

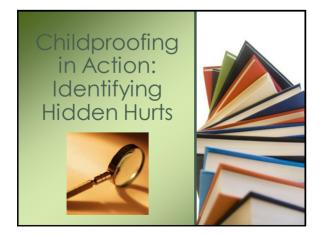


## Childproofing as a Concept

- Think about having an infant or toddler around, what were some of the ways that you would childproof your home?
- Why did we bother?
- To protect children from themselves and keep them out of harm's way

## Childproofing our (Pre)Teens

- Protecting (pre)teens is not as easy or as obvious as protecting an infant or toddler
  - The dangers are less obvious and come from many directions
  - But the premise is the still the same
- Our goal is to protect (pre)teens from themselves and keep them out of harm's way



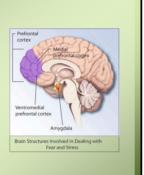
# The Impacts of Trauma, Mental Illness & Substance Use Issues

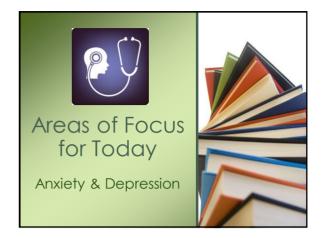
- Issues with Trauma, Mental Illness & Substance Abuse may a/effect:
  - Thoughts
  - Feelings (emotional, physical, metaphysical)
  - Behaviors
  - Perceptions (of self, others & the world)
  - Beliefs (about self, others, & the world)
  - Moods
  - Relationships with others
  - Daily functioning
  - Physical functioning and health

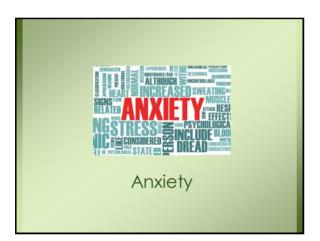




- Guilt, shame & self-blame
- Low self-esteem or selfworth
- · Little or no confidence
- Sense of powerlessness & learned helplessness
- Feelings of inadequacy
- Feeling hopeless, like no one cares or understands





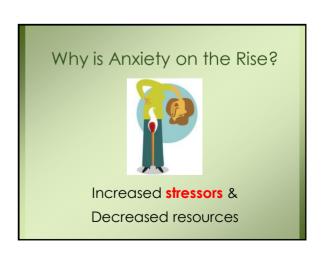


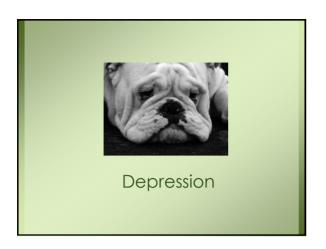
#### **Anxiety Disorders**

- The 2<sup>nd</sup> most common type of mental health problems in adults and common among (pre) teens
- Often goes hand-in-hand with Depression

# Warning Signs of Anxiety Disorders

- Changes in eating & sleeping patterns
- Appears on-edge or anxious
- May become easily confused or have difficulty paying attention
- Worries a lot (more than other people)
- Unreasonably fearful for their safety or of others
- Has difficulty concentrating and reports memory issues
- · Is fearful of school or social situations
- Begins using drugs and alcohol to cope with feelings of being out of control or overwhelmed





## Warning Signs & Symptoms of Depression

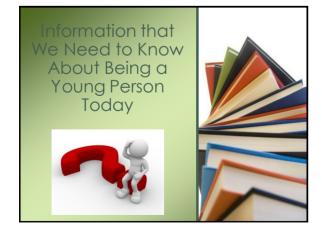
- Vague, non-specific physical complaints
- Frequent absence from school/work or poor school/work performance
- Talk or efforts to run away from home
- Behavioral outbursts: shouting, complaining, unexplained irritability, crying, arguments with peers, partners, parents
- Reckless behavior
- Difficulty with relationships
- Changes in concentration, attention, and memory for details

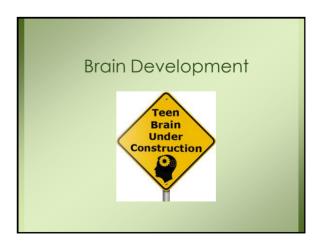
# Warning Signs/Symptoms for Depression (cont.)

