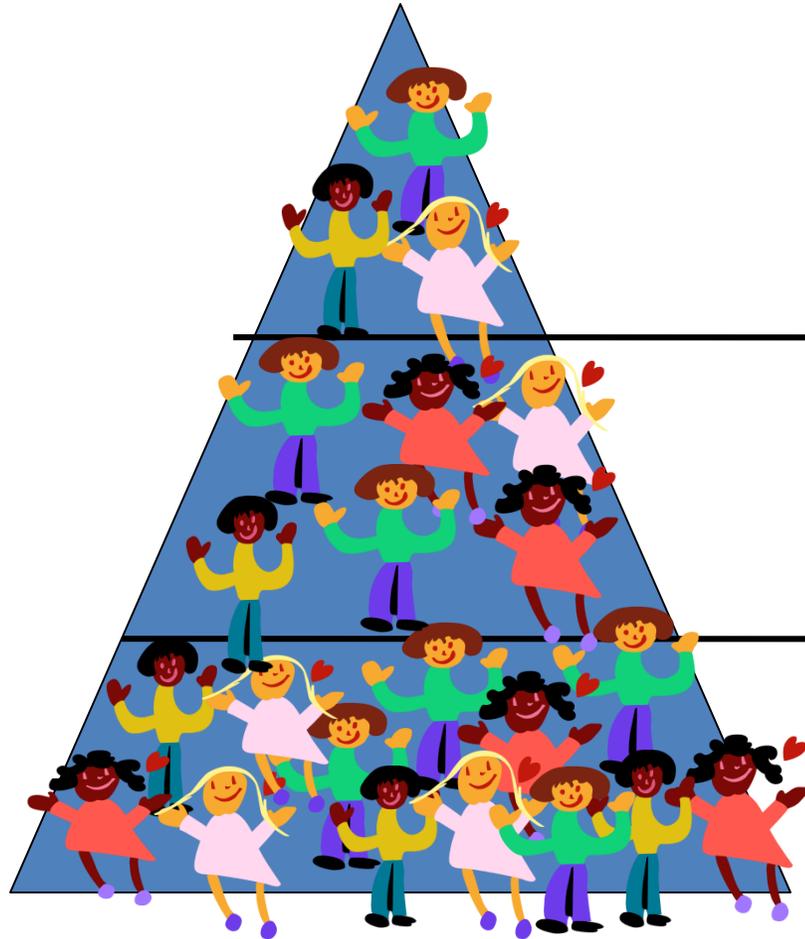




Child Mental Health, Adolescent Mental Health, and Maternal Mental Health

Not All Wounds are Visible: A Community Conversation About Mental Health & Substance Abuse

Promotion, Prevention, Intervention



Intervention/Indicated

(for a few youth in need of intensive services)

Prevention/Selected

(for some youth identified as being at-risk)

Promotion/Universal

(for all youth)

Growing Together: Supporting Resilience in Children and Families

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What do we mean by “resilience” and “resilience-based” approach to mental health?

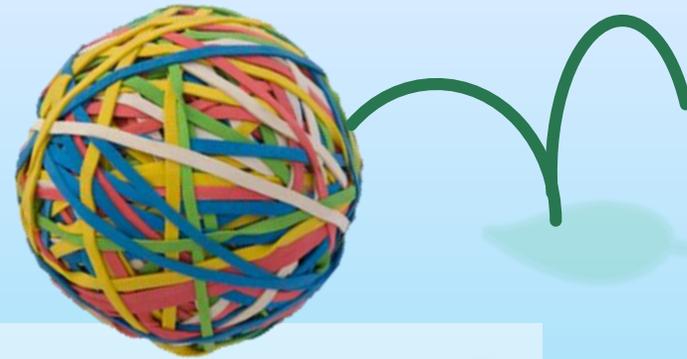
One definition: ‘Resilience is the process of harnessing biological, psychosocial, structural, [environmental] and cultural resources to sustain wellbeing’ (1)

Resilience based approach: An emphasis on strengths, resources, and capacities rather than deficits (2,3)

- Mental health interventions focus on the identifying and promoting strengths, resources and capacities of the child, family and community.
- Increase access to resources – through navigation and negotiation – is a key element of a resilience approach.

(1) Panter-Brick & Leckman (2013) *JCPP*, 54(4):333-6; (2) Ager (2013) *JCPP*, 54(4):488-500. (3) Masten & Narayan (2012) *Ann Rev Psych*, 63:227–57.

Bouncing back, moving forward



- Resilience is the capacity to **bounce back** from challenges.
 - Challenges can include everyday stressors (like losing a sports game) or more severe adversities (like witnessing violence).
 - Bouncing back refers to meeting developmental milestones (like walking, making friends, attending school) despite challenges.
- The implication is that people don't just survive challenges; they **develop new capacities** that enhance their ability to meet future challenges.



- All people have the capacity to be resilient and successful.
- Resilience is a dynamic process that develops over the lifespan.
- Resilience depends on “ordinary magic,” not superhuman strengths.
- Resilience is influenced by the interaction of internal and environmental factors.
 - Internal factors: temperament, strengths, and skills
 - External factors: social environment – family, community

Resilience Core Concepts

- The resilience core concepts were compiled by the Maryland Mental Hygiene Administration's Resilience Committee.
- They reflect the research literature on **strengths and skill sets** promoting good mental health.



Resilience Across the Ages of 0-18

Resilience: A Strength-Based Approach to Good Mental Health

Sponsored by: Maryland Mental Hygiene Administration;
Department of Health and Mental Hygiene;
Maryland Coalition of Families;
Youth M.O.V.E. of Maryland/Wicomico County;
Lower Shore Early Intervention Program

Resilience is an innate capacity to rebound from adversity and change through a process of positive adaptation. In youth, resilience is a fluid, dynamic process that is influenced over time by life events, temperament, insight, skill sets, and the primary ability of care givers and the social environment to nurture and provide them a sense of safety, competency and secure attachments.

Core Concepts:

Sense of Competency

- Determination & persistence
- Takes pride in activities
- Develops/evaluates alternative solutions
- Task completion

0 to 5 years

- Engages in make-believe play
- Interested in new things
- Imitates behavior of others
- Tries to do things for him/herself
- Tries out new words / builds vocabulary

6 to 12 years

- Can begin to generalize learned skills
- Shows patience in meeting a goal
- Desires to be the best one can be
- Self-Efficacy; "I Can!" attitude
- Begins to be able to organize time



13 to 18 years

- Self motivated / sense of autonomy
- Has initiative; sees things through to completion
- Has integrity, high standards
- Incorporates new knowledge
- Forming coherent sense of self



What can Families & Communities do to Promote Resilience?

