

# Dealing With Disappointment

What exactly is disappointment? Disappointment is an emotion that can be quite complex. It often is made up of frustration, anger and sadness brought on because something did not happen the way one had hoped and/or expected it to happen.

For example, you did not get accepted into the college you wanted to attend; your basketball team lost a big game that you just knew you were going to win; you didn't get chosen for a lead role in a play; or you failed your driver's test. The list goes on and on.

The fact is, there will be times when an adolescent/teen or any kid for that matter, feels let down and/or has moments of disappointment. No matter the reason, below are some tips for helping kids and adolescents/teens handle and learn from disappointment.

## **TIP #1:**

It should first be understood that just like other emotions, disappointment is a normal feeling that we all experience in life and it is rather inevitable.

One helpful way of handling disappointment is showing and/or reminding kids that it is simply a part of life. After all, disappointment is a feeling that comes up when expectations we have aren't met. Accepting and recognizing that disappointing things will occur can make things less lasting and help adolescents/teens move forward, even while feeling disappointed.

Of course, that does not mean we tell adolescents/teens to just get over it as this often minimizes and invalidates their feelings.

## **TIP #2:**

When an adolescent/teen is disappointed, let them come to you first. They may need to cry, vent and/or get their frustrations out. As long as they are not being inappropriate to you or others, just listen and let them get their feelings and thoughts out. Allow them to speak first about what happened and allow them to be disappointed. Rushing in to make them feel better, while understandable, generally holds them back in learning how to deal effectively with disappointment.

## **TIP #3:**

We should not blame teachers for a low grade, or a coach or a referee for the team losing a game. Even in some rare instances where that might be part of the reason, it is quite counter-productive. We need to allow them to fully experience disappointment

when it happens, acknowledge it and help them learn and grow from it. Blame doesn't allow for growth and cultivate personal accountability.

**TIP #4:**

After you have listened to everything they had to say about the situation, you can start asking questions about what happened and why they think it happened. You might even offer up some unbiased observations or facts. For example, if they did poorly on a test, you can ask them if they felt like they were prepared for the test or did they feel like they needed more time to learn the material. You can share some observations and/or facts that you noticed, such as, you know they were very busy the week of the test with before and after school commitments.

You can take it a step further and share a time where you did poorly on a test and you blamed the teacher or you felt like you were never going to understand the material and that you thought you were going to fail the class, even though it was just one test.

**TIP #5:**

So, how do you help them overcome the feeling of disappointment? One of the best ways to deal with disappointment is to help them come up with a plan for success. In the above scenario, this may be planning to set aside more time for studying the week of tests. This may mean they have to limit some of their after-school activities to prepare for the test. Another idea may be to make sure to ask the teacher or their parents for help with the subjects they don't understand.

As we know, helping someone work through disappointment is not often as simple and black and white as this article makes it sound and sometimes disappointment can lead to something bigger. In fact, sometimes disappointments can lead to depression.

Depression causes prolonged feelings of sadness and/or a loss of interest in activities and sometimes relationships. Many young people who struggle with depression turn to alcohol and/or other drugs to cope. Untreated depression is the #1 cause of suicide. If you suspect your child might be struggling with depression, seek professional mental health help.

For more information on depression, please visit our website below for a list of resources on depression as well as other mental health conditions and resources.

<https://scipnebraska.com/resources/resources/mental-health.html>

For more information on disappointment, visit:

<https://childmind.org/article/how-to-help-your-kids-handle-disappointment/>

<https://www.psychologytoday.com/us/blog/the-power-prime/201106/parenting-disappointment-is-good>

<https://parentingteensandtweens.com/helping-teens-cope-with-disappointment/>

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## Recognizing Warning Signs of Suicide

While it can be hard to discuss, suicide and suicidal ideation have been becoming increasingly common in youth in the past few years. According to the PEW Research Center, greater than one in five students had strongly considered suicide. This is a drastic increase when compared to 2011, when only 11% of students had considered suicide. This increase is also reflected in the number of children who have made plans or attempted to take their own life, which sat at 13% and 8% respectively last year. These rates are higher in disadvantaged groups, such as POC, LGBTQ+, and those with pre-existing mental health conditions. With this many students showing these behaviors, keeping vigilant and keeping an eye out for the warning signs is more important than ever.

