Sad Kid, Bad Kid, Mad Kid…It's All About Perspective

UNC SCHOOL OF GOV'T
CHILD/ADOLESCENT DEVELOPMENT TRAINING WITH JUDGES
(NOVEMBER 18,2020-- ONLINE VIRTUAL TRAINING)
STEPHEN W. PHILLIPPI, PHD, LCSW
DIRECTOR: INSTITUTE FOR PUBLIC HEALTH & JUSTICE
PROGRAM CHAIR: BEHAVIORAL & COMMUNITY HEALTH SCIENCES
LSU Health New Orleans School of Public Health

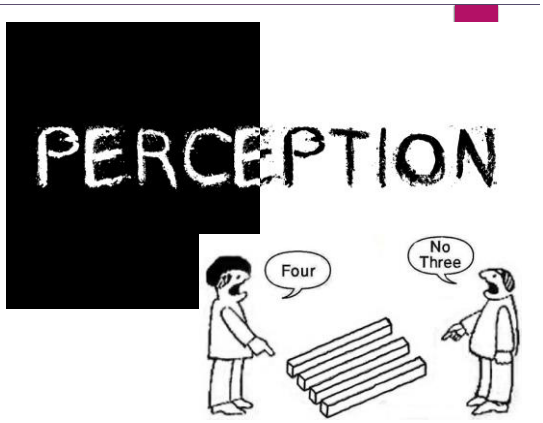
Overview

For Judges, the demands are incredibly high. Kids don't always come ready for the decisions, consequences or opportunities you have for them. You know these kids-- they struggle for many reasons. Just scratch the surface and take all those behaviors in context for a minute. Are they driven by a lack of basic needs (i.e., survival), toxic environmental stress, learning differences, abuse, trauma, a mental health condition, just basic issues of adolescent development, or what? We spend a great deal of time chasing behaviors and don't look beyond at the cause. Kids aren't out to fail, but many have struggles that are exhausting as they behave in unskillful ways trying to manage their environment. They may even be exhausting you. This isn't about excuses. It is about understanding what drives behavior and takes away from development and learning. (and I understand you raised the age)

Characteristics of those that Effectively Change Behavior

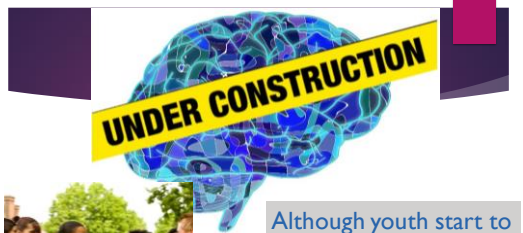
- **Interested** (professionally in helping)
- **Unconditionally accept** people (separate behavior from personhood).
- **Confident** in own ability and believe that their approach will work.
- **Open to learning** new approaches.
- Able to **deal with their** own **disturbance**.
- Are **patient** and **persistent**
- Are **encouraging**, **optimistic**, and "**motivating**"
- **Know** their **limitations**

(Pucci, 2001)



KID

"AGE OF OPPORTUNITY" Adolescent Development



Although youth start to look like adults, they are still limited by their cognitive development….into early 20s

Brain Basics – Plasticity

Experiences cause changes in the brain, for better or worse.

- This is why we practice behaviors – the more we repeat things, the stronger the brain connections become.
- A single, powerful experience can affect our brain for life.
- Repeated smaller experiences can also change our brain.

There is always hope that youth can improve with new, positive experiences…

Adolescence is like giving a kid a car that…

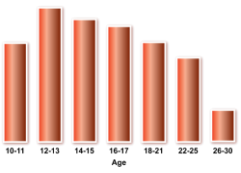
- Has a new engine with a lot of horsepower (**physical**)
- Is powered by a sensitive gas pedal that can go from 0-60 mph in seconds (**emotional**)
- Is controlled by a brake system that won't work completely for several years (**thinking**)
- Shares the same race track with many other cars of the same age (**social**)

Cognitive Development

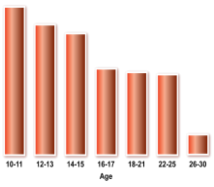
- Adolescents are less able to control impulses and more driven by the thrill of rewards
- Adolescents are more short-sighted and oriented to immediate gratification
- Adolescents are less able to resist pressure from peers

