What Can Parents Do To Best Support A Child’s College Experience

Watching a child head to college for the first time is difficult, to say the least. Many parents struggle with the challenge of giving a child the freedom to make decisions independently, while also continuing to provide support and guidance for the many issues kids face at school. When the issues stray beyond the typical roommate skirmishes and academic difficulties, the distinction between interference and active support may seem unclear to parents. The following information outlines steps to help parents maintain an active role in a child’s college experience, help recognize signs of trouble or distress in a child, and provide support and resources for a child even with a great distance between them. These steps aim to provide parents with the tools to help truly maximize their child’s college experience.

**MAXIMIZE AND SUPPORT YOUR CHILD’S COLLEGE EXPERIENCE**

**Be aware of the stresses your child faces.** Most students identify health or emotional factors as issues that impede academic success. However, it is still important to talk to your child about his/her specific concerns.

**Model Strong Communication Skills.** Model the communication skills that you want your child to learn. According to the American College Health Association, 72.5 percent of students say that they get most of their health information from their parents. Use your conversations to strengthen your connections. Show that it is okay to talk about sensitive and emotional subjects, and that it is fine to disagree and be upset. You can always come back and continue the discussion later with no damage done.

**Be honest about mental health in your own lives.** Share your personal experiences and those of family and friends. Talk with empathy and understanding about the value of professional psychological help. Young adults today connect many psychological issues with shame and embarrassment; a simple word change can produce dramatic results by normalizing mental health issues.

**Listen (and Listen Well).** Learn to be an active listener. Don’t finish your child’s thoughts or interrupt with a quick solution, let him/her finish his/her own sentences. Use nonverbal listening techniques – lean in, maintain good eye contact, smile as appropriate.

**Talk, Don’t Criticize.** Avoid controlling words like must and ought. Have balanced, open conversations with your child. Present your views in non-critical ways in order to help them discover his/her own answers to life’s challenges.

**Communicate Regularly.** Set up a regular time to talk while your child is away at school, for example every Sunday, to catch up on the week’s events.

**Let your child know that they do not have to protect you from their problems.** Make sure you communicate that you are available as a resource, even if you assume your child already knows this.

**Agree to disagree.** At times you will simply not see eye to eye with your child, accept this and instead try to reach a middle ground.

**Take time outs.** The issues you will discuss may be very tough at times. Acknowledge that you both might be too upset to talk at the moment, but then set up a specific time to revisit the issue and stick to it!

**Encourage Problem-Solving Skills.** Help your child think about how to approach a problem and get him/her to weigh the pros and cons of possible solutions. Let him/her come up with the options, and evaluate the consequences of each to decide which is best.

**Know the Warning Signs.** You should be aware of signs of distress. If you notice symptoms of the following problems, begin a dialogue with your child to initiate the process of support and help.

**Symptoms of Depression**
- Persistent sad or empty mood
- Loss of interest or pleasure in ordinary activities
- Changes in appetite or weight
- Insomnia or increased sleeping
- Restlessness or sluggishness
- Decreased energy or fatigue
- Difficulty concentrating or making decisions
- Feelings of guilt, hopelessness or worthlessness
- Recurrent thoughts of death (not just fear of dying), recurrent thoughts of suicide, or a suicide attempt
Symptoms of Bipolar Disorder
Symptoms of the "highs" or manic phase
- Extreme irritability and distractibility
- Excessive "high" or euphoric feelings
- Increased energy, activity, restlessness
- Racing thoughts
- Rapid speech
- Decreased need for sleep
- Unrealistic beliefs in one's abilities and powers
- Increased sexual drive
- Abuse of drugs or alcohol
- Reckless behavior such as spending sprees, rash decisions, or erratic driving

Symptoms of the "lows" of bipolar disorder are listed under symptoms of depression.

Symptoms of Suicidal Thinking
Talking about suicide and other specific changes in behaviors are often outright warning signs. Pay attention to these signs of potential suicide and take them seriously:
- Talking about suicide (killing one's self)
- Making comments about being hopeless, helpless, or worthless
- Withdrawing from friends and social activities
- Saying things like "It would be better if I wasn't here" or "Life isn't worth living"
- Taking unnecessary or life-threatening risks
- Giving away articles of either personal or monetary value
- Losing interest in things one used to care about
- Visiting or calling people to say goodbye
- Getting affairs in order, tying up loose ends

Be Pro-Active with Your Child's College Resources.
Evaluate the school's support services, particularly if your child has already been diagnosed with a mental health disorder. You may want to investigate facilities in the surrounding town if campus resources appear inadequate. Make direct phone calls to the school's counseling center requesting information about the mental health services. If you receive the runaround, you can assume that your child would also if they ever decide to seek help.

Questions to help assess the mental health services available at school:
- Does the school provide resources for student wellness, workshops for dealing with stress, recognizing depression, or handling eating concerns?
- Does the school's website have links for information about mental health?

When parents start asking more questions and demanding parity for mental health programs, schools will come to realize that safety and emotional well-being are important considerations for increasingly informed consumers, and will provide appropriate resources to address these issues.

Know Confidentiality Rules.
The current rules of confidentiality in college counseling centers are quite stringent and clear. Unless students are in imminent danger of hurting themselves or others or are completely unable to take care of themselves, doctors and psychologists cannot share clinical info with anyone – parents or college officials – without permission from the student (assuming over 18).

This stresses the importance of having a strong open communication system with your child so that he/she will tell you personally when he/she needs help.

CRISIS ACTION PLAN
If your child calls you and needs emergency help, here are a few action steps to work through the situation:

- First, be calm and supportive of your child. Assure him/her that contacting you was the right thing to do.
- Get the facts of the situation. What exactly happened? When did it start? How are they feeling now?
- Acknowledge your own limitations as a parent, not an expert on mental illness.
- Decide whom to contact. If you feel your child is suicidal and fear for their safety, you may want to contact the local police to get your child to a hospital. Lesser, though still severe, situations may require immediate attention from campus counseling services.
- Arrange a meeting with a mental health care counselor for an assessment.
- Arrange for a return call from your child when he/she is safe and in the care of a responsible adult.
- Ask your child to give the counselor permission to speak to you.
- Identify the contact person.
- Monitor follow-up.
- Create a timeline to make decisions.
- Decide, as a group, the next steps to take.
- To provide continuous support, keep in touch at least once a day. Try not to sound panicked.