- Gather and unite around priority issues
- Value diversified leadership
- Cooperate in achieving goals
- Have high, but realistic expectations for youth

Caring & Respect of Self & Others

- Empathy
- Giving back; helping out
- Ability to compromise
- Giving others the benefit of the doubt

- Listens to others; shows patience
- Enjoys interacting with others
- Seeks comfort from familiar adults
- Tries to comfort others
- Acts happy when praised



- Beginning capacity for self sacrifice
- Can accept that life is not always fair
- Shows concern for a bullied classmate
- Completes chores for the benefit of the family
- Can recognize their own strengths

- Values win-win solutions
- Can show forgiveness
- Cares about what happens to others
- Has capacity for intimacy
- Shows gratitude for successes

- Have the ability to work with diversity
- Offer ample volunteer opportunities
- Treat all youth with consistency & fairness
- Promotion of Wellness and Prevention efforts

Problem Solving & Coping Skills

- Seeks help when needed
- Ability to self soothe or self regulate
- Willingness to admit and learn from mistakes
- Can accept instruction and constructive criticism

- Willing to accept redirection
- Keeps trying when unsuccessful
- Early development of self control
- Can easily go from one activity to another
- Tries different ways to solve a problem

- Not afraid to ask for help with an assignment or task
- Can use positive self talk to feel better
- Healthy risk taking
- Can make change based on other's input
- Acts persistent; tries other ways to solve problems

- Seeks others' expertise
- Has self-management skills
- Takes ownership and responsibility
- Ability for abstract thinking
- Understands cause and effect



- Promote open communication around community satisfaction
- Seeks external resources for problems
- Law enforcement is seen as a vital part of the community
- Resilience is modeled in homes/communities

Optimism and Hope for the Future

- Sense of humor
- Belief that things can get better
- Playful; Creativity; Exploration
- Joy in accomplishments



- Enjoys social play
- Accepts alternative choices
- Shows interest in his/her surroundings
- Says positive things about the future
- Trusts familiar adults and believes what they say

- Laughs and shares jokes with a friend
- Can give examples of positive outcomes
- Involved in clubs / sports / hobbies
- Likes to explore environment / nature
- Enjoys school and learning

- Able to laugh at oneself
- Future and goal oriented
- Has creative outlets for self expression
- Seeks out and can enjoy times of peace and quiet
- Sees life as basically good and positive

- Opportunities for modeling/peer mentoring
- Recreational outlets available for families
- Youth are integrated into the community
- There is a belief that all children can be successful

Ability to Reframe Stress

- Tolerates frustration
- Understands how perception influences outcomes
- Flexibility; able to adapt to change
- Can improvise

- Uses imagination to build skills
- Cooperates with others
- Begins to accept rules for behavior
- Begins to identify patterns and routines
- Can calm self down when upset



- Open to new ideas
- Begins to learn to manage stress
- Able to identify alternative solutions
- Demonstrates ability to adapt to changing situations
- Doesn't give up even when disappointed

- Can accept ambiguity / uncertainty
- Connects attitude with behavior
- Deals with adversity and the unexpected
- Has positive outlets to reduce stress
- Puts things in perspective

- Able to provide comfort in times of distress
- Open communication without blaming
- Families encourage self reliance
- Communities engage in creative problem solving

Sense of Purpose & Meaning

- Spirituality; higher purpose
- Feeling that you are loveable
- Self improvement
- Cultural heritage and traditions

- Enjoys imitating people in play
- Begins to show willful behavior
- Asks questions; tells stories
- Wants to please others and be with friends
- Displays joy and curiosity

- Shows understanding of the life cycle
- Feels loved and has secure relationships
- Wants to challenge self to do better
- Participates in and values family rituals
- Can decide between right and wrong

- Explores different belief systems
- Has a belief that one's life matters
- Wants to plan for a rewarding career
- Has a sense of belonging to a community
- Tries to live by their core values

- Local ownership and community pride
- Safe, healthy outdoor activities available
- Diverse opportunities for spiritual and cultural enrichment
- Families and communities support quality education

Related Topics & Models

Resiliency Theory Pioneer – Norman Gramezy
Attachment Theory – John Bowlby
Erickson's Developmental Stages
Neuroplasticity – Neuroscience – through Mindfulness and Repetition
Social and Emotional Competency – Daniel Goleman
Positive Psychology – Martin Seligmann
Positive Youth Development
Positive Behavioral Interventions and Supports (PBIS)
Post Traumatic Growth (PTG) – Richard Tedeschi
Strength Based Practice / Systems of Care (SOC)
Transformational Coping
Primary Mental Health Project – Emory Cowen
Public Health Approach to Children's Mental Health – Georgetown Univ., Center for Child and Human Development
Salutogenic Model of Health – Sense of Coherence (comprehensibility, manageability, meaningfulness) – Aaron Antonovsky
International Resilience Project – Resilience Research Center (across cultures)
Reaching In...Reaching Out – Penn Resilience Program
Resiliency: What We Have Learned by Bonnie Benard
Stress Hardiness – Susan Kobasa

Family & Community Models that Support Resilience
Building Bridges to Support Families and Schools Together (FAST)
Nurse Family Partnerships
Safe Schools / Healthy Children
Healthy Communities / Healthy Youth
Asset Based Community Development Center
The Incredible Years
Resiliency Ohio

Longitudinal Studies
Project Competence – University of Minnesota – Ann Masten
Kaui Study – Emmy Werner and Ruth Smith
Project Human Development Chicago Neighborhoods

Some Assessment Tools
Devereux Early Childhood Assessment (DECA)
40 Developmental Assets – Search Institute
Connor – Davidson Resilience Scale
CANS (Child & Adolescents Needs & Strengths)
Post Traumatic Growth Inventory
The Stress Vulnerability Scale – Sheehan
Resilience Scale
Center on the Social and Emotional Foundations for Early Learning (CSEFEL)
Infant/Toddler, Early Childhood Environment Rating Scales

Why talk about strengths and skills?

- Strengths and skills are important!
 - Strengths provide a language for who we are at our best and what we aspire to be.
 - Strengths and skills help us accomplish our goals.
 - **Strengths and skills help us address challenges.**
- Everyone in the family has strengths and skills.
 - Strengths and skills are universal; everyone has strengths regardless of age, gender, income, mental health status, etc.



