Kids Today

“The children now love luxury; they have bad manners, contempt for authority; they show disrespect for elders and love chatter in place of exercise. Children are now tyrants, not the servants of their households. They no longer rise when elders enter the room. They contradict their parents, chatter before company, gobble up dainties at the table, cross their legs, and tyrannize their teachers.”

Adolescents: Why DO they do the things they do?

Defining Adolescence-

- The period between the onset of sexual maturation & the attainment of adult roles & responsibilities
- Involves psychological, social, legal, and biological changes
- The transition from:
  - “child” status (requires adult monitoring)
  - “adult” status (self-responsibility for behavior)

Mismatch- Dr Peter Gluckman

- As a society we confuse physical maturation with psychosocial maturation
- Youngsters are biologically mismatched to the society they live,
- The time needed to be fully functional as an adult has increased markedly
- Our PSYCHOSOCIAL maturation occurs AFTER our physical maturation.

Emerging Adulthood

- 18-25
- A time of self focused exploration
- Facilitated by a socially sanctioned moratorium from adult responsibilities
- Larger number of demographic transitions
- More autonomy
- Fewer responsibilities
- Arnett, Cote and others
Key Messages

‘UNDER CONSTRUCTION’

- Teens need MORE of our time, not less.
- What we THINK, affects how we FEEL, affects how we ACT (TAFFY)
- The majority of adolescents do well YET

The Paradox

- Measures of most abilities indicate that adolescence is the healthiest and most resilient period of the lifespan.
- Yet overall morbidity and mortality increases 200-300 times from childhood to late adolescence.
- Primary causes of death and disability related to Problems with control of behaviour and emotions

Why do we care about brain?

YOU ARE YOUR BRAIN.

- BUT- Your brain is not just produced by your genes
- Your brain is sculpted by a lifetime of experiences.
- The most important time in brain development is the first few years of life.

Anatomy of a teenager’s brain

Key Messages

‘UNDER CONSTRUCTION’

(MUC to some)

which explains much of the challenge!!
Neurodevelopment Findings

Keep in mind.....
- The research on neurodevelopment is in the early stages.
- Many key human studies on youth cannot be conducted because of ethical considerations.

BRAIN PLASTICITY
Connections are formed and altered by experience

But, not done until at least age 24+ years...

“The nerve cell, or neuron resembles a miniature tree...” (p. 23)

Diamond & Hopson, 1998

Two Neurons

Axon

RECIPIENT NEURON

SIGNAL-SENDING NEURON

Dr. Robin Gibb, U of Lethbridge

Founders Network
**Disparities in Early Vocabulary Growth**

- **Cumulative Vocabulary (Words)**
- **Child's Age (Months)**

<table>
<thead>
<tr>
<th>Age of Child in Months</th>
<th>High SES</th>
<th>Medium SES</th>
<th>Low SES</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 mos.</td>
<td>200</td>
<td>600</td>
<td>1200</td>
</tr>
<tr>
<td>24 mos.</td>
<td>600</td>
<td>1800</td>
<td>3600</td>
</tr>
<tr>
<td>36 mos.</td>
<td>1200</td>
<td>3600</td>
<td>7200</td>
</tr>
</tbody>
</table>


**Brain Development**

- **Maturation Occurs from Back to Front of the Brain**
- **Images of Brain Development in Healthy Youth (Ages 5–20)**
- **Blue represents maturing of brain areas**

Brain Development

**The Frontal Lobes**

- "Executive Functions"
  - Governing emotions
  - Judgment
  - Planning
  - Organization
  - Problem Solving
  - Impulse Inhibition
  - Abstraction
  - Analysis/synthesis
  - Self-awareness*
  - Self-concept*
  - Identity
  - Spirituality

*Self—“everything”

**The Adolescent Brain**

- **Corpus Callosum**
  - Connects Hemispheres
  - Creativity & Problem Solving

- **Frontal Cortex**
  - CEO
  - Planning, Strategizing, Logic, Judgment

- **Cerebellum**
  - Coordinates muscles’ movement
  - Coordinates thinking processes

- **Hippocampus**
  - Forms Memories
  - Coordinates learning processes

- **Amygdala**
  - Emotional and gut responses; fear and anger
  - Used more in Adolescents

**ARIES UNDER CONSTRUCTION**

- **Prefrontal Cortex**
  - Responsible for planning, strategies (cognitive flexibility).
  - Allows one to solve problems.
  - DEVELOPED frontal cortex allows one to regulate emotions, solve problems effectively and plan behaviour.

