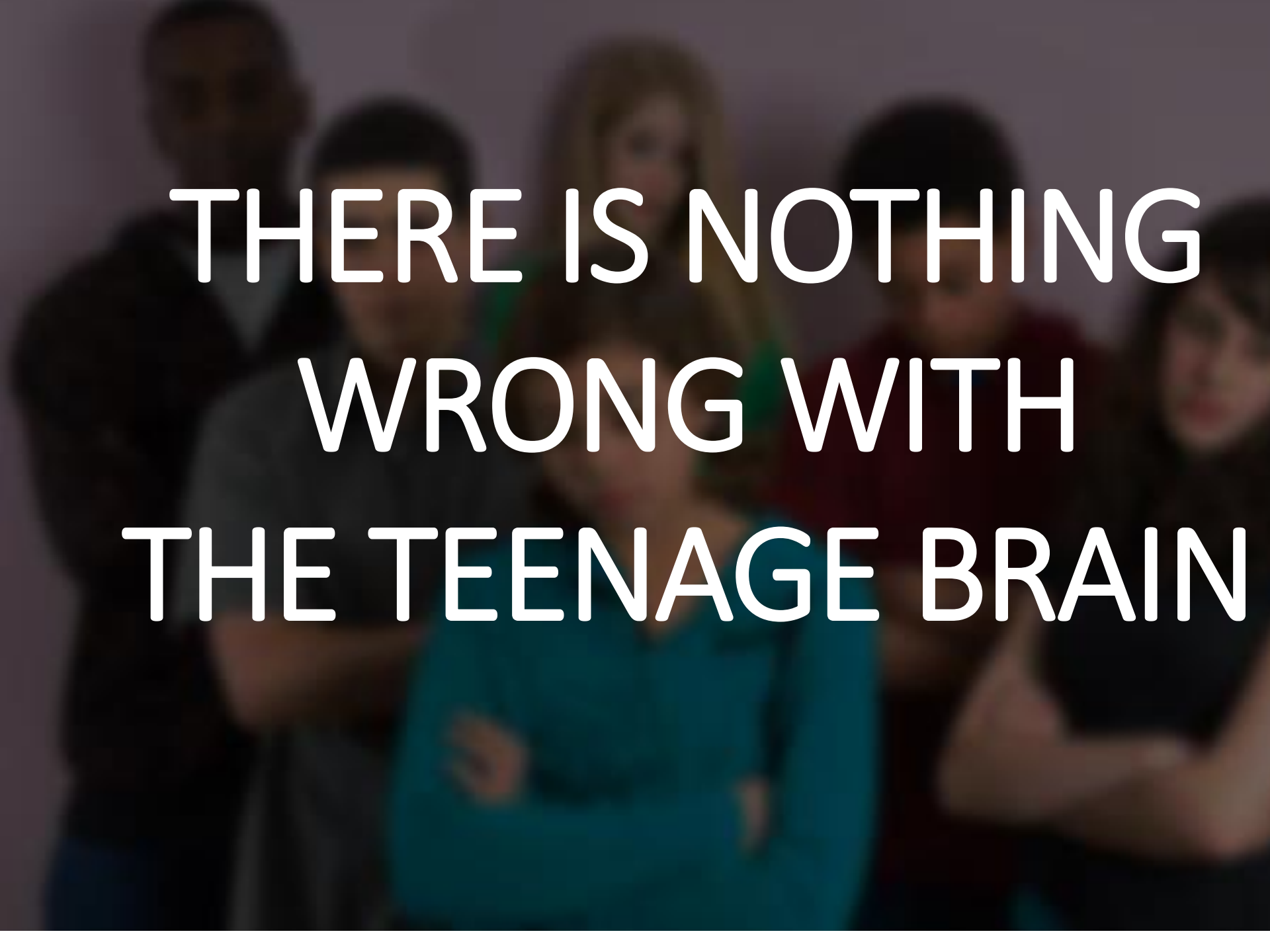
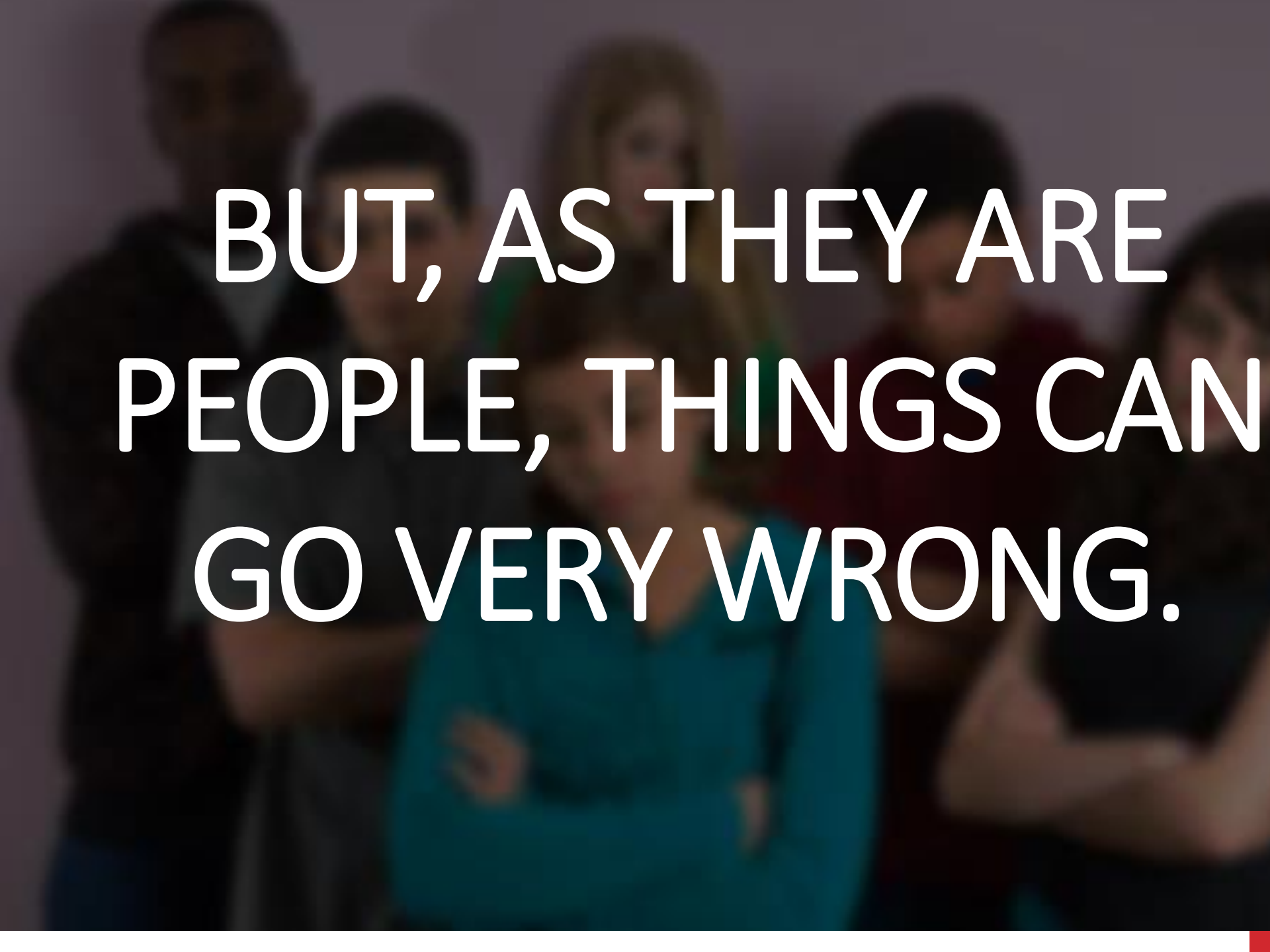


DALE WISELY

dalewisely@gmail.com



THERE IS NOTHING
WRONG WITH
THE TEENAGE BRAIN



BUT, AS THEY ARE
PEOPLE, THINGS CAN
GO VERY WRONG.

