



# Assessing Adolescents in Need

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# OVERVIEW

Adolescent Development

Recognizing the Signs

Engaging Adolescents

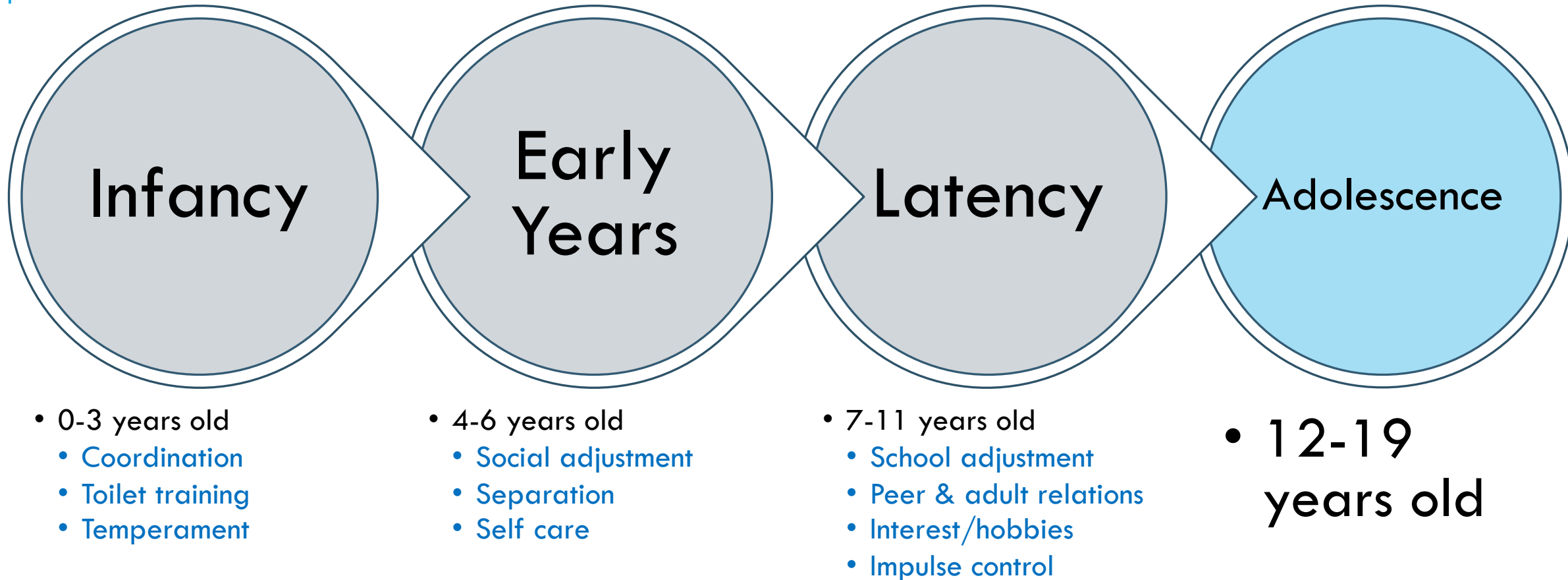
Resources and Interventions



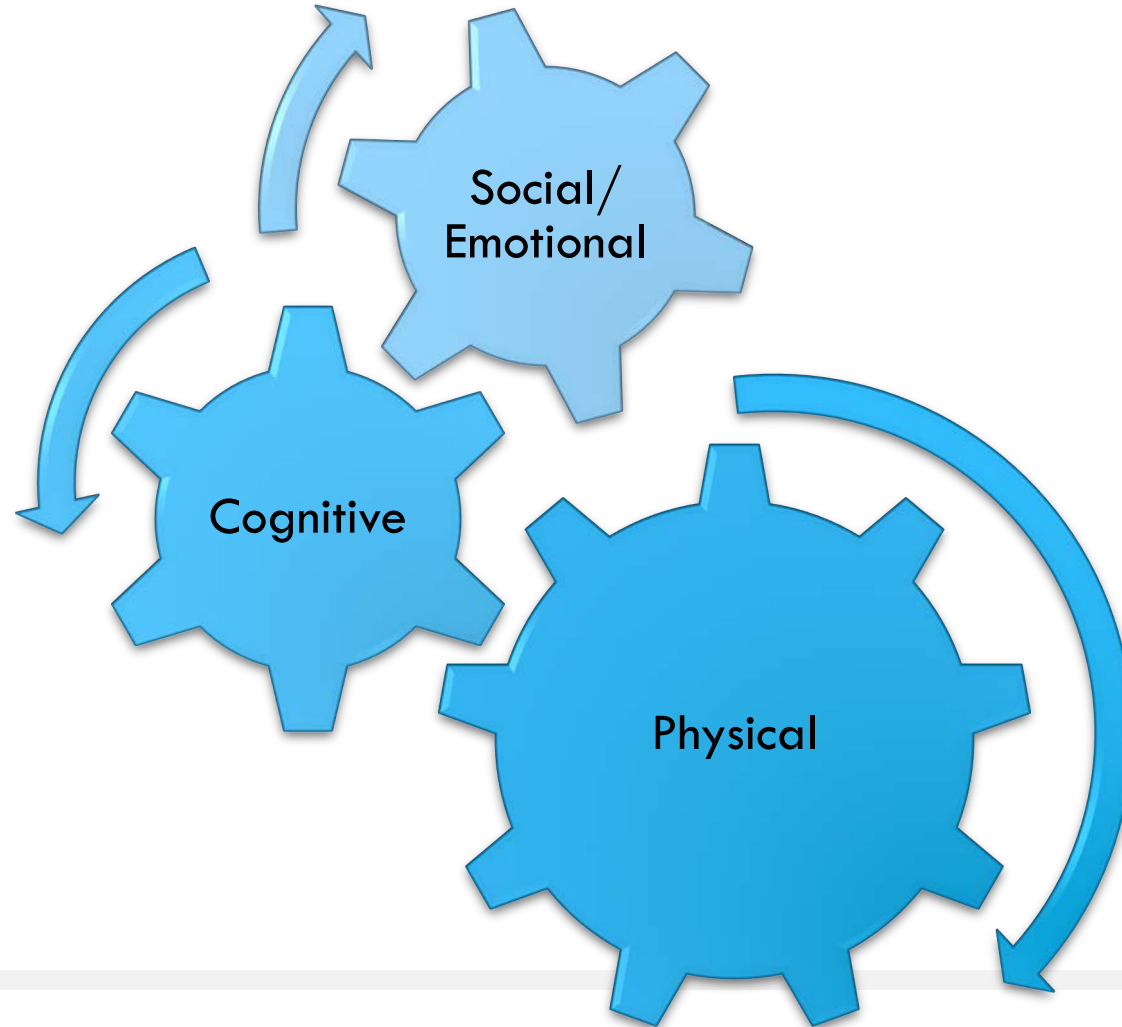


# ADOLESCENT DEVELOPMENT

# DEVELOPMENTAL STAGES



# DEVELOPMENTAL CHANGES





# ADOLESCENT DEVELOPMENTAL MILESTONES

Relationships/  
Support  
Systems

Separation &  
Individuation

Sexual  
Behavior

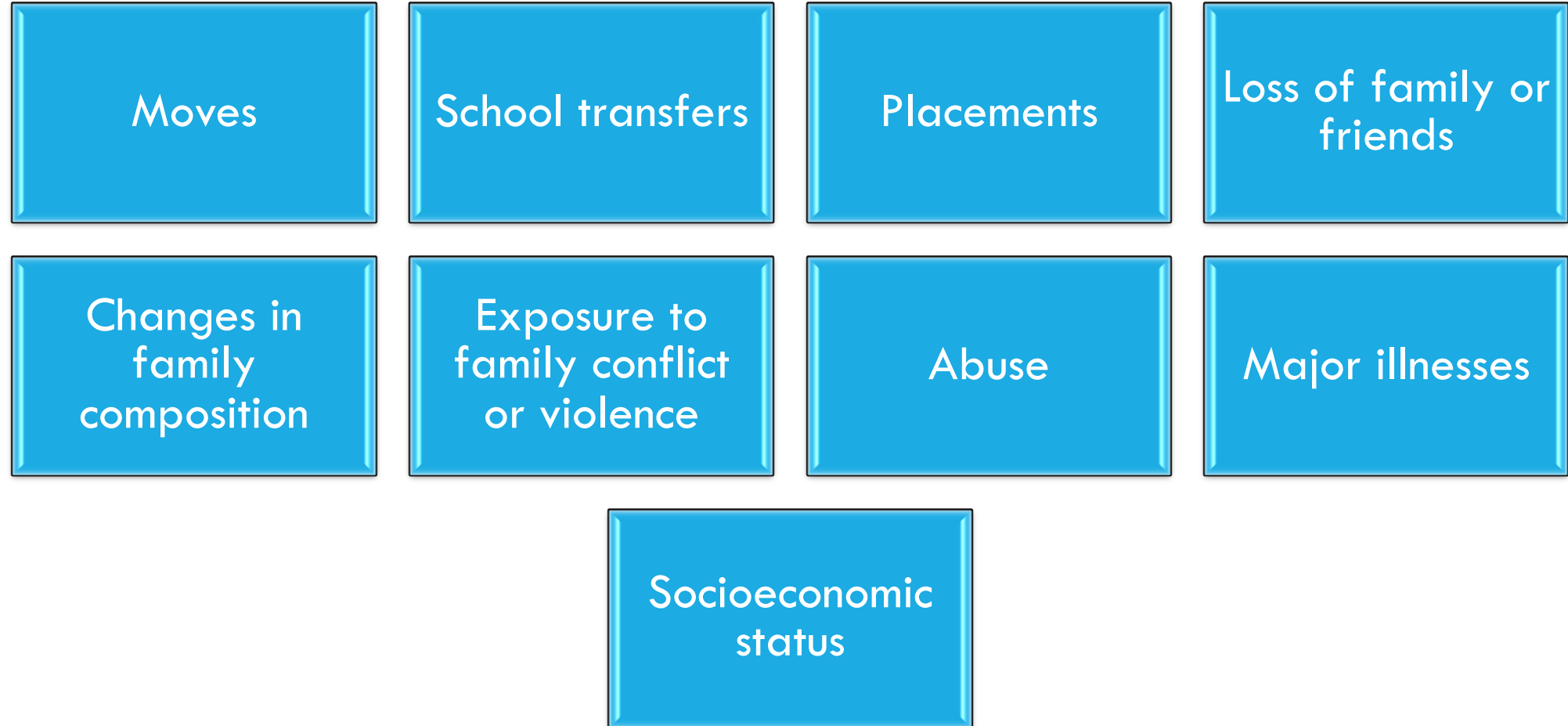
Moral  
Development

Independent  
Functioning

Sexual  
Orientation

Gender  
Identity

# ENVIRONMENTAL STRESSORS



# RECOGNIZING THE SIGNS





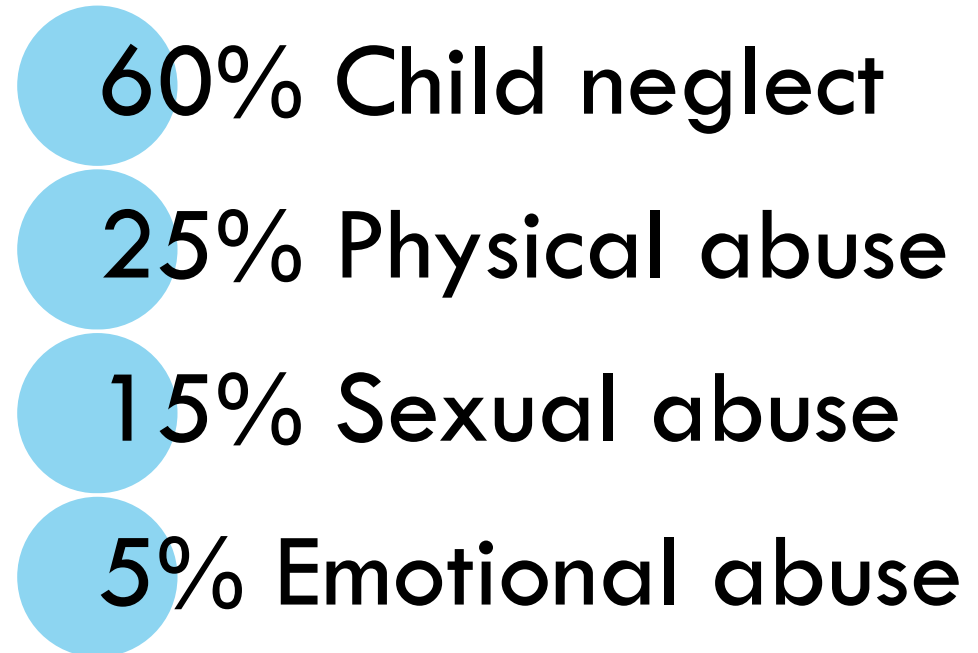