(Steinberg 2007)

Self Control

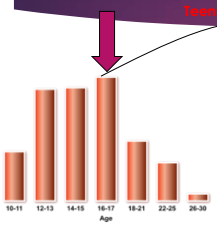


Sensation-Seeking Declines With Age

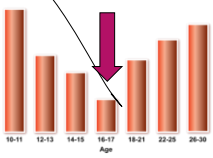


Impulsivity Declines With Age

Risky Behavior

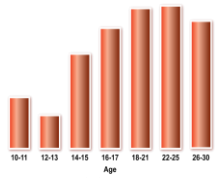


Preferences for Risk Peaks in Mid-adolescence



Risk Perception Declines and then Increases after Mid-adolescence

Shortsightedness



Older Individuals Are More Willing to Delay Gratification

- Youth focus more on gains and less on loss.
- Youth focus more on what they will get right now and less on what might happen in the future.

Susceptibility to Peer Influence


At a time when youth most need adult guidance to mediate some of their impulsive, shortsighted behavior, they are simultaneously trying to move away from adult influence and control.

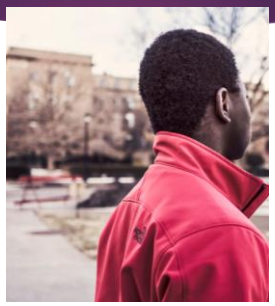
ALWAYS ON! Social media

BE THE FRONTAL LOBES!!!

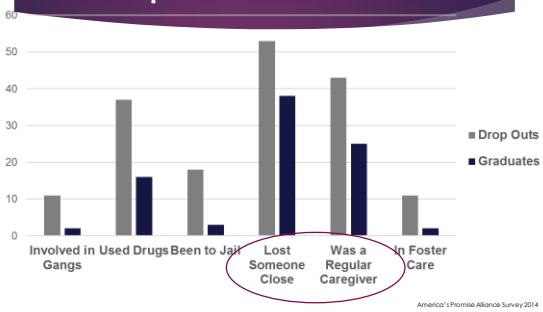
Supreme Court

- Science and social science supporting Roper and Graham conclusions "have become even stronger."
- Quoting the American Psychological Association… "It is increasingly clear that adolescent brains are not yet fully mature in regions and systems related to higher-order executive functions such as impulse control, planning ahead, and risk avoidance" (Brief, 2012, p.4)

"SAD" KID– Trauma and Stress



Characteristics of Students Who Dropout



America's Promise Alliance Survey 2014

Trauma

Individual trauma results from an event, series of **events**, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Prevalence of Traumatic Experiences for Youth

- Longitudinal population study of 9- to 16-year-old youth, **25% had experienced at least one traumatic event**, with **6%** having experienced a traumatic event in the **past three months**.
- Fourth National Incidence Study of Child Abuse found **1,256,000 children maltreated in one year**.

(Sedlak et al., 2010)

Victims and Offenders

- At least **75% of children in the juvenile justice system** have experienced traumatic victimization. (**Events**)
- As many as **50%** of these youth may **have symptoms** of trauma. (**Effects**)
  - The majority of youth were exposed to **six or more events.**
  - **Girls reported greater exposure** to all adverse events, except physical abuse and traumatic loss.

(National Child Traumatic Stress Network, 2009)
(Abram et al., 2004; Ford et al., 2007)

Victims and Offenders

- Retrospective **histories of criminal adolescents & adults show 26% to 85% abuse rates**
- Of **50 serious, habitual offenders, 52%** had **child protective service histories.**
- **50% of juvenile offenders** served by the Mass. Dept of Youth Services had **previous been abused or neglected children under the care of the Dept of Social Services**.

LEAVING THE REMAINDER OF THIS FOR YOUR SEPERSATE SESSION FOCUSED ON TRUAMA

(Wasserman & Seracini)
(Slavin)
(MA Citizens for Children)

Social and Emotional Support

"Social support is the most powerful protection against becoming overwhelmed by stress and trauma. The critical issue is reciprocity: being truly heard and seen by the people around us, feeling that we are held in someone else's mind and heart."