○ Sense of Competency/ Mastery

- Determination & persistence
- Takes pride in activities
- Develops/evaluates alternative solutions
- Task completion

○ Caring and Respect for Self and Others

- Empathy
- Giving back; helping out
- Ability to compromise
- Giving others the benefit of the doubt



Smith & Elkins, 2010

○ Problem Solving and Coping Skills

- Seeks help when needed
- Ability to self soothe or self regulate
- Willingness to admit and learn from mistakes
- Can accept instruction and constructive criticism

○ Optimism and Hope for the Future

- Sense of humor
- Belief that things can get better
- Playful; Creativity; Exploration
- Joy in accomplishments



● Ability to Reframe Stress

- Tolerates frustration
- Understands how perception influences outcomes
- Flexibility; able to adapt to change
- Can improvise

● Sense of Purpose and Meaning

- Spirituality; higher purpose
- Feeling that you are loveable
- Self improvement
- Cultural heritage and traditions



Smith & Elkins, 2010

Character Strengths

- The Values in Action (VIA) Classification of Character Strengths provides another way of looking at “what’s right” in ourselves and others.
 - The VIA classification system was developed by a team of positive psychologists led by Christopher Peterson and Martin Seligman.
 - The system was developed by compiling positive traits that have been consistently valued across cultures, religions, and time periods.
 - Additional information on this classification is available on the VIA Institute on Character website:
<http://www.viacharacter.org/www/>
 - Free VIA Strengths Surveys (adult and youth versions) are available at: <http://www.viacharacter.org/www/The-Survey>

○ Wisdom and Knowledge

- **Creativity:**
originality, adaption, ingenuity
- **Curiosity:**
interest, novelty-seeking, exploration, openness to experience
- **Love of learning:**
mastering new skills & topics, adding to knowledge
- **Judgment:**
critical thinking, thinking things through, open-mindedness
- **Perspective:**
wisdom, providing wise advise, looking at the big picture

○ Courage

- **Bravery:**
valor, facing fears, speaking up for what's right
- **Perseverance:**
persistence, industry, task completion
- **Honesty:**
authenticity, integrity
- **Zest:**
vitality, enthusiasm, energy, feeling alive



Peterson & Seligman, 2004

○ Humanity

- **Love:**
loving others and being loved, valuing close relationships
- **Kindness:**
generosity, nurturance, care, compassion, altruism
- **Social intelligence:**
emotional intelligence, awareness of motives and feelings of self and others



○ Justice

- **Teamwork:**
citizenship, social responsibility, loyalty
- **Fairness:**
justice, not letting feelings bias decisions about others
- **Leadership:**
organizing group activities, encouraging others



○ Temperance

- **Forgiveness:**
mercy, accepting shortcomings, giving people a second chance
- **Humility:**
modesty, letting one's accomplishments speak for themselves
- **Self-regulation:**
self-control, discipline, managing impulses and emotions
- **Prudence:**
careful, cautious, not taking undue risks

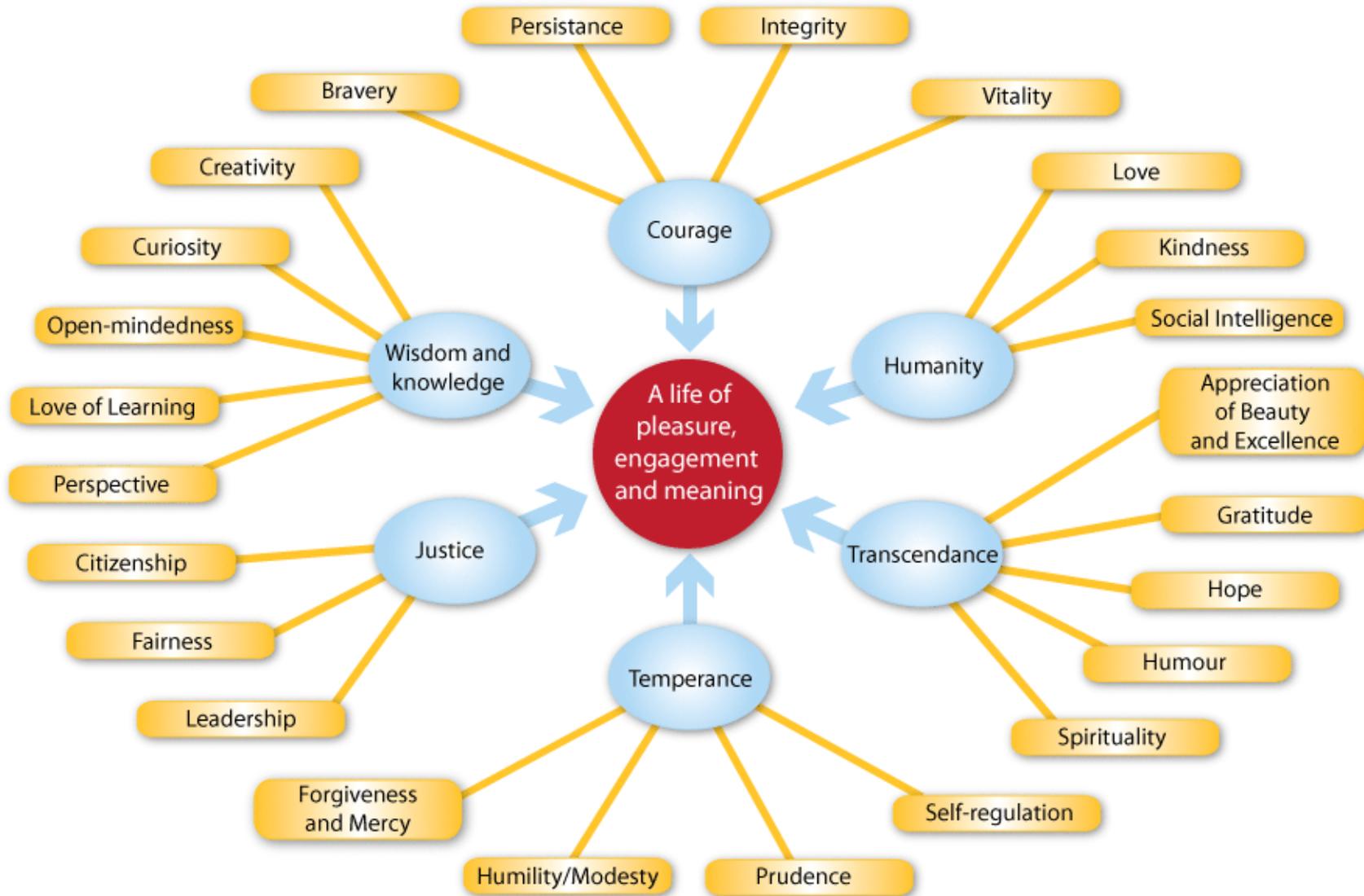
○ Transcendence

- **Appreciation of beauty:**
awe, wonder, elevation
- **Gratitude:**
thankful for the good, expressing thanks, feeling blessed
- **Hope:**
optimism, future-mindedness
- **Humor:**
playfulness, bringing smiles to others, lightheartedness
- **Spirituality:**
religiousness, faith, purpose, meaning



VIA Character Strengths & Virtues

(Peterson and Seligman, 2004)



The Positive Assessment

Is Talking about What's Wrong
Necessarily Right?

Example

Sequence of Interview Questions

- If a friend were to say some good things about you, about what makes you great, what do you think they would say?
- What do you do that is meaningful?
- Are you a good friend?
- What do you feel like you are good at?
- If you were given 2 weeks to do whatever you wanted to do and be whoever you wanted to be, what would you say?