- Low self-esteem
- Being bored, low energy
- Lack of interest in socializing (playing) with friends, engaging in participating in hobbies
- Alcohol or drug abuse
- · Social isolation, poor communication with peers
- · Thoughts of suicide or self-destructive behavior
- Extreme sensitivity to rejection or failure
- Increased anger, hostility, irritability
- Changes in sleep or appetite (especially indicative in youth can be failure to make expected weight targets)

## Risk Factors for the Development of Depression

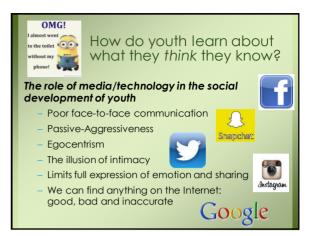
- Familial history
- During childhood, boys and girls are equally as likely to develop depression, but in adolescence and adulthood, girls are 2-3x more likely to develop depression; and older adults are 3x times more susceptible to developing depression
- Stress associated with: frequent familial deployments and/or moves, divorce, work/school, or friendships
- Grief and loss associated with: death of a loved one, recent relationship breakup
- History of abuse, neglect, trauma (including natural disasters)
- Cigarette smoking
- · Chronic illness, such as diabetes





# (Pre)Teens Don't Know what they Don't Know

- The brain doesn't fully develop until our mid twenties (around age 25)
- The area that is last to develop is the prefrontal cortex
  - Limited or poor decision making, increased impulsivity and increased risk takina
  - Decreased abstraction and executive functioning, limited understanding of long-term cause-effect relationships
  - More limited ability to have insight and understand oneself, or even be aware that this limitation exists
- And yet they sound so smart (or think they are)!



"I know that you believe you understand what you think I said, but I am not sure you realize that what you heard is not what I meant!"

- Quote from a U.S. Government Official
- Reproduced from 50 Communication Activities, Icebreakers, and Exercises, by Peter R. Garber. Amherst, MA, HRD Press, 2008.



#### Responsivity versus Reactivity

#### Reaction

- Invalidating
- Unconscious
- Impetuous/emotionally loaded
- Spontaneously blurted
- Perpetuates a monologue
- Problem driven
- Diffuse
- Defensive

#### Response

- Validating
- Conscious
- · Rational/thoughtfully
- considered
- Intentionally delivered
- Opens a dialogue
- Solution focused
- Strategic
- Collaborative

### Validation

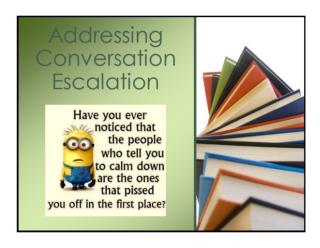
- Youth need to feel like their side is being heard
- Acknowledge and support the teen's feelings or experiences (whether we agree with them or not) as important to the teen, internally valid and meaningful for them recognize the value that they have for that teen
- Validating a teen's feelings does NOT mean tolerating inappropriate behavior



## Validating Statements

- I can see that it really hurts you when/that...
- I get that you really don't want to do...
- I would be upset too if...
- You are right, things have sucked for you in the past, so let's see if we can't figure out a way to make them suck less in the future.
- I really appreciate that you...
- That's great that you are doing...
- I see you are making real progress with ...
- I know it didn't work out the way you wanted it to, but you tried, despite the challenges, and that counts for a lot in my book!





# De-Escalation Techniques Body Language Non-threatening Announce what we are about to do Tone of Voice Deeper tones of voice are more calming, with less fluctuation of tone Less volume can also serve to get the person to listen better and calm down Rate of Speech Slower is preferable Hand Gestures Limit hand gestures because they can heighten anxiety in the individual



## Seek Help

- Remove shame and stigma
  - We would not think twice about suggesting that a (pre) teen see the eye doctor to get glasses or contacts if they were having trouble seeing
  - We wouldn't hesitate to encourage a (pre)teen to use their inhaler if they have asthma
  - We'd help our (pre)teens how to monitor their glucose if they had diabetes
- So why do we hesitate to access psychiatric or therapeutic help when our (pre)teens struggle with mental illness or substance abuse?

#### Provide Resources

- NAMI (National Alliance on Mental Illness) has chapters in every city and they are a wonderful resource
- Al-Anon is a great resource for family members and there are also Al-A-teen for siblings
- Most cities have AA/NA groups for adults as well as (pre)teens
- 2-1-1 is a great resource for information and referrals in your respective areas

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  - Medi-Medi
- Inpatient & Day Treatment Programs
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  - Substance Use (detox & rehab)
- Co-Occurring diagnoses
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# And Remember, it's a

This all TAKES TIME!

This all IS A LOT OF WORK!

This process is INCREMENTAL!

You need to BE KIND TO YOURSELF!

## Thank you!

Susan D. Writer, Ph.D.

Aurora Behavioral Health Care

www.aurorabehavioral.com

To Schedule a FREE Assessment: 858.675.4228