**What is Self Regulation?**

- Getting off a ‘runaway train’ (interrupting a risky behaviour path)—condom
- Not ‘jumping the gun’ (thinking before acting)—e.g. diving into unknown lake
- Doing the right thing (choosing among alternatives of varying risks)—drunk buddy ride
ADHD as heightened risk

- Growing evidence that ADHD .........
  - is a dysfunction in the brain’s regulatory systems that manifests as a deficit in behavioral dysregulation.
  - this dysregulation is mediated by deficits in the pre-frontal cortex, and
  - these deficits in pre-frontal cortex contribute to a disorder likely related to self-regulation - drug abuse

(Barkley, 1997; Martin, Earlywines, Blackson et al., 1994)

Zero to three is not the whole story

The Fear Response: Fight or Flight and Stress

The Brain Bonsai

Three Levels of Stress

Positive
Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable
Serious, temporary stress responses, buffered by supportive relationships.

Toxic
Prolonged activation of stress response systems in the absence of protective relationships.
Stress is NUTS

- Novelty,
- Unpredictability,
- Threat to the ego,
- Sense of loss of control

Dr Sonia Lupien Centre for Studies on Human Stress

A: Positive emotional state, flow through amygdala to PFC and better memory test results.
B: Stressed state: No passage of information to PFC & lower memory testing short and long-term.

(Heim, et al. Cognitive Neuroscience)

Amygdala and Hippocampus

Cortisol can be bad for the brain

- Hippocampus
  - high sterol levels cause loss of dendrites and cell death
- Frontal brain
  - attention deficits
**Bullying and the Brian**
- Dr Clinton on youtube speaking about the impact of bullying
- http://www.youtube.com/watch?v=qI0YHOz5dyk

**What emotion do you see?**
- What you see is what you get!

**Communication Gap**
- Teens are more likely to misinterpret facial expressions of emotion
- See anger when there isn't anger
- Process in the amygdala
- May react quickly

Adolescents use the Amygdala (fight or flight response) rather than the Frontal Cortex (used by older adults) to read emotions.
"Emotional Brain" Development

- Emotional brain dominates
- Prefrontal cortex is not ready to take charge
- Emotional brain seeks pleasure, in the form of novelty, excitement, and risk

Putting the brakes on, planning and regulating emotion develops with the final development of the frontal lobe at Around 20 -24

What Does This Mean in terms of Behavior?

- Impulsiveness
- Mood changes
- Inadequate emotional control
- Seeks out risks

Adolescent Risk Taking: Neural Basis for “What in heaven’s name were you thinking?”

Made worse as group adolescent brains amp-up the levels

“Being an adolescent is like starting an engine without yet having a skilled driver behind the wheel”

R.E. Dahl
The Problem

Remember: the emotional brain is often in charge in teens.

Judgment Gets Better with Age

- By age 18, the adolescent's judgement for structured challenges is roughly equal to that of adults.

- But judgement that involves resisting impulses or delaying gratification is still under construction during late adolescence and early adulthood.

