Adolescents' High Risk Behavior

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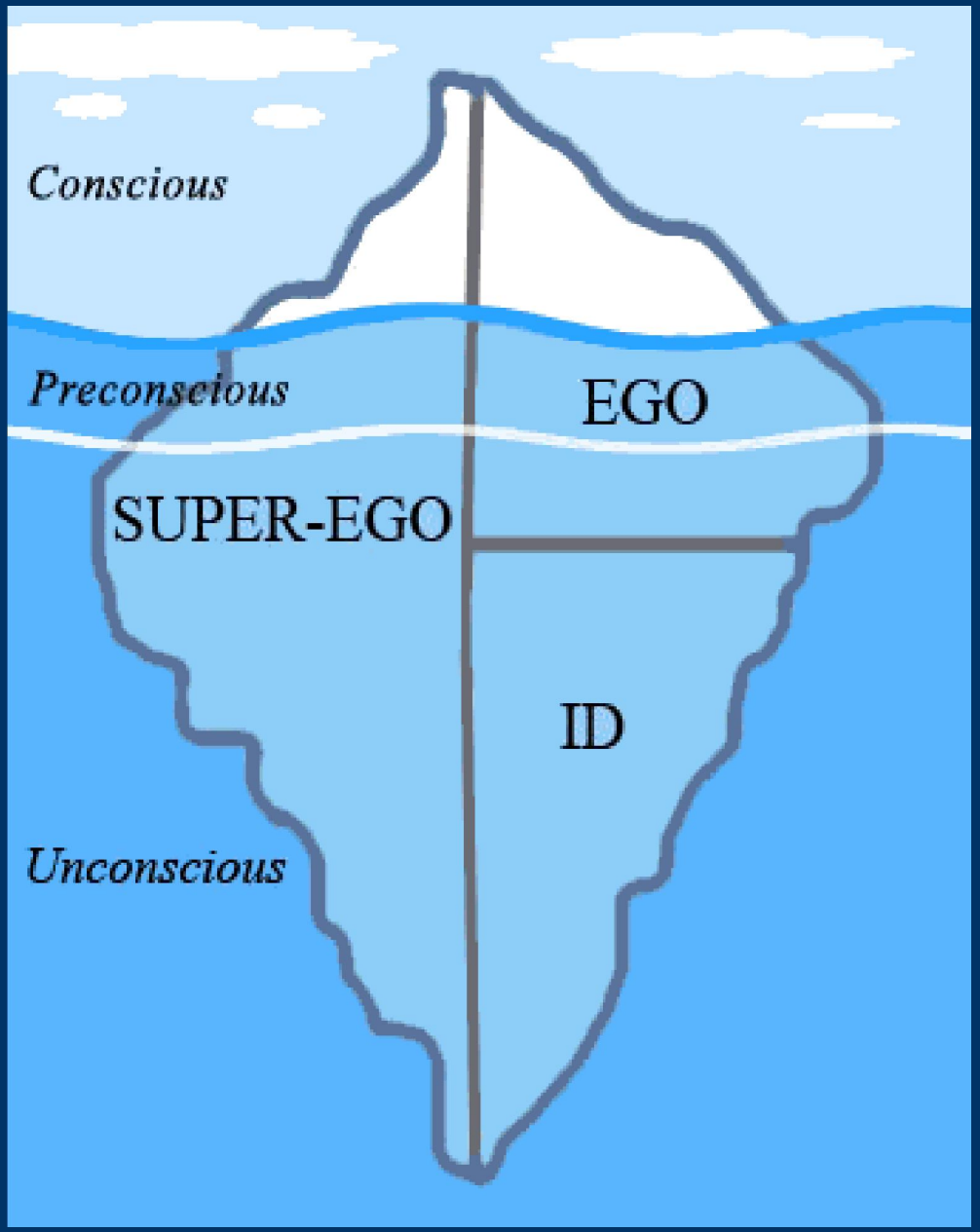
Conscious
Preconscious
EGO
SUPER-EGO
ID
Unconscious

