



MYTHS & TRUTHS ABOUT TEENAGERS

Are the kids alright?



ephebiphobia



Drugs

Divorce

Bad Parenting

Bad Schools

TV / Movies / Pop Culture

Social Media

General Moral Decline

MYTH OR TRUTH?

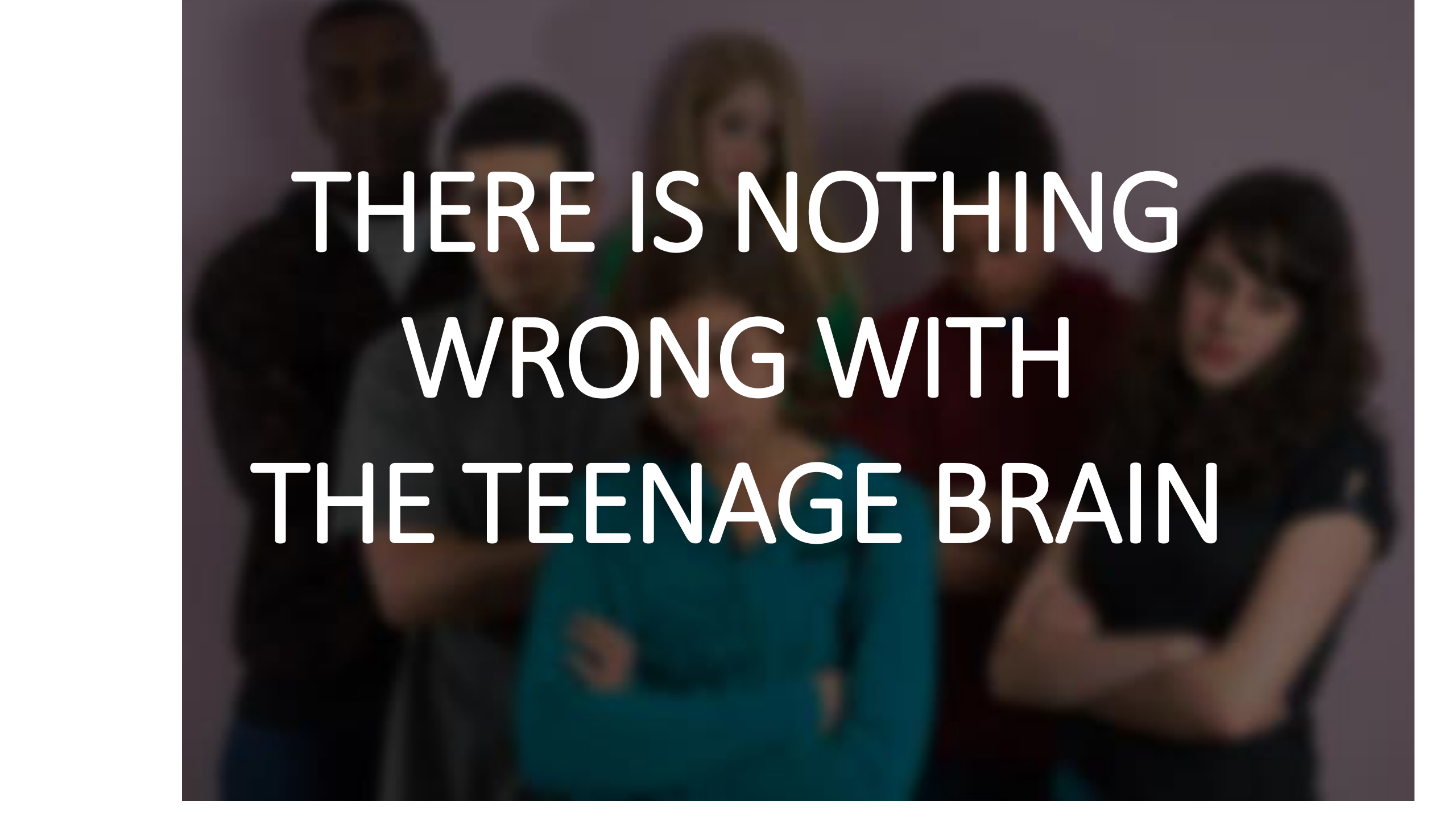
The brain is not fully developed until age 25 or so.

This is why teenagers make bad decisions and engage in dangerous behavior.