ARE THE KIDS ALRIGHT?



***NOT* ALRIGHT BECAUSE OF...**

Drugs

Bad Parenting

Bad Schools

TV / Movies / Pop Culture

Divorce

GMD (General Moral Decline)

**“THERE IS SOMETHING
WRONG WITH THE
TEENAGE BRAIN!”**



ephebiphobia



The most amazing
motion picture
of our time!



**I WAS A
TEENAGE
WEREWOLF**

Starring
MICHAEL LONDON • YVONNE LIME • WHIT BISSELL • TONY MARSHALL
edited by HERMAN COHEN • Directed by GENE FOWLER Jr. • Screenplay by RALPH THORNTON
JAMES NICHOLSON-SAMUEL ARKOFF Production • AN AMERICAN INTERNATIONAL PICTURE

A TEENAGE TITAN OF TERROR ON A LUSTFUL BINGE!

HOWCO INTERNATIONAL presents

Teenage Monster

WITH

ANNE GWYNNE · STUART WADE · GLORIA CASTILLO
CHARLES COURTNEY · GILBERT PERKINS



**THE YEAR'S
SHOCK
SUSPENSE
SENSATION!**



DRAGSTRIP DELINQUENTS



ALL HOPPED UP AND GOING NOWHERE FAST!



RUNNING WILD

TEEN-AGE...
TOUGH...
and TEMPTED
BY EASY MONEY

Meet the hit parade tune
that's sweeping the country
BILL HALEY & COMETS'
"RAZZLE-DAZZLE"

STARRING

WILLIAM CAMPBELL • MAMIE Van DOREN • KEENAN WYNN • KATHLEEN CASE

with Jan Merlin • John Saxon • Chris Randall • Walter Coy

DIRECTED BY ARNER BIEBERMAN • SCREENPLAY BY LEO TOWNSEND • PRODUCED BY EDWARD PINE • A UNIVERSAL-INTERNATIONAL PICTURE

ANOTHER QUESTION

Are teenagers more
different from adults
or more similar?

"TEENAGERS FROM OUTER SPACE"

THE ACTION BOOK FROM
THE SUBSCRIPTION OF

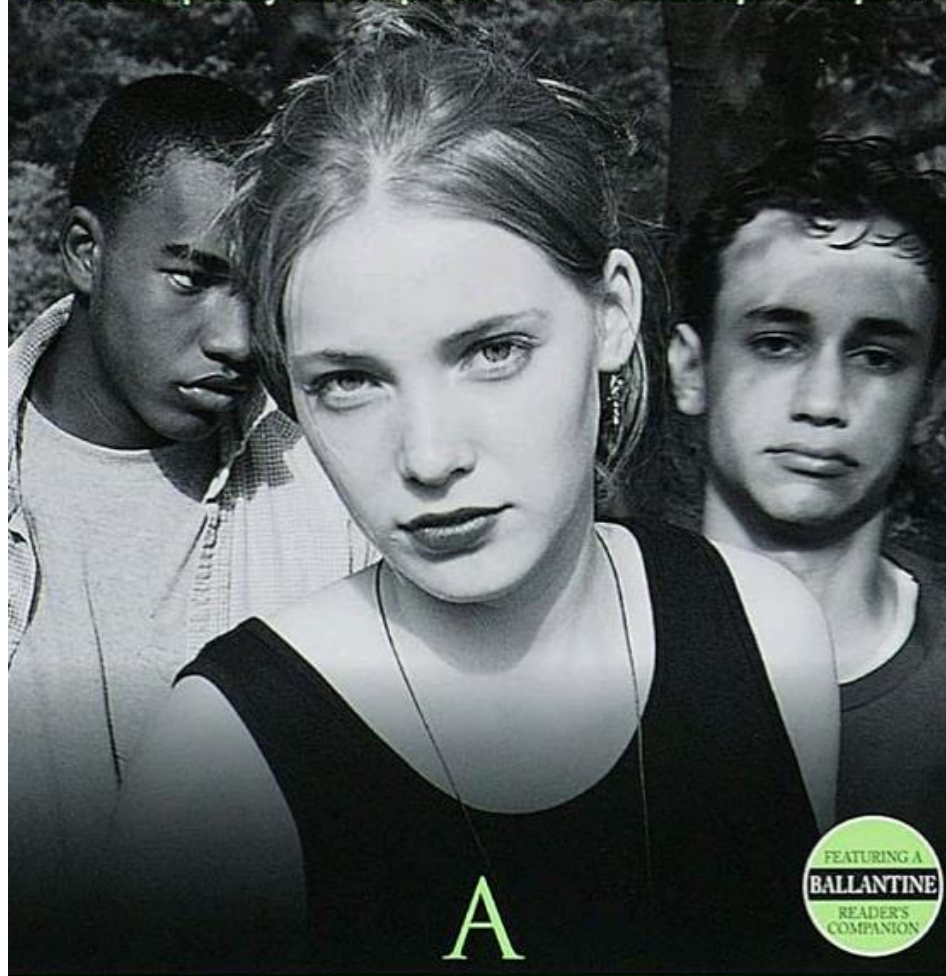


OFFICIAL BOOK
CLUB

Presented by
TOPAZ FILM CORP.

Copyrighted Material
PATRICIA HERSCH

"A contemporary masterpiece." —*The Philadelphia Inquirer*



FEATURING A
BALLANTINE
READER'S
COMPANION

A

TRIBE
APART

**“TEENAGERS DO RISKY
THINGS BECAUSE THEY
FEEL INVULNERABLE”**

LET'S COLLECT DATA!

