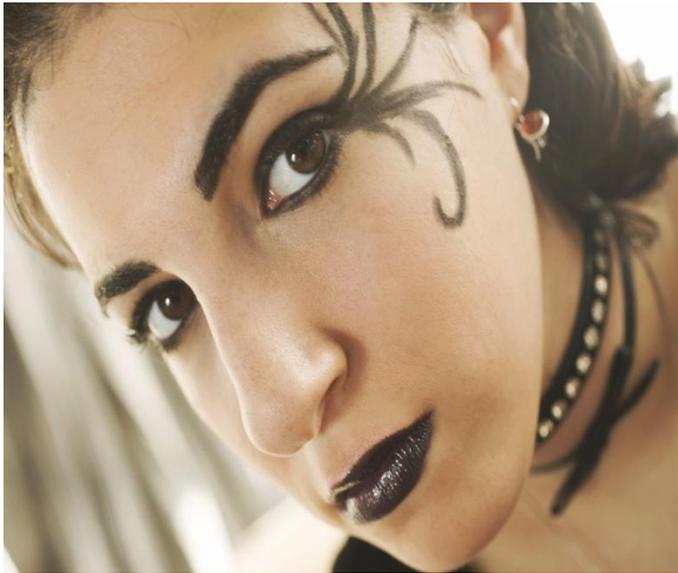


The Adolescent Brain: Delinquency or Development?

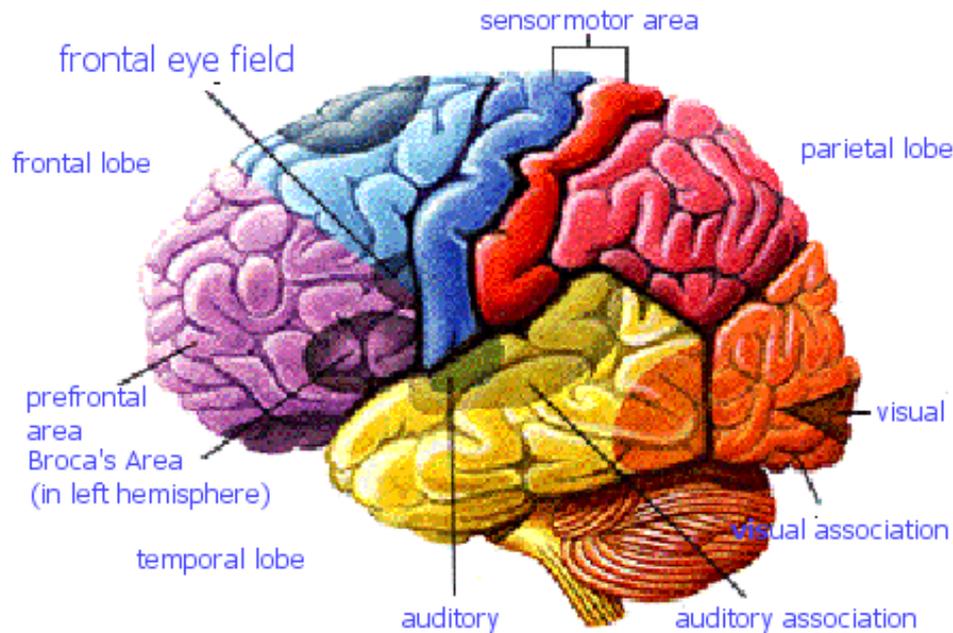
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Adolescence: Never a dull Moment



- Intensity
- Impulsivity
- Idealism
- Identity
- Independence

Adolescent Brains: Why Do They Act That Way?



- Prefrontal cortex is under construction until age 20.
- Lacks reflection, planning and organization with increase of risk taking, conflict seeking and distractibility.