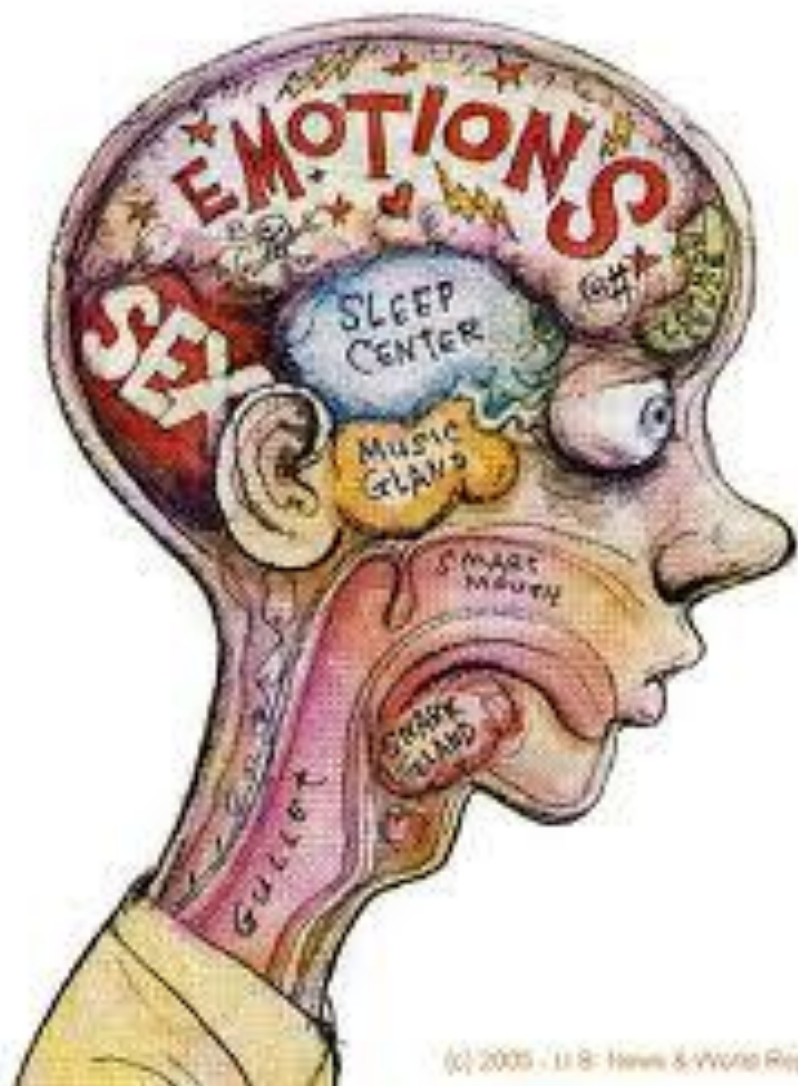


**“There is something wrong
with the teenage brain!”**





THERE IS NOTHING
WRONG WITH
THE TEENAGE BRAIN