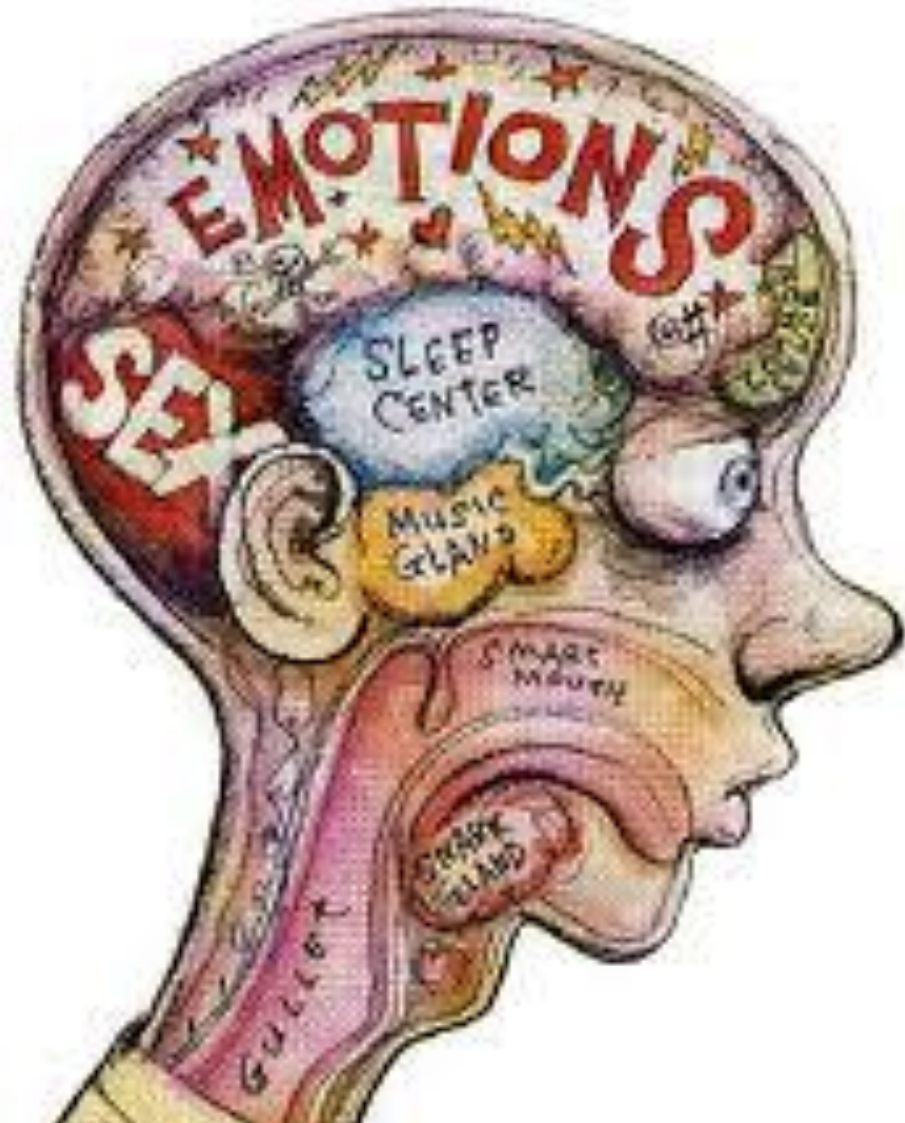




**“TEENAGERS DO RISKY
THINGS BECAUSE THEY
FEEL INVULNERABLE”**



THE TEENAGE BRAIN?



“TEENAGERS ARE X.”

Try...

Black people are X.

Old people are X.

Women are all X.

FACTS

Adults are more likely to die by suicide.

Suicide rates are lower now than they were in the mid-1990s, but ARE RISING.

Adults are more likely to abuse & be addicted to alcohol & drugs.

FACTS

Adults have caught up with teens in texting while driving.

Teen pregnancy rates are down.

Juvenile crime rates are down.

Most mass shootings are done by adults.

Do teenagers make bad
decisions because they are
teenagers, or because they are
human beings?