# CHILD ABUSE

## 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



# CHILD ABUSE

## Physical Indicators

Unexplained bruises, welts, burns, fractures

Consistent hunger, poor hygiene, inappropriate dress

Unattended physical problems or medical need

Unexplained difficulty in walking or sitting

Sexually transmitted disease, especially in pre-teens

Lags in physical development; speech disorders

Hyperactive/disruptive behavior

## Behavioral Indicators

Indiscriminately seeks affection; Poor self concept; overly compliant

Depression and/or Thoughts of suicide

Lags in mental or emotional development

Consistent irritability, stomach ache, vomiting

Constant fatigue, listlessness or falling asleep in class

Abuses alcohol or drugs

Age inappropriate sexual behavior or knowledge

Poor peer relationships

Marked change in behavior; change in performance in school

Sleep Disorders, Sudden sleeping/eating disturbances

Delinquent behavior; runaway behavior, Destructive behavior

# 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



# BULLYING

21% of students  
ages 12-18 are  
bullied

## 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

## Warning Signs

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Unexplainable injuries

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Lost or destroyed clothing, books, electronics, or jewelry

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Frequent headaches or stomach aches, feeling sick or faking illness

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Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.

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Difficulty sleeping or frequent nightmares

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Declining grades, loss of interest in schoolwork, or not wanting to go to school

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Sudden loss of friends or avoidance of social situations

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Feelings of helplessness or decreased self esteem

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Self-destructive behaviors such as running away from home, harming themselves, or talking about suicide