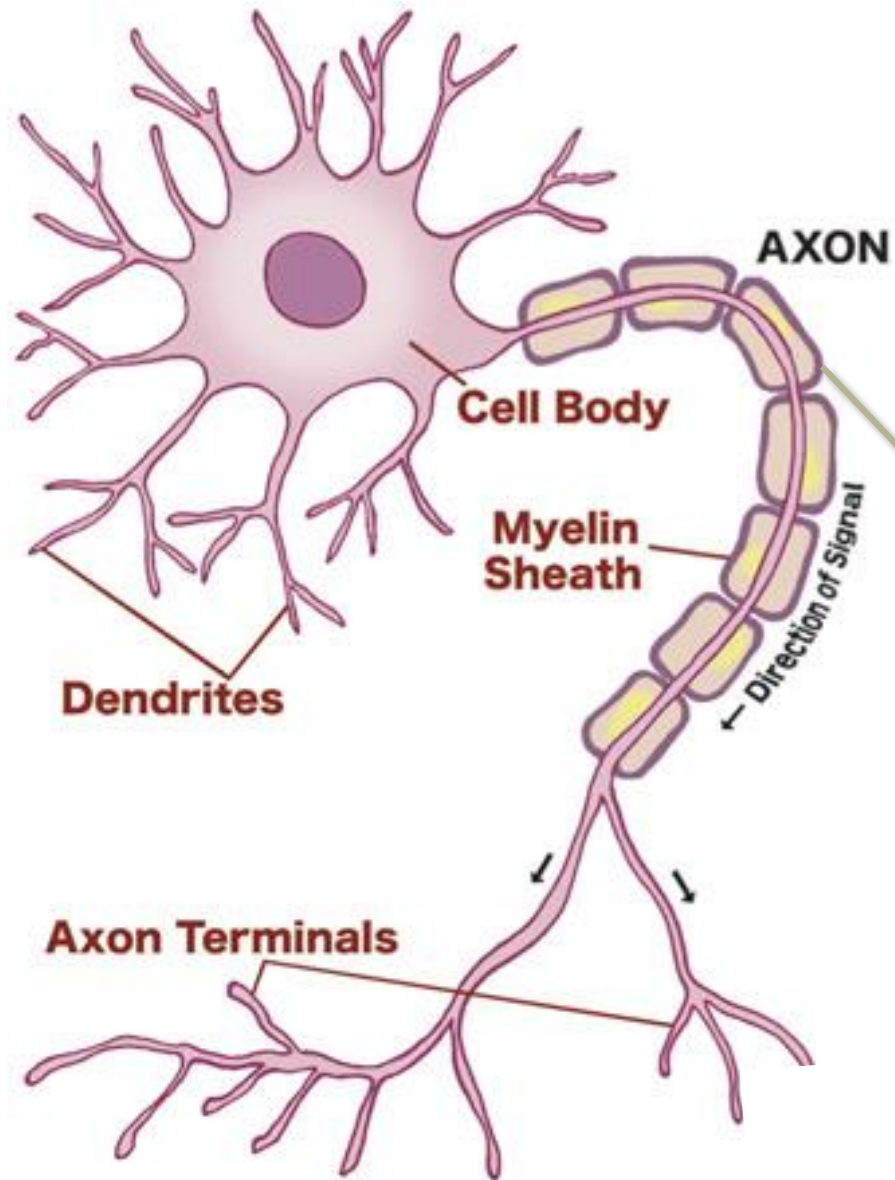
SO, WHAT'S REALLY
GOING ON?



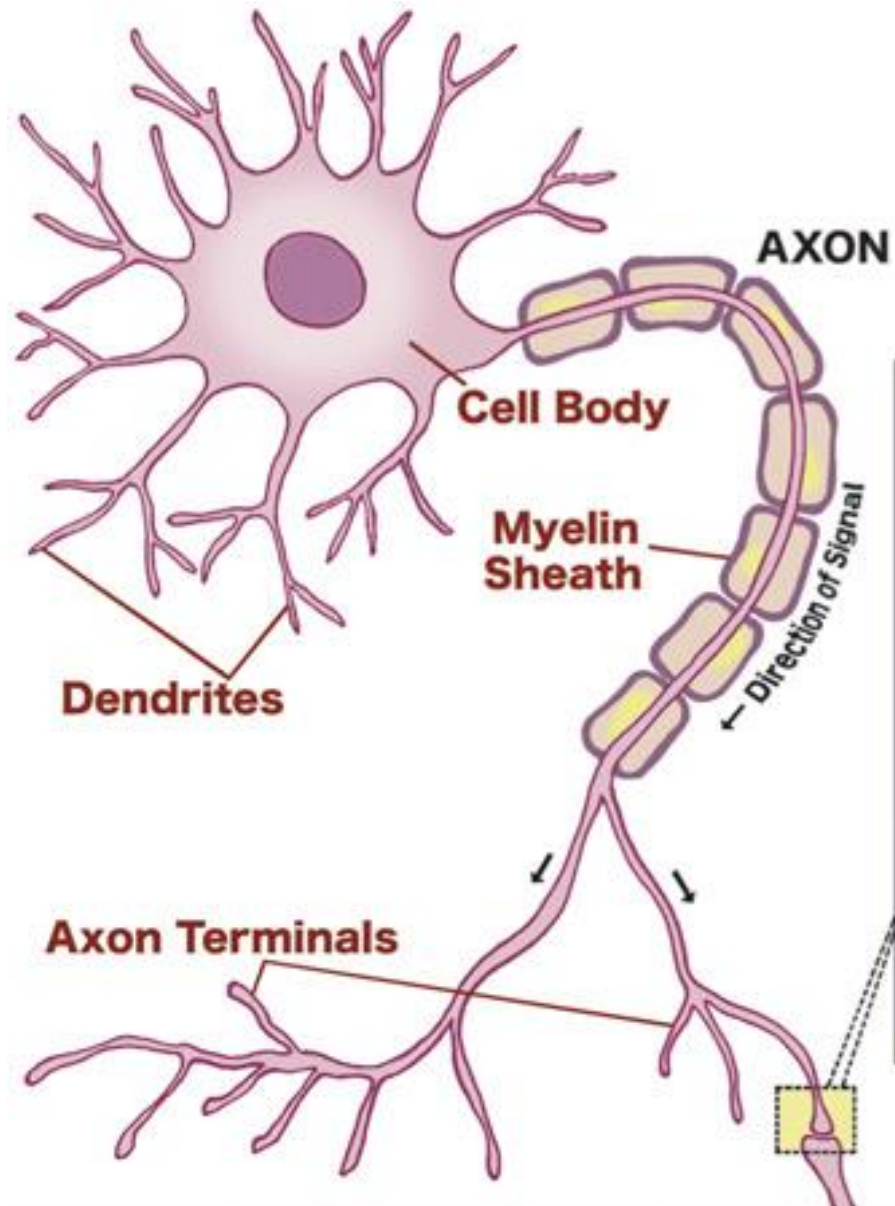
A massive nervous system
reorganization and UPGRADE
from puberty to mid-20s