Topographic Model

- **Conscious (cs)-the part of the mind that interacts with the external world, and which can reflect on itself.**

- **Pre-conscious (pcs)-the part of the mind in which thoughts, feelings and ideas are being prepared for outward expression. Can be brought to attention.**

- **Unconscious (ucs)-governed by the pleasure principle. The cauldron of wishes, desires and fears that make up the bulk of our mind.**

Two Freudian Schemata

- The importance of theories of the mind-a framework in which to understand presenting problems.
- Topographic theory
- Structural theory
- Freud's theory developed and changed, but built on what had come before

Basic Premises of all Psychodynamic Theories

- **Internal & external forces—both conscious & unconscious, based on past experience & present reality—interact to motivate, dominate, & control human behavior, personality development, & social functioning**

- **The internal mind affects how we relate to the external environment & the external environment affects the internal mind in a dynamic interaction throughout the life span**

Assumptions about human behavior

- **All biological, psychological, & social factors interact in a complex way to impact development & adaptation throughout life**
- **Humans learn to adapt to the external environment through relationships shaped by in-born genetic capacities , culture, & socio-historical context**
- **Early childhood experiences & relationships shape personality development & interact with present reality to shape adaptation in current life**

What is a crisis?

- An upset in psychological equilibrium triggered by:
  - *outside harm or threat from the environment*
  - *internal developmental or biological changes*
  - *interpersonal challenges, conflicts, or losses*
- Symptoms may include anxiety, guilt, shame, sadness, envy, disgust, fear
- “Traumatic stress”—actual or threatened severe injury or death of oneself or significant others

Psychoanalytic Counseling and Self-Esteem

Simon's six conditions for nurturing and maintaining self esteem and mental health:

Belonging

Child Advocacy

Risk Management

Empowerment

Uniqueness

Productivity

Counseling Methods

CATHARSIS:

Process of remembering, verbalizing, and emotionally reliving an early childhood event in order to eliminate the symptoms that had been caused by the event.

FREE ASSOCIATION:

The process in which unconscious thoughts are brought to the conscious mind by vocalizing whatever thoughts or feelings come to mind.

INTERPRETATION:

DREAMS - express wish fulfillment

PARAPRAXIA - “Freudian Slips”

HUMOR - Jokes, puns, satire are all acceptable means for unconscious urges to gain access to the conscious.

Counseling Methods

ANALYSIS of TRANSFERENCE
Client views the counselor as someone else

ANALYSIS of RESISTANCE
Client resists the attempts of the counselor to help

ANALYSIS of INCOMPLETE SENTENCES
Projective techniques to understand the client

BIBLIOCOUNSELING:
Reading and discussing books about situations similar to clients' issues

Counseling Methods

STORYTELLING:

Client tells a story and the counselor retells the story with better responses/alternatives

PSYCHOANALYTIC PLAY THERAPY

Toys and games assist the counselor with putting the child at ease, creating an alliance, and discovering clues about the client's inner life.

Diathesis/stress model of mental illness

- "Diathesis"—a predisposition to develop disease or morbid condition
- "Diathesis/stress model"—an interaction of life experiences with biological variables (genetics, neurochemistry, neuroanatomy)
- Each person has a unique vulnerability to stress

Coping and Adaptation

- Our efforts to manage stress & meet new challenges
  - Biological coping (demands on nervous & hormonal systems)
    - "fight-or-flight"
    - "tend-and-befriend"
  - Psychological coping
    - Defense mechanisms (internal, unconscious traits)
    - Coping styles or capacities (fluid states, changeable)
      - Problem-focused—change environment
      - Emotion-focused—change internal self

Individual's ability to cope with stress is influenced by:

- Capacity to adapt & restore equilibrium
- Interpersonal relationships
- Current environmental supports & resources
  - "social supports"—resources that provide material, emotional, & instrumental support
  - personal supports perhaps salient—affirm identity, compensate for deficits

