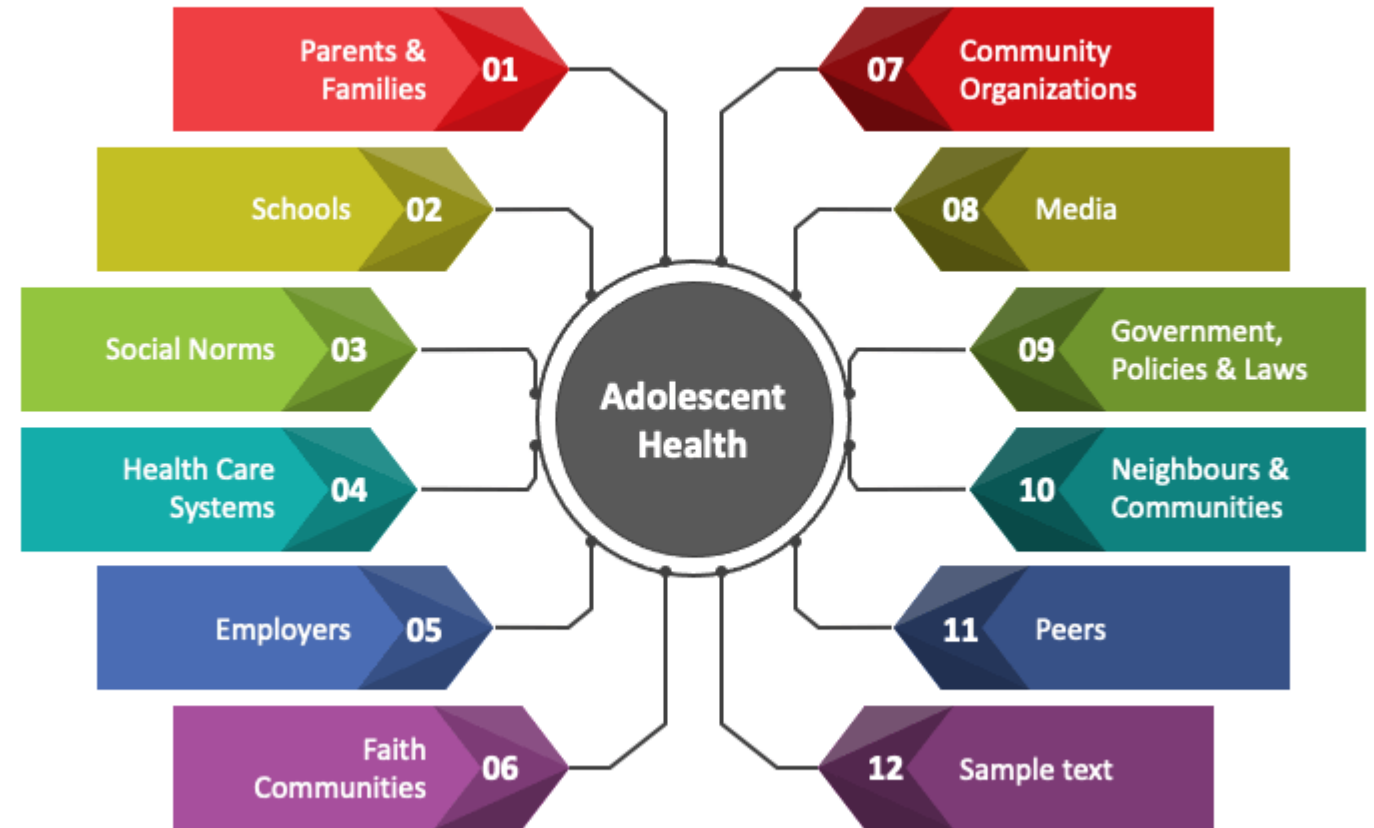


## ADOLESCENT HEALTH

Factors that Influence Adolescent Health



**Adolescents Under Pressure:  
Surviving and Thriving in a Changing World**

**Mary-K O'Sullivan, LMFT, LADC, LPC**

\*All pictorial reinforcements of the concepts in this presentation are the sole property of their creators as listed in the citations. The presenter implies no ownership nor creation of their content



# COMMON ISSUES TEENS ARE FACING TODAY

Sagebrush Psychotherapy

SOCIAL MEDIA AND TECHNOLOGY

PEER PRESSURE AND  
RELATIONSHIPS

IDENTITY EXPLORATION

BEHAVIORAL PROBLEMS

SUBSTANCE USE AND  
ADDICTIVE  
BEHAVIORS

ANXIETY AND  
DEPRESSION

SELF HARM AND  
SUICIDAL THOUGHTS

ACADEMIC PRESSURES

FAMILY DYNAMICS

## Issues Teens & Tweens Say Are Most Important\*

- ✓ Mental Health
- ✓ Freedom of Speech
- ✓ Racial Justice
- ✓ Women's Rights
- ✓ Community Violence

## Teens & Tweens Think Their Generation Will Make the Most Difference in These Issues\*

- ✓ Mental Health
- ✓ LGBTQ+ Issues
- ✓ Freedom of Speech
- ✓ Climate Change
- ✓ Community Violence

Boys and Girls Club



# Warning signs of a mental health issue?

Percent of parents who would be concerned about their adolescent if they noticed the following signs

Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2022

Frequent comments about being worried or anxious	65%
Moodiness	64%
Decreased interaction with family	63%
Drop in grades	61%
Change in sleep	53%
Change in eating patterns	49%



## SAGEBRUSH PSYCHOTHERAPY

THE DIFFICULTIES  
OF PUBERTY AND  
ADOLESCENT  
DEVELOPMENT

ONLINE  
INFLUENCE AND  
SOCIAL MEDIA  
PRESSURES

**WHY  
SUICIDAL THOUGHTS  
DEVELOP IN TEENS**

SOCIAL  
ISOLATION  
AND  
LONELINESS

UNDERLYING  
MENTAL HEALTH  
ISSUES

TRUAMA



THINGS  
YOU  
SHOULD  
KNOW  
ABOUT...

# TEENS & MENTAL HEALTH

WWW.OLIVERDRAKEFORD.COM

ONE IN EIGHT CHILDREN AND YOUNG PEOPLE BETWEEN THE AGES OF FIVE AND 19 IN ENGLAND HAS A MENTAL DISORDER, AND APPROXIMATELY 1 IN 5 YOUTH AGED 13-18 IN THE US EXPERIENCES A SEVERE MENTAL DISORDER AT SOME POINT DURING THEIR LIFE.

## FAMILY DYNAMICS

24%



of people aged five to 19 who have a mental disorder were in a family that have been struggling to function well.

## SOCIAL MEDIA

25%



of 11-19 year olds reported being cyber-bullied. But, those with higher rates of social media use reported similar loneliness levels to those who barely use it,

## ISOLATION

80%



of adolescents report feelings of loneliness at some time, and almost a third describe these feelings as 'persistent and painful'.

## LGBT

92%

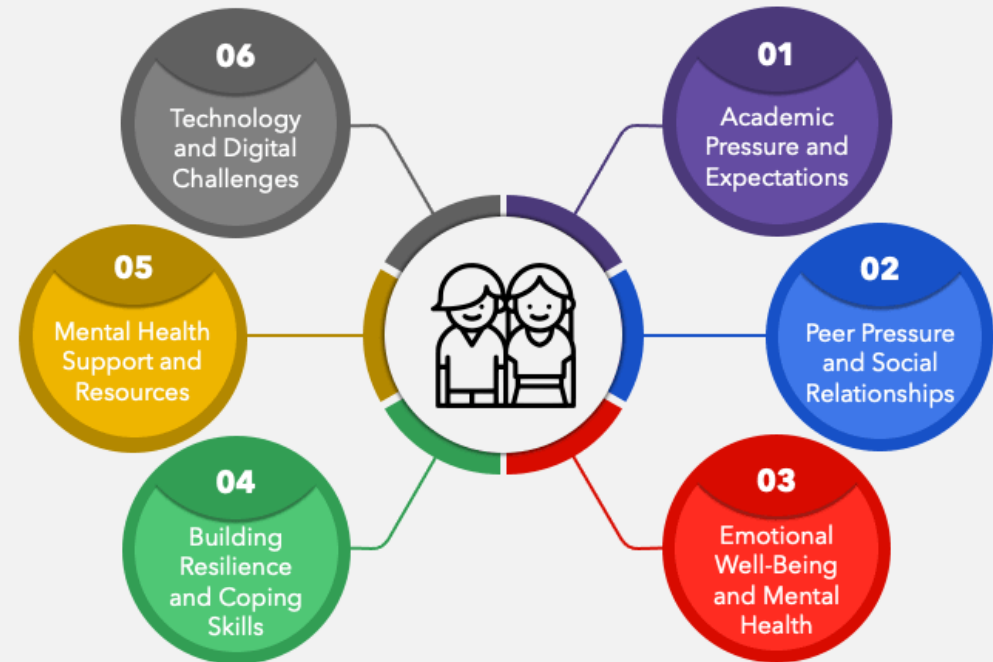


of LGBT youth report hearing messages about being LGBT, from school, peers and online. 42% say they do not feel accepted

IF YOU ARE WORRIED ABOUT AN ADOLESCENT IN YOUR LIFE, PLEASE CONNECT WITH ME:  
OLIVER@OLIVERDRAKEFORD.COM

LINKS  
FAMILY <https://www.theguardian.com/society/2018/nov/22/why-do-more-young-people-have-mental-health-problems>  
ISOLATION <https://www.usnews.com/news/health-care-news/articles/2018-05-01/study-many-americans-lonely-younger>  
SOCIAL <https://www.usnews.com/news/health-care-news/articles/2018-05-01/study-many-americans-re>

## ADOLESCENT CHALLENGES





# **Adolescent and Young Adult Challenges**

**Yikes!!!!**

**My Brain Is Plotting Against Me**

**Adolescents and Young Adults are Their Own  
Culture: Searching For Identity**

**The Complexity of Development and  
Diagnosis**

**Entering the New Substance Use Culture**

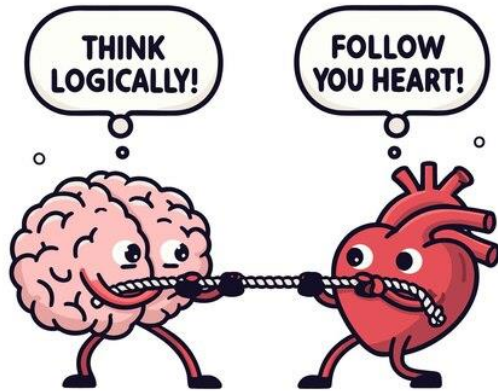
**Technology Overload, Overload, Overload**



# **Yikes!!!!**

## **My Brain Is Plotting Against Me**

---





# Adolescence

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**Developmental Stage that Transitions the Child to an Adult**

**Age Range is between 10 – 24 and referred to as “teenagers,” “adolescents,” “youth,” and “young people”**

**Younger Age is Primarily Physical  
(Onset of Puberty)**

**Older Age is Primarily Brain Development  
(Frontal Lobe Development)**

## Adolescence

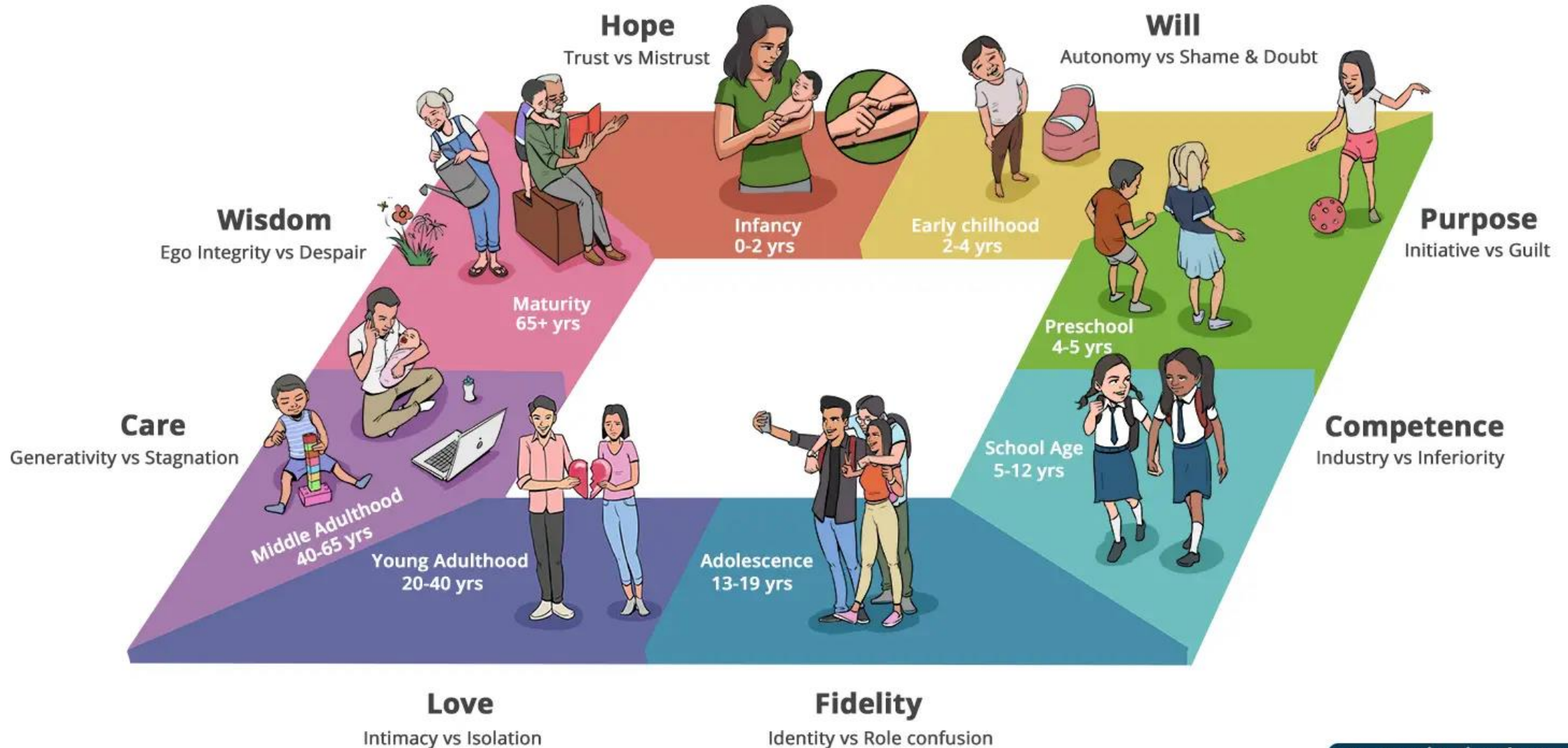


Adolescence is defined as the transition from childhood to adulthood or the psychological, social and emotional changes that accompany puberty






# ERIKSON'S STAGES OF PSYCHOSOCIAL DEVELOPMENT





A photograph of a bridge at night, illuminated with vibrant, multi-colored neon lights (red, orange, yellow, green, blue, and purple) that form a large, glowing arch over a body of water. The lights reflect on the water's surface, creating a rainbow-like effect. The bridge's structure is visible, with vertical supports and horizontal beams. The background is dark, suggesting a night sky.