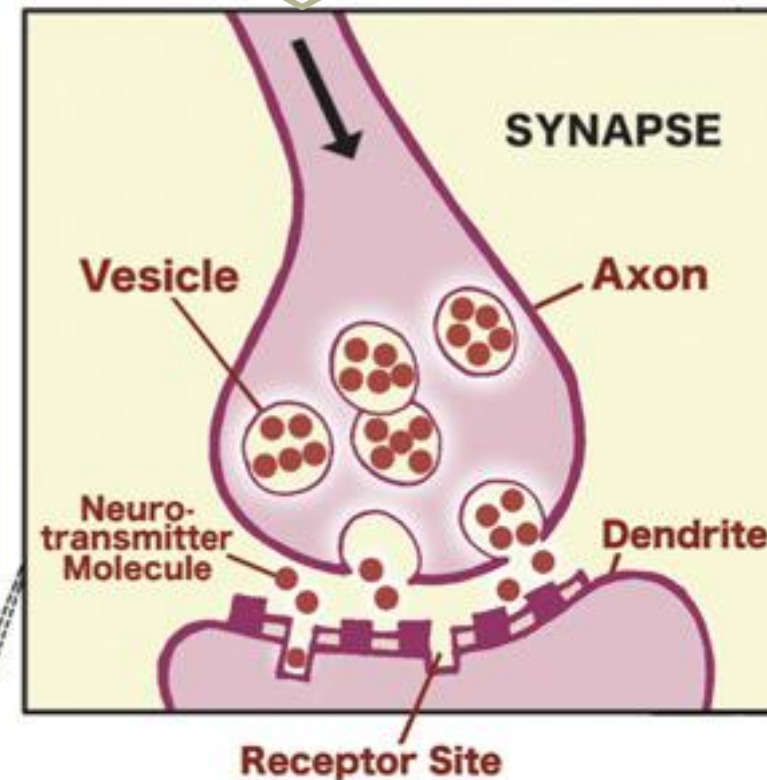
Pruning and myelinization



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



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*.



**TEENAGE BRAINS ARE
DEVELOPING!**







MYTH OR TRUTH?

“Teenagers do risky things
because they feel invulnerable”







“Teenagers do risky things because they feel invulnerable”





High Risk Situations

social context: what will my peers think of me?



emotional

= exciting + dangerous

Teens have
trouble assessing
danger especially
*while in the
situation.*



FACTS

Adults are more likely to die by suicide than are teenagers.

Suicide rates are lower now than they were in the mid-1990s, but have been rising in the last 10 years.

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. (Lower rates of sexual activity and more use of contraception.)

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?



Why we shouldn't be
complacent.