Psychopathology, according to classical theory

- Unresolved "conflicts of the mind" between id, ego, & superego or between ego & external environment:
  - *May cause "fixation" at developmental stages*
  - *May cause weak ego functioning , leading to difficulties with adaptation*
  - *May cause inadequate defensive functioning leading to symptoms*
- Symptoms of unresolved conflict (e.g., anxiety, depression, compulsions, or sociopathy) are:
  - *Efforts to overcome or work through conflicts*
  - *Efforts to compensate for conflicts*

Problems, Risk, and Resiliency in Adolescence

Alienation: The Absence of Connection

Normlessness—a sense that the rule structures are not appropriate for the individual; rules just do not apply; little guidance in making decisions;

Powerlessness—sense of little or no control over outcomes in one's life; no sense of a link between actions and outcomes;

Alienation: The Absence of Connection

Social Isolation—perception that there is no relevant peer group; little connection with others through family, school, or community relationships;

Self Estrangement—bored with life; see little purpose;

Alienation: The Absence of Connection

- **<u>Meaninglessness</u>—little connection between educational activities and importance in one's life;**

- **Incidence of alienation in various forms and combinations tend to be related to increase in problem behaviors especially substance use and suicide ideation and attempts.**

(Dean, 1961, LaCourse, Villeneuva & Claes, 2003)

Vulnerable Adolescents: Disconnected

- Students who are poor and from a minority ethnic group show the greatest signs of alienation,
- These students report feeling little control over their achievements in middle school.
- These students are less engaged in school and had more behavior problems

---- Murdock, T.B. (1999)

Vulnerable Adolescents: Disconnected

- **Adolescents are faced with increased responsibility with little increase in authority to make adult decisions**
- **The paradox of responsibility without authority can lead to feelings of disconnectedness but not necessarily alienation.**

Potential Outcomes for Alienated Adolescents

- **Internalizing Problems**
  - **Over controlled emotional responses**
  - **Families with high levels of psychological control**
  - **Females more likely than males**
    - **Anxiety**
    - **Depression**
  - **Males with over controlling families may manifest externalizing behaviors (Francisco, 2009)**

Potential Outcomes for Alienated Adolescents

Externalizing Problems

- **Under controlled emotional responses**
- **Neglectful parenting (low monitoring, few boundaries)**
- **Males more likely than females to manifest externalizing problems**
- **Related to acting out**
- **Many adolescents display some externalizing problems but in the extreme can be problematic.**

Potential Outcomes for Alienated Adolescents

- **Substance abuse/dependence—self medication**
- **Emotional Distress**
- **Aggression**
- **Perception of early death**
- **Suicidal ideation and attempts (linked with depression and substance abuse)**

Substance Abuse and Drug Dependence

- **Need of higher amounts of the drug to achieve the same "high"**
- **Withdrawal symptoms when use is terminated**
- **Inability to terminate usage at own discretion (failed attempts)**
- **Time devoted to obtaining substance increases**

Substance Abuse and Drug Dependence

Gateway and Pathway for Drug Involvement:

- **Alcohol (Beer, Wine Coolers, Cider)**
- **Tobacco & Hard Liquor (Tobacco can be initial gateway as well)**
- **Marijuana**
- **More harmful and addictive drugs (cocaine, methamphetamines, ecstasy, prescription drugs [pill parties])**

Substance Abuse and Drug Dependence

Use of substance related to reduction of social, educational, or work related activities

Continued use in spite of knowledge of and experience with physical or psychological problems (DSM IV)

Substance Use and Personality/Behavioral Factors

the picture of the frequent user that emerges is:
a troubled adolescent,

an adolescent who is interpersonally alienated,

emotionally withdrawn, and manifestly unhappy, and

who expresses his or her maladjustment through under controlled, overtly antisocial behavior.

Shedler & Block (1990)—Longitudinal study of substance use.

Substance Use and Personality/Behavioral Factors

The frequent users (as adolescents) as early as age 7 years tended to be:
unable to form good relationships,
insecure,
showed numerous signs of emotional distress.