Van der Kolk, 2014. The Body Keeps the Score.

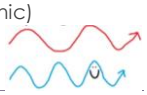
"MAD" KID– Mental Health

Mental Health Conditions

- Can significantly impair judgement and behavior

- Impact functioning at home, school, or work

- Can be episodic or continuous (chronic)



Disruptive Behavior Disorders, Anxiety, Depression, and more

- In Schools, kids 9-17….
- **21%** experienced **signs and symptoms** of MI
- **11%** experienced **significant impairment**
- **5% extreme functional impairment** (SMI)

- Only 25% get the help they need (70-80% in schools)

(US DHSS. Mental Health, 2000/ DHSS 2018)

Justice involved youth….

Mental Disorder

Substance Use Disorder

Traumatic Event Exposure

Among youth who have received mental health treatment, estimates of lifetime co-occurring substance abuse range from 24% - 50%

Among youth who have received substance abuse treatment, estimates of lifetime co-occurring mental health conditions range from 59% - 87%

Defiance vs. Dysregulation THE DIFFERENCE IS MOTIVE

Defiance=

- I want something and I will act out until I get it

Dysregulation=

- I don't know how to handle these upsetting feelings in my body

Emotional Regulation

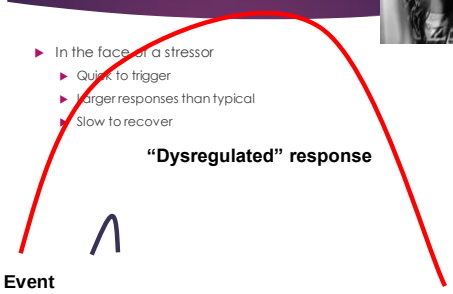
- In the face of a stressor
  - Trigger
  - Responses
  - Recover

"Normal" response

Event

Emotional Dysregulation

- In the face of a stressor
  - Quick to trigger
  - Larger responses than typical
  - Slow to recover



Anxiety Disorders
Disruptive Disorders
Mood Disorders
Substance Use Disorders

Each group of mental health conditions is characterized by basic signs and symptoms. There is a process for identification and diagnosis.

Anxiety Disorders

Primary emotional symptoms are fear and anxiety in response to specific phobias, as well as fear and anxiety prompted by the following:

- Panic Disorder
- Generalized Anxiety Disorder
- Separation Anxiety Disorder

Prevalence within the juvenile justice population is estimated to be 34.4%.

Disruptive Behavior Disorders

- Conduct Disorder
- Oppositional Defiant Disorder
- Attention Deficit Hyperactivity Disorder*

Prevalence within the juvenile justice population is approximately 46.5%.

*actually falls under Development Disability but predominant symptoms are behavioral

Mood Disorders

- **Major Depressive Disorder**
- **Disruptive Mood Dysregulation Disorder**
- **Bipolar Disorder**

Prevalence within the juvenile justice population is approximately 46.5%.

Neurodevelopmental Disorders

- Intellectual Disabilities
- Autism Spectrum Disorder

Prevalence within the juvenile justice population is approximately 46.5%.

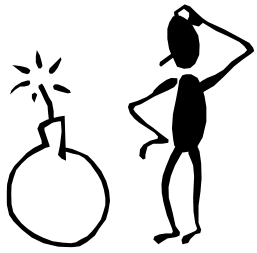
Substance-Related Disorders

Substance-related disorders involve a pattern of substance use leading to significant impairment and distress:

- –Craving the substance
- –Taking the substance in larger amounts or over a longer period than intended
- –M aking unsuccessful attempts to reduce substance use
- –Experiencing recurring interpersonal problems

Prevalence within the juvenile justice population is approximately 46.2%.