The Amygdala

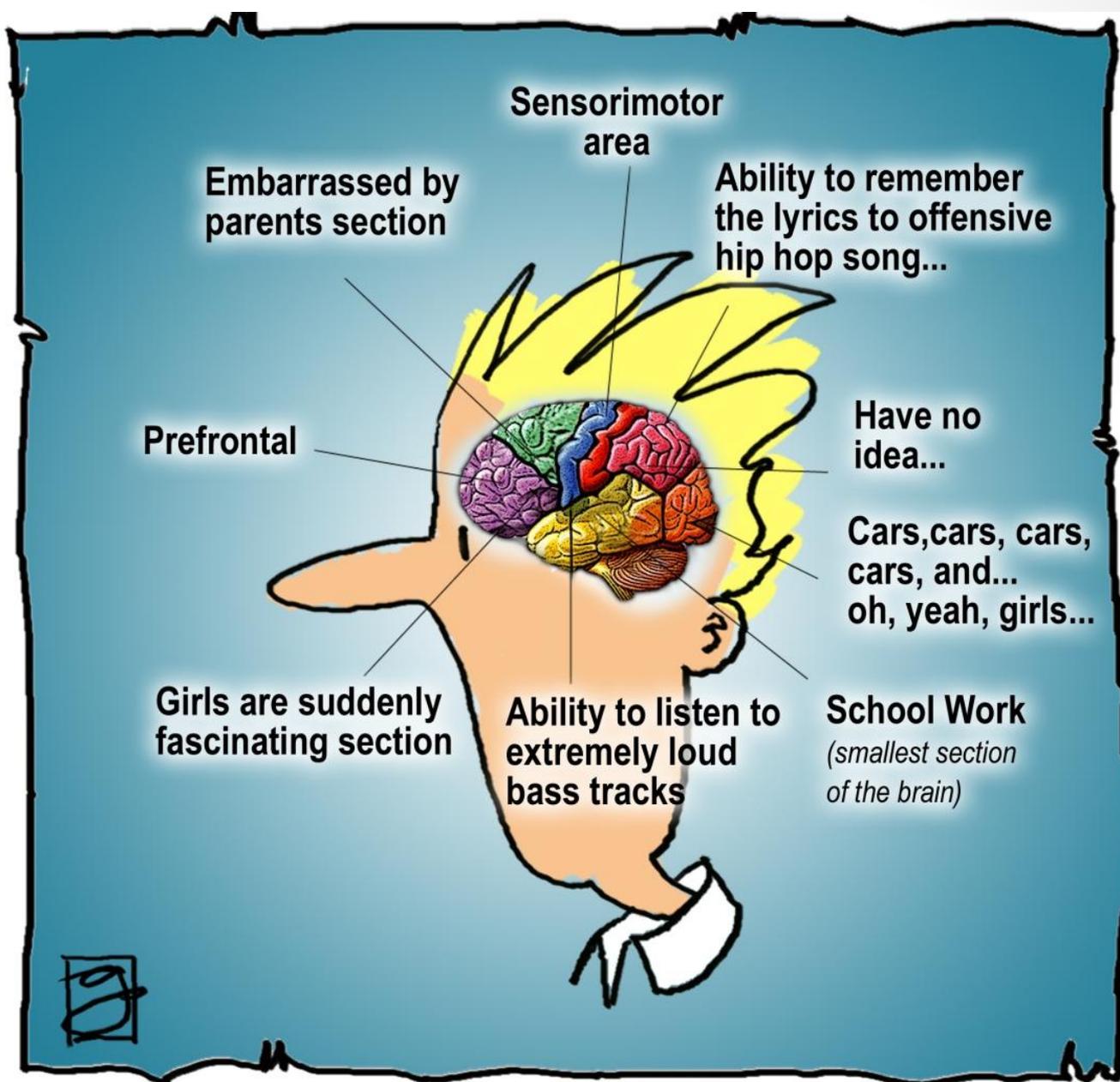
- The Amygdala is frequently flooded by hormonal activity.
- This part of the brain processes non verbal cues and often misinterprets.
- Left & right hemispheres mature at different rates in boys and girls, this affects language use by gender.

