Interacting with Youth/Adolescents with Mental Health Needs

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What we will address today

• Common disorders affecting youth
• Typical behaviors vs. mental health needs of youth experiencing a crisis
• Difference between youth and adults in crisis
• Youth – what works? What doesn’t work?
Common disorders affecting youth
Diagnostic & Statistical Manual of Mental Disorders fifth edition text revision (DSM-5-TR)

- Contains 157 disorders
- Diagnostic criteria “cannot simply be applied in a cookbook fashion”
- Diagnostic labels are primarily for use as a “convenient shorthand” among professionals

- Anxiety
- Depression
- Attention Deficit/ Hyperactivity Disorder
- Eating Disorders
- Substance Use Disorders
Why it’s difficult to diagnose youth

• Many conditions have similar features and symptoms
• Some children will have a set of characteristics that do not fit into one specific condition
• There are substantial variations in the degree to which a child may be affected
• Certain identifying features may not appear until later in the child's development
Prevalence

• 1 in 6 children, ages 6-17, has a MH disorder
  • Nearly half did not receive treatment

• Half of all psychiatric illness occurs before the age of 14; 75% by age 24

• State of WI estimates over 100,000 school-age children affected
Comorbidity

- Any mental, emotional, or behavioral disorder: 64%
- Behavior or conduct problem: 52%
- Anxiety: 33%
- Depression: 17%
- Autism spectrum disorder: 14%
- Tourette syndrome: 1%
Prevalence: Youth and Adults

Disorders per age group

- Eating
- Anxiety
- Bipolar
- BPD
- Depressive
- Other PD
- Psychotic Spec.
- PTSD
- Substance Use

Youth: blue, Adults: orange
Common Characteristics of Youth with Mental Health Needs

- Inability to focus / attend
- Inability to regulate emotions / impulses
- Intermittently incapable of controlling behavior
- Inflexibility
- Impaired ability to engage in reciprocal, appropriate social interactions
- Response to requests / stimuli impacted by processing time
- Often sabotage efforts to help
“Typical” or a Mental Health Concern?

- Sleep
- Moodiness & Irritability
- Grades
- Defiance or Rebellion
- Drugs and/or Alcohol
- Lack of full truth

- Intensity
- Frequency
- Duration
- Impact on self
- Impact on family
Difference between youth and adult in crisis

• **Youth**
  - Limited life experience
  - Fewer developed coping skills
  - Puberty/Brain development
  - Identity not fully developed/understood
  - Limited communication abilities

• **Adults**
  - Able to consider options
  - Less influenced by ‘rewards’
  - More aware of cause/effect
  - More impulse control
What works –
What kids with MH Challenges Need...

- Immediate success
- Sense of control
- Predictability
- Alternate communication strategies
- Acceptance

“The only person whose behavior we can control is our own.” Glasser
Immediate Success

• Intense need for total success
• Unusually strong drive for perfection and order (as they define it)
• Don’t learn by trial and error
• Not complying or not participating is preferable to trying and not succeeding
Sense of Control

Equal in strength to the need for success

Decreased ability to take the perspective of others

May struggle to negotiate, share, or temporarily give up control

May sabotage efforts to help them
Predictability

- Elevated need for order or routine
- Deviation can trigger a stress response
  - From planned schedule
  - Unexpected results
  - Consequences
Understanding Communication

• Often process their world and/or communicate in non-typical ways
  • Can have very literal interpretation of language
  • May not grasp their communication partner’s frame of reference
  • Can have difficulty interpreting jokes, sarcasm, idiomatic expressions
Acceptance

• Affirming
  • Accepting one’s feelings and behaviors as completely understandable given the circumstances

• Assuming there are rational reasons for where the child is at emotionally

• Avoiding
  • Messages that contradict or dismiss feelings
  • Messages that blame
CRISIS

• A crisis is when the safety of the individual or others is at **imminent risk**
  • Often accompanied by sudden loss of ability to use problem-solving or coping skills

• A crisis is **not**:
  • Perceived or actual non-compliance or refusal
  • Verbal aggressiveness
  • Demonstrating frustration or distress, including breaking or throwing things

- Adrenaline rush
- Increased heart rate & BP
- Anxiety, shakiness
- Skin flushing
- Low frustration tolerance
- Poor consideration of consequences

- Impulsive
- Confusion
- Anger
- Verbal / physical aggression
- Limited or no hope for the future
- Thoughts to harm self or others
Crisis Intervention Purpose

• Immediate
  • Ensure safety of everyone
  • Reduce intensity of kid’s emotional, mental, physical, & behavioral reactions
  • Help youth return to their prior state of functioning

• Long-term
  • Develop new coping skills and strategies
  • Eliminate or reduce ineffective coping skills
Handling Crises: Things that Work

• Stay Calm
• Same physical level
• Voice
• Remove others
• Remove potential projectiles
• Affirm
• Non-verbal offers
• Escape route
• Foreshadow

• Connections and Assurance
What Doesn’t Work in Crises

- Rationalizing
- Demands
- Refuting
- No acceptable options
- Not relying on experts at the scene
- Saying, “I understand”
After the Storm

- Empathy
- Seeking help is a sign of strength
- Share resource
Children’s MH Programs & Services

- Coordinated Services Teams (CST)
- Comprehensive Community Services (CCS)
- Children’s Long-Term Support (CLTS) Waiver

- Wisconsin Family Ties
  - wifamilyties.org
  - info@wifamilyties.org
  - Phone: 608.267.6800
  - or
  - 800.422.7145
Resources

Available upon request, feel free to reach out to us at Wisconsin Family Ties.