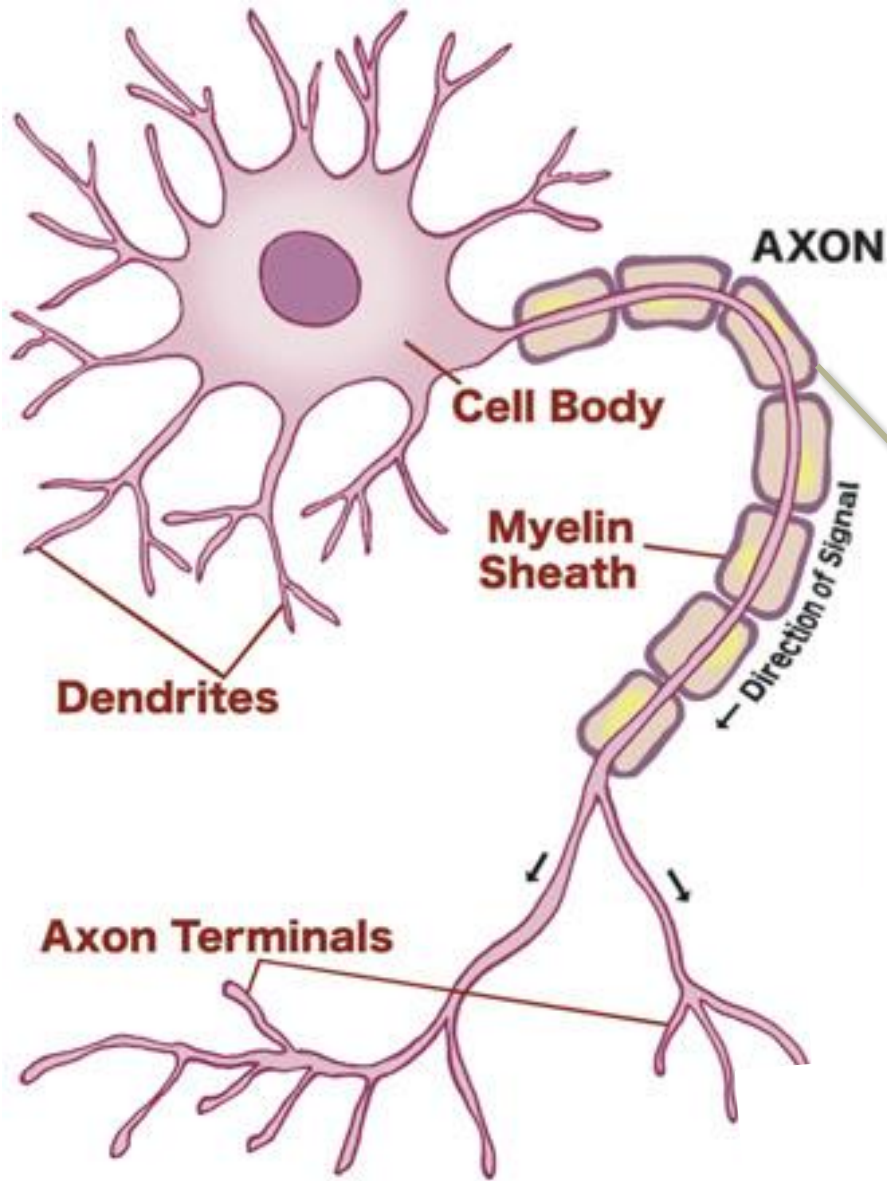
**SO, WHAT'S REALLY
GOING ON?**



**A HUGE, NECESSARY, AND
FAIRLY LONG NERVOUS
SYSTEM UPGRADE.**

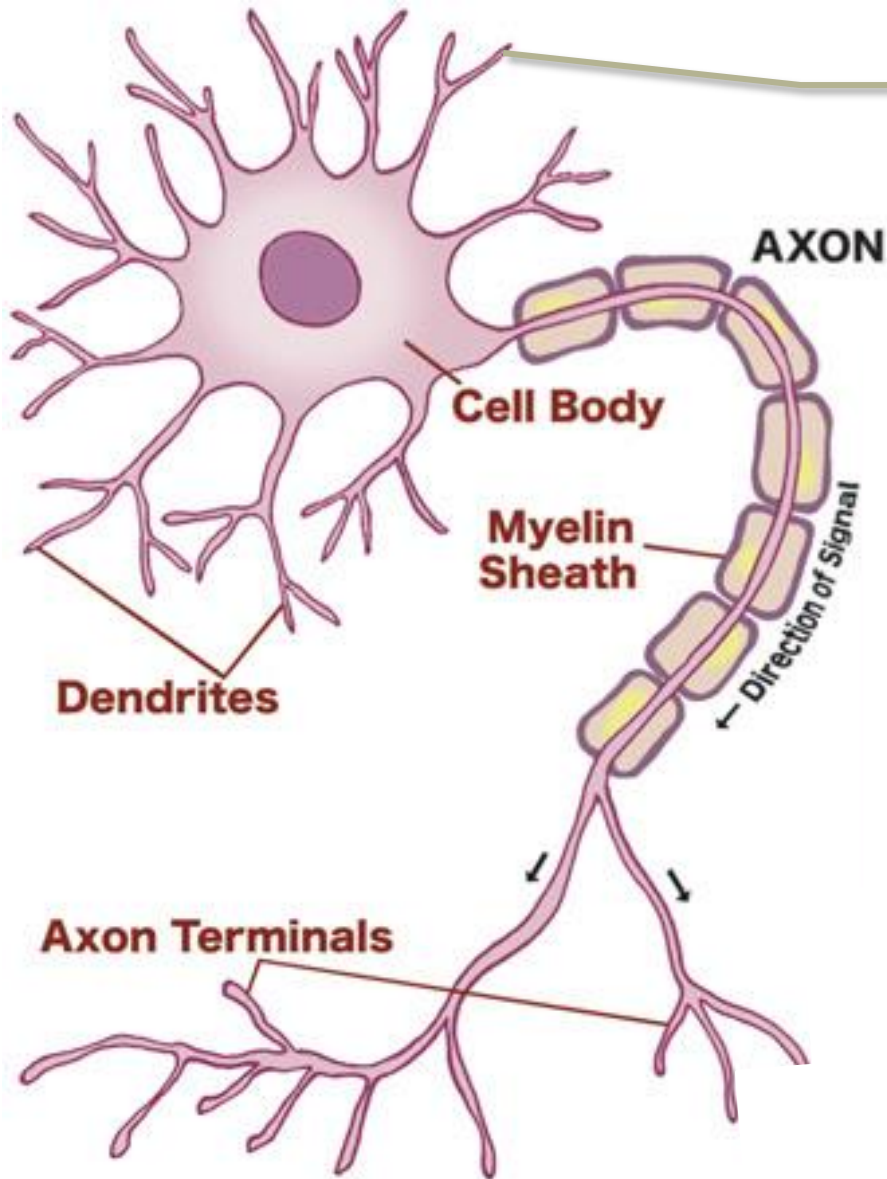
**A MASSIVE REORGANIZATION
FROM 12 TO 25.**