Individuals Mature Intellectually Before They Mature Socially and Emotionally

As the adolescent brain is reconfigured it is more susceptible to long lasting damage of drugs, alcohol, and negative experiences. Unfortunately, the brain is most vulnerable at a time when they are most inclined to take risks and to act impulsively…”

(Jay Giedd, NIH 2004)
Alcohol & Other Drugs

- Increase in dopamine which further encourages risk taking
- Increase in depression and anxiety
- Can wound or damage brain (more than in adults)
- Hinder brain storage of new information

Adolescents and Sleep

- Shift in Circadian (Biological Clock) to preferring later bedtimes and rise-times
- Need for sleep increases at puberty
- Societal influences push teens toward sleep delay
- Sleep deprivation common

Provide Guidance and Opportunities

- Teens need to use their “thinking brains” for planning, analyzing, organizing, problem solving, and making decisions

Keep Communicating

- Listen
- Encourage
- Support

Recap:

- Brain development continues throughout life.
- The “emotional” brain shows earlier development than the “thinking” brain
- The “emotional” brain seeks novelty and stimulation, sometimes met by risky behavior
- Risks can be healthy and unhealthy
- Adults can and should provide guidance, opportunities, and environments that promote development of the “thinking” brain

Key Messages

- Teens need MORE of our time, not less.
- What we THINK, affects how we FEEL, affects how we ACT (TAFFY)
- The majority of adolescents do well YET
What struck you about first part of presentation?
- Brain not finished - behavior linked to brain
- Visual help
- Education for families
- Laughter engaged - make things accessible even not too much technokak
- Relationship
- Give explanation
- Its about relationships - social aspect optimal personal
- Gabor mate - attachment what parents need to know

What might it mean for working together?
- Need for overlap between sectors
- Age still underconstruction - system gives them - not prepared for world
- Communicating complex themes in simple language
- Implication for education system - how much understanding for curriculum

Critical Components of Change
An analysis of 40 years of research found the best predictor of successful change are two factors:
1) engagement in meaningful relationships
2) engagement in meaningful activities
83% of change involves these two factors
17% is a result of technique
Change does not come from special powers from professionals

Change happens when a person uses their inherent strengths and resources and are supported by relationships that take your innate goodness as a given

Change happens when you create a plan that is tailored to the person’s ideas and therefore inspires the hope necessary for action

What are the Barriers to Change? Why is it so difficult?

Don't give rationale- human nature to resist change, habit fear of unknown, failure, loss of control
Increase in stress
Parents telling they don't want them
Mixed media- harm reduction doesn't work- zero tolerance- work within

Prochaska & DiClemente: Stages of Readiness to Change

Prochaska & DiClemente: Stages of Readiness to Change (continued)

Prochaska & DiClemente: Stages of Readiness to Change (continued)

“"If we want to change the situation, we first have to change ourselves.“”

Stephen Covey
Embracing Change

- Most youth want to be successful, but just do not have the experiential templates to meet their needs constructively
- Youth will accept our invitations to change when what we offer replaces their current conventional pursuits in a meaningful way
- Alternative invitations must be chosen, not required – no evidence that interventions that try to force youth to stop behaviours work
- Values and behaviour of youth always change in the context of relationships – not programs

? Why is Change so Difficult

- Lack of confidence in ability to make change
  - Do I have the skills?
  - Can I really do this?
- Lack of understanding of what is needed to change
- Lack of involvement with meaningful relationships
- Cannot see personal benefits of the change
- What’s wrong with the way things are?
- Who will support me? - Expectations of others

Assumptions About Change

- People can change – they have the resources to alter their life circumstances and resolve problems
- People change when they are ready and change always occurs within a system of perceptions and relationships
- We are more likely to help people change their behaviour when we focus on what is strong in them and not what is wrong with them
- We are more likely to help people change their behaviour when our conversations focus on what people would like for themselves – their preferences, hopes, and intentions

A New Approach

- Focus on what is strong in people and not what is wrong with them
- Focus on people as resources and less on them as absorbing resources
- Focus on what people would like for themselves (their preferences, hopes, and intentions) – not what we think they need
- Focus on what is important and less on what we think is urgent

“What we want to achieve in our work with young people is to find and strengthen the positive and healthy elements, no matter how deeply they are hidden. We enthusiastically believe in the existence of those elements even in the seemingly worst of our adolescents”.

Karl Wilker
A Resilience Approach

- Needs to be process and relationship oriented with less dependency on techniques and professionals.
- Strength-based practice is about partnering in order to help youth identify and use their own strengths and resources to overcome obstacles and live empowered lives.