## **Adolescence is the Developmental Bridge Between Childhood and Adulthood**

---

**One of the Most Important Tasks of  
This Maturation Phase is the  
Transition From Concrete  
(Black/White) Thinking  
to Abstract Thinking (Shades of  
Grey)**

**This Includes Being Able To Predict  
Outcomes of Choices **BEFORE** They  
Are Made**

**Focus is Upon Developing Adult  
Coping Skills and Abstract Problem  
Solving in Varying Situations**



## INSIDE THE TEENAGE BRAIN

Adolescents are prone to high-risk behaviour

### Prefrontal Cortex

Its functions include planning and reasoning; grows till 25 years

**Adults** Fully developed

**Teens** Immature, prone to high-risk behaviour

### Amygdala

Emotional core for passion, impulse, fear, aggression.

**Adults** Rely less on this, use prefrontal cortex more

**Teens** More impulsive

### Parietal Lobe

Responsible for touch, sight, language; grows till early 20s

**Adults** Fully developed

**Teens** Do not process information effectively

### Ventral Striatum

Reward centre, not fully developed in teens

**Adults** Fully developed

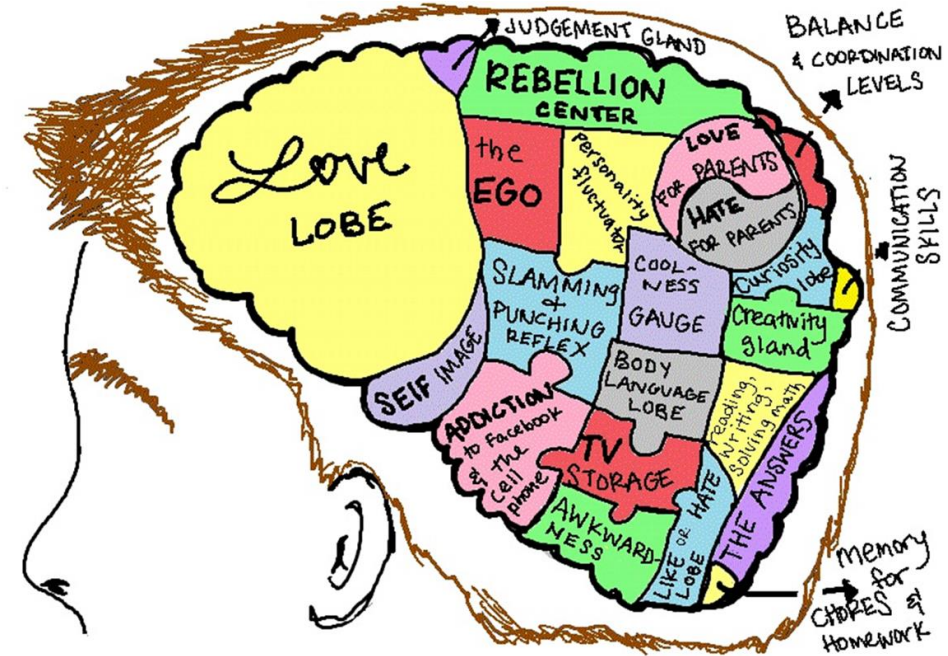
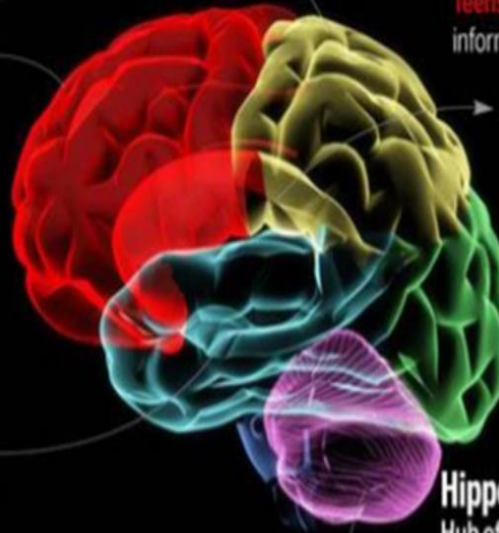
**Teens** Are more excited by reward than consequence

### Hippocampus

Hub of memory and learning; grows in teens

**Adults** Fully functional; loses neurons with age

**Teens** Tremendous learning curve





# The growing teen brain

During the teenage years, the part of the brain that drives emotion develops faster than the part that controls impulses. This allows for the social, emotional and cognitive changes as well as taking on new responsibilities from childhood to adulthood.



Age 10-18



Limbic system (drives emotions) intensifies during puberty along with hormones



Rapid cognitive, emotional, social and rational growth from childhood to adulthood



Greater risk-taking behaviours



Age 18-25



Prefrontal cortex (controls impulses) further develops and matures in early 20s



Greater control over impulsive actions



Less risk-taking behaviours, more sound judgement

## THE ADOLESCENT BRAIN A SECOND WINDOW OF OPPORTUNITY

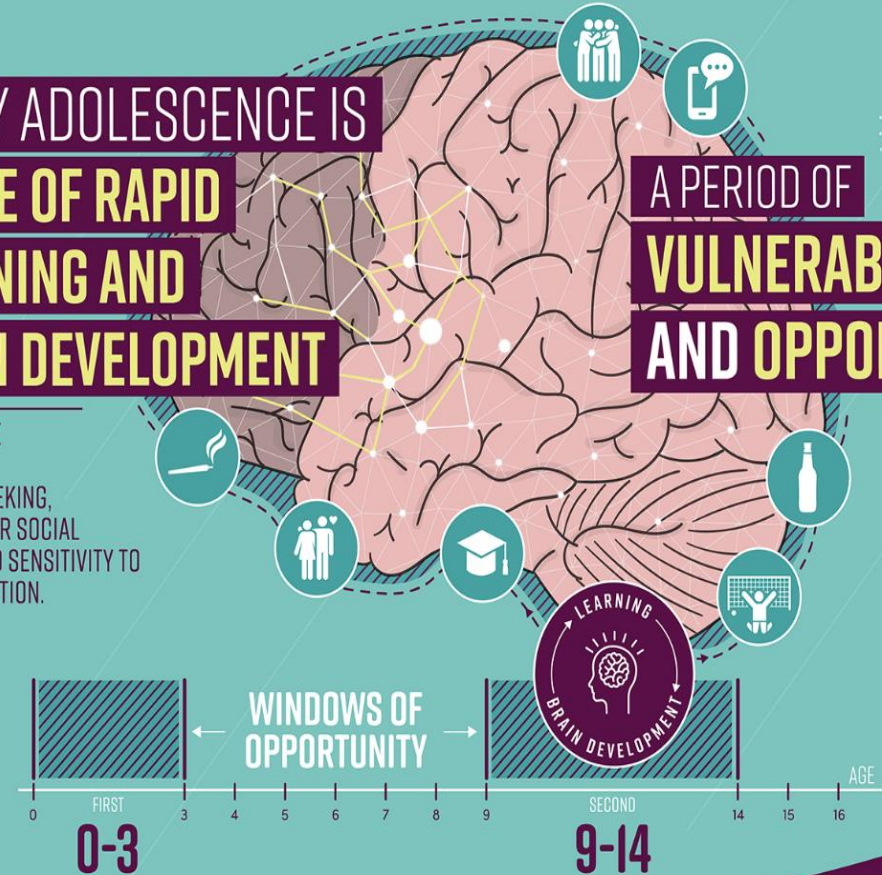
unicef   
Office of Research - Innocenti

EARLY ADOLESCENCE IS  
A TIME OF RAPID  
LEARNING AND  
BRAIN DEVELOPMENT

A PERIOD OF  
VULNERABILITY  
AND OPPORTUNITY

THESE INCLUDE  
INCREASES IN  
SENSATION-SEEKING,  
MOTIVATION FOR SOCIAL  
RELATIONS AND SENSITIVITY TO  
SOCIAL EVALUATION.

PUBERTY INITIATES INTENSE  
LEARNING & BRAIN  
DEVELOPMENT, WHICH LEAD TO  
STRUCTURAL REMODELING AND  
NEURAL RE-CONFIGURATION OF  
KEY BRAIN SYSTEMS. IT'S A  
CRUCIAL TIME TO INVEST IN  
ADOLESCENTS.



DOWNLOAD

"THE ADOLESCENT BRAIN:  
A SECOND WINDOW OF OPPORTUNITY"

[WWW.UNICEF-IRC.ORG/ADOLESCENT-BRAIN](http://WWW.UNICEF-IRC.ORG/ADOLESCENT-BRAIN)



# What happens in the adolescent\* brain?

## Myelinisation

- Oligodendrocytes wrap themselves around the neuronal axons
- This leads to faster and more efficient signal transduction

## Axonal growth

## Areas of major changes

- Prefrontal cortex
- Amygdala and hypothalamus
- Corpus callosum

## Synaptic pruning

- Removal of rarely used synapses
- Strengthening of frequently used ones

"Use it or lose it"  
Window of opportunity

## Functional changes

- Increase in reward-related activities
- Reduced fear-response
- Increased mentalization
- Increased self-evaluation
- Increased socialization

White matter increases  
Grey matter decreases

## What doesn't change much?

- Total brain volume
- Total number of neurons

## Scientific references

Hedeman et al: "Human brain changes across the life span: a review of 56 longitudinal magnetic resonance imaging studies" *Hum Brain Mapp*, 2012 Aug; 33(8):1987-2002  
Sancé et al: "Risk-taking behaviour in adolescents", *Aust J Gen Pract*, 2018 Dec; 47(12):829-834  
Vijayakumar et al: "Puberty and the human brain: Insights into adolescent development", *Neurosci Biobehav Rev*, 2018 Sep; 92:417-436  
Sarah-Jayne Blakemore: "The Neuroscience of the Teenage Brain", The Royal Institution video, 2018.

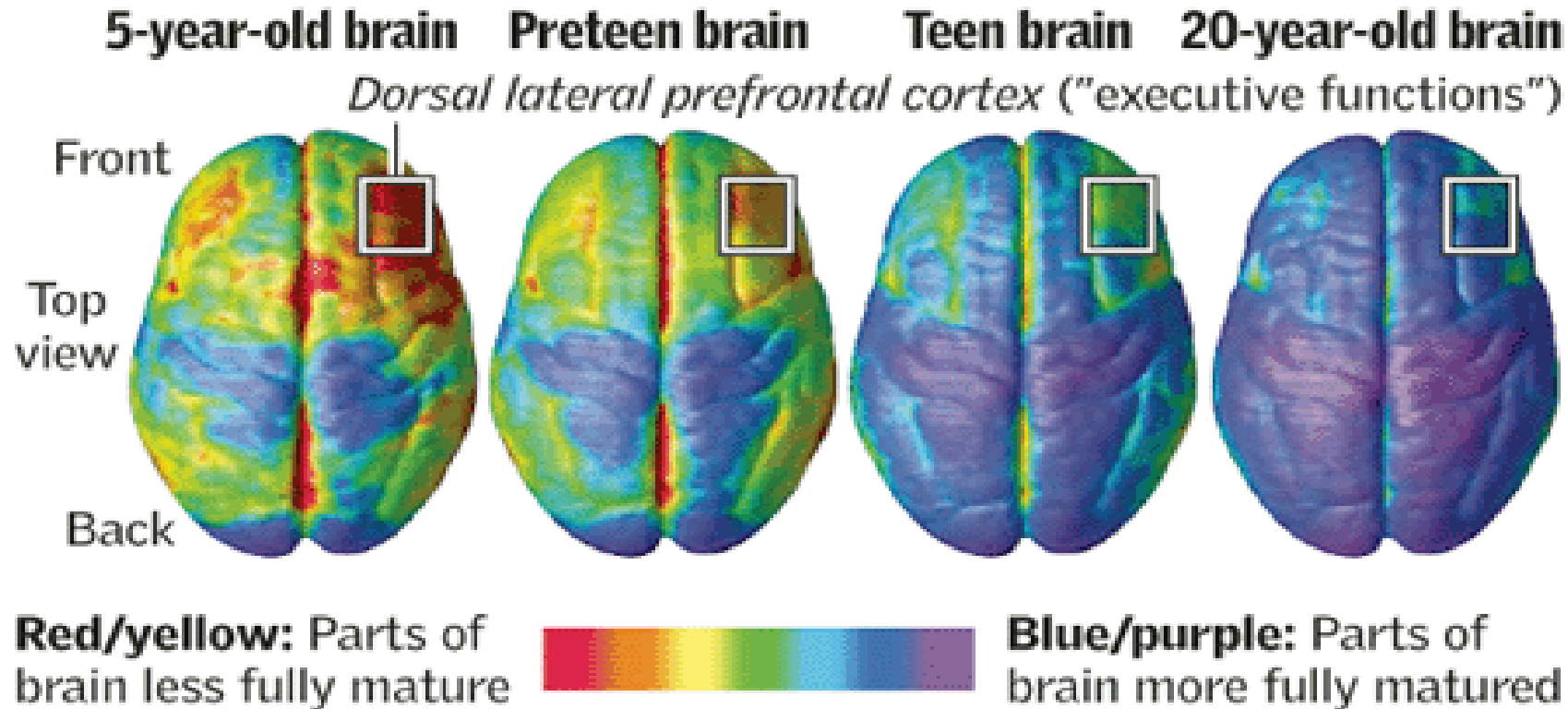
\* From the onset of puberty to around 25 years of age

