behaviors, such as alcohol use and gambling. The WHO says for gaming disorder to be diagnosed, the pattern of behavior must be severe enough to result in significant impairment to family, personal, social, educational, occupational, or other important areas for at least 12 months.

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Youth suicide, know the warning signs

Foundation offers resources dedicated to prevention of silent epidemic

The Jason Foundation www.jasonfoundation.com

The Jason Foundation, Inc. is a non-profit whose mission statement is dedicated to the prevention of the "Silent Epidemic" of youth suicide through educational and awareness programs that equip young people, educators/youth workers and parents with the tools and resources to help identify and assist at-risk youth.

Suicide is one of the leading causes of preventable death in our nation today. We lose an average of more than 130 young people each week to this tragedy that can be prevented.

How can it be prevented you may ask? The Jason Foundation, Inc. believes that education is the key to prevention. The Jason Foundation's programs and services are in response to this belief. Our nation should be familiar with the warning signs associated with suicide, suicide facts and statistics, and how to find help for atrisk youth. Together, we can save lives!

Remember: Never be reluctant to get involved and always take any child/adolescent's desire or intent to harm themselves seriously. If you suspect a young person of suicidal ideation, get them to professional help immediately. Suicide is Preventable.

WARNING SIGNS

Almost everyone who attempts or completes suicide reason for this behavhas given warning signs through their words or behaviors. Do not ignore any suicide threats. The following statements may indicate serious suicidal feelings.

"I'd be better off dead."

- "I won't be bothering you much longer."
- "You'll be better off without me around."
- "I hate my life."
- "I am going to kill myself."

Suicide threats are not always verbal.

Depression is one of the leading causes of suicide attempts. Mental or addictive disorders are associated with 90 percent of suicide. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20 percent receive treatment. Depression can be exhibited in many ways including the following which are detailed in more depth:

- Sudden, abrupt changes in personality
- Expressions of hopelessness and despair
- Declining grades and school performance
- Lack of interest in activities once enjoyed
- Increased irritability and aggressiveness
- Withdrawal from family, friends and relationships
- Lack of hygiene
- Changes in eating and sleeping habits

Other warning signs include:

- Anger, increased irritability
- Lack of interest
- Sudden increase/decrease in appetite
- Sudden changes in appearance
- Dwindling academic performance

• Preoccupation with death and suicide such as essays or poems about death, artwork or drawings depicting death, social media posts or comments or talking a lot speak with a compassionabout death or dying.

with classes, perceive their teachers as not understanding them or caring about them, or have poor relation- • American Association of Suicidology ships with their peers have increased vulnerability.

• Previous attempts - youth who have attempted suicide are at risk to do it again. In fact, they are eight times more likely than youth who have never attempted suicide to make another suicide attempt.

• Cultural factors - changes in gender roles and expectations, issues of conformity and assimilation, and feelings of isolation and victimization can all increase the stress levels and vulnerability of individuals. Additionally, in some cultures (particularly Asian and Pacific cultures), suicide may be seen as a rational response to shame.

• Family history/stresses - a history of mental illness and suicide among immediate family members place youth at greater risk for suicide. Exacerbating these • Yellow Ribbon Suicide Prevention Program circumstances are changes in family structure such as death, divorce, remarriage, moving to a new city, and financial instability.

• Self-mutilation or self-harm behaviors include head banging, cutting, burning, biting, erasing, and digging at wounds. These behaviors are becoming increasingly

common among youth, especially female youth. While self-injury typically signals the occurrence of broader problems, the ior can vary from peer group pressure to severe emotional disturbance. Although help should be sought for any individual who is causing self-harm, an appropriate response is crucial. Because most self-mutilation behaviors are not suicide attempts, it is important to be cautious when reaching out to the youth and not to make assumptions.

 Situation crisis - approximately 40 percent of youth suicides are associated with an identifiable precipitating event, such as the death of a loved one, loss of a valued relationship, parental divorce, or sexual abuse. Typically, these events coincide with other risk factors.