Characteristics of Resiliency-Based Practice

1. A focus on language – “Language is not innocent” (Anderson, 1996)
2. A focus on story – Stories of self guide how people act, think, feel, and make sense of their past and present lives
3. A focus on strengths, abilities, and resources – a firm and committed belief that all people of all ages, and all families possess ability, competence, and other special qualities regardless of their life experience or current situation
4. A focus on collaboration – acknowledging that people have a view of their current situation, its potential solutions and ideas about how the change process should unfold
5. A focus on relationship – walking with as opposed to dictating

What do we hope for our clients? AND What do they hope for themselves?

What words are used to describe our clientele?
Labels given to High-Risk Youth:

- **Community**
  - Loser
  - Ungrateful
  - Brat
  - Dangerous
  - Victim
  - Drop-Out
  - Delinquent
  - Thief

- **Professionals**
  - Conduct Disorder
  - Reckless Disorder
  - A.D.H.D.
  - Depressed
  - Suicidal
  - Borderline
  - Antisocial
  - Emotionally Disturbed
  - Resistant
  - Lacking Impulse Control

- **Youth**
  - Leader
  - Tough
  - Gang member
  - Reliable
  - Faithful
  - Committed
  - Sexy
  - Survivor
  - Stud
  - Street
  - Smart
  - Helper
  - Fighter

Deficit Thinking

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Diagnosis</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Disruptive</td>
<td>Reprimand, suspend, expel</td>
</tr>
<tr>
<td>Social Work</td>
<td>Dysfunctional</td>
<td>Intake, manage, discharge</td>
</tr>
<tr>
<td>Corrections</td>
<td>Delinquent</td>
<td>Adjudicate, punish, incarcerate</td>
</tr>
<tr>
<td>Behaviourism</td>
<td>Disorder</td>
<td>Assess, conditioning, time out</td>
</tr>
<tr>
<td>Medicine</td>
<td>Diseased</td>
<td>Diagnose, drug, hospitalize</td>
</tr>
<tr>
<td>Psychopathology</td>
<td>Disturbed</td>
<td>Test, treat, restrain</td>
</tr>
</tbody>
</table>

Challenges of Deficit/At-Risk Model

- Tends to label youth
- Focused on reducing risk
- Labels limit options and exploring of innate resources
- Ignores potential resulting from adversity
- Leads to prescribed programming
- May or may not include a focus on relationship building and earning of trust by care provider
- Intervention tends to be linear – not ecological
- Does not clearly show cause versus effect
- No common philosophy of service provision

Principles of Resilience

- **Belonging** – need to engage and build trust
- **Building Capacity** – recognize strengths and passion
- **Independence** – promote ability to creatively draw upon internal and external resources
- **Purpose** – nurture belief that “my life” has meaning

To see all individuals as “at promise” rather than “at risk” is a fundamental shift that means facilitating rather than fixing, pointing to health rather than dysfunction, turning away from limiting labels and diagnosis to wholeness and well-being.
"If we think we are fragile and broken, we will live a fragile, broken life. If we believe we are strong and wise, we will live with enthusiasm and courage. The way we name ourselves colors the way we live. Who we are is in our own eyes. We must be careful how we name ourselves."

Wayne Muller

**Attributes of Positive Youth Development:**

"THE FIVE Cs"

- Competence
- Confidence
- Connection
- Character
- Caring

**The Asset-Building Difference**

**From**
- Young people's problems
- Professionals' work
- Young people absorbing resources
- Programs
- Troubled young people
- Accountable only for own behavior
- Incidental asset building
- Blaming others

**To**
- Young people's strengths
- Everyone's work
- Young people as resources
- Relationships
- All young people
- Accountable as well for other adults' behavior
- Intentional asset building
- Claiming responsibility

**3 General Strategies for Promoting Asset Building**

- Build RELATIONSHIPS with children and youth
- Create positive and supportive ENVIRONMENTS
- Connect asset building with programs and practices

Thank you

Thrive!
The Canadian Centre for Positive Youth Development

800-265-2680
www.thrivecanada.ca