Assessing Adolescents in Need

Gabriela Muniz, L.C.S.W
OVERVIEW

- Adolescent Development
- Recognizing the Signs
- Engaging Adolescents
- Resources and Interventions
DEVELOPMENTAL STAGES

Infancy
- 0-3 years old
  - Coordination
  - Toilet training
  - Temperament

Early Years
- 4-6 years old
  - Social adjustment
  - Separation
  - Self care

Latency
- 7-11 years old
  - School adjustment
  - Peer & adult relations
  - Interest/hobbies
  - Impulse control

Adolescence
- 12-19 years old
DEVELOPMENTAL CHANGES

- Physical
- Cognitive
- Social/Emotional

Cognitive

Social/Emotional

Physical
ADOLESCENT DEVELOPMENTAL MILESTONES

- Relationships/Support Systems
- Separation & Individuation
- Sexual Behavior
- Moral Development
- Independent Functioning
- Sexual Orientation
- Gender Identity
ENVIRONMENTAL STRESSORS

- Moves
- School transfers
- Placements
- Loss of family or friends
- Changes in family composition
- Exposure to family conflict or violence
- Abuse
- Major illnesses
- Socioeconomic status
RECOGNIZING THE SIGNS
CHILD ABUSE

How many children are abused in the Antelope Valley?

In 1996, between 600 – 700 children per month from the Antelope Valley reported allegations of abuse and were reported to the Los Angeles County Department of Children and Family Services.

In 1995, about 1,000 Antelope Valley Children were referred to the Sheriff’s Department for abuse investigations, constituting approximately 28% of the child abuse referrals in the entire Los Angeles Sheriff’s Department.

4 Types of Child Abuse

- 60% Child neglect
- 25% Physical abuse
- 15% Sexual abuse
- 5% Emotional abuse
## CHILD ABUSE

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Behavioral Indicators</th>
</tr>
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<tbody>
<tr>
<td>Unexplained bruises, welts, burns, fractures</td>
<td>Indiscriminately seeks affection; Poor self concept; overly compliant</td>
</tr>
<tr>
<td>Consistent hunger, poor hygiene, inappropriate dress</td>
<td>Depression and/or Thoughts of suicide</td>
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<tr>
<td>Unattended physical problems or medical need</td>
<td>Lags in mental or emotional development</td>
</tr>
<tr>
<td>Unexplained difficulty in walking or sitting</td>
<td>Consistent irritability, stomach ache, vomiting</td>
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<tr>
<td>Sexually transmitted disease, especially in pre-teens</td>
<td>Constant fatigue, listlessness or falling asleep in class</td>
</tr>
<tr>
<td>Lags in physical development; speech disorders</td>
<td>Abuses alcohol or drugs</td>
</tr>
<tr>
<td>Hyperactive/disruptive behavior</td>
<td>Age inappropriate sexual behavior or knowledge</td>
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</tbody>
</table>

CHILDREN’S BUREAU
COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)

IN OUR BACK YARD

Three of the nation's 13 high-intensity child prostitution areas as identified by the FBI are located in California

San Diego
Los Angeles
San Francisco

Youth as young as 10 years old are forced to sell their bodies for money in our local streets night after night

Many of these children have been involved in the County’s child welfare system due to past abuse or neglect

• 95% of CSECY were victims of earlier childhood sexual abuse

VICTIMIZATION - HOW IT HAPPENS

Pimps and other exploiters scout bus stations, arcades, malls and social networking websites, honing in on girls/boys who appear to be runaways without money or skills, or who may be experiencing trouble at home

They befriend the youth by showing them affection; buying them clothes, meals, jewelry, beauty/grooming (i.e., manicures) and/or offering shelter in exchange for sex

False promises of a “better life” are an important recruitment tool

The pimp/trafficker creates a seemingly loving and caring relationship with the child in order to establish trust and loyalty.