Males vs. Females

- 1000% testosterone increase
 - Amygdala flooded repeatedly ---- angry/aggression
 - Sex drive increase
- Prefrontal Cortex “under construction”
 - Emotional Regulation/Impulse Control
 - Rt brain 1st/Left brain 2nd
 - Withdrawal/sullen/asocial

(David Walsh, PhD – Univ. of MN)

- Testosterone & Oxytocin increases
 - Amygdala ---- anger/verbal aggress
 - increased interest in sex
 - * “Cuddle” hormone – physical closeness/relational
- Prefrontal Cortex “under construction”
 - Moody/Drama
- Left brain 1st/Rt brain 2nd
 - argumentative/talkative/talk about feelings (drama)



Anatomy of a Teenager's Brain

Child Development: The Rules

0-18 Months

- Trust vs. Mistrust

18 Months-3 Yrs

- Autonomy vs. Shame

3-6 Yrs

- Initiative vs. Guilt

6-12 Yrs

- Industry vs. Inferiority

12-18 Yrs

- Identity vs. Diffusion

Classic Adolescent Development

The major work of adolescent development is to attain a sense of identity while being marginalized by both the world of the child and the world of the adult. Yolanda Hawkins Rodgers

THE SAME RULES

- Separation (some whisper, some shout) Can I trust you?
- Dependence vs. Independence
- Identity Formation
- Attachment- yes, even for teens
 - Bungee Families for Late Bloomers

Healthy Development

- Good planning
- Ability to consider consequences of actions
- Self-reflection and introspection
- Impulse control
- Ability to stop, look, listen

What Their Brain Tells Them

More likely to:

- Act on impulse
- Misread social cues/emotions
- Get involved in fights
- Engage in risky behavior

And less likely to:

- Think before they act
- Consider consequences
- Modify inappropriate or dangerous behaviors

Middle School to Early High School

Independence

- Struggle with identity and self-esteem
- Peer relationships are very influential

Sexuality

- Concerns regarding physical attractiveness
- Frequently changing relationships
- Worries about “normal”

Middle School to Early High School

Values and Self-Direction

- Challenges who is in charge/sets limits
- Development of ideals; selection of role models
- Experimentation with sex and drugs (cigarettes, alcohol, and marijuana)
- Limited thoughts of the future

Late High School and Beyond

Independence

- Better sense of identity
- Increased ability for delayed gratification
- More emotional stability
- Increased self-reliance

Sexuality

- Feelings of love and passion
- Increased capacity for tender and sensual love

Late High School and Beyond

Values and Self-Direction

- Increased concern for the future
- Can think ideas through
- Interest in moral reasoning
- Capacity to use insight
- Increased emphasis on dignity and self-esteem
- Work habits become more defined

Who You See in Court

- The defiant, naughty, entitled child
- The neglected child
- The trauma survivor
- The foster child
- The 'unadopted' child
- The FASD child
- The dual diagnosis child

Identity vs. Role Confusion

- I hate you; I want to be nothing like you.
- You don't know anything about me.
- We don't understand each other.
- I am going to be so cool.
- My friends are very cool, unlike YOU.
- I admire you; I want to be like you.
- I want to find a partner, someone like you.

What is Role Confusion?

- I don't fit in anywhere; I am a loner.
- I go "over the top" and break rules to be liked.
- I can't decide if I am stupid or ugly.
- I am a follower.
- I can be the class clown or the juvenile delinquent.
- I feel lonely and isolated but try hard to hide it.

Impaired Development

- When the child can't take the next step towards growth and maturity.
- The brain adapts to an unpredictable and dangerous world.
- The child will continue to use their adaptive strategies (symptoms) to compensate.
- Removing coping strategies creates anxiety.

