Diane Padilla:

So good morning everyone. I see a few faces, live presence. I appreciate that. It's a nicer way to present and feel like I am amongst folks, as opposed to a bunch of just names.

Diane Padilla:

So thanks for being visible. I am hoping everyone else can become visible. Part of what we try to share with you in advance is that we... Oh, there goes the wonderful faces. Love it, love it, love it. So we always ask you to do that because part of this is the CEUs that we provide you, and this is a great way to make sure that you are present so we can justify sending you the certificates that you need. So, thanks everyone. I am going to my slides and I'm going to start officially. And as folks log on, we'll just keep going from there and just share some information. That's like, I know you folks think it's really important.

Diane Padilla:

So, good morning. Welcome to Adolescence Development Issues and Behavior. This presentation is brought to you by the Northeast and Caribbean Prevention Technology Transfer Center Network. And so that's the PTTC, as I will refer to every once in a while. My name is Diane Padilla. I am your presenter for this little while that we're together. I'm a research project manager here at the Northeast Caribbean PTTC project. And I will share a little bit more about myself as we go along. So this the team, this is our Northeast Caribbean ATTC and actually PTTC team, as I should have put up there. This is Patricia Chaple project administrator. Tri is the person who sends you the certificates and takes care of your registration. So she's a very familiar name for some of you folks, or if she's not, she will be, because she's the one who's going to be forwarding you those certificates and the slides.

Diane Padilla:

Clyde Frederick is somewhat of an invisible man, but not really. Clyde Frederick is our tech guru. He is the gentleman who was always on every interview webinar that I do here, and he is in the background. So I get permission to show you folks who these colleagues are that tend to help facilitate, help me facilitate any one of these webinars. If you have any tech issues, you can go into the chat box under Northeast Caribbean, that name, Clyde can actually respond to you. If we are having some audio issues or some visual issues. He's very good at that. That's his area of expertise. So send him a message. And as you can see, this is me, Diane Padilla. I am a research project manager at the Northeast Caribbean PTTC, but we are housed in New York State Psychiatric Institute on a Columbia University Medical Center. I provide technical assistance and implementation around screening, brief intervention, referral treatment, equity, and inclusion, and provide support around the array of other topics.

Diane Padilla:

The development of these training materials are supported by a grant that we received from Samsung. Samsung funds us to provide this type of support to you and the contents, I would say on our part for the Northeast Caribbean, is always based on the most cutting edge information or current knowledge as is available. And we try to bring it to you as quickly as it is available, as opposed to disseminating it within years. So the purposes of the technology transfer centers that Samsung funds is actually Samsung's response to workforce development needs. So we are a support system to help strengthen the behavioral healthcare, primary healthcare prevention, addiction, and recovery support services, the disciplines across the country. So we like to help people and organizations incorporate the effective practices into substance use and mental health disorder prevention and treatment.

Diane Padilla:

So going forward, just to give you a quick peek, we are here in region two, HHS region two. We are housed in New York and we cover New York and New Jersey. We also have, we partner with our colleagues in Puerto Rico. We cover Puerto Rico and the Virgin Island. And so what you'll see is that the PTTC are regional centers, they're across the nation. So we are available everywhere. And so this is what Samsung does to help provide you with support. And so this is our TTC umbrella. Let me bring it to you where we're at right now. One of the biggest things we make, I make a big deal out of is the language we use. So words do have power. And we have been learning for the last many years that our dialog is not always as supportive or empowering as it could be.

Diane Padilla:

And so over time, many of us who have been in the field for any length of time have been using certain terminology that back then was appropriate; it's what we knew. Well, research has shown that stigma plays a huge part in folks not accessing care or not being retained in care once they access care. And so we are using terminology very differently. It's important for us to understand what the research literature may say, what the current information says, but how we translated to our client population, how we dialog with them, really encourages us to be intentional in the words we use to be more supportive and more motivating. And so we know language matters.

Diane Padilla:

So we want to inspire you. And we try as trainers here to mimic also to actually mirror everything we're encouraging with you. So we want our language to inspire hope, not just advanced recovery. So help people feel supported; help people feel like they can advance and actually access wellness or recovery in their lives. So we promote the use of affirming language, to promote the promises of evidence-based and culturally informed practices.

Diane Padilla:

So the goal, so let me stop the ship here for just a moment. I had to see more folks here, any questions so far, anything that hasn't been, I took care of the logistical information, anything that kind of stands out? No questions? Okay. All right. So here's what I'm going to do. I'm going to ask everyone to do two things. First, I'm going to ask you to go into the chat box again. So some of you have been doing that. You've been very busy, which is great. So add your name to the check box, right? So this is part of the process that we engage in and we ask you to indulge us in so we can make sure that you are present. And then if you currently work with adolescents right now after your name, add a Y for yes, I do work with adolescents. Okay. So your name and yes, for if you work with adolescents or N for no, you don't work with adolescents. Excellent.