Pimps and exploiters eventually (as little as 2 weeks) use the child’s emotional and financial dependency to coerce them into selling sex for money

LA COUNTY DEPARTMENT OF MENTAL HEALTH
# BULLYING

## Types of Bullying

### Verbal bullying
- Teasing
- Name-calling
- Inappropriate sexual comments
- Taunting
- Threatening to cause harm

### Social bullying
- Leaving someone out on purpose
- Telling other children not to be friends with someone
- Spreading rumors about someone
- Embarrassing someone in public

### Physical bullying
- Hitting/kicking/pinching
- Spitting
- Tripping/pushing
- Taking or breaking someone’s things
- Making mean or rude hand gestures

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## Warning Signs

- **Unexplainable injuries**
- **Lost or destroyed clothing, books, electronics, or jewelry**
- **Frequent headaches or stomach aches, feeling sick or faking illness**
- **Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.**
- **Difficulty sleeping or frequent nightmares**
- **Declining grades, loss of interest in schoolwork, or not wanting to go to school**
- **Sudden loss of friends or avoidance of social situations**
- **Feelings of helplessness or decreased self esteem**
- **Self-destructive behaviors such as running away from home, harming themselves, or talking about suicide**

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21% of students ages 12-18 are bullied

[HTTPS://WWW.STOPBULLYING.GOV](HTTPS://WWW.STOPBULLYING.GOV)
**DATING VIOLENCE**

1 in 3 adolescents in the U.S. is a victim of physical, sexual, emotional or verbal abuse from a dating partner.

Nearly 1.5 million high school students nationwide experience physical abuse from a dating partner in a single year.

1 in 10 high school students has been purposefully hit, slapped or physically hurt by a boyfriend or girlfriend.

- **Healthy relationships**
  - RESPECT
  - GOOD COMMUNICATION
  - TRUST
  - HONESTY
  - EQUALITY

- **Unhealthy relationships**
  - BREAKS IN COMMUNICATION
  - PRESSURE
  - DISHONESTY
  - STRUGGLES FOR CONTROL
  - INCONSIDERATE BEHAVIOR

- **Abusive relationships**
  - ACCUSATIONS
  - BLAME SHIFTING
  - ISOLATION
  - PRESSURE
  - MANIPULATION

WWW.LOVERESPECT.ORG
TR AUMA

Witnessing or experiencing physical or sexual abuse

Violence in families and communities, loss of a loved one, refugee and war experiences

Living with a family member whose caregiving ability is impaired

Having a life-threatening injury or illness

Characteristics of a Traumatized Adolescent

- Poor school performance
- Poor judgment and problem solving skills
- Problematic moral development
- Weak sense of identity
- Trouble with relationships
- Anger and anxiety
- Bedwetting and somatic symptoms
- Eating disorders
- Poor impulse control skills
- Self-destructive acts such as self-injury
- Substance abuse
- Delinquent behavior, Risk taking
- Runaway episodes

BRIGGS-GOWAN, M. J., FORD, J. D., FRALEIGH, L., MCCARTHY, K., & CARTER, A. S. (2010). PREVALENCE OF EXPOSURE TO POTENTIALLY TRAUMATIC EVENTS IN A HEALTHY BIRTH COHORT OF VERY YOUNG CHILDREN IN

Data from National Comorbidity Survey Adolescent Supplement (NCS–A)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Overall</th>
<th>With Severe Impairment</th>
<th>Female</th>
<th>Male</th>
<th>13–14</th>
<th>15–16</th>
<th>17–18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>5.0</td>
<td>1.5</td>
<td>8.0</td>
<td>2.3</td>
<td>3.7</td>
<td>5.1</td>
<td>7.0</td>
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TRAUMA VS. ADHD

Shared Symptoms
Inattention
Distraction
Restless
Impatient
Impulsive
Anger
Sleep disturbance
Poor memory
Poor concentration
Anxiety
Depression
Low self-esteem
Addiction problems
Shame

PTSD Symptoms
Hypervigilance (always on the look-out for possible threat)
Survivors guilt
Avoidance of anything similar to the event
Flashbacks (replaying the trauma in their mind)
Obsession; the experience takes over every part of your life
Psychical pain in joints and muscles, but not linked to a medical condition
Large startled responses
MENTAL HEALTH