Prenatal Trauma

- Violence begins in the brain and the brain begins in the womb.
- The roots of violence are often fully developed by age three.
- The effects of prenatal exposure to drugs and alcohol are devastating.

Impact of Trauma

- They are socially and emotionally delayed
- They act before they think
- They use drugs and alcohol to have fun
- They are accustomed to feeling out of control
- They seek chaos, it is familiar
- They fear success and connection with equal intensity to failure and rejection

Flight/Fight/Freeze

- Until they resolve their fear based behaviors with some understanding of alternatives, getting them sober or stable will be very hard.
- Trauma work is done over time, in the context of an intimate relationship.
- It is not cognitive/behavioral or group work.

They Are Stuck

- Which task did they not complete?
- At what age did they developmentally ‘fall off the wagon’?
- What service would be most useful to address that developmental task?
- Match the child’s age of impairment with the service that will attend to it.

They Can't Listen When They're Afraid

- They won't remember.
- They will zone out.
- They will act like they understand, even though they don't.
- They will be distracted.
- They will not discern the meaning of what is being said.

Just Grow Up

- They won't heal while they are using.
- They won't stop using until they have some relief from their pain.
- They won't grow up or mature while they are using.
- Until we help them grow up, they won't relinquish using.

Chemical Use/Addiction

- This is the age children experiment.
- Children with developmental insults are much more susceptible.
- Addiction often looks like mental health problems.
- Screening and services are critical.
- Follow-up and aftercare with sober supports can be helpful, if they can be found.

Adolescent Mental Health

40% to 85% of youth in care are affected by a mental health disorder in their lifetime.

(Skinner Mendelow)

23% of youth in care have 3 or more diagnoses in their lifetime, compared to 15% of the general population.

(Casey Family Programs, 2007)

Screening children upon entry into care doubles detection rate of potential problems.

(S. Jee; Univ. of Rochester Med. Center)

Adolescent Drug Use

9 million American young adults ages 12-25 need help with drug/alcohol problems.

(2009 National Study on Drugs and Health)

90 % of all adults with drug/alcohol problems started using before the age of 18, and half before age 15.

(Dennis 2007)

90% of adolescents who need help with drug/alcohol problems are not getting the help they need.

(2008 National Study on Drugs and Health)

TEENS AT RISK

- Histories of abuse, neglect, and/or significant family problems.
- Chemical use at an early age.
- Family history of drug or alcohol problems.
- Existing mental health problems or a psychiatric disorder during childhood (such as ODD, ADHD, or a learning disability).
- Friends who use drugs and alcohol/no friends.

NIDA; Tarter as cited in Riggs

SCHOOL: A Downward Spiral

- Increased risk for school failure
- Demoralization and lack of self-worth
- Escalating behavior problems
- Placement in behavior- and learning-disabled classes, increasing association with similarly vulnerable peers.
- Early onset of substance abuse

Adolescent Stressors

- School frustrations
- Taking on too many activities or having too high expectations
- Low self-esteem
- Peer problems
- Unsafe living environment/neighborhood
- Separation or divorce of parents
- Chronic illness or death in the family
- Moving or changing schools
- Family financial problems

Adolescent Stress Response

- A child can do OK in times of low stress.
- When a stress response is triggered, the child goes into default mode.
 - Survival mechanisms take over.
 - We call this regression or decompensation.
 - A child may withdraw, become aggressive, or develop poor coping skills, such as drug/alcohol use.

The Acting Out Adolescent

- Is actually seeking a response from adults...
- Teens may use hostile, self-destructive and infuriating behaviors.
- These kids can't regulate strong emotions, but they're attracted to them, so they activate distress in the adults around them.
- They love drama.
- Defiance is often about anxiety and fear.

How The Child Sees The System

- They don't give me a voice.
- People don't care—it's about money, not me.
- They talk tough but won't follow through.
- They don't really know what I need. They just want to run my life.
- I can manipulate and 'get out of this'.