Pervasive Problem



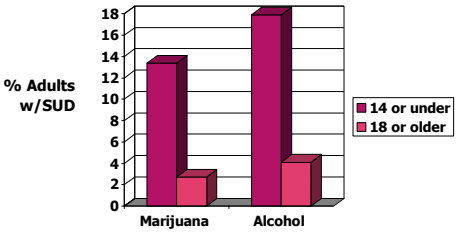
Southern State CW & JJ teens reporting abuse or dependency to illegal drugs and alcohol annually

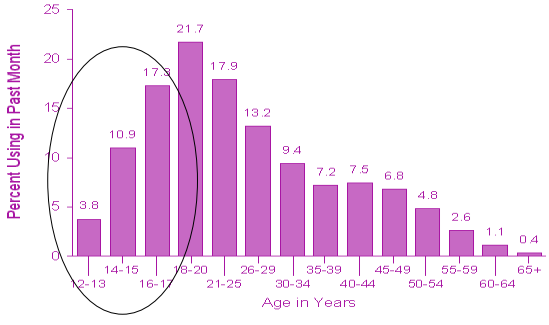
30% - 75%

- 5-9% most teens

Phillippi, et al. 2016

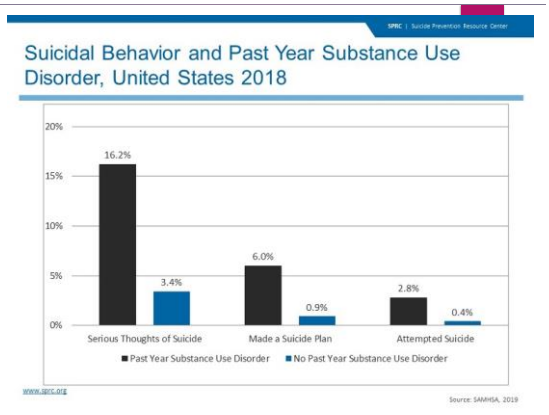
Age at First Use & Adult Outcomes

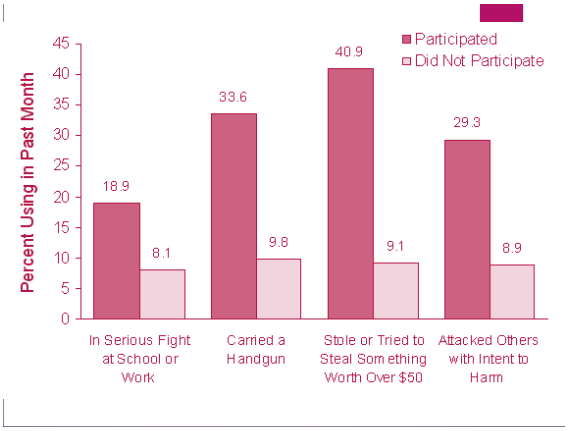




National Household Survey of Drug Use and Health: Prevalence of Illicit Drug Use

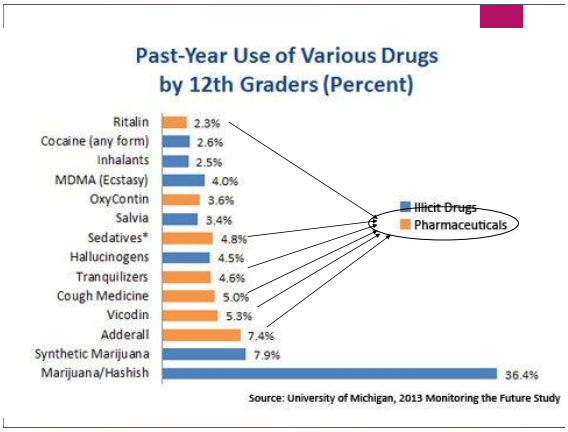
(and these aren't higher risk JJ kids)





Disorder	General Population	Juvenile Justice Population (depending on study)
Mood Disorders	5-9%	18 to 88%
ADHD	3-7%	47 to 76%
LD	4-9%	As high as 53%
MR	1%	As high as 13%
PTSD	6%	34 to 49%
Psychotic DO	.05-5%	As high as 16%
SA/Dep	5.5-9%	46 to 88%

References- APA, 2000; Furrell & Warboys, 2000; Casey Keilitz, 1990; Cauffman, Feldman, Waterman & Steiner, 1988; Davis, Bean, Shumaker, & Stinger, 1991; Fergusson, Horwood & Lynskey, 1993; Gianconia, Reinherz, Regier, et al., 1984; Shufelt & Cocozza, 2006; Smykla & Willis, 1981; Steiner, Garcia & Matthews, 1997; Timmons-Mitchell, et al, 1997; Ulloa et al. 2000; Wasserman, et al. 2002