Ami-Louise  
Boysen  
2022



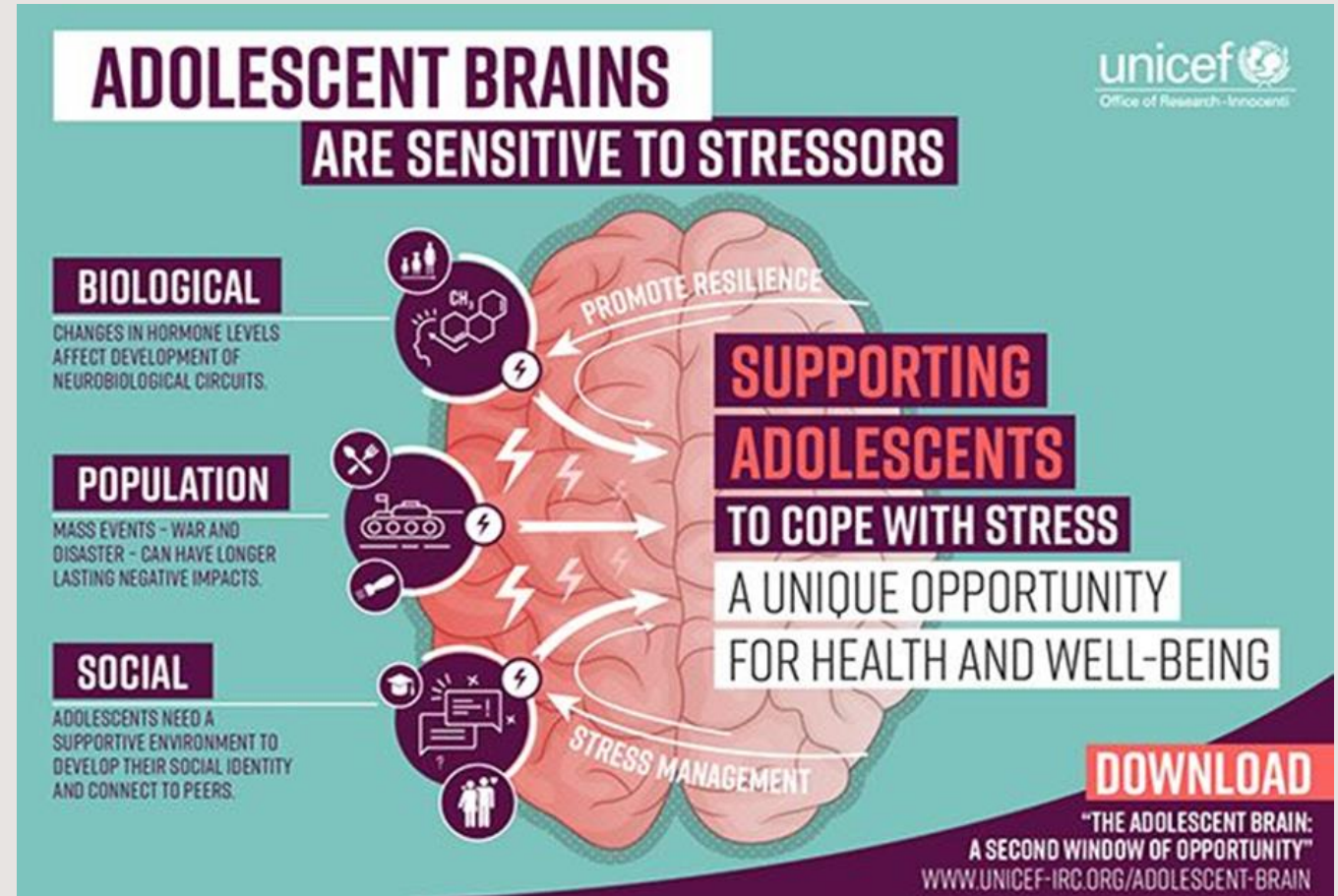
## Judgment last to develop

The area of the brain that controls “executive functions” — including weighing long-term consequences and controlling impulses — is among the last to fully mature. Brain development from childhood to adulthood:





# The Emotionally Vulnerable Individual



**Escalates Quickly**  
**Has Emotional Insensitivity**  
**Peaks At A Higher Emotional Level**  
**Is Slow To Return To Baseline**



**Amygdala + Nucleus  
Accumbens**

**=**

**Knee Jerk Reactions**

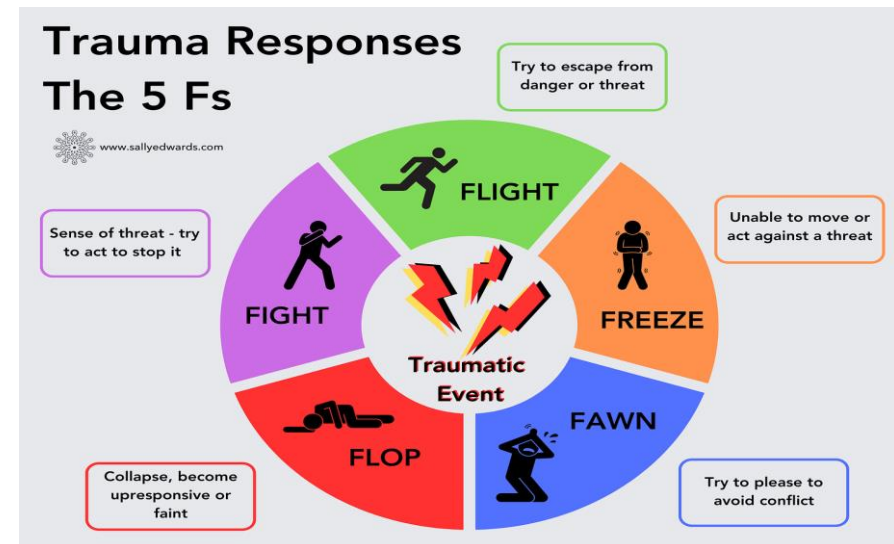
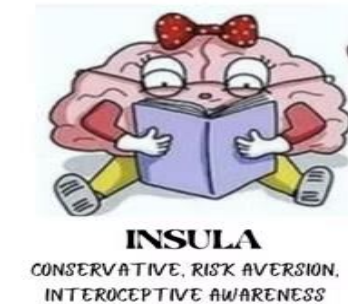
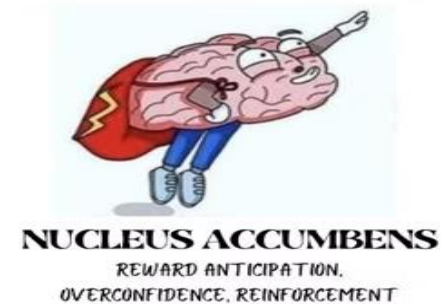
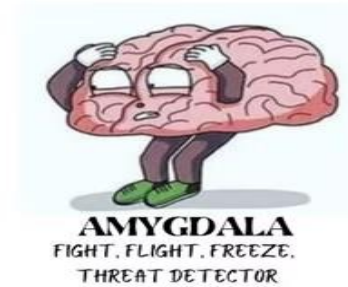
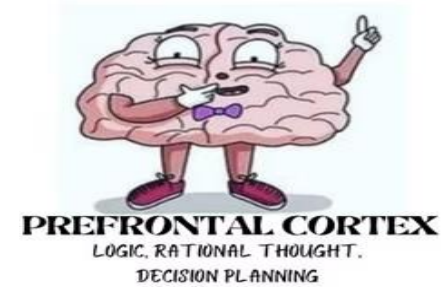
**Act First Think Later**

**I Don't Know Why I  
Did It?**

*(They Are Telling The Truth)*

**I Don't Know Why I  
Did It Again?**

*(They Are Telling The Truth)*





# BRAIN SCIENCE IS REFORMING JUVENILE JUSTICE POLICY AND PRACTICE

**A series of landmark cases in the U.S. Supreme Court has evolved to change our legal responses to juvenile offending.**

**They have abolished the death penalty for crimes committed during adolescence, found mandatory life-without-parole sentences for murder in violation of the 8<sup>th</sup> Amendment, and eliminated life-without-parole sentences for crimes less than murder.**

**In Massachusetts, life sentences for juveniles were ruled unconstitutional, and the review of cases in which those sentences were given in the past has already begun.**

**A significant part of the argument for these decisions included an understanding of adolescent brain development.**

**While society's attitudes will ultimately dictate the shape of law, science can be used to confirm and dispel common ideas about teenage behavior to forge a more scientifically sound and financially viable system for adolescent reform**

## Adolescent Brain Development in Juvenile Justice: Young Brains, Youthful Behavior and Law



**Robert Kinscherff, PhD, JD**  
Senior Fellow in Law and Applied Neuroscience, Center for Law Brain and Behavior (Massachusetts General Hospital) and Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics (Harvard Law School)

William James College  
Associate Vice President, and Faculty in the Doctoral Clinical Psychology Program





# **Developmental Milestones That Impact Coping Skill Development**

**Biological Changes**  
**(Puberty & Brain Development)**

**Intellectual Development**  
**(IQ)**

**Cognitive Development**  
**(Fund Of Knowledge)**

**Social Development**  
**(EQ)**

**Identity Formation**  
**(Seeking One's Self)**

**Spiritual Connection**  
**(Comfort With Self, Behavior, and  
Contribution To A Greater Purpose)**



# Adolescents and Young Adults are Their Own Culture: Searching For Identity

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# Adolescent Context

**What Role Do Peers Play in the Development  
Process of Adolescents?**

**(10-14?) (15-18?) (19-25)**

**What Role Does School Play in the Development  
Process of Adolescents?**

**(10-14?) (15-18?) (19-25)**

**What Role Does Community Play in the  
Development Process of Adolescents?**

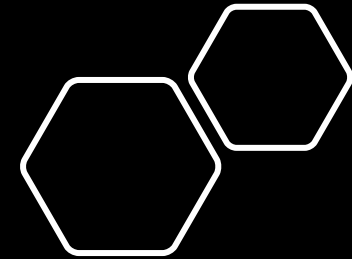
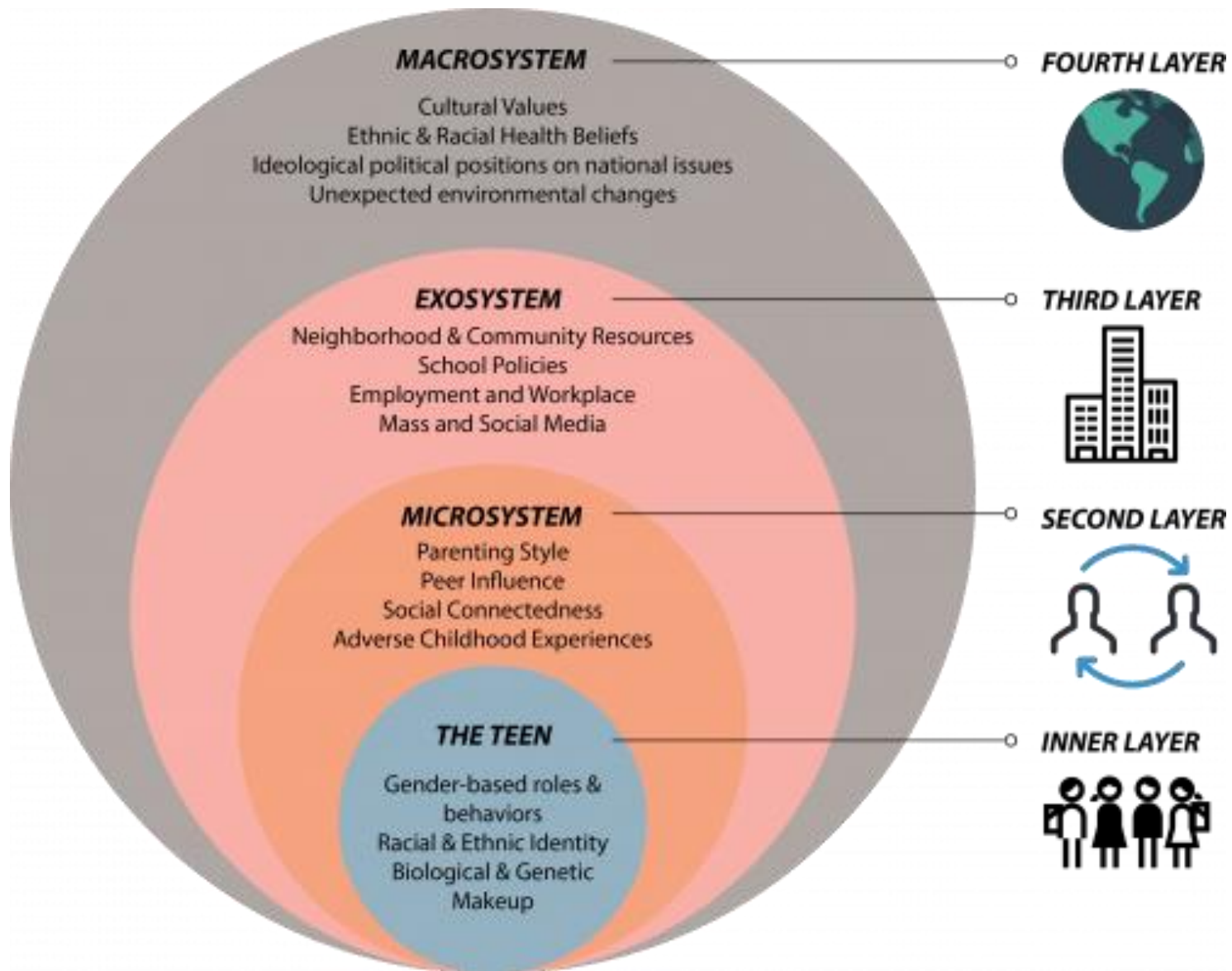
**(10-14?) (15-18?) (19-25)**