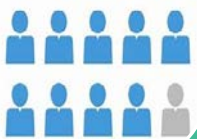
# DATING VIOLENCE



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**

# TRAUMA

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

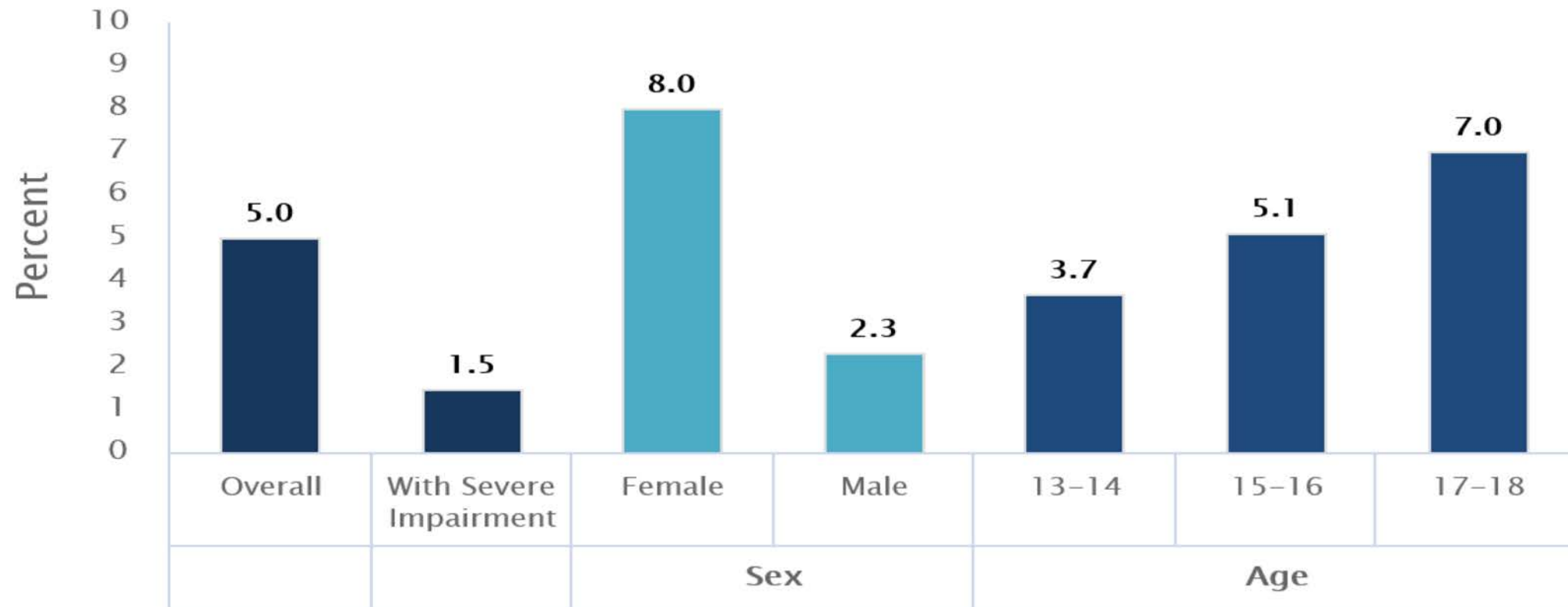
Delinquent behavior, Risk taking

Runaway episodes



# Lifetime Prevalence of Post-Traumatic Stress Disorder Among Adolescents (2001–2004)

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



# 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



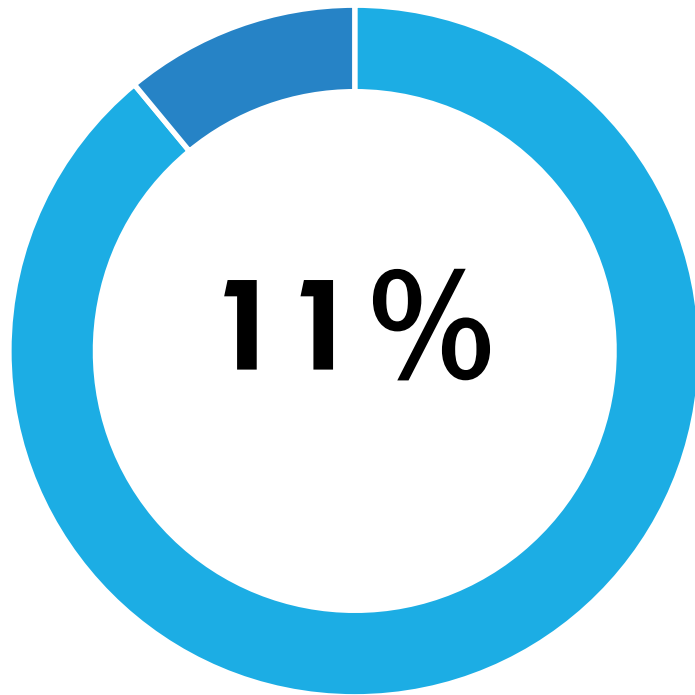
**1 in 5 youth ages 13-18  
have, or will have  
serious mental condition**

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



# MENTAL HEALTH

## Youth 13-18 w/ mood disorder



■ no diagnosis ■ mood disorder

## 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

# 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 (ie. 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



# SUICIDE

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**Worldwide:** 2<sup>nd</sup> most common cause of death in young people  
(Hawton et al., 2012)

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Most common cause of death in female adolescents  
aged 15-19 years old (Patton et al., 2009)

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**In the US** 3<sup>rd</sup> leading cause of death among 10-24 year olds  
(CDC, 2010)

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1 young person commits suicide every hour and 48  
minutes (AAS, 2010)

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# SUICIDE

## Risk factors

Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders

Alcohol and other substance use disorders

Hopelessness

Impulsive and/or aggressive tendencies

History of trauma or abuse

Major physical illnesses

Previous suicide attempt(s)

Exposure to others who have died by suicide (in real life or via the media and Internet)