Diane Padilla:

That's wonderful. Thank you everyone. Okay. So let me go back to my slides. So the goal today, this is pretty much a fundamental webinar, but you'll see, but it can be somewhat comprehensive, right? I think some folks would see it that way. The goal is to provide you a fundamental understanding of the development of the adolescent brain, how that correlates and also plays a part in how behavior is influenced and vulnerabilities of youth or their lives and/or situations that happen in their lives and how that affects behavior and the thinking and the strategies, and some strategies to help promote health and development in youth. So it seems pretty fundamental, but there's a lot of information to share. And where your expertise, where your experience comes at, if you folks don't mind, it would be really nice. If you add to it, you can either raise your hand or you can add into the chat box. I'm pretty good about going back and forth to the chat box and reading out loud. But it'd be great if you raise your hand and add to it.

Diane Padilla:

So I want to start off with a particular young person. So, Kevin is 15 years old and pretty much keeps himself at home, spending time in his room when he does schoolwork. One day, he promised to go home directly after school so that he can sit with his younger brother, who's nursing a cold, while his mother attends a medical appointment. On the way Kevin walks by the basketball court where his friends are watching the game. He greets them while he lingers talking, he begins to play with some weights the players have on the side of the court. Kevin at one point is flexing a dumbbell and joking when he turns his face and hits his mouth with the weight cracking his front tooth. His friends heard the noise and warned him of the broken tooth, and Kevin couldn't believe what he just did. Worse, how is he going to tell his mother? And he's already a half hour late from stopping to say hi to his friends. Any comments, anything, what comes up for you with this case?

Diane Padilla:

What comes up for you? Anything unusual? Let me just show you back just so you can get some of the details. What comes up for you here? What do you think his mom thought when he finally did get home? "Something that could, and I am sure has happened." Okay. Right. "She was disappointed." Sure. Yeah, you could, that's probably true that mother's not likely going to be happy that he broke his promise. Yes. "Typical adolescent distractibility." Very good. "This is typical and understandable behavior. Kevin sounds like a typical teen who is focused on socializing." "He's embarrassed." Yes. So these are really great comments. So the interesting thing about Kevin is that he's, it's actually a true story. And so the thing about Kevin is, he, Kevin is one of those kids. I changed the name, but he's one of those kids who were very supportive.

Diane Padilla:

And doesn't typically have any problem type of behavior, but what he did was really promise his mommy and he really meant it at the time. Because when we spoke to the mom, this is what she said. And what was interesting is that sometimes that type of behavior can be perceived very negatively, but it's very, just like you said, it's very common for someone to be, for a person his age to be distracted, even though his heart was in the right place. Socializing with his peers is a very important part of development. So it makes sense. So the context really has a lot to do with what's happening in Kevin's world. And so, but even this doesn't have anything to do with anything drastic or any other risk factors that we tend to see in some of the teenagers or the youth that we work with. And so this is pretty important to understand that this is pretty natural to the age.

Diane Padilla:

So not uncommon for adolescent behavior, he's going to face consequences. That's more of a disciplinary issue. It will probably be perceived that way, right? So, yeah. So, she was highly disappointed and lesson development, he's exploring new things, but it's working on balancing many different aspects of his life. And thank you for that. And one of the things that I think some practitioners may not always remember is that for an adolescent, their world can be very complicated, very burden heavy. And so we are going to look at some of that sounds like my five-year-old son; he always apologizes, but it's nice.

Diane Padilla:

Thank you for that, but you apologize. That's great. So the developmental stages, what we're going to talk about here has to do with three main age groups; early adolescents tend to be anywhere between 11 and 13 years; depending on the research you will have one or two years difference, but this is mostly where our focus would be, middle adolescence between 14 and 17 years. And a lot of the information will be regarding that age group, late adolescence, which is 18 to 21 years. Some research shows that it's from 17 to 21 years.

Diane Padilla:

So young people within these different development stages tend to have different tasks that they do. And so including, and they tend to experience certain problems. Very common is both in development. There are physical growth that happens. There is cognitive processes that are happening. And a lot of times I think part of the issues that many of the adolescents experience is that they don't necessarily understand what these processes are, what's going on in their body, or how they're growing in their minds. And sometimes that can be very challenging. So there is school related challenges, childhood illnesses that continue into adolescence, mental health disorders, so we'll talk about that. Consequences of risky or illegal behaviors, including injury, and pregnancy, infectious diseases, sometimes legal consequences, and certainly substance use disorder. And so one of the things that we want to consider is developmental stages also have, we have a reference to certain activities or certain things that youth tend to learn they're called development tasks, and they tend to learn it within certain timeframes.