**What Role Does Family Play in the Development  
Process of Adolescents?**

**(10-14?) (15-18?) (19-25)**











**Please  
Remove  
PEER  
PRESSURE  
From Your  
Vocabulary**

**It Holds The Incorrect People Responsible**

**It Is A Misnomer**

**Desire For PEER ACCEPTANCE Is The Issue That  
Creates Conformity and Poor Decision-making In  
Groups**



# What Influences Our Worldview Lens

---

## **Systemic Ring:**

**Messages From the Larger World  
(TV, Movies, Social Media, Magazines,  
etc.)**

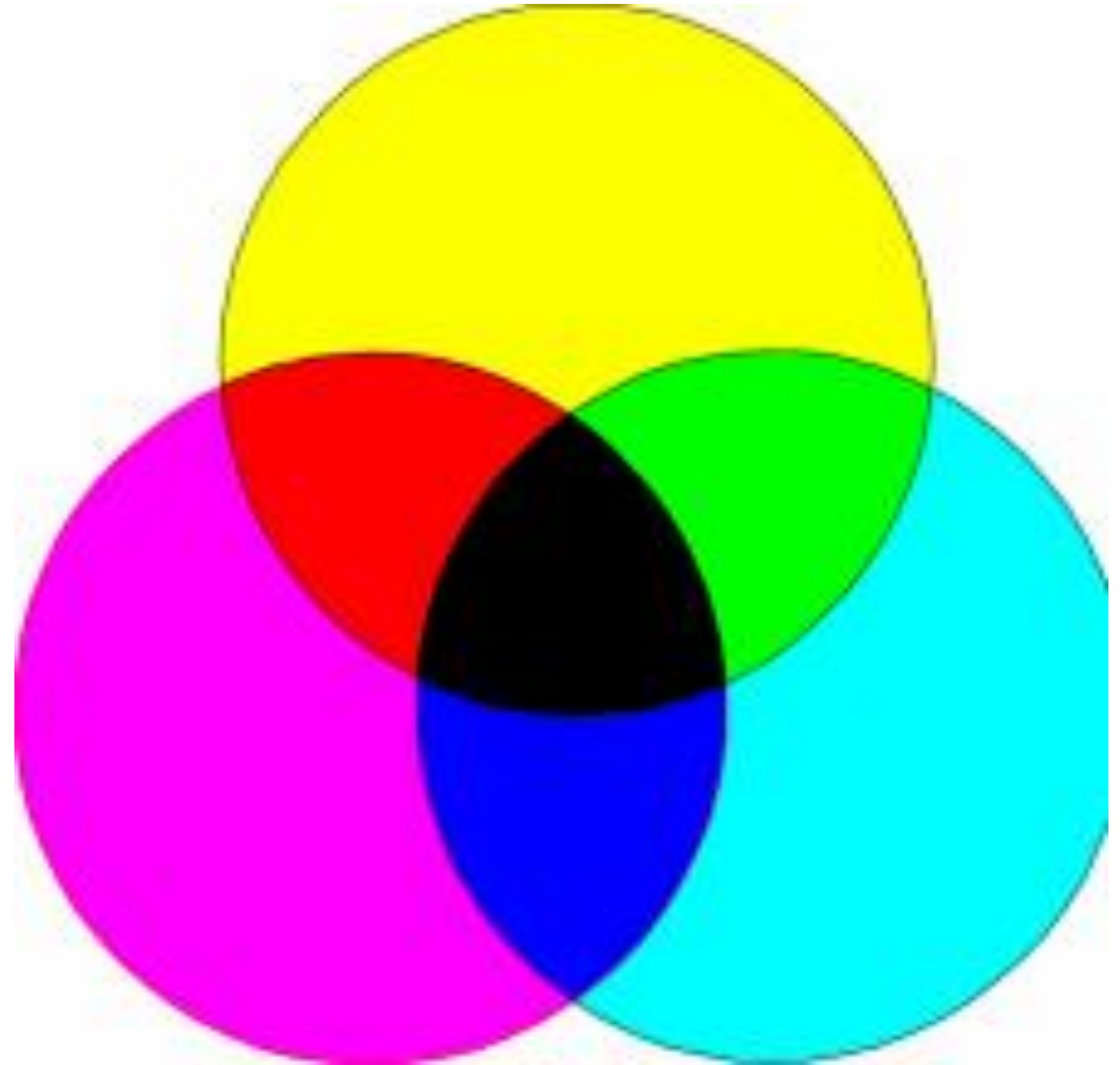
## **Symptomatic Ring:**

**Messages From Our World  
(Family, Friends, Colleagues,  
Community)**

## **Intrapsychic Ring:**

**Internal Messages We Give Ourselves**

**Each of These are Responsible For  
Unrealistic Expectations of Family**





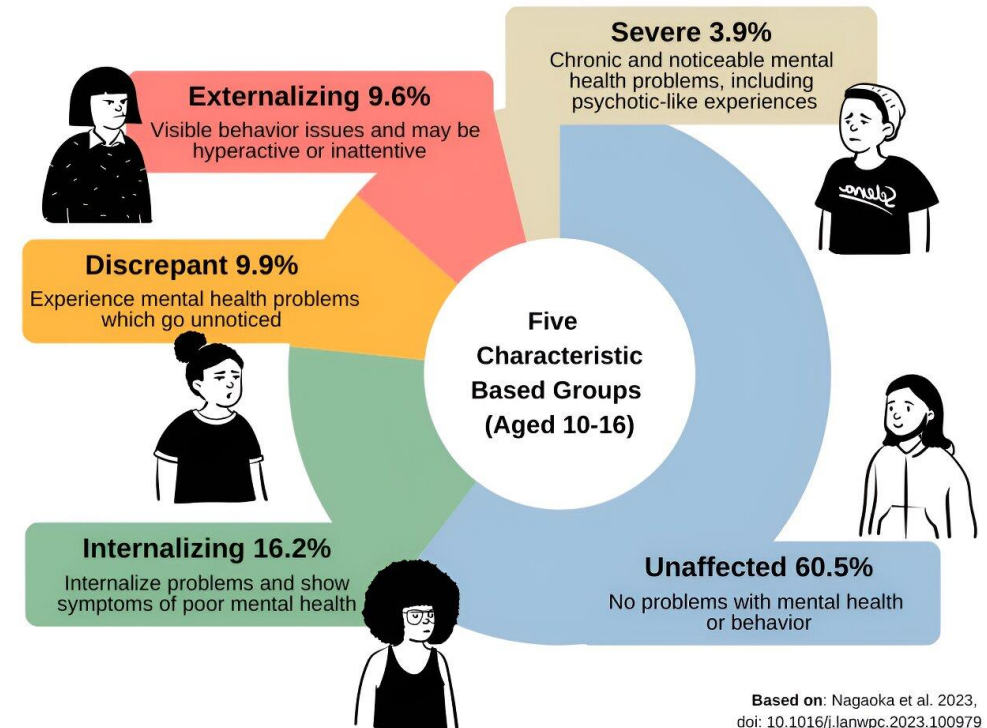
# The Complexity of Diagnosis In This Developmental Phase

## The Mental Health Crisis Among Teens

The most common mental health diagnoses among teens in the U.S.

1. Depression (21.1%)
2. Trauma-Related Disorders (18.5%)
3. ADHD (14.4%)
4. Anxiety (13.4%)
5. Oppositional Defiant Disorders (3.7%)

The Average Wait Time to See a Therapist is 48 Days!



Based on: Nagaoka et al. 2023.  
doi: 10.1016/j.lanwpc.2023.100979



# Mental Health Disorders

- **Neurodevelopmental Disorders (ADHD)**
- **Schizophrenia Spectrum & Other Psychotic Disorders**
- **Bipolar & Related Disorders**
- **Depressive Disorders**
- **Anxiety Disorders**
- **Obsessive Compulsive & Related Disorders**
- **Trauma and Stressor-Related Disorders (ACES)**
- **Disruptive, Impulse-Control, & Conduct Disorders**
- **Substance-Related & Addictive Disorders**
- **Feeding and Eating Disorders**
- **Elimination Disorders**
- **Gender Dysphoria**
- **Personality Disorders**
- **Other Conditions That May Be the Focus of Clinical Attention**





## Mental Health Disorders Often Diagnosed in Adolescence

Percent of youth who meet criteria for a mental disorder diagnosis



Source: Journal of the American Academy of Child and Adolescent Psychiatry (Vol. 49, No. 10).

**Substance Use Disorder**

**Conduct Disorder**

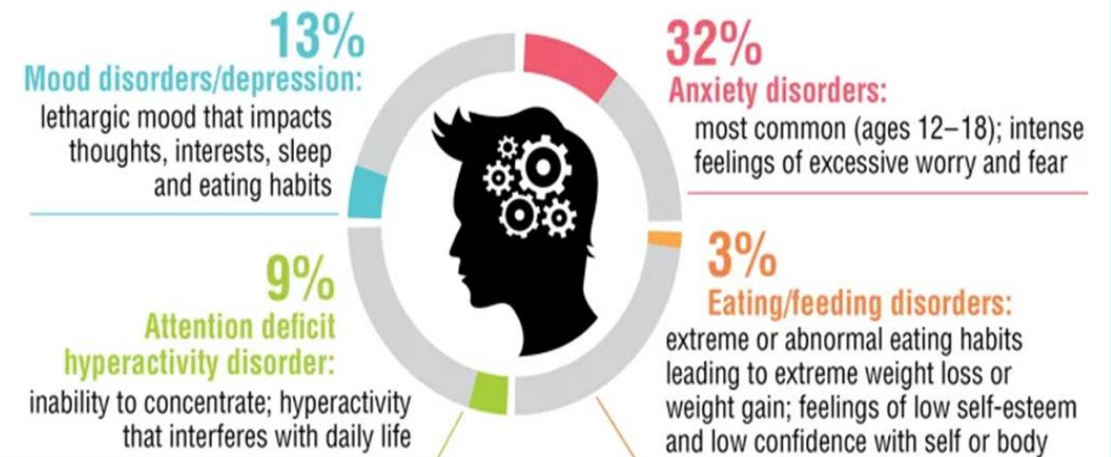
**Oppositional Defiant Disorder**

**Inception of Cluster B Personality Disorder  
Symptoms**

**Neurodevelopmental Disorders (ADD & ADHD)**

**Trauma**

## Common mental disorders in youth



(U.S. Department of Health & Human Services, 2019)



# Asocial Behavior



**It is characterized by an inability to, or lack of desire to, feel intimacy with, or to form close relationships with others**

**(Social Media Can Be a Major Contributing Factor)**





## Anti-social Behavior



It is often found that children who are abused are more likely to develop Anti-social **behaviors** later in life. This abuse often teaches children that violence is acceptable, and leads to the formation of their own violent tendencies and an increased aggressive drive

Studies indicate that young males exposed to violence are **up to 1000 times** more likely to be violent than their age-related peers



# Conduct Disorder

**Often Bullies,  
Threatens, or  
Intimidates Others**

**Often Initiates  
Physical Fights**

**Used a Weapon That  
Can Cause Serious  
Physical Harm**

**Has Been Physically  
Cruel to People or  
Animals**

**Has Stolen While  
Confronting a Victim**

**Has Forced  
Someone into  
Sexual Activity**

**Has Deliberately  
Engaged in Fire  
Setting with the  
Intent to Cause  
Serious Damage**

**Has Deliberately  
Destroyed Other's  
Property**

**Has Broken into  
Someone Else's  
House, Building, or  
Car**

**Often Lies to Obtain  
Goods/Favors or to  
Avoid Obligations**

**Has Stolen Items of  
Non-trivial Value**

**Often Stays Out  
Late at Night  
Despite Parental  
Prohibitions**

**Has Run Away From  
Home Overnight at  
Least Twice**

**Is Often Truant From  
School  
Approximately 30% Will  
Become Anti-social  
Personality Disordered**

**Barkley & Murphy  
1998**



# Adolescent One

**Has Broken into  
Someone Else's  
House, Building, or  
Car**

**Often Lies to Obtain  
Goods/Favors or to  
Avoid Obligations**

**Has Stolen Items of  
Non-trivial Value**

**Often Stays Out  
Late at Night  
Despite Parental  
Prohibitions**

**Has Run Away From  
Home Overnight at  
Least Twice**

**Is Often Truant  
From School**

**Diagnosis:  
Conduct Disorder  
Approximately 30% Will  
Become Anti-social  
Personality Disordered**





# Adolescent Two

**Often Initiates Physical Fights**

**Used a Weapon That Can Cause Serious Physical Harm**

**Has Been Physically Cruel to People or Animals**

**Has Stolen While Confronting a Victim**

**Has Forced Someone into Sexual Activity**

**Has Deliberately Engaged in Fire Setting with the Intent to Cause Serious Damage**

**Diagnosis:  
Conduct Disorder  
Approximately 30% Will Become Anti-social Personality Disordered**



# Diagnosis?

- **Loses Temper**
- **Argues with Adults**
- **Actively Defies or Refuses to Comply with Adults' Requests or Rules**
- **Deliberately Annoys People**
- **Blames Others for his/her Mistakes or Misbehavior**
- **Is Touchy or Easily Annoyed by Others**
- **Is Angry or Resentful**
- **Is Spiteful or Vindictive**

**Barkley & Murphy 1998**





# Oppositional Defiant Disorder

**A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:**

- (1) often loses temper**
- (2) often argues with adults**
- (3) often actively defies or refuses to comply with adults' requests or rules**
- (4) often deliberately annoys people**
- (5) often blames others for his or her mistakes or misbehavior**
- (6) is often touchy or easily annoyed by others**
- (7) is often angry and resentful**
- (8) is often spiteful or vindictive**