The red flags before suicide can be very subtle. Particularly during teenage years, these can be misattributed to “teenage angst” or moodiness. Despite these other possibilities, it’s always important to treat these behaviors seriously to be safe. Per Johns Hopkins, some of the warning signs of suicide are:

- Changes in eating and sleeping behaviors
- Loss of interest in hobbies and activities
- Withdrawal from family and friends
- Unnecessary risk taking
- Obsession with death or dying

- Inability to focus on schoolwork
- Neglecting hygiene
- Perpetual Boredom
- Apathy or no responses to praise
- Engaging in self-harming behaviors (cutting, bruising, etc.)

While these may be signs of someone contemplating suicide, there are additional indicators that a suicide attempt is being planned. Some are very obvious, such as saying “I’m going to kill myself” in passing, or writing goodbye letters and suicide notes. On the other hand, some are much more subtle. Verbal hints can be a sign, such as saying something like, “you won’t have to worry about me for much longer”, or making plans if anything were to happen to them. Before a suicide attempt, some people may give away prized possessions to their friends and loved ones. Finally, and most subtly, some people become much more cheerful after a stretch of depression or apathy. Often people attribute this to the person’s mental health improving, however, it can be a sign that they’re feeling relief after making plans to take their life.

If you recognize these behaviors in your child or student, it’s important to take action immediately. Reach out to their teachers, counselors, parents, and friends to ask what they’ve seen. Most importantly, speak openly and directly with your student or child. Do not mince words or avoid the subject. Plainly asking the question “Are you considering killing yourself” is important, because it removes any ambiguity from the conversation. When speaking to them,

avoid casting judgment or giving too strong of reactions to what they say. At this point, our only job is to support the student. While what they say may alarm or hurt us, maintaining composure and making them feel heard is vital to suicide prevention. Finally, if you're concerned for your child's mental health, please reach out to their family doctor or mental health provider.

If you're interested in learning more about suicide prevention, QPR Training can be an excellent resource. Please feel free to reach out to the SCIP office at 402-327-6843, or email at [dtucker@lmep.com](mailto:dtucker@lmep.com), for assistance in becoming QPR trained. As well, visit the SCIP website at <https://scipnebraska.com> for more digital resources on suicide prevention.

#### References

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/teen-suicide>

<https://www.cdc.gov/nchs/data/vsrr/vsrr024.pdf>

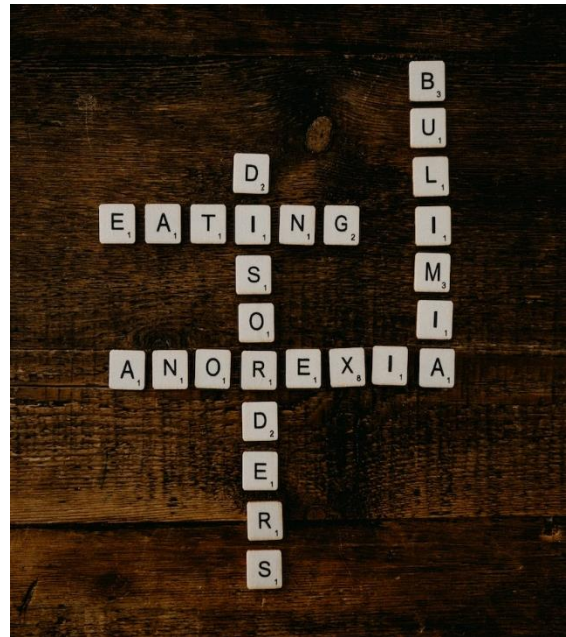
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<https://qprinstitute.com/>

<https://afsp.org/>

## Eating Disorders: Promoting Healthy Body Image

Eating disorders are serious, but treatable mental and physical illnesses. National surveys estimate that 20 million women and 10 million men will have an eating disorder at some point in their lives (National Eating Disorder Association). While eating disorders can affect people of all ages, the onset of eating disorders typically occurs during pre-adolescence or adolescence. Eating disorders are considered bio-psycho-social diseases, which means that genetic, biological, environmental, and social elements play a role. It is common for eating disorders to co-occur with other mental health conditions like depression, anxiety, social phobia and obsessive-compulsive disorder.