Windows 1
1985



Windows 3.1
1992



Windows 95
1995



Windows XP
2001



Windows
Vista 2006

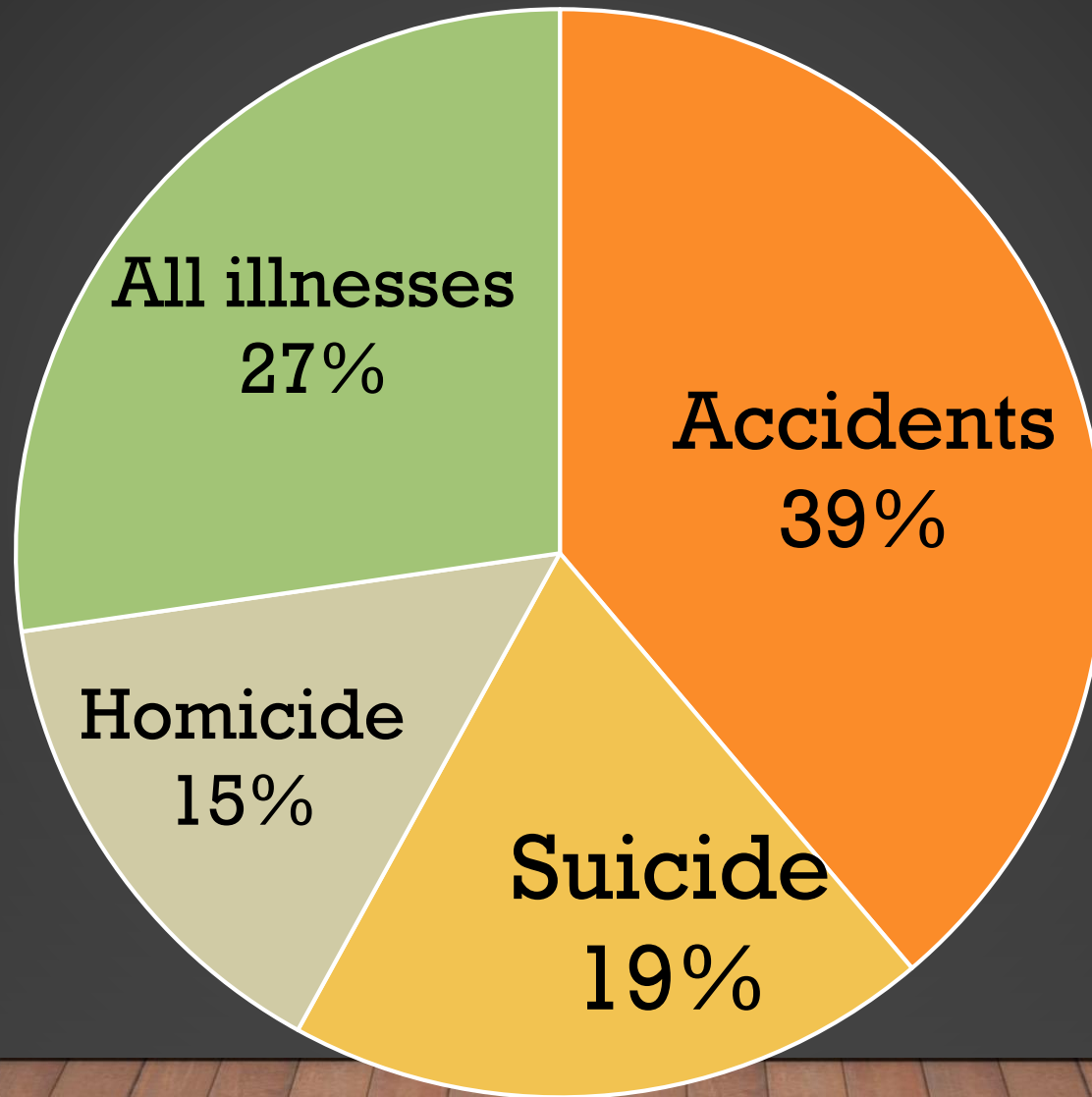


Windows 7
2009



Windows 8
2012

LEADING CAUSES OF DEATH, AGE 15-19