Shedler & Block (1990)

Substance Abuse and Parental Factors

The mothers of the frequent users

- ***are perceived as relatively cold, unresponsive, and under-protective.***
- ***appear to give their children little encouragement, pressure their children and are overly interested in their children's "performance***

Factors associated with fathers yielded few differences among user groups

Shedler & Block (1990)

Adolescence and Emotional Distress: Internalizing Problems

Tendency to increase emphasis on peers relative to parents is most significant prior to the age of around 16 years.

The effect of parental support decreases with increasing age
***Helsen, Vollebergh, & Meeus* (2000)**

Adolescence and Emotional Distress : Internalizing Problems

Low levels of parental support go with a high level of emotional problems in all age groups

Higher levels of parental support are related to decreased levels of emotional problems at all ages but particularly among younger adolescents

***Helsen, Vollebergh, & Meeus* (2000)**

Adolescence and Emotional Distress : Internalizing Problems

With low levels of parental support, there is a tendency to report high levels of peer support AND the highest level of emotional problems.

This reflects a tendency to "turn to friends" in times of distress when parents are not available

Thus, in most cases peer support is not able to "compensate" for the lack of parental support.

***Helsen, Vollebergh, & Meeus* (2000)**

Suicide and Suicidal Ideation : Internalizing Problems

Adolescent Risk Factors:

- **Hopelessness**
- **Depression**
- **Social Isolation**
- **Aggression**
- **Perception of imminent and premature death**
- **Impulsiveness**
- **Substance abuse**

Suicide and Suicidal Ideation : Internalizing Problems

Family and Relationship Factors

- **Family and life stressors**
- **Significant losses in relationships (death, break-up of romantic relationship, loss of friendships)**
- **Chaotic family life**
- ***Perception* of few social supports**
- **Parental relationships problematic or distant**

Suicide and Suicidal Ideation

Protective Factors:

- **High levels of perceived self-efficacy**
- **Effective social and emotional problem-solving skills (problem-focused vs. emotion-focused, Lazarus)**
- **Sense of a positive potential future**
- **Parental monitoring**
- **Authoritative parenting styles in family communication**

Suicide and Suicidal Ideation

Prevention programs:

- **Presence of crisis counseling programs within the school and community accessible by adolescents without parental notification**
- **Peer counseling/peer facilitator programs in the school**
- **Programs that provide highly structured training in problem solving and coping skills (cognitive behavioral programs seem to have empirical support)**

Eating Disorders: Internalizing Problems

Sources:

- **Body image linked to perfection (media, family, peers)**
- **Need to control one's life (intake of food)**
- **Culture focused on youth and physical appearance**

Eating Disorders: Internalizing Problems

Disorders:

- **Anorexia nervosa: intentionally reducing caloric intake; may eat in public but purge in private**

Eating Disorders: Internalizing Problems

Outcomes:

- **Isolation from other peers**
- **Amenorrhea (menstruation is disrupted)**
- **Distorted view of body image**
- **Susceptibility to disease**

Treatment:

- **Family therapy**
- **Cognitive Behavioral Therapy (change cognitions related to one's body)**

Juvenile Delinquency

Types of offenses:

Status Offense—the act is a crime based only on the age of the individual (alcohol and tobacco possession, driving under the legal age, violation of restricted hours);

Index Offense—the act is a crime based on the criminal code and applies regardless of age (murder, assault, rape)

Juvenile Delinquency

- **Younger adolescents typically commit "minor" offenses (smoking, drinking, small theft, graffiti)**
- **More serious crimes tend to increase through about age 16 years (car theft, burglary)**
- **Violent offenses are more common in late adolescence and adulthood (murder, rape)**

Juvenile Delinquency

Gender differences exist but are changing:

- **Females more likely to commit status offenses (smoking, drinking, restricted hours violation);**
- **Males more likely to commit index offenses (small thefts, vandalism, auto theft);**
- **Females tend to engage in relational aggression (sabotaging relationships of others) and can lead to physical aggression.**

Juvenile Delinquency

Ethnic Groups and Delinquency

Minority groups tend to be overrepresented in *arrests* for delinquent acts;