The State Ward

When the state of Minnesota is your mother

- You have no voice.
- No one RETURNS YOUR CALLS.
- No one has long term investment.
- You have already lost everything that ever mattered, more hurt will hardly make a difference.
- YOU GIVE UP.

Punishment or Treatment

Punitive consequences...

- May teach nothing of value if there is no opportunity to learn an alternative.
- May reinforce negative messages about adults who have power.
- Will often not motivate a child or create fear rather than a desire to please.

Incarceration Can Be Traumatic

- Facilities can exacerbate negative feelings created by previous trauma:
 - Seclusion
 - Staff insensitivity
 - Loss of privacy
 - Verbal and physical aggression
- Trauma-exposed youth sent to disciplinary settings (prisons; group homes) show higher offense rates as adults.

Can't or Won't?

- When logical thinking is absent, concrete and time-limited interventions are best.
- Consistent messages help.
- Life-skills services work better than consequences or removal of freedom.
- **Do we teach them how to manage or remove the opportunity to learn?**

False Assumptions

- We assume they are logical.
- We assume they care about the same things we do.
- We assume they can learn from their mistakes
- We assume they have hopes and dreams for a better future.
- We assume they don't succeed because they simply don't care.

Effective Youth Programs

Programs focus on giving youth a sense of:

1. Safety and structure;
2. Belonging and membership;
3. Self-worth and social contribution;
4. Independence and control over one's life;
5. Closeness in interpersonal relationships.