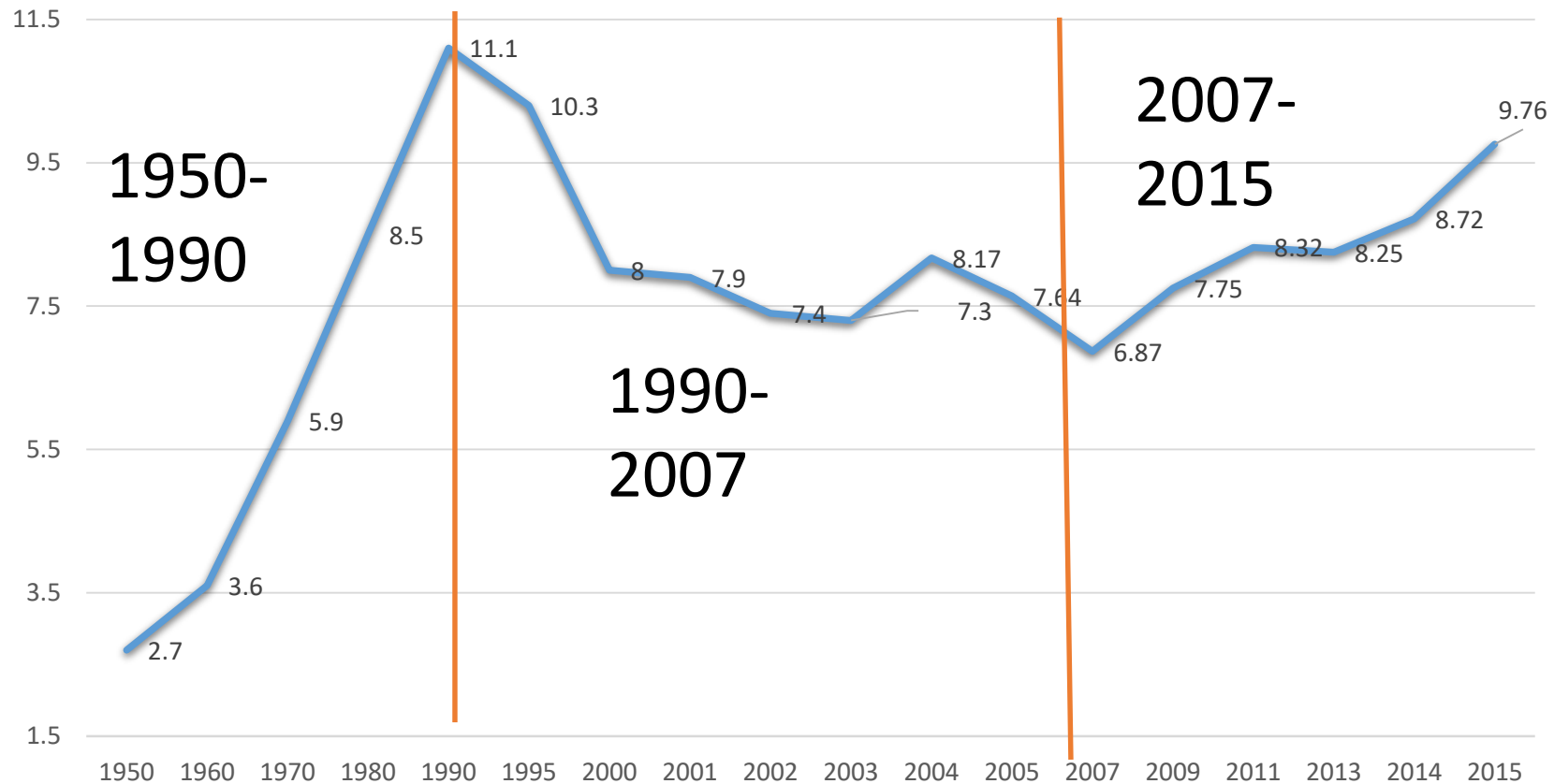
CDC TEENAGER MORTALITY REPORT JUNE 2018

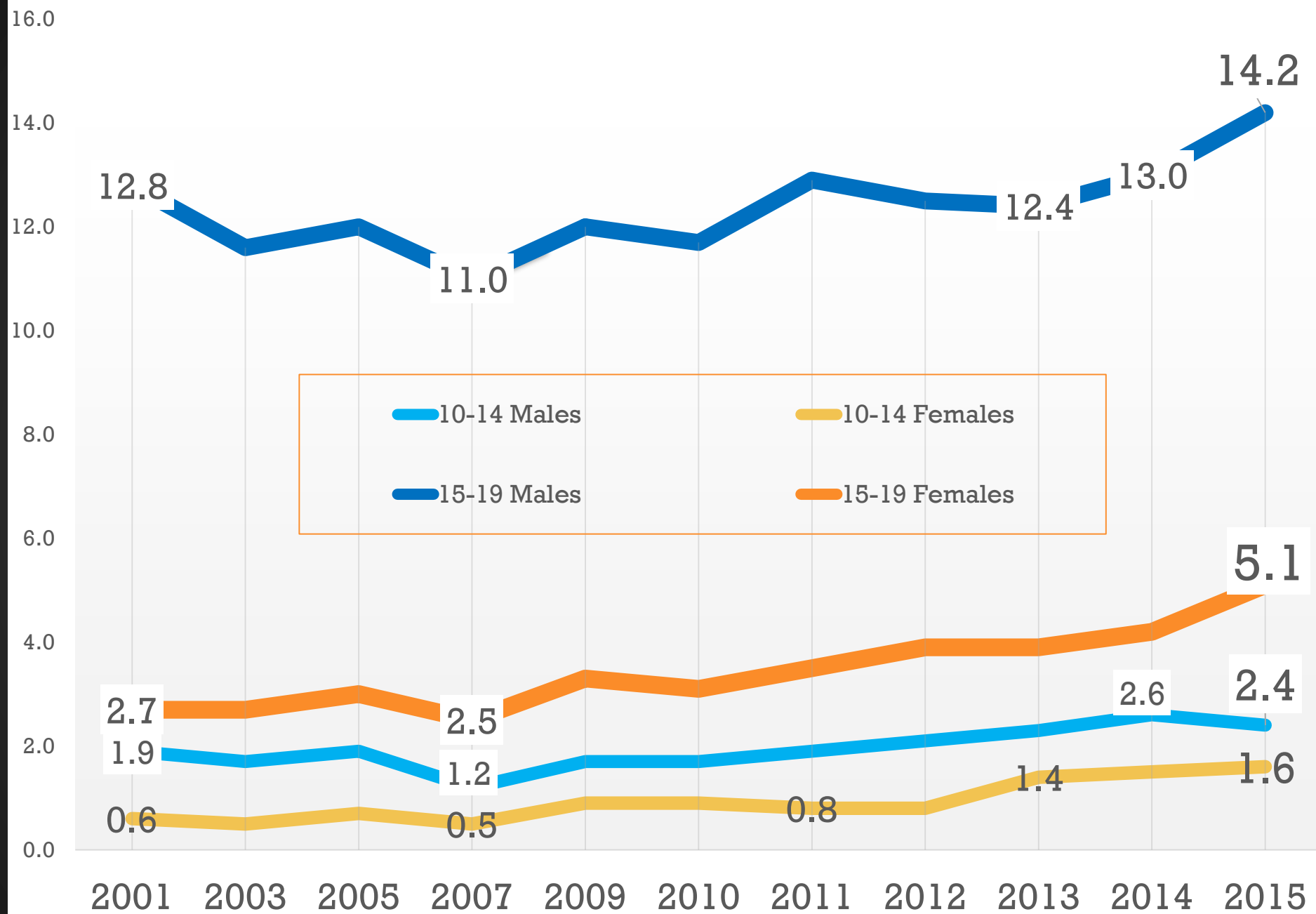
AGES 10-19, 1999-2016

Cause	Trends
Accidents	Down 1999-2013, Up 2013-2018