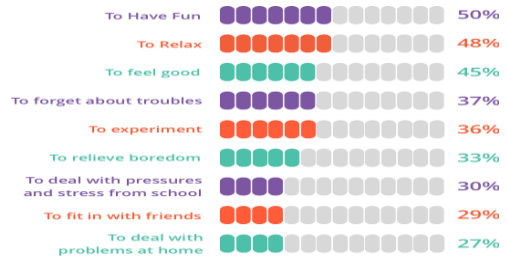


ALL BEHAVIOR (INCLUDING SUBSTANCE USE/ABUSE) EXISTS…

…TO SOLVE A PROBLEM

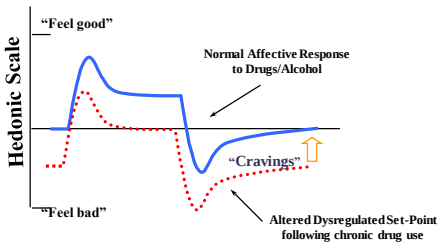
Think like a teen…what problem?

Teen thinking….



Teen Drug Abuse- drugrehab.com

Homeostatic Dysregulation



(Koob, Science, 1997)

Switching Gears

JUVENILE SUICIDE

Juvenile Suicide

General Youth Population

- Suicide is the second leading cause of death among youth ages 10-18
- One in 13 high school students attempt suicide

Justice-Involved Youth

- Have an increased risk for suicide
- Suicide is the leading cause of death for youth in confinement
- Youth in residential facilities have nearly **3x** the suicide rate of peers in the general youth population

Suicide Risk Factors for Youth in the Juvenile Justice System

- History of mental or substance use disorder
- Involvement in special education
- Legal/disciplinary problems
- Prior disciplinary action
- Prior offenses
- Referral to juvenile court
- Placement in room confinement

Periods of High Risk for Suicide in Juvenile Justice

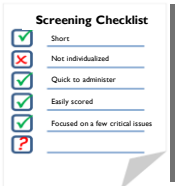
- Although youth can become suicidal at any point during confinement, the following periods are considered times of high risk:
  - during initial admission
  - upon return to the facility from court after adjudication
  - upon return to the facility after sentencing
  - following receipt of bad news
  - after suffering any type of humiliation or rejection
  - during confinement in isolation or segregation
  - following a prolonged stay in the facility

Given the high prevalence of mental and substance use disorders, and suicide, among justice-involved youth,

How are these conditions identified?

How do we determine individual treatment and needs?

Identification Begins with Screening



- The goal is to identify youth
  - in crisis – needing immediate intervention
  - as possibly having a disorder
- Screening results indicate the need for
  - crisis intervention
  - follow-up assessment

Designed to be administered by non-mental health professionals.

What is a mental health assessment?

- individualized
- more detailed evaluation of a youth after a screening
- may use "in-depth" interviews, rating scales, verbal and non-verbal tasks, self-report measures, and interviews with family members
- focus on a wide range of clinical issues
- administered and interpreted by persons with advanced mental health training

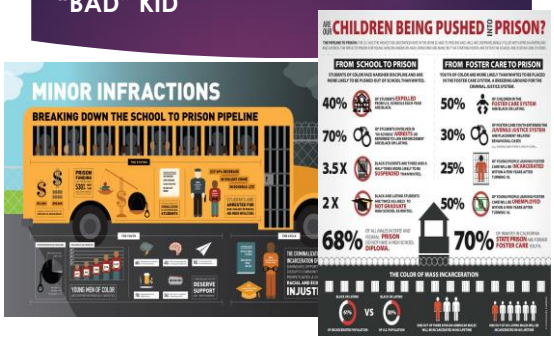
Screenings are recommended for

- prevention and diversion programs
- probation intake
- detention centers
- reception into juvenile corrections

Assessments may be conducted for

- trial
- sentencing
- comprehensive treatment planning
- transition from institutional custody
- institutional treatment planning

"BAD" KID



What are the beliefs or theories that exist among professionals, in schools, regarding the source of disruptive or unsafe behaviors in the school community?