- You have listed several strengths and you have some capacity to flourish; is there anything getting in the way of your good qualities?
- What is the particular challenge that you want to work on that brought you in here today?

<http://www.mindresilience.org/>



The screenshot shows the homepage of the Mind Resilience website. At the top, there is a navigation menu with the following items: HOME, WHAT IS MIND RESILIENCE?, RESILIENCE SELF HELP, BEHAVIORAL HEALTH ORGANIZATIONS, ABOUT, and RESOURCES. The main content area features a large image of a smiling man with glasses and a beard, wearing a suit and tie. Overlaid on this image is the text: "MIND RESILIENCE IS 'hope & optimism'" in a large, brown, serif font. Below this, in a smaller, red, sans-serif font, is the quote: "-KEVIN MASON, MA, MS, LCPC Assistant Director, Catholic Charities". The website's logo, which consists of a stylized brain inside a circular frame with a turtle-like shape around it, is positioned above the navigation menu. The tagline "MINDRESILIENCE Nurture your Well-Being" is located below the logo. The browser's address bar shows the URL "http://www.mindresilience.org/".

MINDRESILIENCE
Nurture your Well-Being

HOME WHAT IS MIND RESILIENCE? RESILIENCE SELF HELP BEHAVIORAL HEALTH ORGANIZATIONS ABOUT RESOURCES

MIND RESILIENCE IS
"hope & optimism"

-KEVIN MASON, MA, MS, LCPC
Assistant Director, Catholic Charities

WHAT IS MIND RESILIENCE?



**FAMILIES CAN PROMOTE WELLNESS AND
RESILIENCY**

What is Wellness?

The World Health Organization defines health as a “state of complete, physical, mental, social well-being, and not merely absence of disease or infirmity.”



How to Promote “Wellness” in Children

- Emotional
- Environmental
- Financial
- Intellectual
- Occupational
- Physical
- Social
- Spiritual



Promoting Wellness in Youth

- Identify the youth's strengths
- Build positive relationships with the youth
 - Learn about the youth's hobbies and interests
 - Attend school/sporting activities when possible

Promoting Wellness

- Responding to Inappropriate Behavior
 - Give attention to positive behaviors & ignore minor negative behavior
 - Effective Reprimands
 - Time-out
 - Be consistent!

Promoting Wellness

- Teach social-emotional skills/lessons
 - Catch youth in the act of “being good”
 - Use teachable moments
- Model coping skills and calming down strategies
- Make sure to teach youth specific skills as to what is expected of them vs. just telling them not to do

Resilience Skills

Resilience skills:

- A sense of competency and mastery
- Caring and respect for self and others
- Problem solving and coping skills
- Optimism and hope for the future
- Ability to reframe stress
- Sense of purpose and meaning

Resilience skills **can** be taught and learned!

Seven Building Blocks for Parents to Build Resilience:

1. Competence
2. Confidence
3. Connection
4. Character
5. Contribution
6. Coping
7. Control

1. Competence

Ways to develop competence:

- Help youth focus on individual strengths
- Empower youth to make decisions
- Recognize the competencies of siblings individually and avoid comparisons



2. Confidence

Ways to build confidence:

- Focus on positive qualities
- Praise achievements
- Help youth set and work towards realistic goals



3. Connection



Help youth connect with others by:

- Building a sense of safety and emotional security at home
- Allowing youth to express emotions
- Addressing and resolving family conflict openly
- Fostering healthy relationships

4. Character

Ways to strengthen the character of youth:

- Demonstrate how behaviors affect others
- Demonstrate the importance of community
- Encourage the development of spirituality
- Avoid racist or hateful statements or stereotypes



5. Contribution

Teach youth how to contribute by:

- Stressing the importance of serving others
- Modeling generosity
- Creating opportunities for youth to contribute in some specific way



6. Coping

Ways to teach children to cope:

- Model positive coping strategies
- Teach and model problem solving skills with youth
- Encourage youth to obtain adequate sleep, exercise, and good nutrition
- Create a family environment where talking, listening, and sharing are safe



7. Control

You can empower youth by:

- Helping them to understand that most things that happen are the result of choices and actions
- Using positive discipline as a teaching tool to help your child understand that actions produce consequences



**NOT ALL WOUNDS
ARE VISIBLE**

A Community Conversation
About Mental Health and Substance Abuse



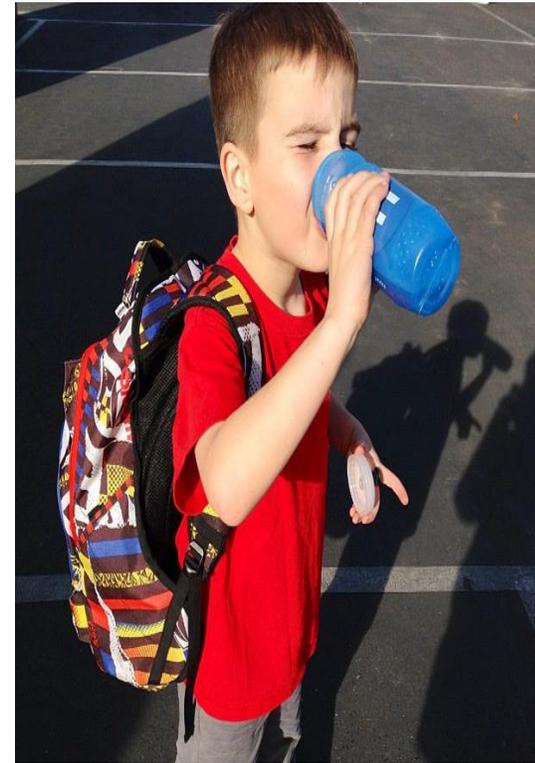
Child Mental Health

***Not All Wounds are Visible: A Community Conversation About
Mental Health & Substance Abuse***

***Gloria Reeves, MD
Sharon A Hoover, PhD***

6 to 8 Years Old: Social and Emotional Milestones

- Common fears: Problems in the family, failure, peer rejection
 - May still be afraid of the dark or monsters
- Becoming more self-conscious
- Preference for same sex friends
- Nurturing to others
- Age hierarchy
 - Commanding to younger children but follows older children
- Seeing the point of view of others more clearly
- Learning how to resolve conflict with peers
 - Tattling: Common strategy for getting adult attention
- Fewer angry outbursts, more frustration tolerance
- Self-control increasing
 - Making decisions allows children to practice self-regulation and self-control.
- Defining themselves by appearance, activities, and possessions



6 to 8 Years Old: Promote Healthy Development

Limit criticism, give lots of positive attention!