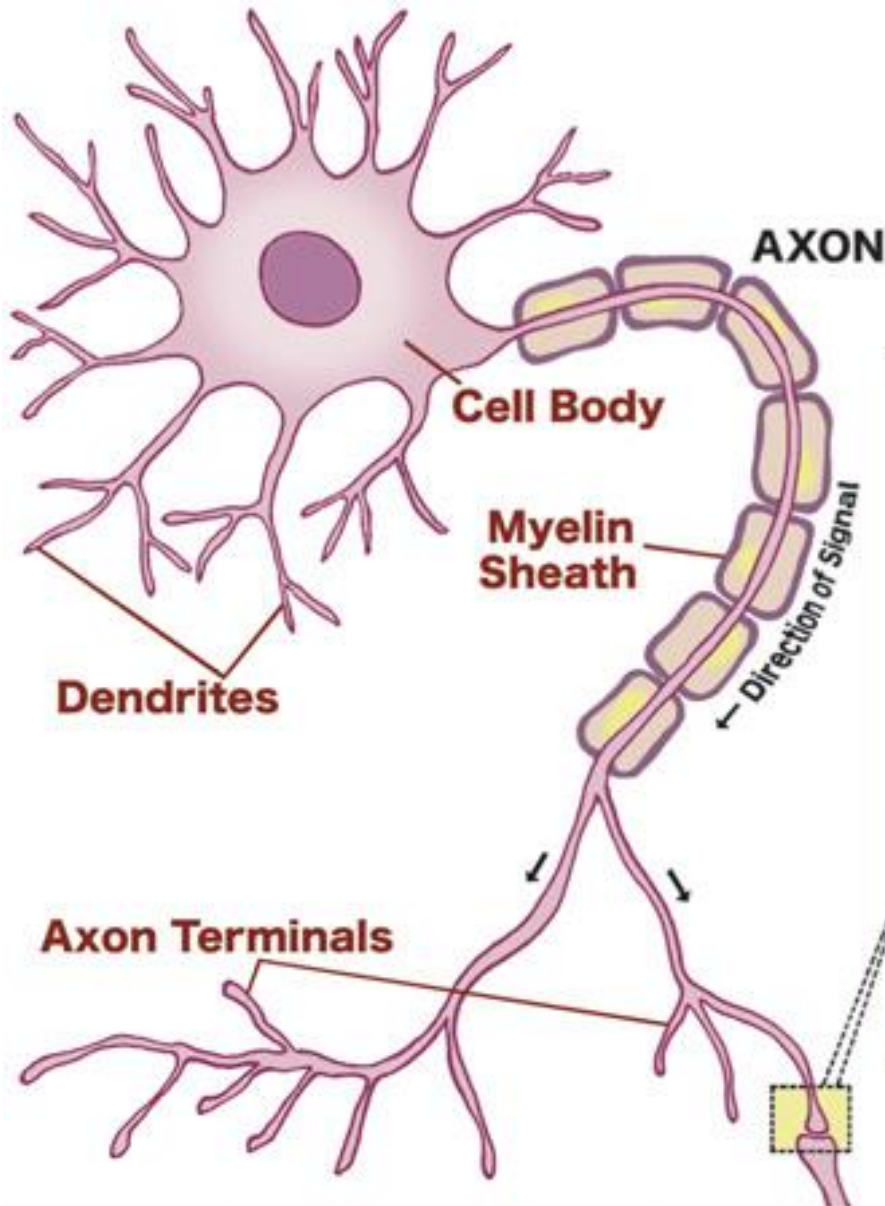
PRUNING AND MYELINIZATION



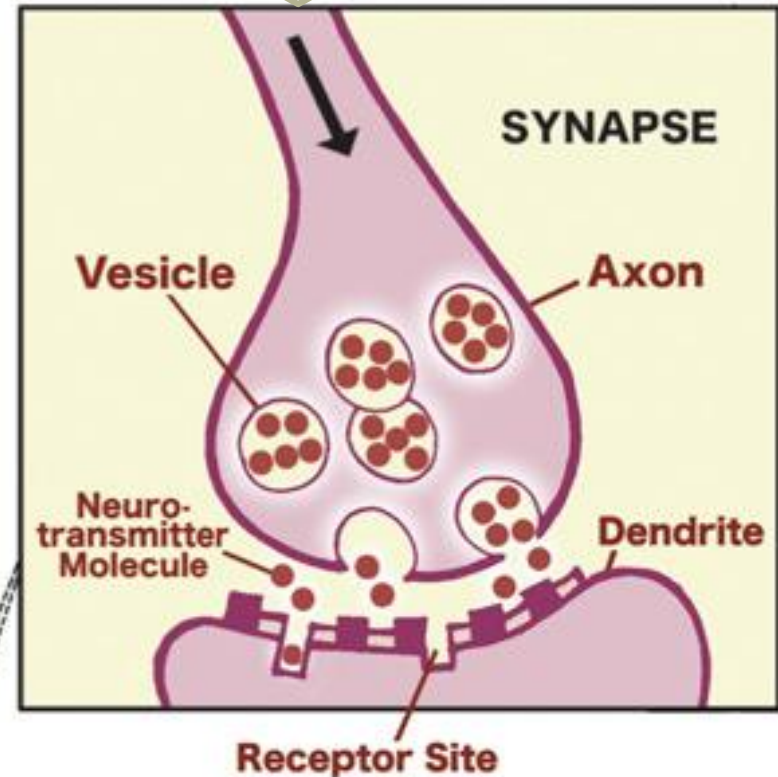
More myelin (white matter): Allows MUCH faster nerve transmission. (100X)