Interviews– Part of School Safety Study

(Kramer, Keator, Phillippi 2018)

Belief – The Problem of Outsiders

- Disruptive or unsafe behaviors are brought to the school community by outsiders, which draw on stereotyped perceptions of race and ethnicity, and what follows is professional disengagement from the youth.

"**When I was first hired** [at this high school] in the [1990s], **you could count on one hand the number of African American students in the building** … I want to say we're close to 60% now African American, maybe? I don't know, I think we just went over the 50 mark, so we're between 50 and 60% … And the other thing I was going to say was, in the 22 years I've been there, last year we had **more incidences of marijuana, of weed, in our building than all my other years combined. I don't know why, I don't know … we had dealers. Known dealers in the building. The kids**."

– School Teacher

Belief – The Problem of Lack of Structure

- Behaviors are the result of a lack of discipline, primarily the structure that is provided in the family, but also of the broader community. Believe to change, enhanced structure and rules in school to counterbalance lack of structure elsewhere.

"If [the behavior] is criminal, [the school resource officers] proceed with it … **if the mental aspects comes in then [the school resource officers] have some resources. I'm not exactly sure what they are**. They will turn over [information about a mental health issue] too. We don't face that a whole lot … **I think poverty is a big issue … not a whole lot of structure in their lives, you know? It's not always their fault. It's just the way it works out for them, you know?"**

– School Administrator for Discipline

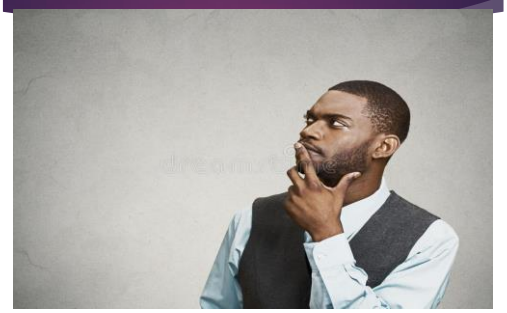
Belief – The Problem of Poverty, Social Isolation and Exclusion

- Behaviors are the result of the intersection of economic poverty, as well as social isolation (disengagement from public life) and exclusion (prevented from participating in public life). To follow is a professional re-conceptualization of the role of school, and the ways to relate to youth.

"It becomes a matter of, do you believe in kids? And especially kids who are the worst possible kids that you could ever have in your classroom, and they are doing the worst possible things, and they're doing it on purpose to see if you really care about me."

– School Teacher

SO WHAT TO DO….



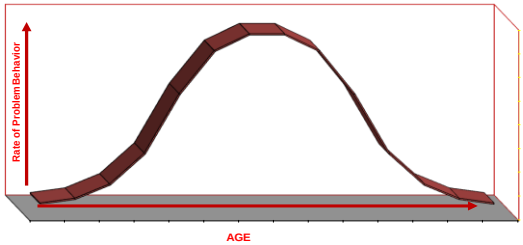
Childhood Risk

Early Dysregulation
Family Environment
Peer Environment
Community Factors
Traumatic Events

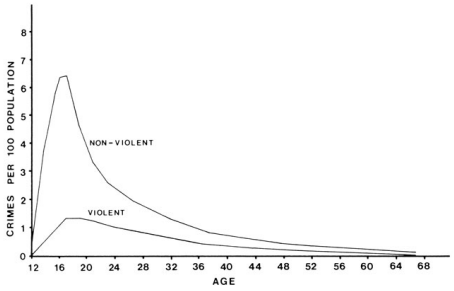
Protective Factors

- **Positive Parenting**
  - **High Monitoring/ High Warmth**
- **School Success**
- **Positive Peer Relationships**
- **Maintaining Normal Developmental Pathway**
- **Delay Onset and Progression of Substance Use**

Normal Curve of Adolescent Problem Behavior



Pathways to Desistance Study Shows Most Adolescents Desist Criminal Activity as they Psychosocially Mature