# Cluster B Personality Disorders



## Cluster “B” Disorders

**Characterized By  
Dramatic, Emotional,  
and Erratic Behavior**

**Antisocial Personality  
Disorder**

**Borderline Personality  
Disorder**

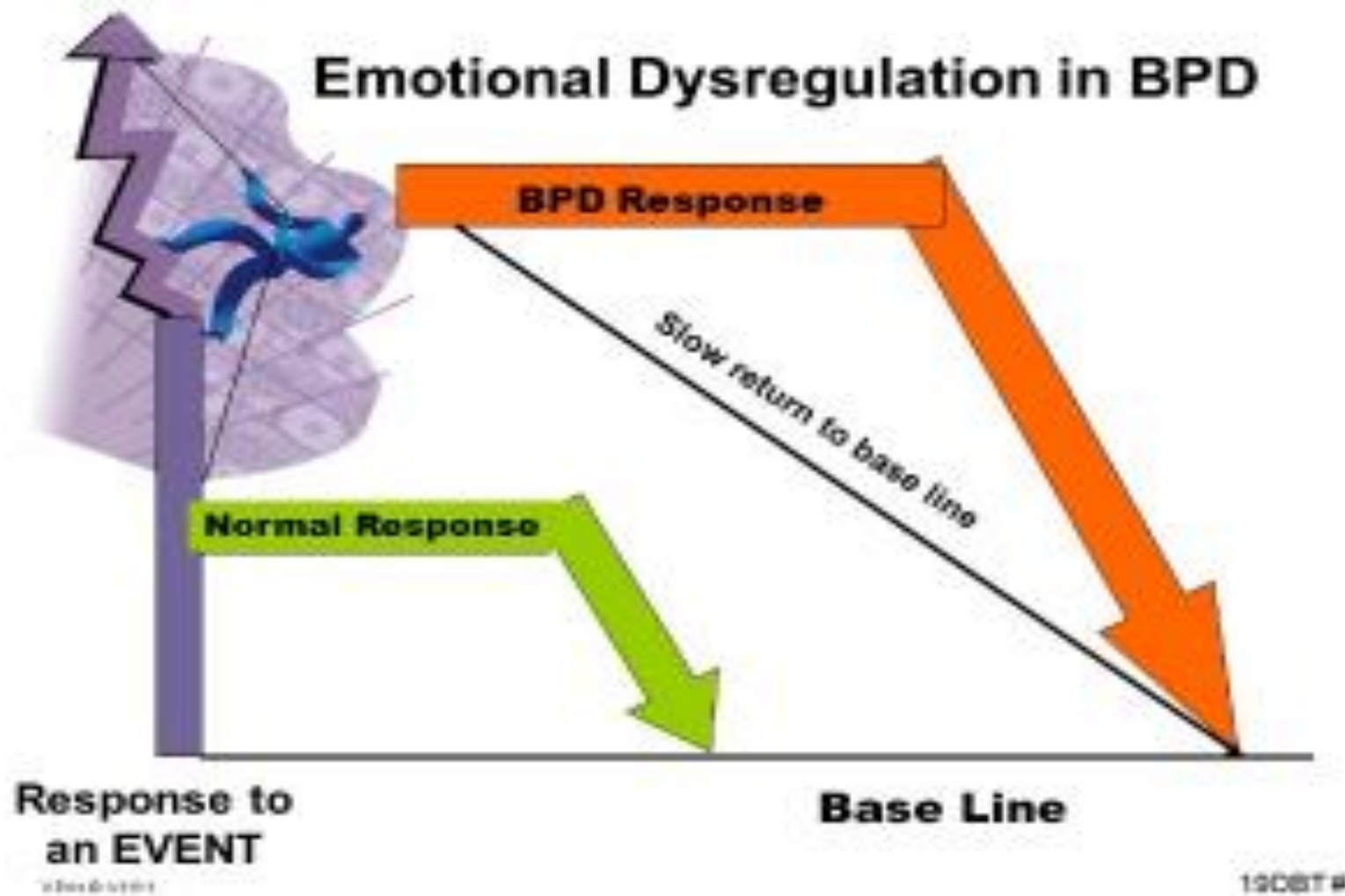
**Histrionic Personality  
Disorder**

**Narcissistic Personality  
Disorder**



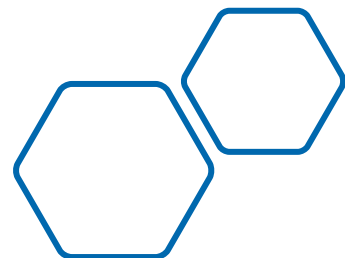


## Emotional Dysregulation in BPD



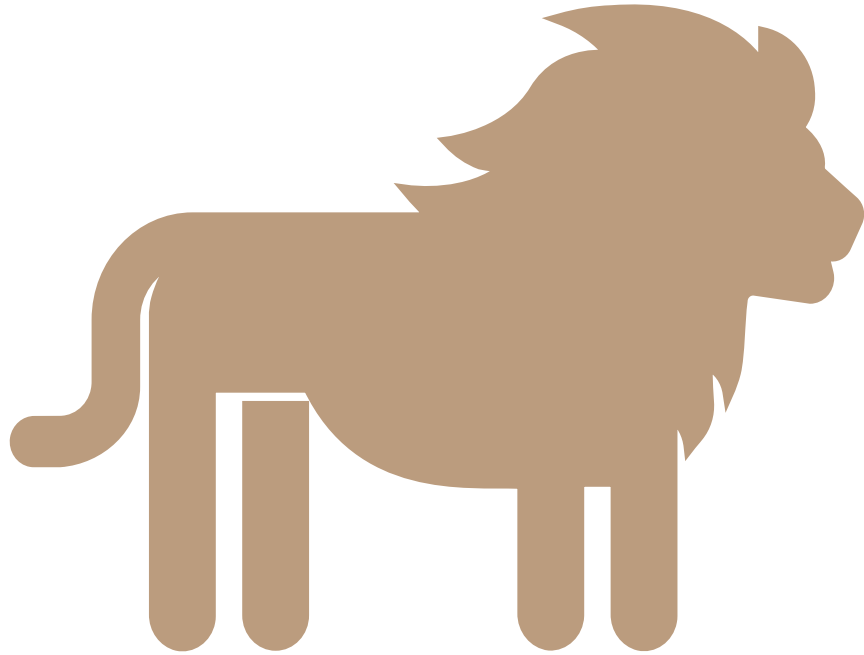


Subtypes of Borderline Personality Disorder			
Type	Description	Typical Criteria	
Affective	An atypical, moderately heritable form of mood disorder, precipitated by environmental stress.	Criterion 6: Affective instability due to marked reactivity of mood	Criterion 5: Recurrent suicidal behaviour gestures, or threats, or self-mutilating behavior
Impulsive	A form of impulse control disorder, reflecting an action-oriented inborn temperament.	Criterion 4: Impulsivity in at least two areas that are potentially self-damaging	Criterion 5: Recurrent suicidal behaviour gestures, or threats, or self-mutilating behavior
Aggressive	A primary constitutional temperament or a secondary reaction to early trauma, abuse, or neglect	Criterion 8: Inappropriate, intense anger or controlling anger	Criterion 6: Affective instability due to marked reactivity of mood
Dependent	A intolerance of being alone.	Criterion 1: Frantic efforts to avoid real or imagined abandonment	Criterion 6: Affective instability due to marked reactivity of mood
Empty	Lack of stable sense of self, reflecting inconstant early parenting	Criterion 7: Chronic feelings of emptiness	Criterion 3: Identity disturbance; markedly and persistently unstable self-image or sense of self





# **AFRICAN PROVERB**



**The Tale of the Glorious Hunt is  
Always Told By the Hunter**

**(never the prey)**

**Hunter: Caretakers, School Officials**

**Prey: The Identified Client**



# Diagnosis?

- **Fails to Give Close Attention to Details or Makes Careless Mistakes in his/her work**
- **Fidgets with Hands or Feet or Squirms in Seat**
- **Has Difficulty Sustaining his/her Attention in Tasks or Fun Activities**
- **Leaves his/her Seat in Classroom or in Other Situations in Which Seating is Expected**
- **Doesn't Listen When Spoken To Directly**
- **Seems Restless, Is Easily Distracted, Has Difficulty Awaiting Turn**
- **Doesn't Follow Through on Instructions and Fails to Finish Work**
- **Has Difficulty Engaging in Leisure Activities or Doing Fun Things Quietly**
- **Has Difficulty Organizing Tasks and Activities**
- **Seems “on the go” or “driven by a motor”**
- **Avoids, Dislikes, or is Reluctant to Engage in Work that Requires Sustained Mental Effort**
- **Talks Excessively, Interrupts or Intrudes on Others**
- **Loses Things Necessary for Tasks or Activities, Is Forgetful in Daily Activities**
- **Blurts Out Answers Before Questions Have Been Completed**

**Barkley & Murphy 1998**



## + Six types & symptoms of ADHD in Teens

- 1.) Classic ADD - Inattentive, distractible, disorganized. Perhaps hyperactive, restless and impulsive.
- 2.) Inattentive ADD - Inattentive, and disorganized.
- 3.) Over-focused ADD - Trouble shifting attention, frequently stuck in loops of negative thoughts, obsessive, excessive worry, inflexible, oppositional and argumentative.
- 4.) Temporal Lobe ADD - Inattentive and irritable, aggressive, dark thoughts, mood instability, very impulsive. May break rules, fight, be defiant, and very disobedient. Poor handwriting and trouble learning are common.
- 5.) Limbic System ADD - Inattentive, chronic low-grade depression, negative, low energy, feelings of hopelessness and worthlessness.
- 6.) Ring of Fire ADD - Inattentive, extremely distractible, angry, irritable, overly sensitive to the environment, hyper verbal, extremely oppositional, possible cyclic moodiness.



## ADHD STATISTICS



**5%-10%**

of children ages 2-17 have been diagnosed with ADHD



**3x**

The amount of males diagnosed with ADHD versus females

Median age of a child diagnosed with ADHD

**6**  
YEARS OLD



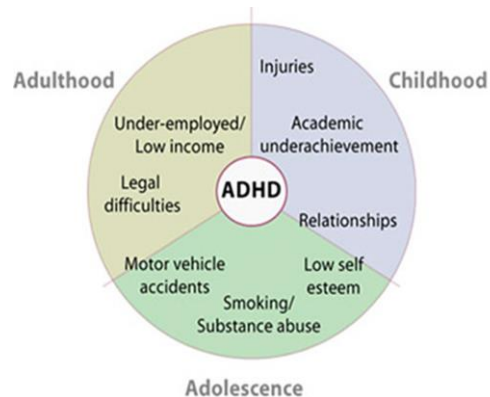
**MORE THAN**

**60%**

of those diagnosed as children experience symptoms as adults

**eleanor health**

Reference: NIMH.NIH.GOV



Based on these criteria, three types of ADHD are identified:

1. ADHD, **Combined Type**: If both criteria A and B are met for the past 6 months.

**Tigger type**- Hyperactive, restless, disorganized, inattentive, impulsive



2. ADHD, **Predominantly Inattentive Type**: If criterion A is met but criterion B is not met for the past six months

**Pooh type**- Inattentive, sluggish, slow-moving, unmotivated, daydreamer



3. ADHD, **Predominantly Hyperactive-Impulsive Type**: If Criterion B is met but Criterion A is not met for the past six months.

**Rabbit Type**- over focused, obsessive, argumentative









# Walking Wounded

**Defines The Majority of People Dealing With Trauma In Any Moment**

**Do Not Meet DSM-5-TR Criteria For A Diagnosis**

**Issues Often Go Unaddressed As Treatment Is Not Attainable**

## INNER CHILD WOUNDS



### Guilt Wound

- Feels "sorry" or "bad"
- Doesn't like to ask for things
- Uses guilt to manipulate
- Is afraid to set boundaries
- Normally attracts people who make them feel guilty



### Abandonment Wound

- Feels "left out"
- Is afraid of being abandoned
- Hates being alone
- Is codependent
- Threatens to leave
- Normally attracts emotionally unavailable people



### Trust Wound

- Is afraid to be hurt
- Doesn't trust themselves
- Finds ways not to trust people
- Feels insecure and needs lots of external validation
- Doesn't feel safe
- Normally attracts people who don't feel safe



### Neglect Wound

- Struggles to let things go
- Has low self-worth
- Gets angry easily
- Struggles to say no
- Represses emotions
- Shies away from being vulnerable
- Normally attracts people who don't appreciate them or make them feel "seen"





# Types of trauma

## “Big T” Trauma

- major events, normally seen as traumatic
- emotions, beliefs and physical sensations occur in both the body and mind

### Examples

- serious accidents
- natural disasters
- robbery, rape and urban violence
- major surgeries/life threatening illness
- chronic or repetitive experiences e.g. child abuse and neglect,
- war, combat, concentration camps
- may cause PTSD in some people but not all

## “Small t” trauma

- overwhelming but often not seen as traumatic
- emotions, beliefs and physical sensations occur in both the body and mind
- unprocessed traumas have a long-lasting, negative effect
- can cause concentration, self-esteem & emotional regulation difficulties
- stunts and colors later perceptions
- often no intrusive imagery
- most common in neglected/abused children
- become part of a negative spiral when a Big T trauma occurs
- sometimes referred to as “complex trauma”

**TRAUMA** any event beyond a person's ability to master at the time

A person may withstand a big T trauma but be so weakened that it is a small t trauma that finally causes his/her coping abilities to collapse.

Naming “small t” experiences as traumatic, and validating them, aids recovery.