Early intervention can increase the probability of complete recovery. However, many adolescents go undiagnosed and do not receive treatment until their eating disorders are at an advanced state. One reason for this is that teenagers with eating disorders often try to hide their behaviors. Additionally, family and friends may be unaware of the signs and symptoms of an eating disorder. Different types of eating disorders produce different warning signs. Among teenagers, the most common eating disorders include Anorexia, Bulimia, and Binge-Eating Disorder.

Anorexia is characterized by abnormally low body weight, an intense fear of gaining weight, and a distorted perception of weight. Signs of Anorexia include:

- A distorted view of one's body weight
- Restricting, hiding, or discarding food (skipping meals)
- Obsessively counting calories and/or grams of fat
- Denial of feelings of hunger
- Compulsive or excessive exercise
- Pronounced emotional changes, such as irritability, depression, and anxiety
- Social withdrawal
- Physical symptoms such as rapid weight loss, feeling cold, tired, thinning hair or dizziness

Individuals with Bulimia typically binge and purge by engaging in episodes of overeating (bingeing) usually followed by behavior such as purging through vomiting, use of laxatives, fasting or excessive exercise. Teens with Bulimia may go unnoticed due to the ability to maintain a "normal" body weight. Signs of Bulimia may include:

- Preoccupation with body weight and distorted body image

- Eating unusually large amounts of food with no apparent change in weight
- Hiding food or discarded food containers and wrappers
- Excessive exercise or fasting
- Frequent trips to the bathroom after meals
- Overachieving and impulsive behaviors
- Peculiar eating habits or rituals
- Physical symptoms such as discolored teeth, stomach pain, weakness or fatigue

Binge-Eating Disorder is characterized by uncontrollable excessive eating, followed by feelings of shame and guilt. Unlike those with Bulimia, teenagers with Binge-Eating Disorder typically do not purge or restrict food. According to the National Eating Disorder Association, Binge-Eating Disorder is the most common eating disorder in the United States. Signs of Binge-Eating Disorder may include:

- Eating an unusually large amount of food in a distinct period of time
- Hiding food or discarded food containers/wrappers
- Eating in secret because of feeling embarrassed by how much they are eating
- Eating when stressed or when feeling uncertain how to cope
- Experimentation with different diets
- Physical symptoms associated with Binge-Eating Disorder are long-term and can include weight gain, high blood pressure, skin disorders, and heart disease.

Getting a diagnosis is the first step toward recovery from an eating disorder. Treatment generally involves a multidisciplinary approach that includes a combination of psychological and nutritional counseling, along with medical monitoring. Seeking guidance from a family physician is a great first-step resource for information on how to connect to treatment and support.

While there is no sure way to prevent eating disorders, parents and guardians can play a crucial role in helping youth maintain a healthy relationship with food. Open communication with youth is essential in promoting a healthy body image. Below are a few strategies to help children and teens develop healthy-eating behaviors:

- Model a positive relationship with food. Kids watch adults and the way they interact with food. Eat meals together when possible and show that food is fuel for nutrition and overall health. Discuss foods in terms of how healthy they are, not how “good” or “bad” they are.
- Avoid making comments about the appearance of others’ bodies.
- Cultivate and reinforce a healthy body image. Talk to kids about self-image and offer reassurance that body shapes can vary. Avoid criticizing your own body in front of your child.
- Promote physical activity. Talk positively about exercise as a celebration of what the body can do as opposed to a way to change or alter appearance.



- Talk to kids about the effects of puberty. Help them to understand that weight gain is a healthy and normal part of development.
- Communicate about the media's narrow depiction of bodies. Social media, movies, TV shows, magazines and advertisements often send the message that only a certain body type is acceptable. These messages can harm body image.

References: Child Mind Institute; Harvard Medical Center; Mayo Clinic; National Eating Disorder Association