**Dendrites get
“twiggy”:
more
branching and more
outreach.**





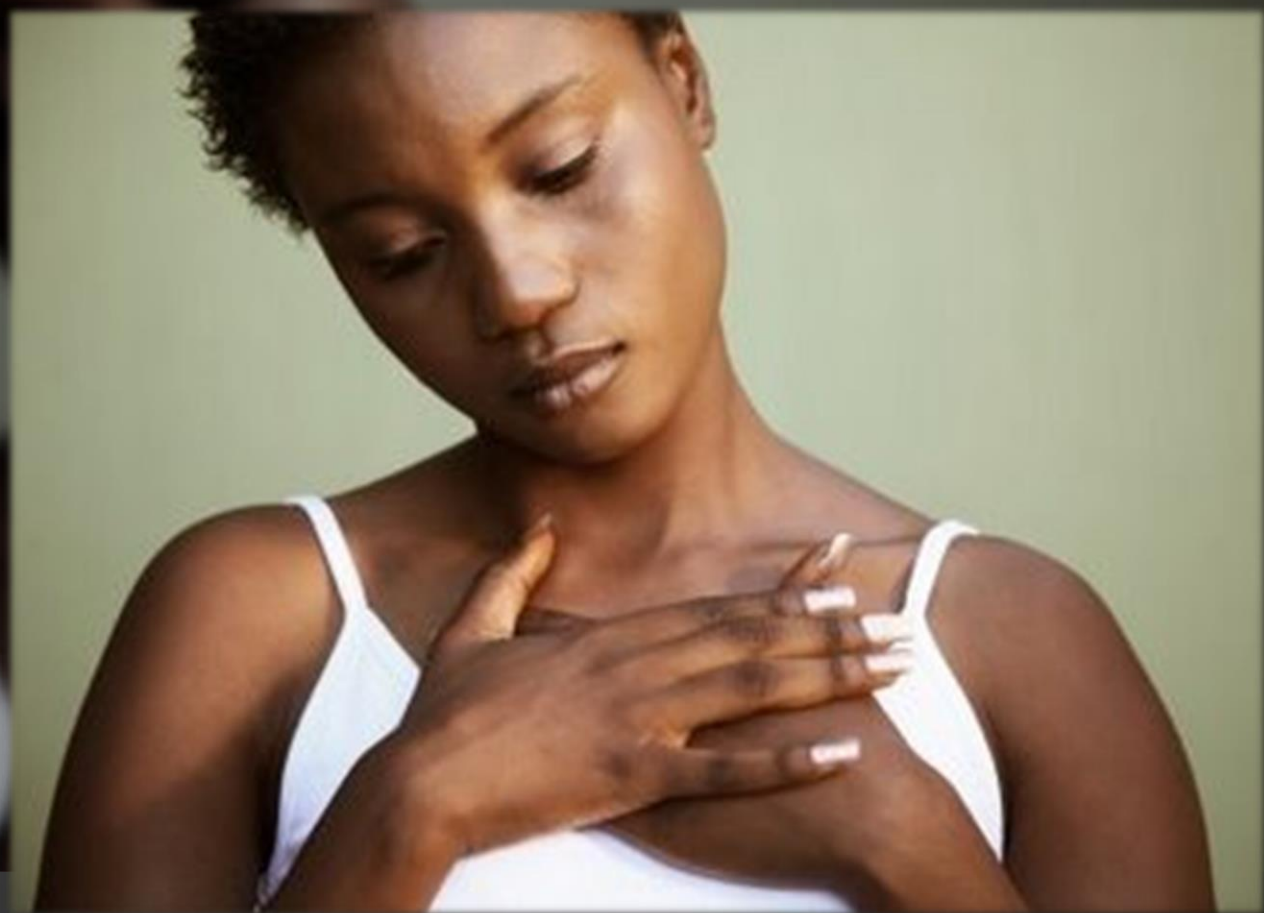
Synapses: Heavily used ones get strengthened. Less-used ones get “pruned.” Pruning in the cerebral cortex (thinking!) gets the brain more specialized and *more efficient*.





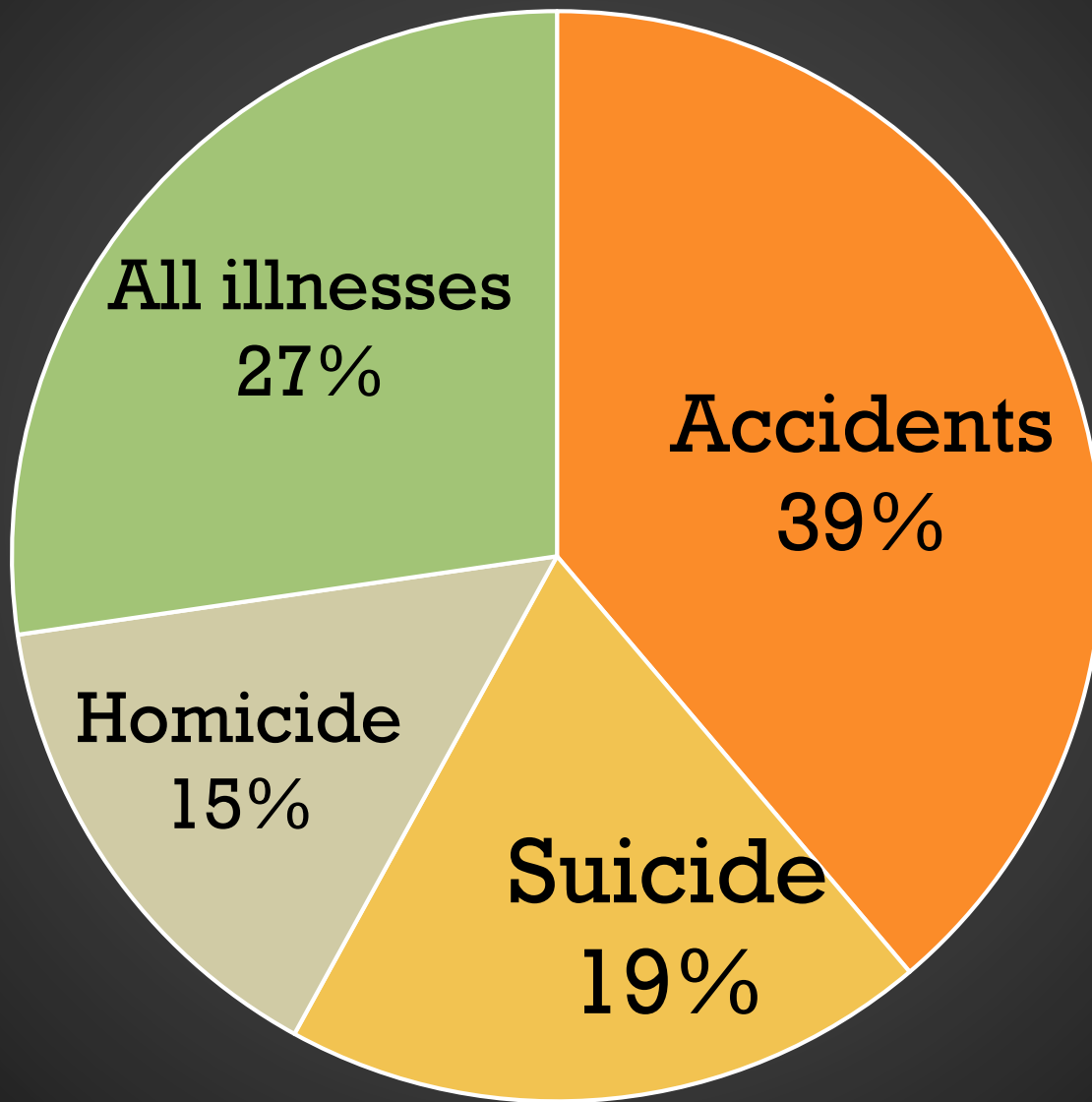


WHY WE
SHOULDN'T BE
COMPLACENT.