Self-report data yield no difference between minority and majority youth in rate of delinquent acts;

Majority youth frequently, when apprehended for delinquent act, are not formally charged

Juvenile Delinquency

- **Factors related to delinquency**
  - **Poor impulse control**
  - **Poor sense of control over behaviors and emotions**
  - **Parenting practices and styles**
    - **Neglectful parenting style**
    - **Substance use by parents**
  - **Contextual factors**
    - **neighborhood of residence;**
    - **relationship with majority culture**

Protective Factors

Families

- **High and clear expectations**
- **High warmth/connectedness**
- **Responsiveness**
- **Sets boundaries**
- **Renegotiation of adolescents' roles in families**

Protective Factors

- **Communities**
  - **supportive adult network structures**
    - **Extended families**
    - **Other adults close to the families**
  - **supportive institutions within the communities**
    - **Schools with extended day activities**
    - **Churches (positive perspectives and activities)**
    - **Centers/Organizations providing resources**
      - **Recreation/Hobby**
      - **Academic support**

Protective Factors

- **Individual Factors**
  - **Temperament—some link with genetic but shaped by level of nurturing**
  - **Stress—body's response to stimuli (demand or event)**
    - **General Adaptation Syndrome**
      - **Alarm Reactions—Physiological response—heart rate, blood pressure, muscle contraction, etc**
      - **Adaptation—body accommodates to the stressor**
      - **Exhaustion—body reaches limits of adaptation**

Protective Factors

Coping with stress and Internalizing Problems

Emotion-focused coping—minimize the impact of the stressor (e.g. leave, use drugs)

Problem-focused coping—solve the problem (e.g. gather information, identify strategies)

Protective Factors

- **Coping strategies: Stress Inoculation Training (Meichenbaum's Cognitive Behavioral Therapy):**
  - **Appraise the situation—identify alternative interpretations of the event**
    - **Attributional error**
      - **Dispositional bias—tendency to attribute response to stressor as a trait—not changeable**
      - **Confirmatory bias—tendency to seek information that confirms initial appraisal**
      - **Situational stressor—tendency to attribute response to stress as situational factor—malleable**

Protective Factors

- **Coping with stress:**
  - **Respond to the situation**
    - **Reduce impulsivity (Baker, in preparation)**
      - **Impulsivity positively related to number of behavioral referrals**
    - **Help seeking (Baker, in preparation)**
      - **Help seeking negatively related to number of behavioral referrals**
    - **Monitor situation/avoid stressful situations**

Protective Factors

Coping with stress:

- **Manage emotions**
  - **Focus on situational factors**
  - **Evaluate response to stressor**
  - **Consider alternative ways to have handled it**
  - **Think about a future plan for avoiding the stressor**

Behaviour Management Policy and Rewards

Policy for *'Promoting Positive Behaviour'*.

4 point intervention strategy can be used to modify inappropriate behaviour.

- **Verbal warning**
- **Second formal warning and student name is written on the white board**
- **"Time out" – student is asked to leave the classroom**
- **"Out" – the student is removed from the classroom for the duration of the lesson.**

Corporal Punishment

Corporal punishment of children becomes more visible with universal recognition of child rights and increased reporting on their implementation.

The UN Committee on the Rights of the Child defines corporal/physical punishment in it is General Comment No 8 (2006) as "*any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting children with the hand or with an implement*".

Corporal Punishment- For Reinforcement or ?

According to Skinner's "operant conditioning" theory, punishment cannot be used for reinforcement ---

--- it does not increase (actually alwas decrease) the probability of any behaviour

Corporal Punishment- Demerits

- Possibility of unwanted conditioning
- Physical damage
- Construction of inferiority complex
- Deterioration of Teacher-Student relationship
- Absence of long-term effect of punishment

Judicious Use of Punishment

- Avoid physical punishment
- Whatever form of punishment is to be given, it should be applied only after verbal persuation
- Use punishment for error elimination
- Always correlate punishment with unwanted behavior
- Be impartial
- Degree of punishment should be in accordance with the degree of unwantness of the behaviour