- Use **specific praise**
 - “Great job **working through that problem** even though it was hard. You have **great perseverance.**”
- Use **Feedback Sandwich**
 - **Positive:** “I know you are working hard to control your behavior.”
 - **Criticism:** “It seemed that you were having trouble keeping your hands to yourself. So next time try holding them to your side to remind yourself.”
 - **Positive:** “Great work on improving your behavior.”
- Involve children in setting the rules
- **Discuss and model**
 - Self-control and making good decisions
- Talk about the importance of being patient, sharing, and respecting others’ rights.

9 to 12 Years Old: Social and Emotional Milestones

- Developing sense of identity
 - Competitive! Want to win, lead, or be first
 - Like to be in charge
 - Sensitive to negative feedback
 - Difficulty dealing with failure
- Seeking connection with adults outside family: teacher, club leader, coach
- Peers also begin to play a more important role for children at this age
- Feelings get hurt easily
- Increase mood swings



9 Years to 12 Years: Promote Healthy Development

- Model and discuss role of making mistakes in the learning process
- Learn from feedback:
 - “How could you do that differently next time?”
- Attend to feelings associated with feedback
- Balance positive and negative feedback
- Use non-judgmental language:
 - Avoid using commands and statements that include “should”
- Discuss complexity of social dynamics in peer relationships
- Foster competence:
 - Help children do things where they feel proud of who they are and what they can do
- Avoid gender stereotyping

13 to 18 Years Old: Social and Emotional Milestones

- Exploring and establishing identity:
 - Seeking autonomy
 - Heightened self-consciousness
 - Exploring sexuality
- Establishing intimacy with others
- Believe that no one else has ever experienced similar emotions.
- **Invincible:** Feeling that "it can't happen to me"
- Interest in novel experiences
- Concerned about "justice" and "fairness"
- Building abstract thinking skills
- Highly sensitized to peer acceptance
 - Problem-solving skills apparent when alone, but may display lapses in judgment when with peers.

13 to 18 Years Old:

Promote Healthy Development

- Learn more about adolescent development
- Show teens respect, trust, and honesty, and express similar expectations from teens
- Maintain and reinforce expectations
 - Although some moodiness and rule-breaking behavior is typical during adolescents, expectations help teens learn to manage their own behavior.
- Pick your battles: Is this battle worth fighting?
- Notice changes in a teen's sleep, mood, friends, academics, and other areas of functioning.
- Empathize with the student perspective.
- Respect a teen's privacy





What is Mental Health?

- Mental health refers to a person's overall emotional and psychological well-being. It impacts how we think, feel, and act, including how a student:
 - Feels about himself/herself
 - Relates to other children and adults
 - Handles change, stress and other life situations



What is a Mental Health Concern?

- A mental health concern is characterized by alterations in mood, thinking or behavior (or some combination thereof) associated with distress and/or impaired functioning.
- Encompass a wide range of specific issues/concerns that differ from one another in their characteristics and treatment. These include (but are not limited to):
 - **Anxiety**
 - **Depression**
 - **Mood Instability**
 - **Disruptive Behaviors**
 - **Inattention/Hyperactivity/Impulsivity**
 - **Adjustment Problems**



What is a Mental Health Concern?

- Mental health concerns can be referred to using different “umbrella” terms such as:
 - **emotional disability**
 - **behavioral disorders**
 - **mental illness**
 - **mental health disorder**
 - **social-emotional disorders**
- One in three children may experience a mental, emotional or behavioral health concern before age 18. These problems affect children of all demographic groups, regardless of education, income, race or culture.



Some problems are normal

Age	Common Transient Problem	Low Frequency Serious Disorder
0-3	Concern about monsters under bed	Sleep Disorders
3-5	Anxious about separating from parent	Separation Anxiety Disorder
5-8	Shy and anxious with peers Disobedient, temper outbursts Very active, difficulty focusing Trouble learning at school	Social Phobia Oppositional Defiant Disorder ADHD Learning Disorder
8-12	Low self-esteem	Depression
12-15	Defiant, rule breaking behavior Worries a lot	Conduct Disorder Depression
15-18	Experimentation with substance use	Substance Abuse



So, common problem or disorder?

- Consider:
 - Frequency or intensity
 - Daily impairment (school, home, community)
 - Age/developmental level
- Examples:
 - Kindergartener feels sad and tearful for the first 15 minutes of school after parent leaves
 - 4th grader feels so worried about math test she can't get any work done and doesn't have appetite to eat lunch



12-month Prevalence of Common Mental Health Concerns

Diagnosis	Percentage of Youth (Ages 8 to 15)
Attention deficit hyperactivity disorder	9%
Substance abuse	7%
Mood disorder	4%
Conduct disorder	2%
Anxiety	1%
Any disorder	13%

SAMHSA, 2010



Lifetime Prevalence of Common Mental Health Problems

Diagnosis	Percentage of Adolescents (ages 13-18)
Anxiety diagnosis	25%
Mood diagnosis	14%
Attention deficit hyperactivity disorder diagnosis	9%
Any Mental Health Diagnosis	46%

Merikangas, 2010



Child and Adolescent Mental Health Concerns





Anxiety



Young people who experience excessive fear, worry, or uneasiness may have an anxiety problem-the most common of childhood mental health concerns. Anxiety can include both generalized anxiety and more specific fears, such as being afraid of social situations. Signs of anxiety include the following...

Feelings	Behaviors	Physical Symptoms
Afraid	Cries	Stomachaches
Anxious	Throws Tantrums	Headaches
Angry	Freezes	Dizziness
Irritable	Clings	Heart Racing
Frustrated	Fidgets (Psychomotor agitation)	Trembling/Shaking



Anxiety

Educational Implications

Students with Anxiety concerns may:

- Be easily frustrated.
- Worry so much about getting everything right that they take much longer to finish their work.
- Simply refuse to begin out of fear that they won't be able to do anything right.
- Avoid school out of fear of becoming embarrassed, humiliated, or failing.
- Be behind in their work due to numerous absences.





Attachment Problems

- Attachment problems result when infants have significant and often chronic negative experiences that disrupt the unique relationship with their primary caregiver.
- Children may have trouble with basic relationships with others, being indiscriminant with relationships or have trouble forming relationships.

Feelings		Behaviors
Afraid		Avoids relationships or overly cautious about forming relationships
Anxious		Difficulty being comforted
Angry		Excessive familiarity with strangers or lack of selectivity in choice of attachment figures
Irritable		Excessive approval seeking
Frustrated		Limited tolerance for tasks



Trauma

- Anxiety can be triggered by experiencing or witnessing a traumatic event.
- A trauma is defined as an event(s) in which a person experiences, witnesses, or perceives a significant threat of dying or physical injury.