Suicide	Up 1950-1995, Down 1995-2007, Up 2007-2016
Homicide	Down 1999-2001, Up 2001-2007, Down 2007-2014, Up 2015-2016

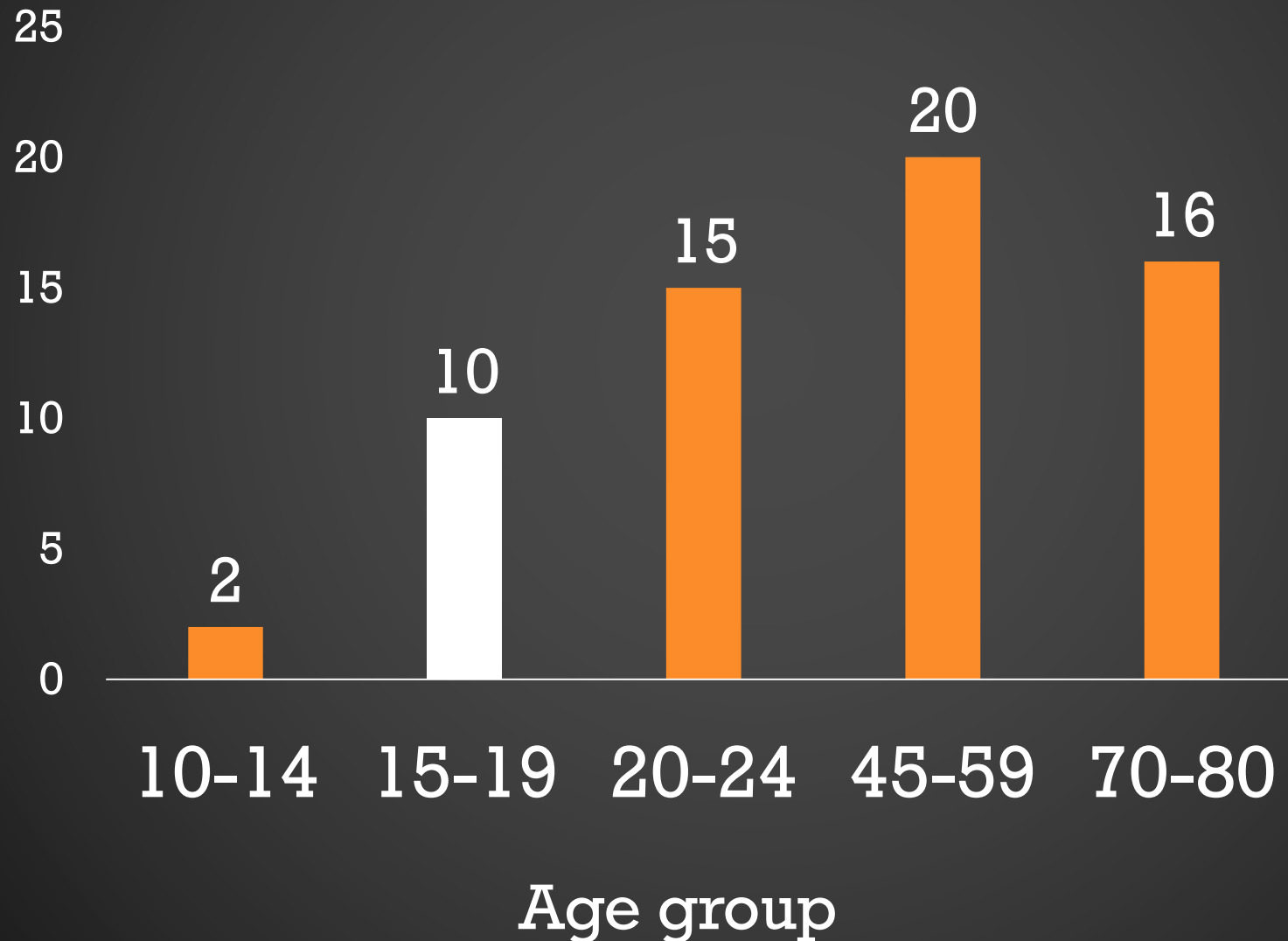
Suicide is a
leading cause of
death among
youth.