The Jason Foundation has partnered with Crisis Text Line[©]. The Crisis Text Line is a free 24/7 text line where trained crisis counselors support individuals in crisis.

Text "Jason" to 741741 to ate, trained Crisis Coun-

ADDITIONAL RESOURCES

- American Foundation for Suicide Prevention
- Center for Disease Control: Suicide
- Center for Disease Control: Youth Risk Behavioral Surveillance System
- The Jed Foundation
- Kid Central TN
- NAMI (National Alliance on Mental Illness)
- National Council for Suicide Prevention
- National Strategy for Suicide Prevention (PDF) Samaritans USA
- Suicide Awareness Voices of Education (SAVE)
- Tennessee Suicide Prevention Network
- The Trevor Project

If you or someone you know is experiencing a crisis, call 911.

IS YOUR TEEN USING?

The following is provided by www.drugfree.org

There's no easy way to figure out if your teen is using drugs or alcohol. As you'll see, many of the signs and symptoms of teen substance abuse listed below are also, at times, typical adolescent behavior. Many are also symptoms of mental health issues, including depression or anxiety disorders.

If you've noticed any of the changes related to substance abuse listed below, don't be afraid to come right out and ask your teen direct questions like "Have you been offered drugs?" If yes, "What did you do?" or "Have you been drinking or using drugs?" While no parent wants to hear a "yes" response to these questions, be prepared for it. Decide, in advance, how you'll respond to a "yes". Make sure you re-assure your child that you're looking out for him or her, and that you only want the best for his or her future.

Of course, not all teens are going to fess up to drug or alcohol use, and a "no" could also mean your child is in need of help for mental health issues. That's why experts strongly recommend that you consider getting a professional assessment of your child with a pediatrician or child psychologist to find out what's going on. In the case of teen substance abuse, don't be afraid to err on the side of caution. Teaming up with professionals to help your teen is the best way to make sure he or she has a healthy future.

- Loud, obnoxious behavior Laughing at nothing Unusually clumsy, stumbling, lack of coordination, poor balance Sullen, withdrawn, depressed Unusually tired Silent, uncommunicative Hostility, anger, uncooperative be-
- havior
 - Deceitful or secretive
 - Makes endless excuses
- **Decreased Motivation**
- Lethargic movement

Unable to speak intelligibly, slurred speech, or rapid-fire speech

- Inability to focus
- Hyperactivity
- Unusually elated

Periods of sleeplessness or high energy, followed by long periods of 'catch up" sleep

Disappearances for long periods of time

School- or Work-Related Issues

Truancy or loss of interest in schoolwork

Loss of interest in extracurricular activities, hobbies, or sports

Failure to fulfill responsibilities at school or work

Complaints from teachers or coworkers

Reports of intoxication at school or

• Previous suicide attempts

• Final arrangements - once the decision has been made to end their life, some young people begin making final arrangements. Giving away prized or favorite possessions Putting their affairs in order Saying good-bye to family and friends, making funeral arrangements

RISK FACTORS

Suicide does not typically have a sudden onset. There are a number of stressors that can contribute to a youth's anxiety and unhappiness, increasing the possibility of a suicide attempt. A number of them are described below.

• Depression, mental illness and substance abuse One of the most telling risk factors for youth is mental illness. Mental or addictive disorders are associated with 90 percent of suicides. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer crisis, call 911. than 20 percent receive treatment. In fact, 60 percent of

those who complete suicide suffer from depression. Alcohol and drug use, which clouds judgment, lowers inhibitions, and worsens depression, are associated with 50-67 percent of suicides.

• Aggression and fighting -recent research has identified a connection between interpersonal violence and suicide. Suicide is associated with fighting for both males and females, across all ethnic groups, and for youth living in urban, suburban, and rural areas.

• Home environment Within the home, a lack of cohesion, high levels of violence and conflict, a lack of parental support and alienation from and within the family.

• Community environment - youth with high levels of exposure to community violence are at serious risk for self-destructive behavior. This can occur when a youth models his or her own behavior after what is experienced in the community. Additionally, more youth are growing up without making meaningful connections with adults, and therefore are not getting the guidance they need to help them cope with their daily lives. School environment youth who are struggling



Visit Crisis Text Line's website for additional information. www.crisistextline.org.