Feelings	Behaviors
Anxious	Avoidance of activities or places related to trauma
Irritable	Repetitive play with themes related to the trauma
Sad	Nightmares/Flashbacks
Lack of Interest	Physiological Reactivity
Detached from Others	Hypervigilance
Restricted affect	Exaggerated startle response
Numbness	Difficulty concentrating
	Difficulty sleeping
	“Re-experiencing” the trauma



Trauma

Educational Implications

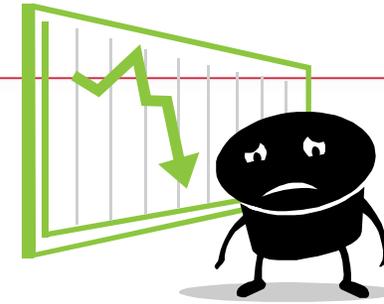
- Severity and persistence of symptoms varies.
- Symptoms may come and go for no apparent reason, mood may change drastically.
- Regression- may act younger than age, which can result in increased emotional and behavioral problems.
- May be clingy, whiny, impatient, impulsive, and/or aggressive.
- May be unable to perform previously acquired skills, even basic functions like speech. Capacity for learning may be decreased.
- Difficulty concentrating, are preoccupied, and become easily confused. May lose interest in activities, become quiet and/or sad, and avoid interaction with other children.



Depression

- Occurs across development
- Children and adolescents with depression may experience suicidal ideation and be at risk for suicide.

Feelings		Behaviors
Sad		Eats/sleeps too much or too little
Empty		Moves/speaks slowly
Afraid		Acts impulsively
Anxious		Acts aggressively
Angry		Easily distracted
Irritable		Difficulty thinking and/or concentrating
Frustrated		Limited tolerance for tasks



Depression

- All children feel sad or blue at times, but **feelings of sadness with great intensity that persist for weeks or months** may be a symptom of more serious problems with depression.
- These serious problems with depression are more than “the blues”; they **affect a young person’s thoughts, feelings, behavior, and body, and can lead to school failure, alcohol or drug abuse, and even suicide.**
- Recent studies reported by the U.S. Department of Health and Human Services show:
 - 1 in every 33 children may have depression
 - For adolescents the ratio may be as high as 1 in 8
 - Boys appear to suffer more depression in childhood
 - During adolescence, the illness is more prevalent among girls



Signs of Depression

- Marked changes in school behaviors.
- Finds it harder to stay on task. Loses concentration.
- Frequent absences from school.
- Change in academic performance.
- Loss of motivation.
- Abandoning favorite hobbies or sports, decreased interest in being with peers, withdrawn.
- Changes eating and sleeping habits, changes in appetite or weight.
- Changes in feeling, thinking and perceiving.
- Expresses inappropriate guilt.
- Feelings of not being good enough, worthlessness, failure.
- Expressions of hopelessness: nothing to look forward to.
- Speaks in a monotonous or monosyllabic manner.
- Irritable; e.g., snapping at people for no apparent reason.
- Is restless or has slowed down.
- Misuse of drugs and alcohol.
- Cries easily, looks sad, feels alone or isolated.



Safety!



- Students with depression are at increased risk for self-injury, suicidal thoughts and attempts.
- School health providers should be wary of any comments about or signs of self-injury or suicide.
- Every comment should be taken seriously and brought to the immediate attention of the child's parent, mental health professional, and/or school health provider.



Mood Instability

Children and adolescents who demonstrate exaggerated mood swings that range from extreme highs to extreme lows may have a serious mood instability problem. Periods of moderate mood can also occur in between the extreme highs and lows.

Feelings		Behaviors
Alternating sad and euphoric		Difficulty concentrating
Alternating fearful and reckless		Easily distracted
Angry		Moves, speaks fast (agitation)
Irritable		Acts impulsively
Frustrated		Acts aggressively
		Does not sleep well



Signs of Mood Instability

- Fluctuations in mood, energy, and motivation. These fluctuations may occur hourly, daily, in specific cycles, or seasonally.
- Episodes of overwhelming emotion such as sadness, embarrassment, elation or rage.
- Difficulty concentrating and remembering assignments, understanding assignments with complex directions, or reading and comprehending long, written passages of text.
- Poor social skills and have difficulty getting along with peers.
- Younger children:
 - frequently exhibit fast mood swings, many times within a day.
 - Younger children are more likely to be irritable and prone to destructive tantrums than to be overly happy and elated.
- Older adolescents:
 - Show similar patterns of mood instability as adults with changes from high to lows, involving high intensity of mood.



Inattention, Hyperactivity, and Impulsivity Concerns

About the Problem:

- Inattention, hyperactivity, and impulsivity concerns become a problem when there is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals of comparable level of development and it is interfering with daily functioning.



Symptoms of Inattention/Hyperactivity/Impulsivity

- Inattention
 - Poor organization
 - Does not seem to listen when spoken to
 - Loses objects
 - Easily distracted
 - Forgetful in daily activities
 - Avoids activities that require sustained mental effort
- Hyperactivity/Impulsivity
 - Fidgets
 - Leaves seat often
 - Runs or climbs excessively
 - Always “on the go”
 - Talks excessively
 - Blurts out answers
 - Can’t wait turn, interrupts others



Inattention/Hyperactivity/Impulsivity

Educational Implications

Typical presenting symptoms that educators would observe:

- Difficulty paying attention or staying on task
- Not completing tasks and making careless errors/mistakes
- Making choices without thinking them through (impulsivity)
- Blurting out answers before teacher finishes question or calls on them
- Interrupting teacher and other students
- Talking too loudly
- Forgetful of tasks and materials (jackets, books, pencils, homework)
- Fidgeting/difficulty remaining still and staying in seat
- Daydreaming or “spacey”
- Desk area looks like an explosion has occurred (very messy/disorganized)
- Other children may get easily frustrated with them and they may become frustrated with peers and themselves



Could it be
something
else?