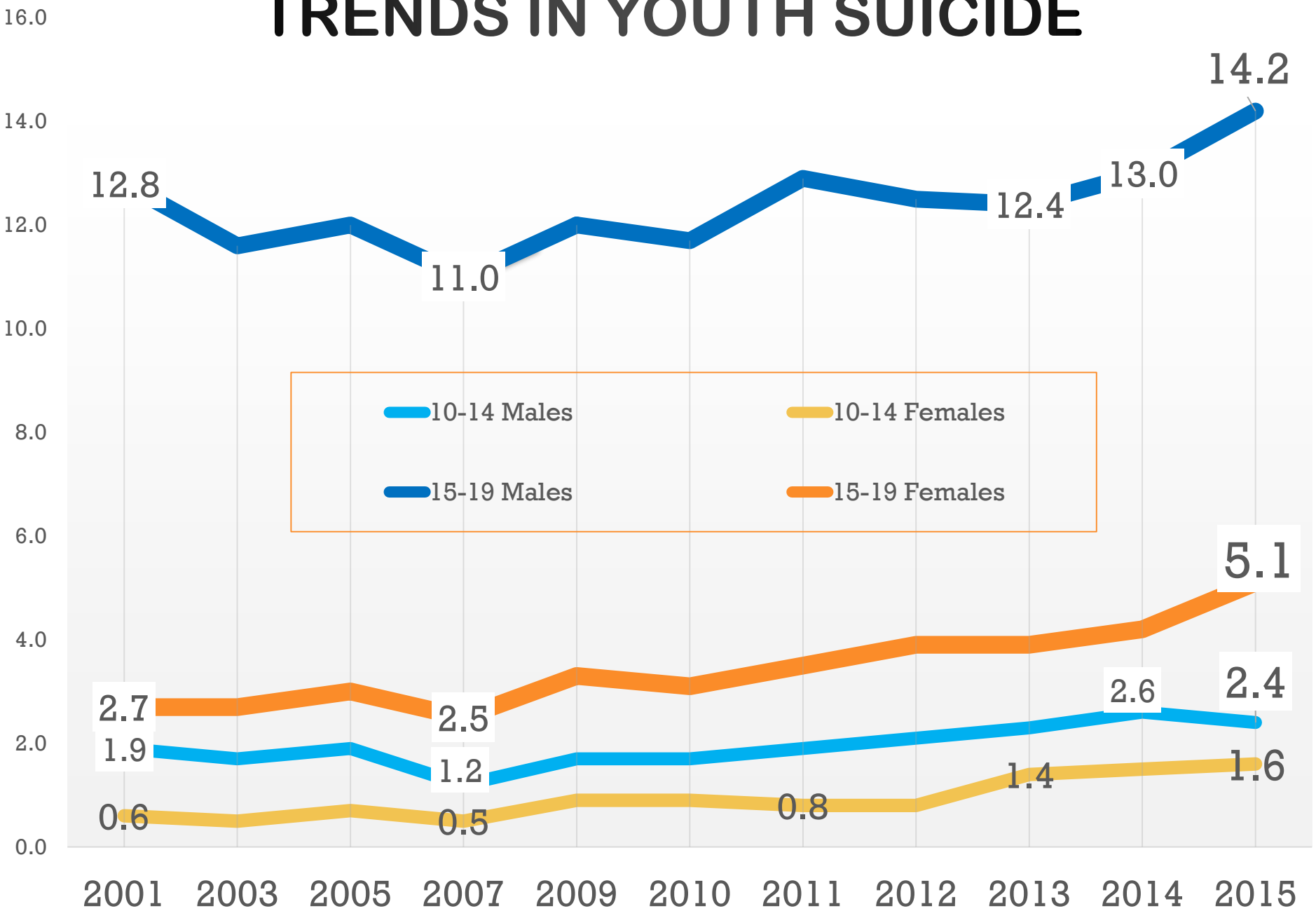


**SUICIDE IS A
LEADING CAUSE
OF DEATH
AMONG YOUTH.**

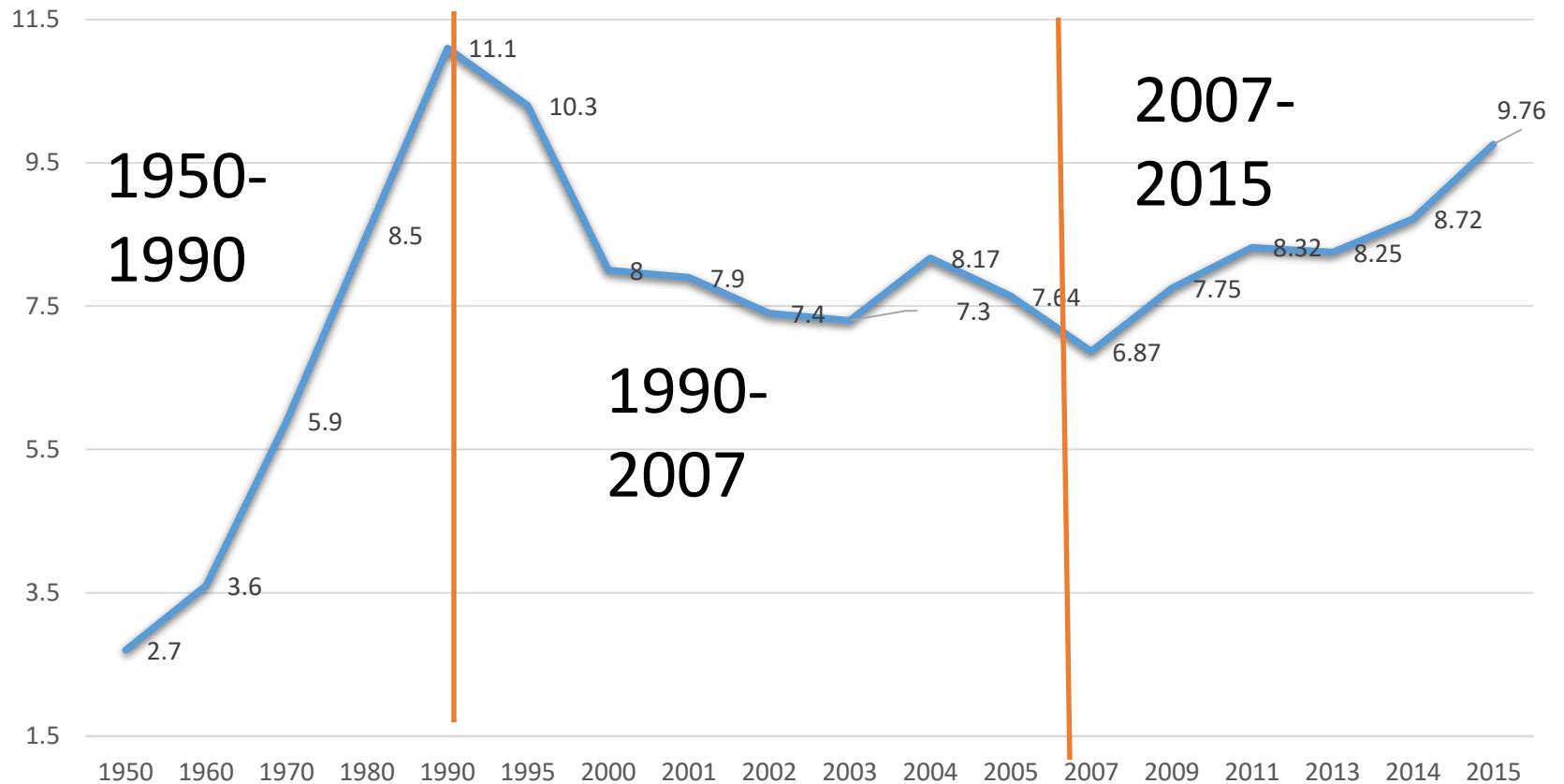
LEADING CAUSES OF DEATH, AGE 15-19



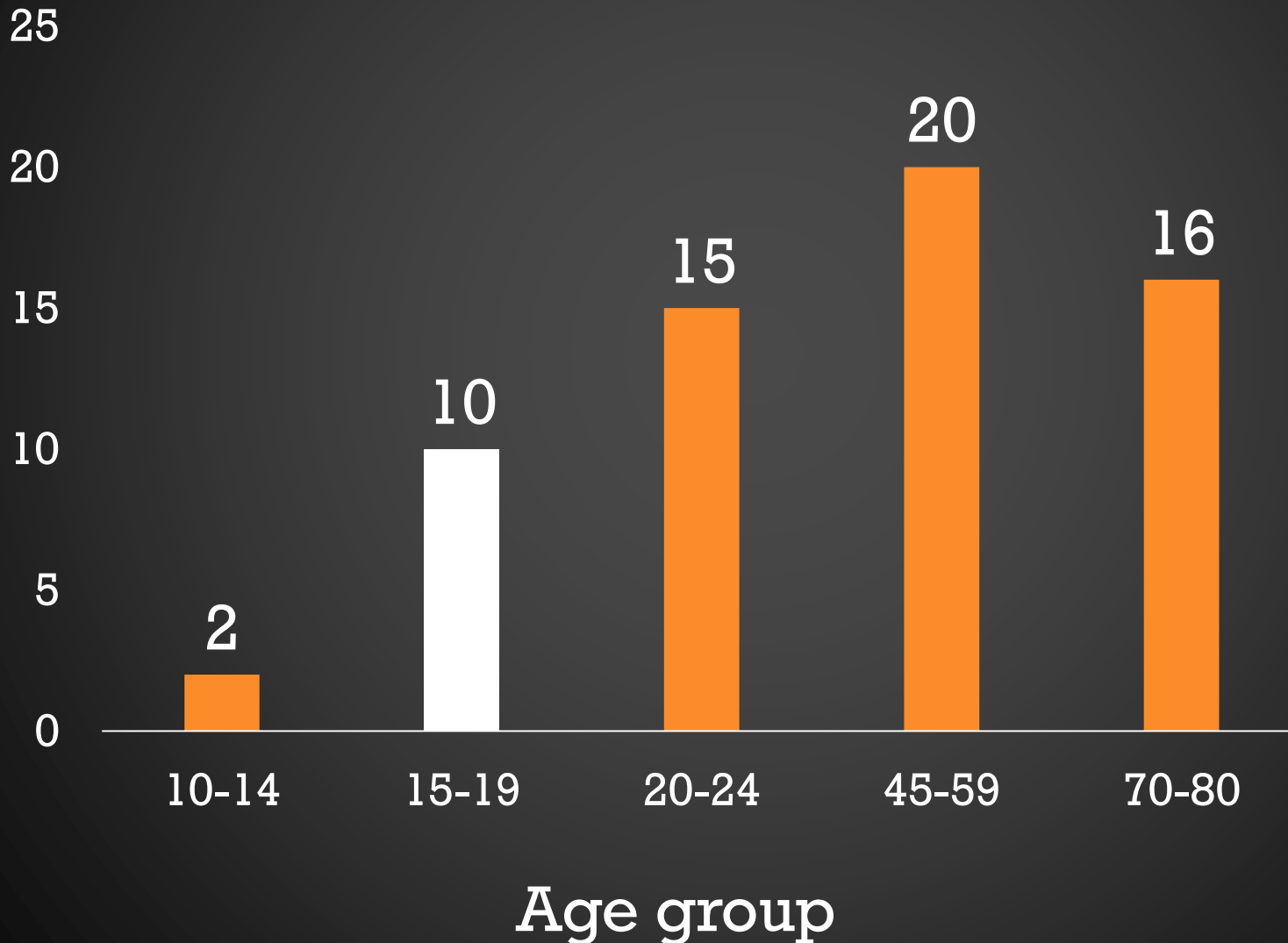
TRENDS IN YOUTH SUICIDE



Ages 15-19, suicide rates



SUICIDE RATES BY SELECTED AGE GROUPS/100,000 (2015)