1 in 5 youth ages 13-18 have, or will have serious mental condition

50% of lifetime cases of mental illness begin at age 14

STATISTICS PROVIDED BY THE NATIONAL INSTITUTE OF MENTAL HEALTH. WWW.NIMH.NIH.GOV
MENTAL HEALTH

Youth 13-18 w/ mood disorder

11%

Signs and Symptoms

Feeling very sad or withdrawn for more than 2 weeks (e.g., crying regularly, feeling fatigued, feeling unmotivated)

Trying to harm or kill oneself or making plans to do so

Severe mood swings that cause problems in relationships

STATISTICS PROVIDED BY THE NATIONAL INSTITUTE OF MENTAL HEALTH. WWW.NIMH.NIH.GOV
MENTAL HEALTH

Anxiety Disorders

8% of youth have an anxiety disorder

• Sudden overwhelming fear for no reason sometimes with a racing heart, physical discomfort or fast breathing
• Intense worries or fears that get in the way of daily activities like hanging out with friends or going to classes.

Behavior or Conduct Disorder

10% of youth have a behavior disorder

• Out-of-control, risk-taking behaviors that can cause harm to self or others
• Extreme difficulty in concentrating or staying still that can lead to failure in school
## GRIEF

### Natural Responses

- Difficulty concentrating
- Psychosomatic symptoms (i.e., stomachaches, headaches, decreased coordination)
- Impulsive behaviors, reckless driving, or other self-destructive behaviors
- Problems with parent, teachers, or other authority figures
- Drop in grades or increase in academic problems
- Desire to end pain
GRIEF

Coping Strategies

- Physical activity
- Enjoy nature
- Journaling and Poetry
- Listen to music
- Volunteering
- Plan and engage in pleasurable activities
- Painting or drawing
- Deep breathing and exercising
- Screaming into pillow or backpack

OUR HOUSE GRIEF SUPPORT CENTER
## Suicide

### Worldwide:

- 2nd most common cause of death in young people (Hawton et al., 2012)
- Most common cause of death in female adolescents aged 15-19 years old (Patton et al., 2009)

### In the US:

- 3rd leading cause of death among 10-24 year olds (CDC, 2010)
- 1 young person commits suicide every hour and 48 minutes (AAS, 2010)
### SUICIDE

<table>
<thead>
<tr>
<th>Risk factors</th>
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<tbody>
<tr>
<td>Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders</td>
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<tr>
<td>Alcohol and other substance use disorders</td>
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<tr>
<td>Hopelessness</td>
<td></td>
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<tr>
<td>Impulsive and/or aggressive tendencies</td>
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<tr>
<td>History of trauma or abuse</td>
<td></td>
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<tr>
<td>Major physical illnesses</td>
<td></td>
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<tr>
<td>Previous suicide attempt(s)</td>
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<tr>
<td>Exposure to others who have died by suicide (in real life or via the media and Internet)</td>
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<td>Family history of suicide</td>
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<td>Job or financial loss</td>
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<td>Easy access to lethal means</td>
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<td>Local clusters of suicide</td>
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<td>Lack of social support and sense of isolation</td>
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<tr>
<td>Stigma associated with asking for help</td>
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<tr>
<td>Lack of healthcare, especially mental health and substance abuse treatment</td>
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<tr>
<td>Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma</td>
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FROM SUICIDE PREVENTION LIFELINE.ORG
VIGNETTE
ENGAGING ADOLESCENTS
TRAUMA INFORMED APPROACH

Create a safe space

Encourage and establishing secure connection with others

Behavior is communication
THINK OUTSIDE THE BOX

Be Yourself
Give them choice
Let teens teach you
Do something active
Get Them To Perform
Use culture
RESOURCES & INTERVENTIONS
IMPORTANCE OF INTERVENTION

The average delay between onset of symptoms and intervention is 8-10 years

70% of youth in state and local juvenile justice systems have a mental illness

Approximately 50% of students age 14 and older with a mental illness drop out of high school

STATISTICS PROVIDED BY THE NATIONAL INSTITUTE OF MENTAL HEALTH. WWW.NIMH.NIH.GOV
4 STEPS FOR PARENTS

- Talk to your pediatrician
- Get a referral to a mental health provider
- Work with the school
- Connect with other families