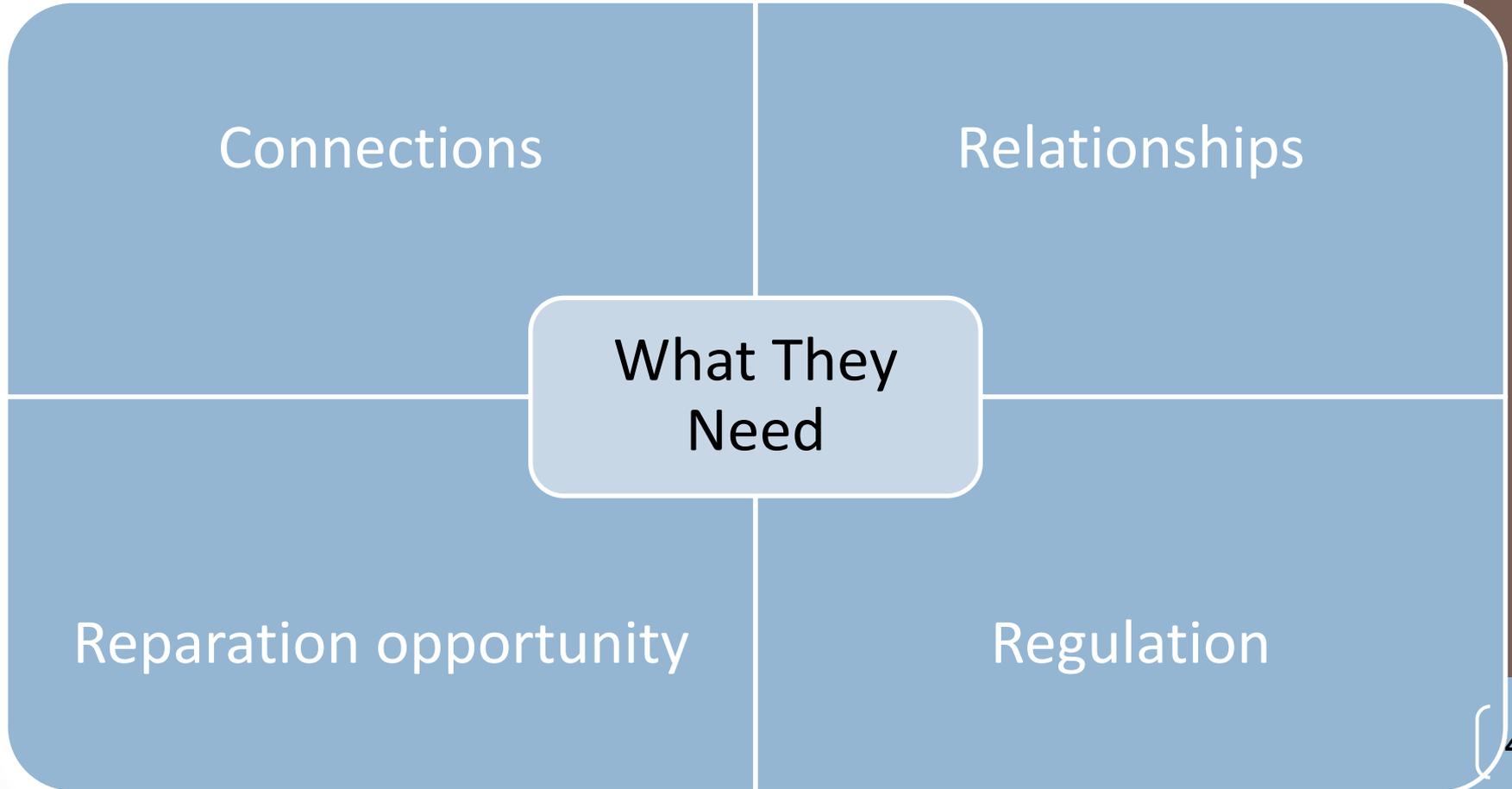
What You Can Offer

- **Authority** with empathy
- **Safety** with clear rules
- **Compassion** with structure
- **Investment** with some ideas
- **Curiosity** about the future
- **Support** that offers hope

Respect And Dignity

We can often include the teen as part of their process. Offering input can be useful in terms of finding out what they think they need. It is also a message of respect and dignity.

How To Help



Treatment Goals

- **Enhance skills:**
 - Self-efficacy Problem-Solving Mood regulation
 - Coping Decision-Making Communication
- **In order to:**
 - Anticipate and avoid high-risk situations
 - Identify triggers for drug use
 - Decrease association with drug-using peers
 - Encourage involvement in pro-social activities

Integrated Treatments

Effective programs are comprised of:

- Broad evaluation of behavioral, psychosocial, and psychiatric problems associated with drug use.
- Empathic, supportive, motivational techniques
- Behavioral/cognitive-behavioral approaches
- Individual and/or group therapy
- The importance of family involvement
- Relapse prevention/continuing care

Barriers to Integrated Treatments

- Shortage of adolescent psychiatrists with training in addictions
- Poor third-party payer coverage for integrated psychiatric services
- Separation of provider networks for psychiatric and substance abuse treatment

Involving The Family

Strategies to improve overall family functioning:

- Restructuring interventions to correct flawed relationship and behavior patterns.
- Parental monitoring.
- Behavior management skills.
- Improve teen's behavior and reduce drug abuse.

Good Parenting Skills

- They have support, or would use services if offered.
- They have attended to mental health issues.
- They are willing to address issues of chemical dependency and violence.
- They can empathize with their child.
- They accept responsibility.

Medication

- If medication is being considered, treatment includes initiation and monitoring.
- Abstinence isn't necessarily a precursor to medication, as untreated mental illness may have negative affects:

Riggs

Relapse

- Severe substance abuse and chemical dependence in adolescence may be a chronic relapsing disorder. Monitoring is HELPFUL.
- Emphasize that relapse is common and does not represent personal failure nor treatment failure.
- Planning for relapse is a good idea so that it is not seen as a crisis but as a part of the recovery process.

Making A Connection

- **I believe** you can do it better.
- **You have the power** to do it better.
- **We all want to help** you do it better.
- I know **you want it** to be better.
- Do you know what it is **you need**?
- How can **we help** you?
- Lots of kids **turn it around**—you can, too.

Resources

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