<http://www.dissociative-identity-disorder.net/wiki/Trauma>  
fb/TraumaAndDissociation



# TRAUMA

**Emotional and psychological trauma can be caused by single-blow, one-time events, such as a horrible accident, a natural disaster, or a violent attack. (Tsunami Effect)**

**Trauma can also stem from ongoing, relentless stress, such as living in a crime-ridden neighborhood or struggling with cancer (Erosive “Waves Upon the Beach” Effect)**





# Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



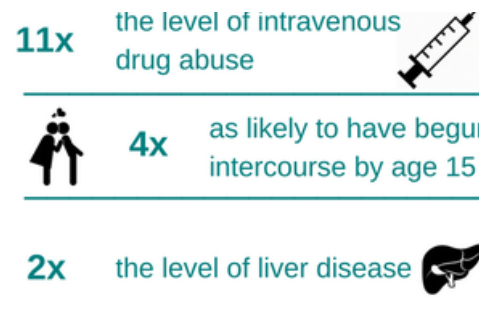
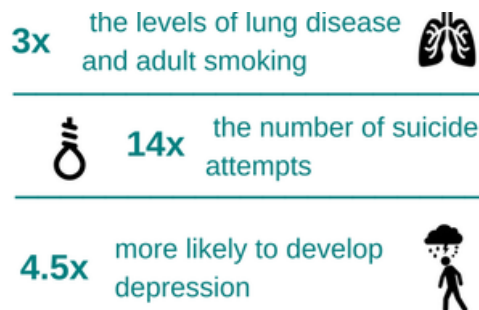
People with 6+ ACEs can die

**20 yrs**

earlier than those who have none



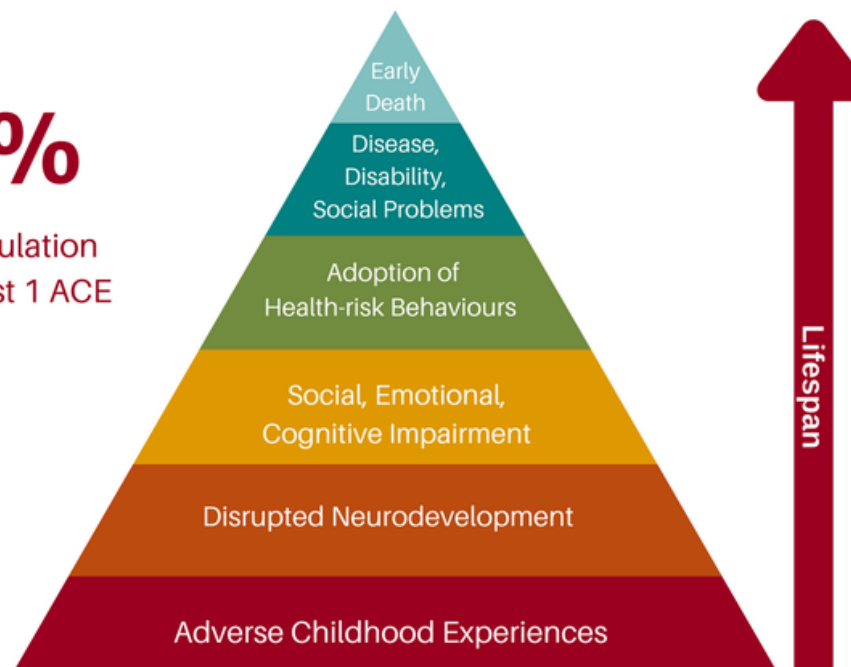
1/8 of the population have more than 4 ACEs



**“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”**

Dr. Robert Block, the former President of the American Academy of Pediatrics

**67%**  
of the population have at least 1 ACE





# TRAUMA

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**An event will most likely lead to emotional or psychological trauma if:**

**It happened unexpectedly**

**You were unprepared for it**

**You felt powerless to prevent it**

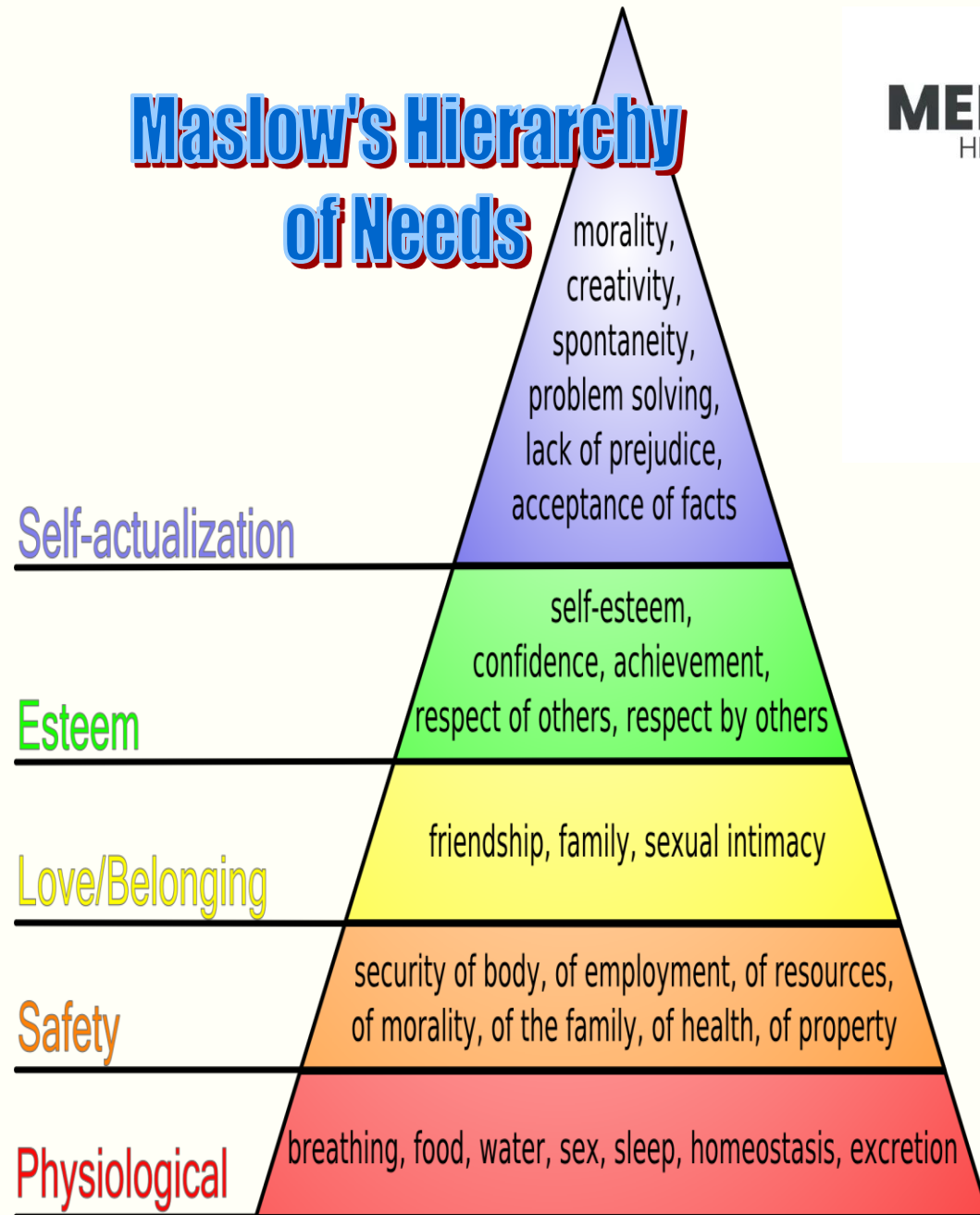
**It happened repeatedly**

**Someone was intentionally cruel**

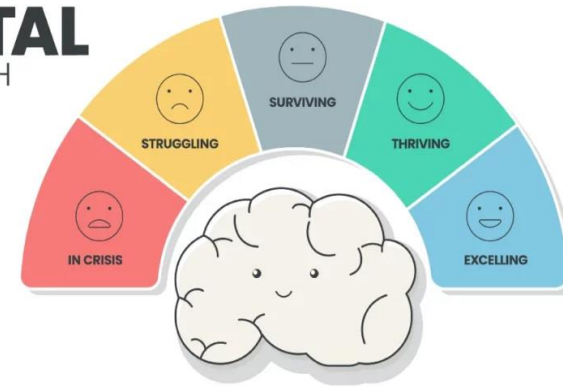
**It happened in childhood**







## MENTAL HEALTH



## THRIVING

(Make Better Decisions Each Day For QUALITY of Life)

## SURVIVING

(Focus Daily is on Decisions For Basic QUANTITY of Life)



# **Chaos Outside (Behavior) Reflects Chaos Inside (Emotional Pain)**





# Trauma Reactions Are a Combination of:



**Amount and Extent  
of Pre-existing  
Coping Skills**



**Access and Ability  
to Utilize Previous  
Knowledge and  
New Information in  
**Abstract** Problem  
Solving**



**Availability of  
Resources Both  
Physical and  
Emotional**

## TYPES OF COPING SKILLS

### Self-Soothing

(Comforting yourself through  
your five senses)

1. Something to touch  
(ex: stuffed animal, stress ball)
2. Something to hear  
(ex: music, meditation guides)
3. Something to see  
(ex: snowglobe, happy pictures)
4. Something to taste  
(ex: mints, tea, sour candy)
5. Something to smell  
(ex: lotion, candles, perfume)

### Distraction

(Taking your mind off the  
problem for a while)

#### Examples:

Puzzles, books, artwork,  
crafts, knitting, crocheting,  
sewing, crossword puzzles,  
sudoku, positive websites,  
music, movies, etc.

### Opposite Action

(Doing something the  
opposite of your impulse  
that's consistent with a  
more positive emotion)

1. Affirmations and Inspiration  
(ex: looking at or drawing  
motivational statements or  
images)
2. Something funny or cheering  
(ex: funny movies / TV / books)

### Emotional Awareness

(Tools for identifying and  
expressing your feelings)

#### Examples:

A list or chart of  
emotions, a journal,  
writing supplies,  
drawing / art supplies

### Mindfulness

(Tools for centering and  
grounding yourself in the  
present moment)

#### Examples:

Meditation or relaxation  
recordings, grounding  
objects (like a rock or  
paperweight), yoga mat,  
breathing exercises.

### Crisis Plan

(Contact info of supports  
and resources, for when  
coping skills aren't enough.)

Family / Friends  
Therapist  
Psychiatrist  
Hotline  
Crisis Team / ER  
911



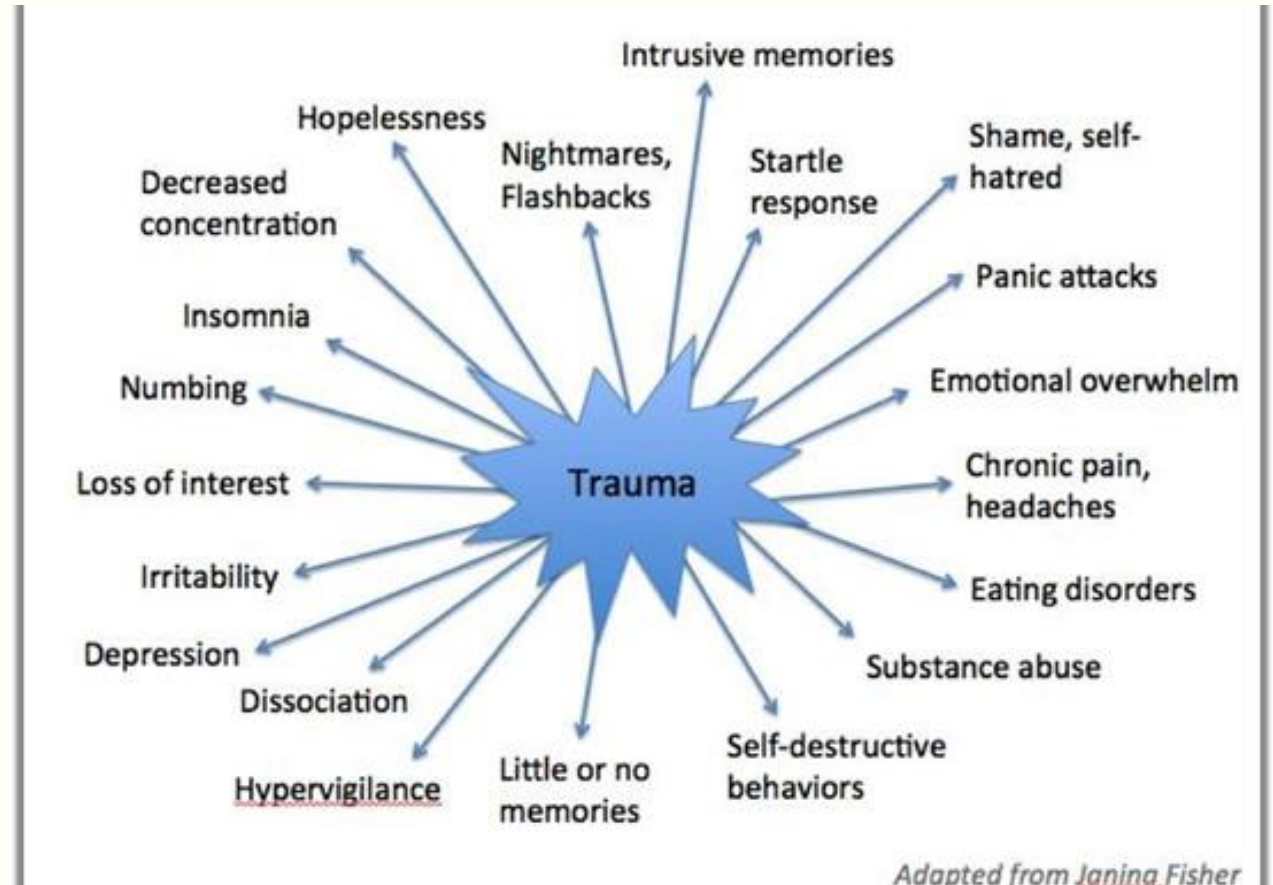
**Productive  
Means  
“Returns To  
Homeostasis”  
Not That There  
Are No  
Challenges**

---





- We **DO NOT** need to know the details of the traumatic event to help
- We **DO NOT** want to be sources of re-traumatization
- We **DO** need to know what the client feels is not currently working for them in their life
- We **DO** want to partner with the client to foster the stabilization and recovery process







# **HARM REACTIONS**

**Remember These Behaviors Can  
Be Towards Self or Others**



○

+



# Why Do People Attempt Suicide?

## Egoistic Suicide:

Due to feeling separate from others, alone with no emotional supports

## Altruistic Suicide:

To spare others from pain, loss of income, suffering, or burden, etc.