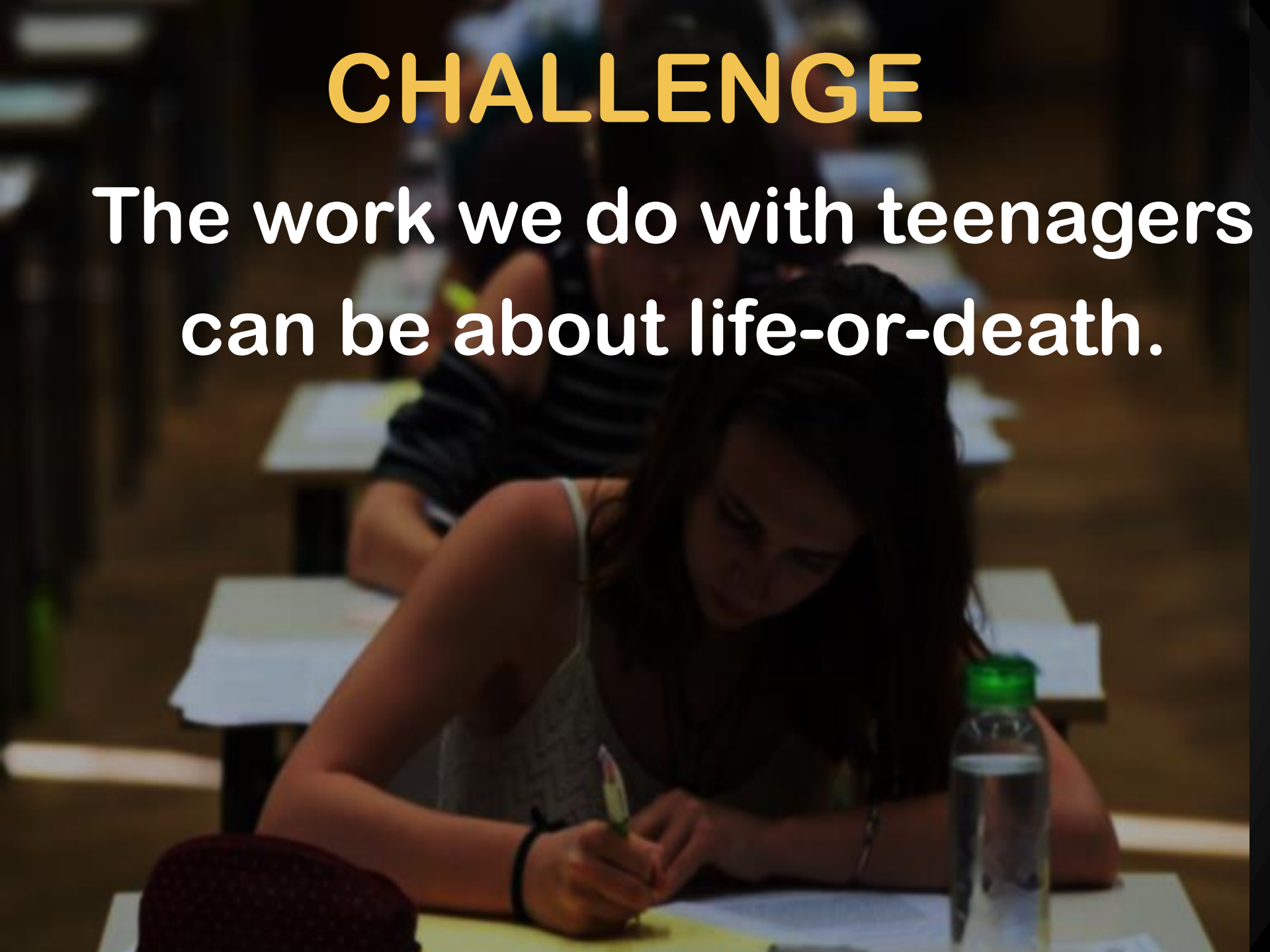
METHODS

Firearms 45%

Suffocation 40%

CHALLENGE

The work we do with teenagers
can be about life-or-death.



IDEATION

COMMUNICATION

PLANNING

ATTEMPTS

DEATHS

TEENAGERS, DURING 12 MOS BEFORE SURVEY

- **30%** feel **sad or hopeless** for 2 more weeks, enough to stop doing some usual activities during the year before the survey.
- **18%** seriously **considered** suicide
- **15%** made a **plan**

TEENAGERS, DURING 12 MOS BEFORE SURVEY

- 9% said they had **attempted** suicide
- 3% said attempted suicide & required **treatment**

OUT OF 10,000 TEENS, IN ONE YEAR

1800 seriously considered suicide

1500 made a plan

850 attempted

300 attempted & required treatment

1 died by suicide

CHALLENGE

We have to address a LOT of suicidal behavior to help prevent an uncommon death.



RISK FACTORS



RISK FACTORS

Demographic

Clinical

Family/Interpersonal

RISK FACTORS

Demographic

Clinical

Family/Interpersonal

DEMOGRAPHICS

- Males more than females die by suicide.
- Females more than males attempt suicide but survive.
- Suicide rates INCREASE with age. So, older die by suicide more than youth.
- White people die by suicide more than black people.

RISK FACTORS

Demographic

Clinical

Family/Interpersonal

CLINICAL RISK FACTORS

- **Psychiatric disorders**

- Depression / Bipolar
- Alcohol / drug
- Conduct disorders
- PTSD
- Others: Anxiety, eating disorder, schizophrenia)

- **Nonsuicidal Self-Injury**

CLINICAL RISK FACTORS

- Emerging Personality Disorder
- Aggressive/ Hx of Violence
- Hopelessness

**IF YOU ARE WITH A PERSON
EXPERIENCING GREAT
PSYCHOLOGICAL PAIN, WHO
FEELS TRULY HOPELESS,
YOU ARE IN THE ROOM WITH
A SUICIDAL PERSON.**

RISK FACTORS

Demographic

Clinical

Family/Interpersonal

FAMILY / INTERPERSONAL

- Family History of Psychiatric Illness and Suicide
 - Adolescent suicide 5 times more likely in offspring of mothers who died by suicide & twice as likely in offspring of fathers who died by suicide.

FAMILY / INTERPERSONAL

- Sexual abuse (5-fold increase)
- Abuse / neglect
- Bullying (bullies AND victims)
- Poor peer relationships (“thwarted belongingness”)
- Poor family support, increased family conflict

FAMILY / INTERPERSONAL

- Sexual orientation & identity
 - About 30% of LGBT youth attempt suicide at least once.
 - Males>Females
- Exposure to suicidal behavior
- Access to firearms & other means

PROTECTIVE FACTORS FOR YOUTH

Family connectedness

School connectedness/Safe schools

Mental health services

Reduced access to firearms

Academic Achievement

**THE PROTECTIVE FACTORS
IN ONE WORD**

connectedness

**THE PROTECTIVE FACTORS
IN ONE WORD**

belonging



SCREENING & ASSESSMENT

ASK QUESTIONS

Children / young adolescents

Sometimes people who get upset or feel bad wish they were dead or feel like they would be better off dead. Have you ever had these types of thoughts. When? Do you feel that way now?

FOR TEENAGERS

(CHILDREN'S INTERVIEW FOR PSYCHIATRIC SYNDROMES)

- Do you ever wish you were dead?
- Do you ever think life isn't worth living?
- Have you ever thought about suicide / killing yourself?

If YES:

- Have you thought about how you would hurt yourself?
- Have you ever tried to kill yourself?


Not
really.



**NOT WANTING TO
KNOW.**







NONSUICIDAL SELF-INJURY

NSSI

DEFINITION

deliberate, self-inflicted injury without suicidal intent and for purposes not socially sanctioned.



WHAT DOES SELF- INJURY *DO*?

- It relieves, at least partly and temporarily, overwhelming emotional pain.
- Or, in others, it ends numbness, depersonalization, derealization.
- NOT attention seeking, typically.
- NOT manipulative, typically.

*J. of the American Academy of Child & Adolescent
Psychiatry* (Asarnow, et al, 2011)

**NSSI “a clear marker for
suicide risk”**

(commentary: Wilkinson, 2011, p. 1.)

PRINCIPLES OF RELATIONSHIP-BUILDING

- Respect
- Avoidance of ageism
- Integrity
- Calm & concern
- Avoiding cool therapist stance
- Genuine collaboration

CLINICAL DEPRESSION VS. “NORMAL ADOLESCENT MOODINESS”

CLINICAL DEPRESSION VS. “NORMAL ADOLESCENT MOODINESS”

Severity

Duration

Domains

CLINICAL DEPRESSION VS. “NORMAL ADOLESCENT MOODINESS”

Severity. Symptoms of teen depression

- changes in mood (anger, sadness, irritability)
- behaviors (sleeping or eating more or less than usual, taking drugs or alcohol, acting out; withdrawing from friends and family)
- feelings (loneliness, insecurity, apathy), thoughts (hopelessness, worthlessness, thoughts of suicide)

The more pronounced these symptoms, the more likely that the problem is depression & not a passing mood.

CLINICAL DEPRESSION VS. “NORMAL ADOLESCENT MOODINESS”

Duration. Any notable deterioration in behavior or mood that lasts two weeks or longer, without a break, may indicate major depression.

CLINICAL DEPRESSION VS. “NORMAL ADOLESCENT MOODINESS”

Domains. Problems noticed in several areas of a teen’s functioning — at home, in school, and in interactions with friends — may indicate a mood disorder rather than a bad mood related to a particular situation.

WHAT DO TEENAGERS NEED?

Recognition that they
individuals, not a member
of a collective.

WHAT DO TEENAGERS
NEED?

Respect.

WHAT DO TEENAGERS NEED?

Presumption of good
intentions but sensible limits.

WHAT DO TEENAGERS NEED?

An appropriate & every-
changing balance of freedom
(to explore) and limits (to
provide safety.)

WHAT DO TEENAGERS NEED?

Peer support AND more
interaction with adults.

WHAT DO TEENAGERS NEED?

An adult in their lives
they trust and who
they know cares.

WHAT DO TEENAGERS NEED?

Sense of belonging.