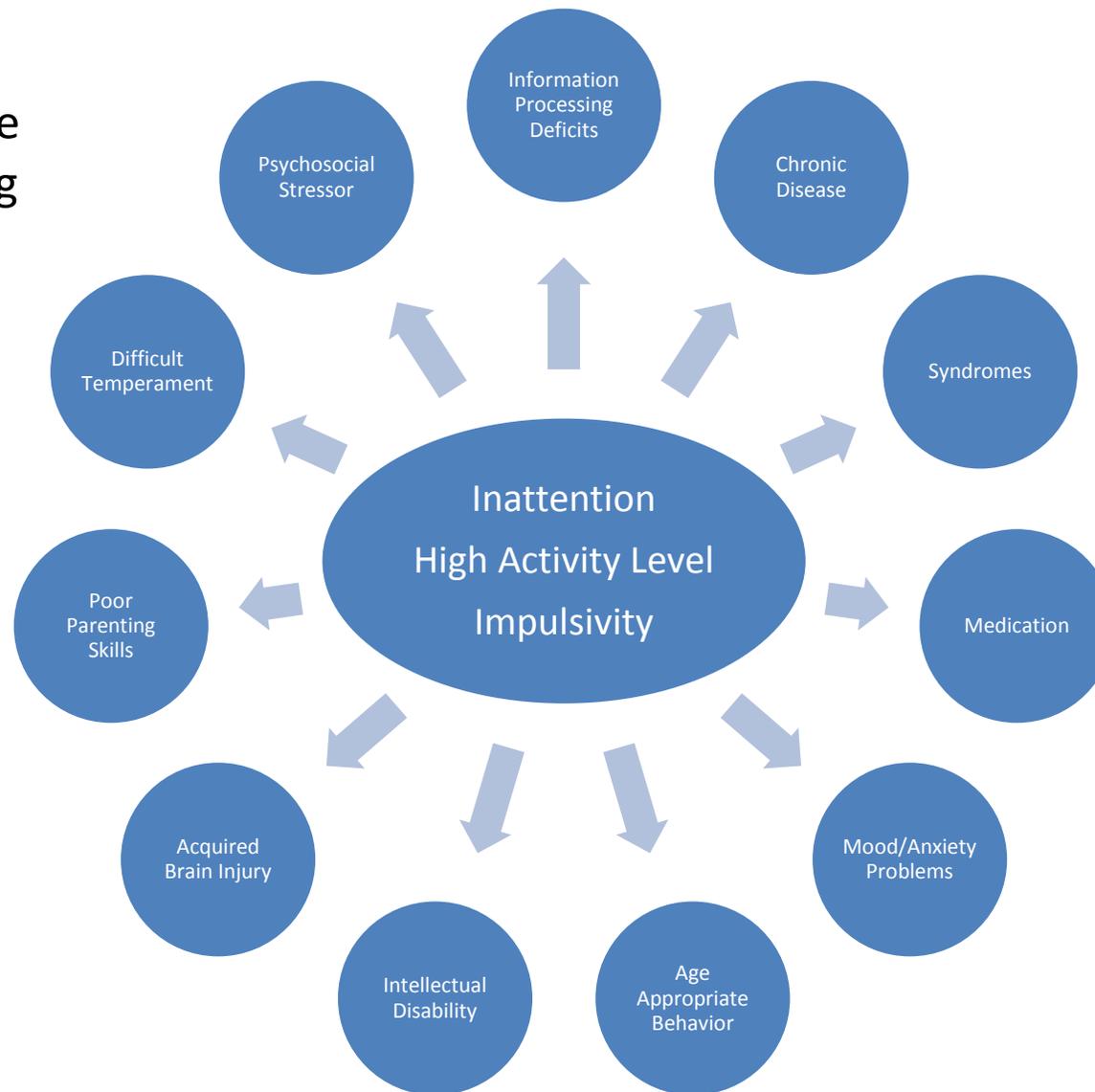


Figure adapted From Blackman, 1999



Oppositional Behaviors

About the Problem

- Oppositional behaviors that result in problems typically involve a pattern of negative, disobedient, and defiant behaviors that are frequent and last over time. Examples of oppositional behaviors include:
 - loses temper
 - argues with adults
 - disregards adults' requests or rules
 - deliberately tries to provoke people
 - blames others for his or her mistakes or misbehavior
 - easily irritated by others
 - angry and resentful
 - spiteful



Oppositional Behaviors

Educational Implications

- Students with oppositional behaviors may consistently:
 - Challenge class rules.
 - Refuse to do assignments.
 - Argue or fight with other students.
 - Argue with the teacher.
 - Disobey rules and directions.
 - Intentionally create conflict with peers.
 - Blames others for their actions and behaviors.
 - Interprets motives and behaviors of others in a negative light.
 - Seeks revenge for perceived wrongs.





Conduct Problems

About the Problem:

- Conduct problems involves the repeated violation of rules, age-appropriate social norms and the rights of others over an extended period of time.
 - Aggression towards people or animals
 - Property destruction
 - Lying
 - Theft
 - Other serious rule violations



Conduct Problems

Educational Implications

- Students with conduct problems may consistently:
 - Engage in power struggles
 - React badly to direct demands or statements such as: “you need to...” or “You must...”
 - Consistently challenge class rules
 - Refuse to do assignments
 - Argue or fight with other students
 - Create disruptions in the class
 - Blame others and do not take responsibility for their behavior
 - Steal from others
 - Destroy property in the classroom
 - Disrespect the adults and other students
 - Endanger the safety and wellbeing of others





When Substance Use Becomes a Problem

Signs of a problem:

- Moodiness; irritability
- Argumentative, disruptive, rule-breaking behavior
- Sudden mood or personality changes
- Low self esteem or depression
- Poor judgment; irresponsible behavior
- Social withdrawal; pulling away from family, teachers, other trusted adults
- Change in former activities or friends; general lack of interest



Substance Use

Educational Implications

Drugs and alcohol contribute to a host of problems for our students, including:

- Poor academic performance
- Memory and learning problems
- Impacts judgment in situations
- Truancy and absenteeism
- Problems with family and peer relationships, and a lack of empathy for others.
- A tendency to engage in other risky activities, and to feel invulnerable.
- An increased risk for moving on to more dangerous drugs, and developing dependency or addiction.



Protective Factors



- Protective Factors
 - Extracurricular activities
 - Positive relationship with an adult
 - Problem solving and communication skills
 - Parental nurturance and support



The Importance of Early Identification, Prevention, and Intervention

- **Prevention:** Assists in promoting positive mental health skills and the reduction of mental health problems.
- **Early Identification:** Offers opportunities to address concerns before problems escalate.
- **Intervention:** When intervention is provided early, children demonstrate greater progress in school and in their daily functioning.





Prevention and Children's Mental Health

- As defined by the Institute of Medicine: **Prevention involves reducing risk factors and enhancing protective factors.**
- Key steps in prevention of social-emotional behavioral problems are to:
 - Reward positive/appropriate behaviors using social, tangible, and other rewards.
 - Reinforce positive development/behaviors, focusing on the child's strengths.
 - Understand age appropriate social/emotional developmental milestones.
 - Recognize the 'triggers' of inappropriate development/behaviors and diffuse or delete them.



Getting help





When?

- Dealing with a difficult experience that impacts daily mood/behavior
- Concerns about normal development/how child compares to peers
- Drop in grades/performance in school
- Mood or behavior concerns that persist and cause concerns at home and school



Why?

Be a role model: teach your child healthy ways to seek help

Be a healer: help for one child helps the entire family to be healthy

Become an expert: learn new skills that help the unique needs of your child



How?

- Start with people you know: school counselor, pediatrician
- Seek support from other parents: peer support
- Trust your gut: take time to think about your concerns and your goals for your child



What?