## Anomic Suicide:

A response to a traumatic or life-changing event. Usually reactive and highly lethal.

## Fatalistic:

When society controls an individual's role and resultant identity such as "prisoner", woman incapable of having a child, indentured servant, etc.

## TYPES OF SUICIDES



Types of suicides by Durkheim:

- Egoistic Suicide
- Altruistic Suicide
- Anomic Suicide
- Fatalistic Suicide



# Entering the New Substance Use Culture

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**WHAT DRUGS ARE MOST  
FREQUENTLY ABUSED  
BY ADOLESCENTS?**



# ADDICTION? COMPULSION?



- Exercise
- Lying
- Video Gaming
- Watching Pornography
- Religious Rituals
- Drug Dealing (No Addiction)
- Spending/Shopping
- Piercings/Tatoos
- Self-mutilation



- Food
- Sex
- Internet
- Gambling
- Risk Taking
- Rage
- Hoarding
- Cross-dressing
- Plastic Surgery
- PICA





# Substance Use Continuum



**MILD**  
**(2-3)**

**MODERATE**  
**(4-5)**

**SEVERE**  
**(6+)**

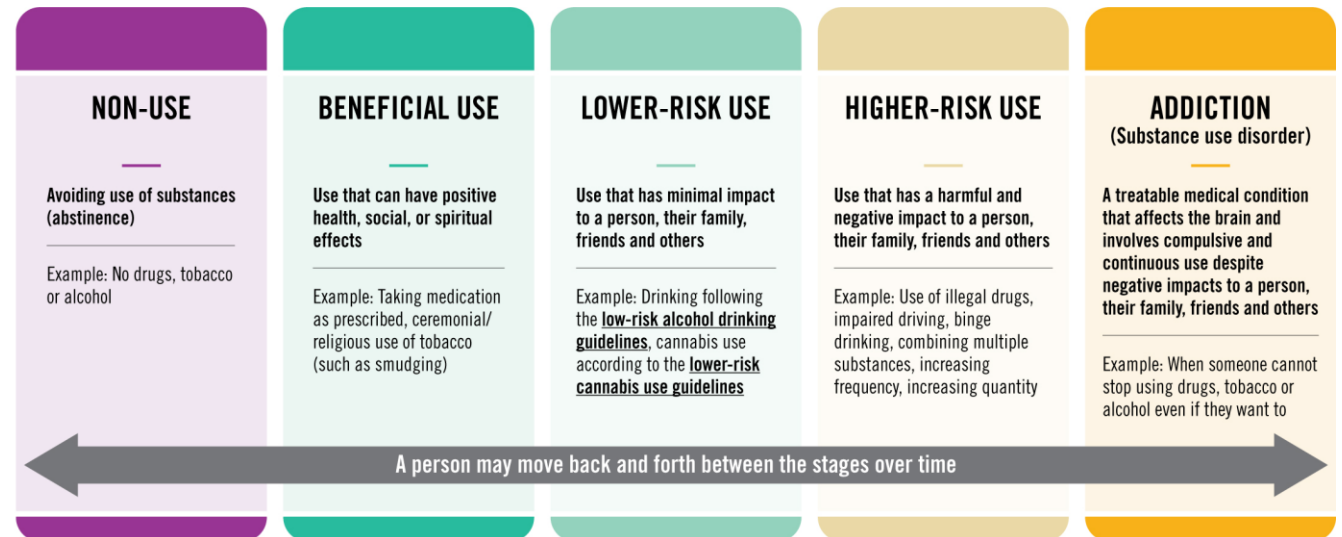




TABLE 2.

**DSM-5 Criteria for Substance Use Disorder**

Criterion	Severity
Use in larger amounts or for longer periods of time than intended	Severity is designated according to the number of symptoms endorsed: 0-1: No diagnosis 2-3: Mild SUD 4-5: Moderate SUD 6 or more: Severe SUD
Unsuccessful efforts to cut down or quit	
Excessive time spent using the drug	
Intense desire/urge for drug (craving)	
Failure to fulfill major obligations	
Continued use despite social/interpersonal problems	
Activities/hobbies reduced given use	
Recurrent use in physically hazardous situations	
Recurrent use despite physical or psychological problem caused by or worsened by use	
Tolerance	
Withdrawal	

*SUD, substance use disorder*

*Adapted from Diagnostic and Statistical Manual of Mental Disorders, fifth edition.<sup>23</sup>*





# Is Exploration of Mood Alteration Biologically Driven?

**Do humans have a drive to “mood alter” due to the developmental phase of their brains?**

**Does the amygdala and nucleus accumbens contribute to that drive?**

**Is this why some individuals, and maturation groups, are particularly driven to use hallucinogens such as marijuana, Ecstasy, etc.?**



# Symptoms of Substance Use

- **Social Life Revolves Around Using**
- **Change of Friends**
- **Accidents/ Driving Arrests**
- **Mood Swings**
- **Sexual Dysfunction**
- **Complaints That Life Is “a mess”**
- **Reverse Tolerance**
- **Frequent Cancellation of Treatment Appointments**
- **Solitary Use**
- **Drinking With Strangers**
- **Lack of Ceremonial Use**
- **Frequent/Unexplained Job Changes**







- **Unexplained Alteration In Family System**
- **High Level of Family Conflict**
- **Secretive Behavior**
- **Financial Problems**
- **Unexplained Injuries**
- **Malnutrition**
- **Heavy Cough Unexplained**
- **Burns on Hands, Lips, Fingers**
- **Frequent Infections**
- **Decreased Interaction With Family Members**
- **Sleep Disturbances**
- **Confusion & Memory Loss**





# **We Are Moving To A Synthetic Drug Culture**

- **Opiates To Opioids**
- **Cocaine To Methamphetamine**
- **Marijuana To K2 and Synthetic Cannabinoids**
- **Peyote To MXE and 2CI**



# New Drugs Old Strategy Affinity Effect

Media reports and official alerts in several U.S. communities are warning of counterfeit pain and anxiety medications that actually contain fentanyl, an extremely powerful, potentially deadly opioid. The pills, which are disguised as common prescription drugs like Norco (hydrocodone), Percocet (oxycodone), and Xanax (alprazolam), are responsible for a growing number of overdose deaths and non-fatal overdoses around the country.

The fake pills are much less expensive than the real versions. The public should be aware that drugs obtained on the street, **even though they look like a real prescription pharmaceutical**, may be deadly. It is always unsafe to take a prescription drug unless it comes from your own prescription and is dispensed by a reputable pharmacy

**The “Affinity Effect” is partnering the drug being marketed with something familiar that promotes unconscious comfort with it**





**People  
Beginning  
Substance  
Use Today  
Will  
Encounter  
An  
Unknown  
Drug  
Culture**

- **Mostly Or All Synthetic = Potentially Unlimited Quantities**
- **Extreme Potency**
- **No Previously Known “Recipes” (Analogues & Molecular Structure)**
- **Difficulty In Developing MATS**
- **Use of “Affinity” To Fake Safety**
- **Not Positive In Urine Testing So Treatment Monitoring Is Very Difficult**
- **Unknown Side Effects and Duration**
- **Immediate and Coded Information Highway For Connection With Dealers**





# EMOJI DRUG CODE | DECODED

## COMMON EMOJI CODES

### FAKE PRESCRIPTION DRUGS

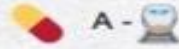
#### PERCOCET & OXYCODONE



#### XANAX



#### ADDERALL



### DEALER SIGNALS

#### DEALER ADVERTISING



#### HIGH POTENCY



#### UNIVERSAL FOR DRUGS



#### LARGE BATCH



### OTHER DRUGS

#### METH



#### HEROIN



#### COCAINE



#### MDMA & MOLLIES



#### MUSHROOMS



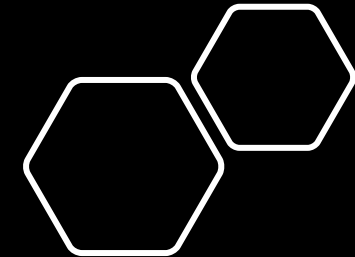
#### COUGH SYRUP



#### MARIJUANA



This reference guide is intended to give parents, caregivers, educators, and other influencers a better sense of how emojis are being used in conjunction with illegal drugs. Fake prescription pills, commonly laced with deadly fentanyl and methamphetamine, are often sold on social media and e-commerce platforms – making them available to anyone with a smartphone.





## How Common is Huffing?

“ The National Institute on Drug Abuse reports that more than “21 million Americans aged 12 and older have used inhalants” to get high. In a recent study, NIDA reports that more than 13 percent of 8th graders have engaged in huffing. In addition, 22 percent of people who have died from SSDS had no prior history of inhalant abuse; they were first-time users.



## Types of Inhalants

			
<b>Liquids</b>	<b>Aerosols</b>	<b>Gases</b>	<b>Nitrites</b>
Paint thinner Paint Remover Dry-Cleaning Fluids Gasoline Glues Correction Fluids, Felt-Tip Markers	Spray Paints Deodorant Hair Sprays Vegetable Oil Sprays Fabric Protector Spray	Chloroform Nitrous Oxide Whipped Cream Cans Butane Lighters Propane Tanks Refrigerants	Leather Cleaner Room Deodorizer Food Preservatives

## What is SSDS

### Sudden Sniffing Death Syndrome

Inhaling a foreign substance is one of the fastest ways to introduce it to the bloodstream. After the chemicals are absorbed in the lungs, they are carried in the bloodstream throughout the organs of the body including the brain.



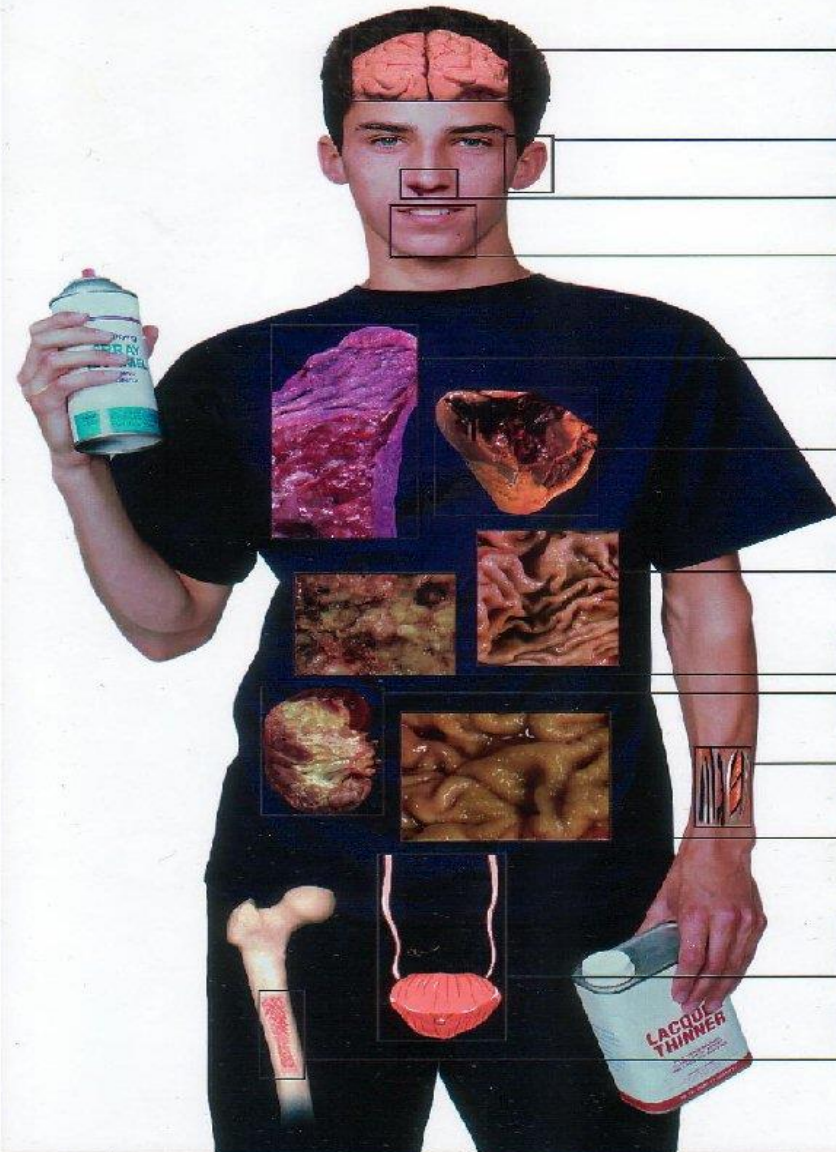
Those with pre-existing cardiac conditions (often undiagnosed) are at a heightened risk for SSDS.



**Highest Mortality Rate:  
1 in 4 Upon First Use**



# INHALANTS



## HARMFUL EFFECTS

PERMANENT  
BRAIN DAMAGE  
MEMORY LOSS

HEARING  
LOSS

NOSE BLEEDS  
LOSS OF SMELL

SLURRED  
SPEECH

SUFFOCATION  
SUDDEN DEATH

IRREGULAR  
HEART BEAT  
HEART ATTACK  
AND DEATH

NAUSEA AND  
VOMITING

LIVER  
DAMAGE

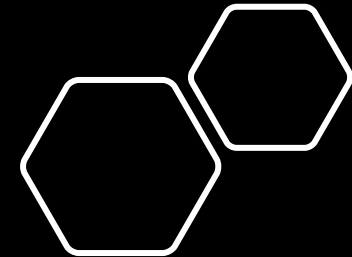
KIDNEY  
DAMAGE

MUSCLE WEAKNESS  
AND CRAMPING

ABDOMINAL  
PAIN

INVOLUNTARY  
PASSING OF  
URINE & FECES

BONE MARROW  
DEPRESSION





## Inhalant Use

# How are they taken?

Inhalants are breathed in through....