Ages 15-19, suicide rates





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



METHODS

Firearms 43%

Suffocation 43%

Poisoning 6%

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

We address a LOT of suicidal
behavior to help prevent.



RISK FACTORS



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.

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**

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



HOW TO KNOW

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.



Clinical Depression vs.
“normal adolescent
moodiness”

Clinical Depression vs. “normal adolescent moodiness”

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.

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

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.

HOW TO HELP YOUR TEENAGER

Reduce Risk of Harm

Provide What They Need

REDUCING RISK

- Good parent-child relationship

REDUCING RISK

- Good parent-child relationship
- Parenting the teenage driver

TEEN DRIVING

www.parentingteendrivers.com

www.teendriversource.org/

REDUCING RISK

- Good parent-child relationship
- Parenting the teenage driver
- **Conversations about mental health**



enhance and p
of Mountain B

[Home](#)

[What is All In Mountain Brook?](#)

[Youth Suicide Prevention Resources](#)

[Teen Driving](#)

[Menta](#)

[Exit Strategies: Video by Dr. Dale Wisely](#)

[Social Networks and Teens](#)

[Join! Be All In!](#)

[Contact Us](#)

Youth Suicide Prevention Resources



[Share](#)

Be the first of your friends to like this.

In partnership with Mountain Brook Schools, **All In Mountain Brook** offers this resource guide to the prevention of youth suicide. This site is intended as a starting point for those young people struggling with suicidal feelings, their families, and their friends.



REDUCING RISK

- Good parent-child relationship
- Parenting the teenage driver
- Conversations about mental health
- **Help child develop avoidance and exit strategies.**

ALLINMOUNTAINBROOK.ORG



to enhance
of Mou

[Home](#)

[What is All In Mountain Brook?](#)

[Youth Suicide Prevention Resources](#)

[Te](#)

[Exit Strategies: Video by Dr. Dale Wisely](#)

[Social Networks and Teens](#)

[Join! Be All In!](#)



Exit Strategies with Dr.
Dale Wisely

REDUCING RISK

- Good parent-child relationship
- Parenting the teenage driver
- Conversations about mental health
- Help child develop avoidance and exit strategies.
- **Address social media issues**

<https://smartsocial.com/>

Parent App Guide

REDUCING RISK

- Good parent-child relationship
- Parenting the teenage driver
- Conversations about mental health
- Help child develop avoidance and exit strategies.
- Address social media issues
- Confront the issue of underage drinking and drug use.

What do teenagers need?

Presumption of good
intentions
and sensible limits.

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

Peer support AND more
interaction with adults.

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

Sense of belonging.

Respect.