Family history of suicide

Job or financial loss

Easy access to lethal means

Local clusters of suicide

Lack of social support and sense of isolation

Stigma associated with asking for help

Lack of healthcare, especially mental health and substance abuse treatment

Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma

# VIGNETTE







# ENGAGING ADOLESCENTS



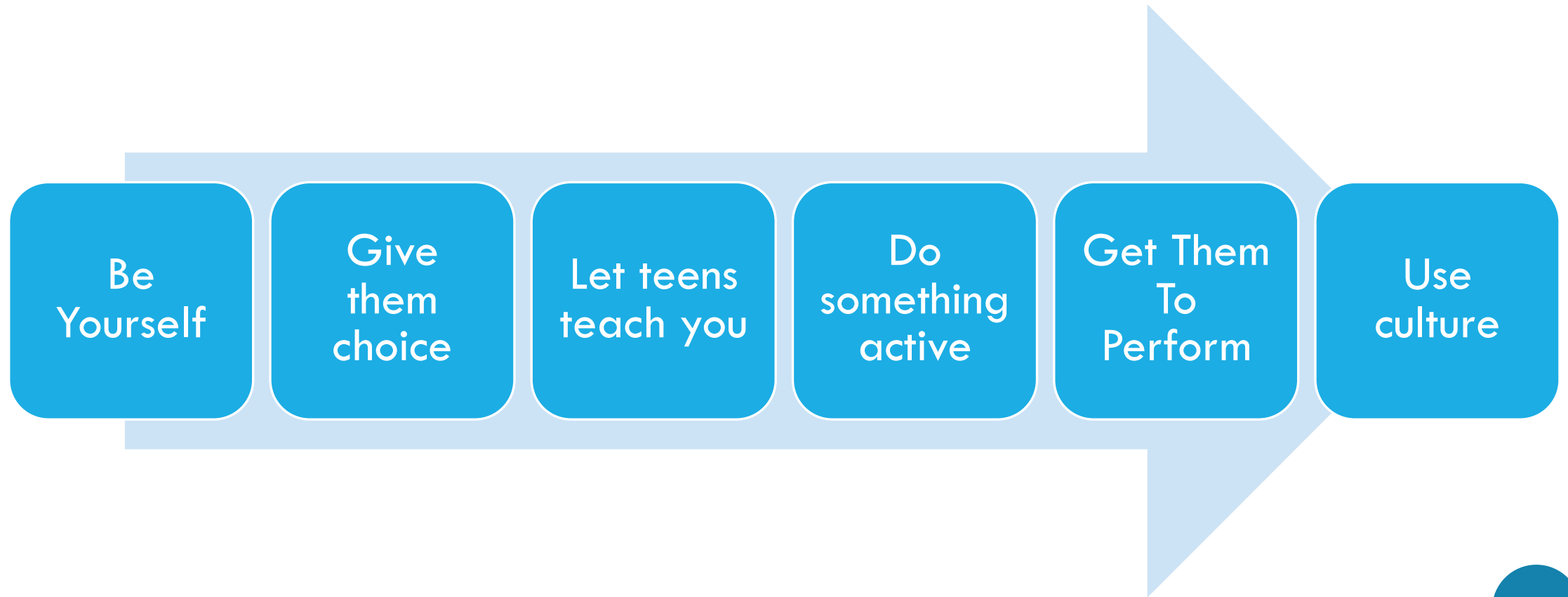
# TRAUMA INFORMED APPROACH

Create a safe space

Encourage and establishing secure connection  
with others

Behavior is communication

# THINK OUTSIDE THE BOX



# VIGNETTE



The background features a blurred image of a bookshelf with several books. The spines of the books are visible in various colors, including red, white, and yellow. On the left side, there are three overlapping blue geometric shapes: a dark blue triangle, a medium blue triangle, and a light blue triangle, all pointing towards the right. The text "RESOURCES & INTERVENTIONS" is centered in the lower half of the image in a white, bold, sans-serif font.

# 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

# 4 STEPS FOR PARENTS

Talk to your pediatrician

Get a referral to a mental health provider

Work with the school

Connect with other families



# 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

# PREVENTION & SUPPORT PROGRAMS

## **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](mailto:cspearschange@gmail.com)

[www.changelanes.org](http://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](mailto: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 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](mailto: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](mailto:Lenora.briggs@usw.salvationarmy.org)

(323) 573-1150



# RESOURCES

## Bullying

- The Bullying Advocacy Program
  - [bullying@sfvcmhc.org](mailto:bullying@sfvcmhc.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](http://www.loveisrespect.org)
- [1.866.331.9474](tel:18663319474)
- 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](tel:18884171444)



**THANK YOU**



[Gmuniz@dmh.lacounty.gov](mailto:Gmuniz@dmh.lacounty.gov)