### Sniffing

or snorting  
fumes from  
containers



### Spraying

aerosols  
directly  
into the  
nose or  
mouth



### Bagging

—sniffing  
substances  
sprayed  
inside a bag



### Huffing

from an  
inhalant-  
soaked rag  
stuffed in  
the mouth



### Inhaling

from  
balloons  
filled with  
nitrous  
oxide





# Chroming





# **Adolescent Risk Factors**

- **Substance Use By Parents**
- **Psychological Distress**
- **Poor Relationship With Parental Figures**
- **Low Sense of Personal Responsibility**
- **Lack of Religious/Spiritual Connections**
- **Low Academic Motivation & Performance**
- **Peer Use of Alcohol/Drugs**
- **Participation in Deviant Behaviors**



# **Young Adulthood Risk Factors**



**Exposure To Drug  
Users In  
Social/Work  
Environments**

**Marital & Work  
Instability**

**Unemployment**

**Psychological/  
Psychiatric  
Symptoms**



# Technology Overload, Overload, Overload





## Let's Check Our Generation

### Yesterday's World: the old tech that kids don't know

Share of 6 to 18 year olds in the UK that did not know what the following items were\*



86%  
Pager



86%  
Ceefax/Teletext



71%  
Overhead projector



67%  
Floppy disk



40%  
Music cassette



37%  
Video cassette



27%  
Typewriter



26%  
Record/record player



@StatistaCharts

\* Participants were shown an image of the item and asked if they knew what it was  
n=2,011. Conducted 23 February to 5 March 2018.

Source: YouGov

statista



“

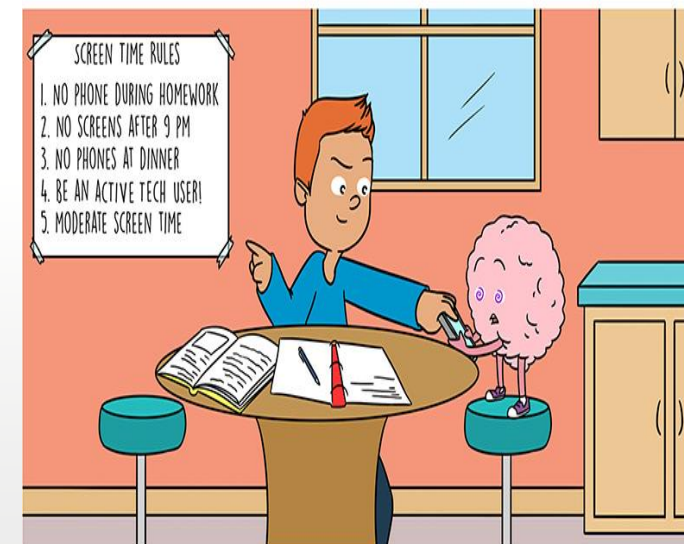
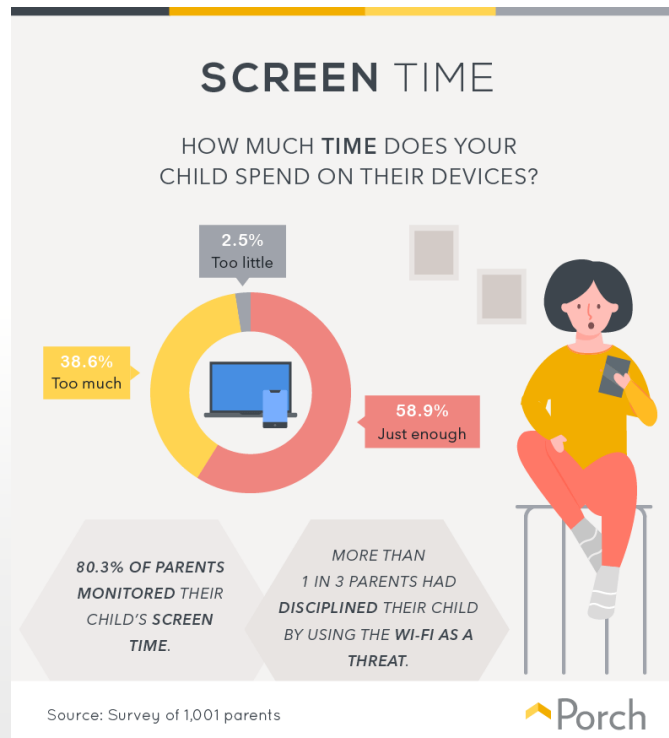
Technology use among young children and teens can also impact their future relationships and their emotional development.



# THE DANGERS OF *Digital Overload*









# CHILDREN'S SOCIAL MEDIA USE CHALLENGES PARENTS

**Half** of children ages 10 to 12 and **one-third** ages 7 to 9 use social media. A recent poll of parents with children ages 7 to 12 identified the areas of children's social media use that parents struggle to control.



**1 in 6**  
parents don't  
use parental  
controls.



**39%** of parents  
don't have time  
to monitor their  
children's social  
media use.

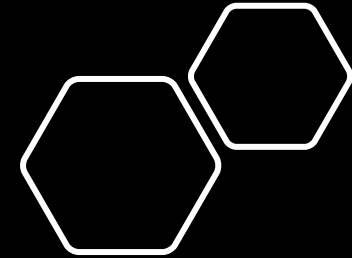


**21%** of  
parents can't  
find information  
to set up  
monitoring.



**32%** of children  
find ways to  
circumvent  
parental  
controls.

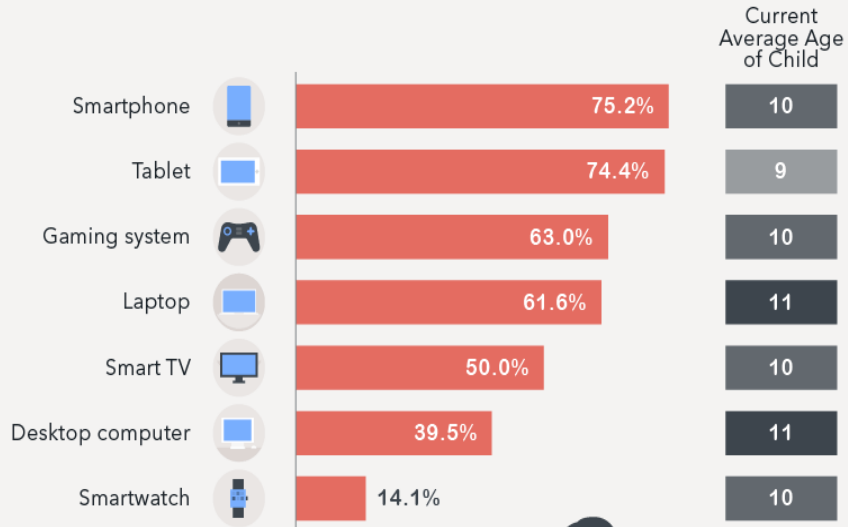
Source: Mott Poll





# GROWING UP WITH TECH

## TYPES OF DEVICES KIDS USE



PARENTS REPORTED  
THEIR CHILD WAS 5  
YEARS OLD, ON AVERAGE,  
WHEN THEY FIRST USED  
TECH DEVICES.



84.9% OF  
PARENTS  
MONITORED  
THEIR CHILD'S  
TECH DEVICES.

## Adolescent digital technology and media use: A latent class analysis

Megan Moreno, MD, MEd, MPH; Kole Binger, BS; Qianqian Zhao, MS; Jens Eickhoff, PhD; Matt Minich, MS; Yalda T Uhlir, PhD

### Class 1: "Family-Engaged Adolescents"



Technology devices were owned by their families



Have rules at home about technology use, focused on content, and they communicate about them frequently



Reported higher levels of well-being, sleep, and physical activity



Reported high levels of positive, ongoing communication and relationships with parents



Parents' own social media use was low

### Class 2: "At risk adolescents"



Technology devices were owned by the teen



There were either no rules at home about technology use, or strict rules about screen time



Reported higher levels of risk such as depression, anxiety, loneliness, and poor body image



Reported low levels of communication with their parents about rules or otherwise



Parents' own social media use was high

### Key Takeaways

- Most adolescents using technology are doing fine
- Consider family owned devices when possible
- Parents can play a positive role in promoting healthy technology use and well-being behaviors
- Center household rules on content and communication (not screen time), consistent with AAP recommendations
- Parents should be aware of their own technology use, particularly at home















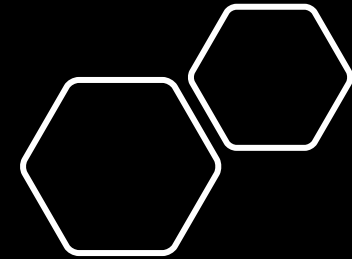
# APPS USED MOST OFTEN BY TEENS AND PRETEENS

In 2020, TikTok surpassed YouTube to become the most frequently used app by teens and preteens in the U.S.

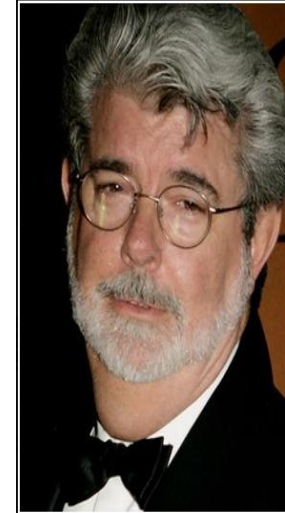
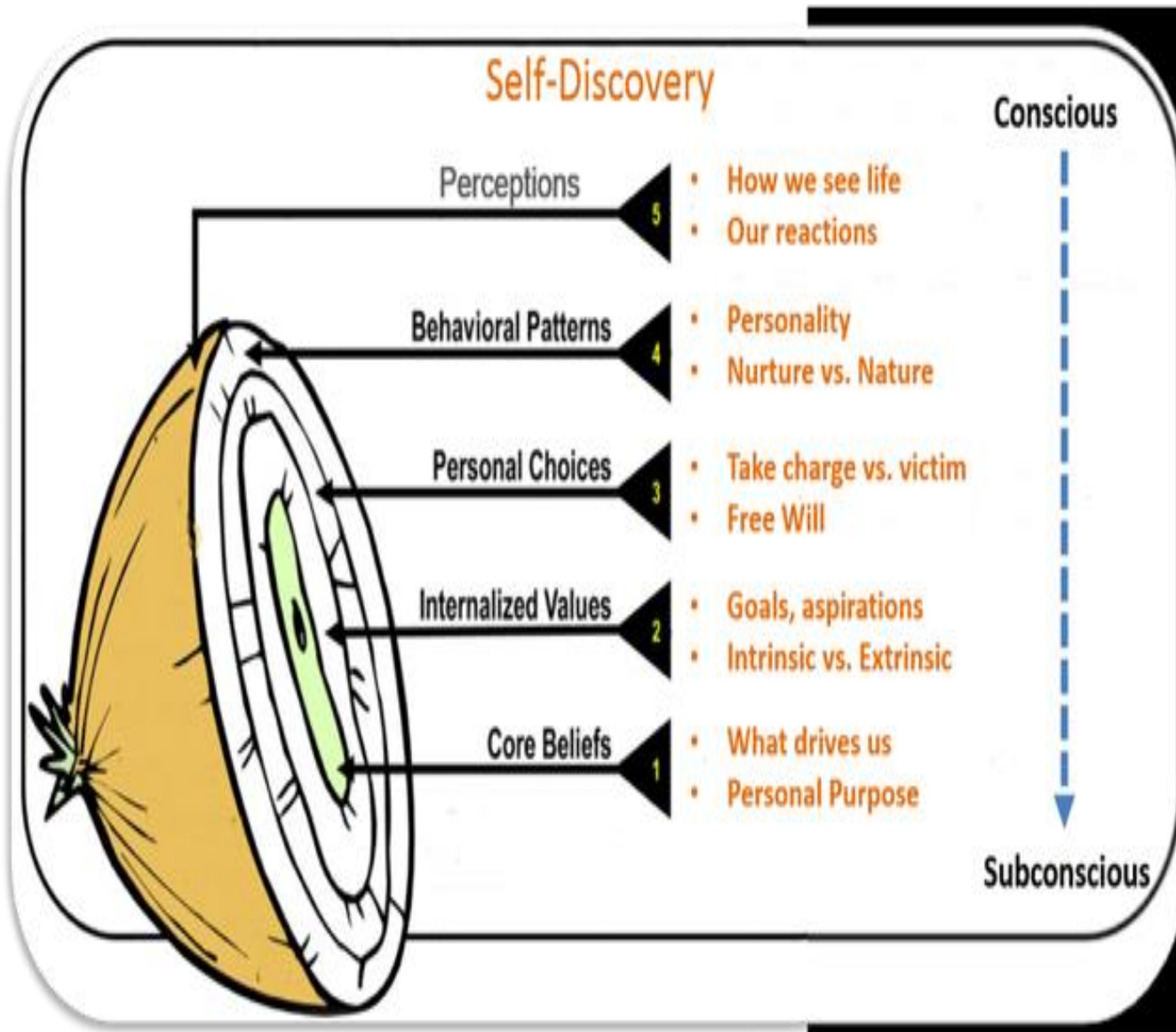


App name	Average daily usage	% of children who use it
 TikTok	105.1 minutes	32%
 YouTube	102.6 minutes	69.7%
 ROBLOX	90 minutes	24%
 Avatar	89.5 minutes	1.18%
 avakin life	86.6 minutes	1.32%
 YouTube Kids	85.8 minutes	6.9%
 wattpad	80.6 minutes	2.9%
 NETFLIX	80.6 minutes	27.4%
 iMVU	72.8 minutes	1.3%
 hulu	71 minutes	9.2%

Source: MMGuardian







There is no why. We are. Life is beyond reason.

— George Lucas —

AZ QUOTES

# THE WHY