Chapter 4	Clinical Depression Sadness for over 2 weeks in a row	Suicidal Tendencies Prior to Act Lacks coping skills	 Eating Disorders Anorexia nervosa-self starvation Bulimia nervosa- binging and purging due to stressful events 	Unhealthy Relationships Harmful Verbal; physical; sexual; neglect Cyber harassment
Signs	Loss of interest Withdrawal Eating habits Passive or aggressive Behavior Over sleeping Illnesses Family history	See depression Teased/bullied Talks about death Attempts Hurting themselves Writing about it Giving away possessions Depression lifts suddenly Other death/family history	Odd diet patterns Always talks about wt. Thinks overwt. when not Unusual exercise patters Anorexia-very thin, tired looking, baggy clothes, hair loss, body hair thickens, blue tint to skin, dry. wrinkled skin, over exercising, death (result) Bulimia-carry normal weight, eating patterns triggered by stress, in the bathroom often, laxatives, hide vomit	Verbal- Anger, arguing, fighting, swearing, critical, picking on, jokes, put downs, lack of trust, jealous, avoiding, ignoring, threatening, aggressive, one sided, rude, disrespectful Physical — bruises, cuts, seeing all the abusive actions, grabbing, scared to leave due to threats, family feels threatened, weapons, drug use

What Can You Do As a PEER?	Positive influence Encouraging to seek help Tell an adult Accompany to the counselor	Take threats seriously Tell someone (adult) Encourage to seek help Never underestimate depression Encourage hot lines	Early diagnosis Report it Never underestimate condition Confront with evidence	Confront the abuser Tell someone Encourage help Confront with evidence Report it
Help/Treatment	Early detection Family intervention School intervention Community – therapy and counseling	Same learn coping skills and/or stress mng techniques	Same Treatment has to focus on mental health first then nutrition second	Same Prosecutions

(Depression) (Suicide) (Eating disorders) (Relationships)