Statistics provided by the National Institute of Mental Health. www.nimh.nih.gov
EVIDENCE BASED PRACTICES (EBP)

Individual Cognitive Behavioral Therapy (ICBT)
- The model is intended to prevent or treat early onset of symptoms of depression, anxiety, and effects of trauma that may impact functioning in various domains of daily life.
- Includes transitional age youth (age 16-25)

Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
- TF-CBT was originally developed to address the needs of children who experienced sexual abuse, research now documents that TF-CBT is effective for diverse, multiple and complex trauma experiences, for youth of different developmental levels, and across different cultures
- ages 3-18

Seeking Safety (SS)
- Short term (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services, or to prevent a mental health problem from getting worse
- The age range begins at 13 years old and spans across all age groups
EVIDENCE BASED PRACTICES

Aggression Replacement Therapy (ART®)
- The focus of treatment for ART® includes clients ages 12-17 with disruptive behavior disorders who are at risk of or involved with the juvenile justice system.

Functional Family Therapy (FFT)
- Intended for families where youth, ages 10-18, are experiencing severe behavior and/or conduct disorders

Managing Adapting Practice (MAP)
- Depression 8-23 years old
- Anxiety 2-19 years old
- Disruptive 0-21 years old
- Trauma 2-18 years old
PEER SUPPORT MODEL

The consumer/survivor/ex-patient movement has been instrumental in the development of a variety of peer-support alternatives to traditional mental health services in both the United States in Canada.
Changing Lanes
- Provides prevention, intervention, education and outreach services to children/youth and their families that address trauma exposure and substance use

Cynthia Spears
661-948-2555
cspearschange@gmail.com
www.changelanes.org

Agents of Change
- Academic organization that focuses on recruiting, retaining, graduating and transferring students to 4 year universities

Dr. Miguel Coronado
661-466-6810
agentsofchange13@gmail.com
PREVENTION & SUPPORT PROGRAMS

Tarzana Treatment Center

- Provide youth (12 to 23 years old) with support, education, and structure to empower them to make healthier choices in their lives.

44447 10th Street West, Lancaster, CA 93534
(661) 726-2630

Mental Health America

- Offers the full range of services, tailored to the needs of 17 to 25-year-olds. Helps young people make a secure transition from foster care and children's mental health systems to adult services and learn to live self-sufficiently in the adult world.

506 W. Jackman, Lancaster, CA 93534
(661) 726-2850
RESOURCES

Yellow Submarine (Penny Lane Centers)

- Drop in center for transitional age youth (16-25), is a safe place where youth can meet their basic needs, have access to case management and linkage to mental health services.

43520 Division St., Lancaster, CA 93535

Maria Arroyo
marroyo@pennyLane.org
(661) 266-4783

The Way In (Salvation Army)

- Supports youth and families through a tailored package of assistance which may include conflict resolution, individual/family counselling and problem-solving strategies. Reconnect Transitional Age Youth (16-24) with family and/or building/strengthening positive relationships with adults.

44349 Lowtree Ave., STE. 105, Lancaster, CA 93535

Lenora Briggs, LMFT
Lenora.briggs@usw.salvationarmy.org
(323) 573-1150
RESOURCES

Bullying
- The Bullying Advocacy Program
  - bullying@sfvmhc.org
  - (818) 376-6780
- Rise Up Against Bullying
  - 1-866-BE-A-HERO
- Bullying and School Violence Advocacy Program
  - 844-256-0735

Dating Violence
- www.loveisrespect.org
- 1.866.331.9474
- TEXT: LOVEIS TO 22522

Commercial Exploitation of Children
- LA Metro Taskforce
  - 800-655-4095
- National Human Trafficking Hotline
  - 888-373-7888
- California Human Trafficking Legislation
  - https://oag.ca.gov/human-trafficking/legislation
- Shared Hope International
  - http://sharedhope.org/

Grief
- Our House
  - https://www.ourhouse-grief.org/
  - 1.888.417.1444