Family Education & Support
Youth Program
Session 4

~ Owning & Understanding
Symptoms & Behaviors ~
### Getting in Trouble for…?

- Being late
- Getting into people’s space
- Not sitting still or staying in your seat
- Repeating mistakes
- Not following directions

### Because people sometimes think...

- She’s lazy or slow
- He’s doing it to get on people’s nerves
- She’s trying to get attention
- He doesn’t care or isn’t trying
- He’s doing it on purpose

### What Else May Really be Going on…

- Some kids have trouble with the concept of time
- Some kids have trouble reading people
- Some kids are wired to need to move around.
- Some kids have trouble seeing why a mistake is happening.
- Some kids have trouble with hearing or reading directions.

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Feeling hyper, can’t slow down

Can’t focus or get things done

Sleeping too much or not enough

Losing or gaining weight

Worrying a lot

Feeling hyper, can’t slow down

Feeling dizzy or nauseous

Sadness

Getting upset easily

What Could be Going on…?

Everyone can experience these things from time to time. It doesn’t always mean something is wrong. If any start to really bother you, or keep you from doing things you usually do, talk to your family, your doctor, counselor, or school nurse.

Some possibilities:

Mental Health Problems?

Some problems that kids can have:
- ADHD, Oppositional Defiant Disorder
- Depression, Bipolar Disorder
- Anxiety Disorders, PTSD
- Substance Abuse

Medication Side Effects?

Many of those symptoms could be caused by medications that people take to help with medical or mental health problems.

Medical Problems?

A medical problem could also cause some of the symptoms.

When to get help right away !!!

If you ever have thoughts about hurting yourself or someone else!

Call 911 or Crisis Services

In Northern New Castle County (North of canal) 1-302-633-5128
In Southern New Castle County (South of canal) 1-800-969-HELP
In Kent and Sussex Counties 1-302-424-HELP (1-302-424-4357)
**All About Me:**

**My name:**  

**Today’s date:**

**My doctor’s name:**  

**My age:**

**Today I feel:**

_________________________________________________

_________________________________________________

**My medicines are:**

<table>
<thead>
<tr>
<th>Medication name</th>
<th>What it is for</th>
<th>How much I take (dose)</th>
<th>When I take it</th>
<th>How often</th>
<th>Comments Questions</th>
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**Questions I want to ask:**

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________
A Kid’s Guide to Asking Questions About Medicines

When you don’t feel well, do you take medicines? Have you ever wondered how the medicine makes you feel better?

Do you have other questions about medicines, such as…
   How will it taste?    Why do I have to have a shot?

On the lines below, write some questions you have about medicines.

Here are some questions to help you write your list.

   How does medicine kill germs?
   Will the medicine make me feel sleepy or sick?
   Where does the medicine go when it is in my body?
   Why do I have to take my medicine at a special time of day?

My List of Questions About My Medicines:

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

Ask your doctor, nurse, pharmacist, teacher, or your Mom and Dad to help you find the answers.

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# Self Awareness Log

**Behaviors that get in the way…**

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<th>When do they happen the most:</th>
<th>What happens after:</th>
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