- Seek feedback on the problem: evaluation can give a road map for wellness
- Learn about different options for treatment: therapy/medications, family/group, school based/clinic, etc.
- Identify child/family priorities: Discuss your goals
- Rediscover strengths: Figure out how to support the things that are going well
- Instill hope: help your child and family redefine your future

**NOT ALL WOUNDS
ARE VISIBLE**

A Community Conversation
About Mental Health and Substance Abuse





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Promoting Mental Health Among Adolescents

Not All Wounds Are Visible: A Community Conversation About
Mental Health and Substance Abuse
University of Maryland, Baltimore
June 27th, 2017

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Agenda

- My work experience
- Common developmental challenges of adolescence
- How we define mental health
- Mental health during adolescence
- What we mean by promoting mental health
- Practical approaches to promoting mental health



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My Work Experience



My Work Experience

- Over 12 years of direct practice experience with youth in schools, child welfare, and community organizations in New York
- School reform for three years included student voice work
- Co-founded mentoring program for girls implemented in school settings
- Now teach MSW students and conduct research about and with adolescents regarding their mental health



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Common Adolescent Developmental Challenges



What is Common to Teens During Adolescence?

- Puberty
- Engaging in risky behaviors (drug use, gang involvement)
- School (absenteeism, dropout, success, bullying, low expectations)
- Friendships/relationships
- Greater responsibility
- Psychosocial development (sense of self, independence, exploration, sexual identity, mental health problems)



What is Common to Teens During Adolescence?

- Opportunities for positive social and emotional growth
- Emergence of psychological distress and mental health problems
- So mental health is important during this time, but what do we mean when we say mental health?



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How is Mental Health Defined?



Defining Mental Health

- Not one consistent definition
- More positive definitions recently, for example:
 - World Health Organization (WHO) stated mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community” (2016, para. 2).
- Both wellbeing and illness are important to assess mental health (Stewart-Brown, 2016)
 - Wellbeing includes positive feelings, positive functioning, and can include social wellbeing



Defining Mental Health – Youth Voice

- When youth were asked about mental health:
 - Some were traditional: mental illness (e.g., depression, bipolar disorder), disabilities, and a few said “crazy”.
 - Some were more neutral - “just a word, a definition” or “the mental...state of mind”, can be “good or bad”
- When youth were asked about being mentally healthy, youth said:
 - Grit, coping , happy, energetic, open-minded, optimistic, confident, content
 - “Healthy means good”, knowing your limits, having resilience
 - “Fixing your mind” meaning actively making the decision to be calm or happy



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Mental Health During Adolescence



Nationally

12.5% (3 million) adolescents (12 to 17) had a major depressive episode (SAMHSA, 2015)

Other research on lifetime disorders (Merikangas et al., 2010):

- anxiety disorders (PTSD, GAD; 31.9%)
- behavior disorders (ADHD, Conduct; 19.1%)
- mood disorders (depressive, bipolar; 14.3%)
- substance use disorders (11.4%)
- eating disorders (anorexia, bulimia; 2.7%)
- 40% of youth may have dual diagnoses

Higher rates of severe emotional and behavior disorders than the most frequent, major physical conditions such as asthma or diabetes.

Girls are more likely than boys to report an anxiety or mood disorder and less likely to report a substance use disorder



Maryland

USDHHS, Office of Adolescent Health (2017):

- From 2013-2014, 11% of youth aged 12-17 reported at least one major depressive episode
- In 2015, among high school students in MD (9-12):
 - 27% “felt sad or hopeless everyday for 2 or more weeks in a row
 - 16% reported they seriously considered attempting suicide
 - 9% reported they attempted suicide one or more times
 - 26% reported at least 1 drink containing alcohol in the past month
 - 32% reported that they had ever used marijuana 1 or more times in their lifetime



Baltimore

Baltimore Youth Health and Wellness Strategy:

- In Baltimore, 1 in 4 middle school students has seriously contemplated suicide
- Almost 1 in 3 students have felt sadness that kept them from a normal routine for more than 2 weeks
- Middle school students also report high rates of substance use; Baltimore students report trying heroin, cocaine, and prescriptions drugs illegally by the 7th grade, which is twice the rate of Maryland youth



Do similar stats exist for wellbeing or positive mental health?

- Short answer, no, not to the same degree
- Some studies (e.g., Keyes, 2006) do suggest, among 1,200 youth:
 - 49% of 12-14 yr olds and 40% of 15-18 yr olds are flourishing (positive emotional, psychological, social wellbeing)
- Also, those who are flourishing have lower depressive symptoms and conduct problems



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Promoting Mental Health



Promoting Mental Health

- Positive mental health characteristics are important to overall mental health
- MH promotion focuses on: fostering an optimal state of wellbeing and enhancing strengths versus solely risk reduction or the prevention of mental health problems (Dwivedi & Harper, 2004; Weisz, Sandler, Durlak, & Anton, 2005)
- Promotion of mental health: first strategy in a continuum of approaches to comprehensively provide prevention and treatment services for youth



Promoting Mental Health

- Personal, social, economic, cultural, and environmental factors can promote mental health (Rowling, 2006; WHO, 2004)
- Youth are embedded in many social environments like ***family, school***, peer groups, religious organizations, neighborhoods
- Family remains important during adolescence (Grusec, 2011)
 - Family closeness, support
 - Supportive child-caregiver communication



Promoting Mental Health

- Schools is very important, next to family (Simons-Morton, Crump, Haynie, & Saylor, 1999)
- Two important aspects of school outside the classroom:
 - School bonding - may foster better well-being and lower problem outcomes (Murray & Greenberg, 2000; Maimon & Kuhl, 2008).
 - Extra-curricular activities can promote a greater sense of self-worth and lower depressive symptoms (Fredricks & Eccles, 2005; Perry-Burney & Takyi, 2002) and lower social isolation (Barber, Eccles, & Stone, 2001).



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What Can We Do?



Practical Approaches

- Help adolescents develop positive relationships with peers
- Help adolescents manage and cope with difficult emotions
 - Encourage participation in school based interventions
 - Refer to school mental health program or outside counseling
- Provide a space for open communication
 - Discuss positive relationships and sexuality
- Help teens explore interests, career goals, and future opportunities
- Praise teens for their efforts, strengths, successes, and abilities
- Encourage participation in extracurricular activities and other social events



Practical Approaches

- Encourage participation in community based youth groups (e.g., religious organizations)
- Get youth a mentor
- Schools can facilitate interventions that focus on fostering or developing positive aspects of mental health
- Schools can facilitate activities that build a sense of connectedness among students, staff, families
- Students suggested school-based classes or workshops, facilitated by outside instructors, to support the development of better coping skills



Summary

- Teens navigate a lot during adolescence
- Mental health has to be defined more comprehensively to ensure a focus on positive aspects of mental health
- Many problems emerge during adolescence, but it is also a good time to foster positive wellbeing; more holistic approach
- Family and school are among the many social factors that can promote mental health
- Suggestions for promoting mental health can include positive development programs, therapeutic approaches, and smaller home based strategies
- Youth need to be at the center of conversations about defining and promoting mental health

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