Perpetuating Factors

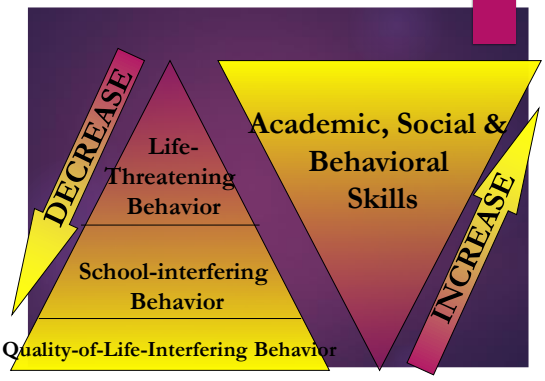
- Peers w/ Substance Use, Delinquency/Criminality, or Unconventional Attitudes
- Justice Involvement
- Social Factors
  - Low Parental Monitoring
  - Low Social Support
  - Absent Contingencies
  - Low Warmth
- Lack of Prosocial Involvement
- School Drop-out/ Unemployment
- Accumulation of consequences without a way out

All behavior, *including problem behavior,* ***is a solution to a problem****…*

we want to ***teach more skillful solutions****.*

It's a skillful world.

MORE SKILLS YOU HAVE, THE BETTER YOU DO!



THINK LIKE A KID….You will see things differently

First Question

Does the kid have the skill to do something different?

- **No.** ⟶ Teach them the skill.
- **Yes.** ⟶ Figure out what's getting in the way of them using the skill.

What gets in the way of Skillful Behavior?

- ***Thoughts***, ***Beliefs*** and ***Expectations***.
- ***Emotions***.
- Impulsivity…behavior ***solves a problem*** for the moment.
- ***Habitual*** behavior.
- ***Vulnerabilities*** increase probability of a problem response.

WHAT TO DO?…

Teaching skills

- Social Learning Approaches
  - Modeling
  - Reinforcement
  - Graduated practice ("Shaping")
  - Role Play
  - Punish & Extinction
  - Concrete Verbal Suggestions ("coaching")
  - Cue Exposure

Teaching Skills

- Create an atmosphere of experimentation; success is ***attempting***, not perfection!
- Skills are not perfected immediately, but **practiced** and **improved** over multiple trials.
- **Remind**, **encourage**, demonstrate, practice, reinforce and critique.
- Keep in mind that **learning new behavior** is **difficult**, potentially embarrassing, etc.

GOOD PROGRAMS…

- ENGAGE
- TEACH SKILLS
- CONNECT TO OTHERS

+ Factors for MH (Sharma, Atri, Branscum, 2013)

- **Social Support**
  - 4 types
    - **emotional** support (providing understanding, love, caring, and reliance)
    - **Informational** support (providing information, guidance, and counsel)
    - **Instrumental** support (providing concrete assistance and support)
    - **Appraisal** support (providing evaluative assistance)
  - Buffers effect of stressors & shields person from negative consequences

+ Factors for MH (Sharma, Atri, Branscum, 2013)

- Main Effect Model (Cohen, 2004)

  Individuals who **participate in a social network** are subject to social controls and **peer pressures that influence normative health behaviors and** also that integration could engender feelings of **responsibility for others**, resulting in increased motivation to take care of oneself so that responsibility could be fulfilled.

- e.g., SCHOOLS, JOBS

Experience Shapes the Journey of Generations

Sad, Bad, Mad --- **RESILIENCY**

- **WHICH PROTECTIVE SPHERE(S) DO YOUR PROGRAMS EMPHASIZE?**

Challenges for the Future

As Systems…

- KEEP KIDS **CONNECTED** TO SCHOOL, JOBS, ADULTS, COMMUNITIES
- **DECREASE TRAUMA EXPOSURE**, INCREASE RESILIENCY OPPORTUNITIES….
  SUPPORTS SUPPORTS SUPPORTS
- **PRIORITIZE EBPs IN COMMUNITIES…**
  SKILLS SKILLS SKILLS

To Sum It all Up

As an AGE OF OPPORTUNITY…

- Look beyond the behavior
- Be the frontal lobe
- Be an adult that cares
- Be an adult that models and teaches life skills
- Use court AS A LAST RESORT

THANK YOU!!!

- Contact information….

Stephen Phillippi
- sphill2@lsuhsc.edu
- 504.234.3899