If you or someone you know is experiencing a

QUALITY CHILD CARE at Reasonable Prices Ages 9 weeks-10 years A FIVE STAR CENTER ***** After School Programs 205 Dogwood Rd., Louisburg Call 919-497-5670 Hours: 7am-6pm Mon-Fri Amy Merritt, Owner #35000049 • Joni Peoples, Director



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Personal Appearance

Messy, shows lack of caring for appearance

Poor hygiene

Red, flushed cheeks or face

Track marks on arms or legs (or long sleeves in warm weather to hide marks)

Burns or soot on fingers or lips (from "joints" or "roaches" burning down)

Personal Habits or Actions

Clenching teeth

Smell of smoke or other unusual smells on breath or on clothes

Chewing gum or mints to cover up breath

Heavy use of over-the-counter preparations to reduce eye reddening, nasal irritation, or bad breath

Frequently breaks curfew

Cash flow problems

Reckless driving, car accidents, or

unexplained dents in the car

Avoiding eye contact

- Locked doors
- Going out every night

Secretive phone calls "Munchies" or sudden appetite

Behavioral Issues Associated with **Teen Substance Abuse**

Change in relationships with family members or friends

Loss of inhibitions Mood changes or emotional instabil-

work

Health Issues Related to Teen Substance Abuse

Nosebleeds Runny nose, not caused by allergies or a cold

- Frequent sickness
- Sores, spots around mouth

Queasy, nauseous

Seizures

Vomiting Wetting lips or excessive thirst

(known as "cotton mouth") Sudden or dramatic weight loss or

- gain
 - Skin abrasions/bruises Accidents or injuries Depression Headaches
 - Sweatiness

Home- or Car-Related

Disappearance of prescription of over-the-counter pills

Missing alcohol or cigarettes

Disappearance of money or valuables

Smell in the car or bottles, pipes, or bongs on floor or in glove box

Appearance of unusual containers or wrappers, or seeds left on surfaces used to clean marijuana, like Frisbees,

Appearance of unusual drug apparatuses, including pipes, rolling papers, small medicine bottles, eye drops, butane lighters, or makeshift smoking devices, like bongs made out of toilet paper rolls and aluminum foil

Hidden stashes of alcohol



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- **1** Compassion
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- **6** Cost-compassion

We LOVE our clients! Here are some of their testimonials:

I couldn't have done it without your staff. You all did an outstanding job. Thank you. ~*Nancy S.* • *Littleton, NC*

You provided guidance and assistance when I didn't know where to turn. I really appreciated your services and the level of concern and care. \sim *Stanley R*.

Please pass along our thanks to everyone at Able Home Care who helped our family through this process. You all were the ray of sunshine on a cloudy day. ~ *Ellen S.* Thank you once again for the fine service your agency has provided for my mother. From arranging for the extra help she needed to the wonderful compassionate caregivers that you staffed.

~ Eddie F. • Roanoke Rapids, NC

Thank you so much for your kindness to me and giving me such good help. God Bless you in all you do. You have made the last few years so much easier for me.

~ Callie G. • Tarboro, NC

Kids Health

Did You Know?

The U.S. Centers for Disease Control and Prevention recommend that children and adolescents get 60 minutes or more of physical activity each day. The CDC advises that such physical activity should include aerobic activity and muscle and bone strengthening exercises. Aerobic activity should take up most of kids' daily physical activities and can include moderate activities, such as brisk walking, or more intense activities like running. Parents should make sure kids include some vigorous aerobic activity in their physical activity routines at least three days per week. Muscle strengthening activities do not mean parents should get their youngsters in the gym as soon as possible. Rather, activities like gymnastics or push-ups done three times per week can be enough to help kids build strong muscles. The CDC notes that as kids reach adolescence, they may start structured weight-training programs to strengthen their muscles. Jumping rope or running three times per week can serve as kids' bone-strengthening exercises.

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