Diane Padilla:

And so these are different types of achievements or skills that are accomplished within different stages of life. And so we will be speaking to some of those here. Some of the other problems that sometimes we see with adolescence are attention deficit hyperactivity disorder, and which is very, could be very elusive in terms of diagnosing. A lot of folks, I remember a couple of the clients that I used to work in substance use disorder treatment. And I remember a couple of adult clients sharing that their ADHD was diagnosed later in life and not when they were younger. And when they were younger, a lot of times their behavior would seem more of a disciplinary issue. Attention deficit disorder is characterized by a few different things but when a clinician wants to diagnosed, it does interfere with daily functioning.

Diane Padilla:

Sometimes it's just about making a mistake or lack of attention. It's a big factor with ADHD and that's so much just a lack of attention. The other side of it is a lot of folks with ADHD or young teenagers with ADHD also have, are able to focus their attention on specific things or specific areas of their life. That seems very, very important setup. So it's not so much that they just can't concentrate. Sometimes they say they can't concentrate on certain things. And it really has a lot to do with how important it's for them. There are eating disorders that happen in youthful times. That happens a lot between 13 and 18 years of age. Some of the youth might present with anorexia or bulimia, binge eating disorder, the social core current disorders, substance use and another mental health problem or condition.

Diane Padilla:

They also know about self-injury where teens who inflict injuries on their self tend to do so because they're experiencing stress and anxiety. And so feelings are a way of releasing some of those pent up... The self-injury is a way of releasing those feelings that build up. And so they start feeling the pain; they do it to stop feeling the emotional pains or the rage or the loneliness or the issues that they are experiencing at the time. And some of the other factors to consider in an adolescent's life is genes and environments. So both nature and nurture influence brain development. So genetics does play a part in developmental task and how they develop. So events or how they achieve; events and circumstances during infancy and childhood can also have a powerful impact. We'll talk a little bit about the trauma.

Diane Padilla:

It's very difficult to talk about anyone's development in any topic related to behavioral health if we don't discuss trauma or see the part that that can play. And genetic predispositions combined with environmental influences, impact pathways of risk, and resilience. And when we think about adolescents, building resilience or building skills to be more resilient, these learning processes that can become healthy coping skills for adolescents, it's part of the strategies in healthy development. So just to go over some of the basics and you can add to this. In terms of brain development. So this might seem a little complicated, but let me just simplify it a little bit. So what you see here is the brain as a fully grown brain, this is an adult brain. When it comes to teenagers. One of the things that happens is that the brain from early infancy up until early toddler stage adolescents and you've been to adulthood, the brain develops coming back to the front.

Diane Padilla:

So when we think about the back part of the brain, we think about, and the part that you see, the green and you see the yellow. So these are areas the parietal lobe is responsible for touch, sight, language. We see the purple part, which is part of the limbic system in the middle, which is the amygdala and the hippocampus, that retains a lot of information. Experiences are retained there, memories are retained there, sensations or feelings that were associated with those experiences are retained there. So if we think about how the brain develops from the back to the front and think about how the decisions are made in the front part of the brain, the prefrontal cortex, which is where the average person is, that's where the person is going to weigh out pro's and con's of situations. This is where decisions are made, where the next steps are going to be taken in any given situation are going to be made.

Diane Padilla:

Information is processing the prefrontal cortex. And when you think about it, when you see in the left hand side is; for an adult, it may be fully developed for a teenager at say, between 13, 14, and 15 years of age, that frontal part is not fully developed. So the capacity to be able to process information, the way adults do is limited. And it's not necessarily at the same level of functioning, but what does tend to happen is that the limbic system or the area in the middle where the amygdala is, where situations and memories, I would say, and where information is retained, that tends to be a guiding source for a lot of behavior with adolescents. And so what I want to show you here is the adult limbic system. I want to compare the adult brain to the teen brain in a simpler manner.

Diane Padilla:

So we know the brain develops from backwards to forward and it goes fully developed, cognitively; it goes fully developed into say, the latest stages of adolescents or young adulthood. So what we consider for a 14-year-old or 15-year-old is what is driving. What tends to drive some of the thinking and behavior that they exhibit, or they display, or we come to contact with, or they present with when we work with them. So the adult point on the right hand side, the fully functioning brain. So it has the prefrontal cortex. So the executive functioning suite. So that's where all the information. Memories are retained, information is retained in the limbic system, which is the middle part of the brain, but it's also processing mitigated by how the front part of the brain is going to work out to situations and make, so ideally, healthy decisions. In a teen brain that is not fully as developed.

Diane Padilla:

So what it is propelling, a lot of thinking and behavior can be the limbic system, which is more of an emotional center. So raw emotions can be overwhelming for teenagers. What we see is, the prefrontal cortex is not fully developed. So we can't always mitigate the information at the same level as adults. So one of the things that helps us understand is how we speak to teenagers or the information that we convey. As adults, many adults in a teenager's life conveys information to them in a way where they're expected to process it the way it was given. And that's not necessarily the capacity of the other person, of your teenager to be able to do. So, there's a lot of experience on the part of an adult who may be providing information.

Diane Padilla:

There's a lot of context that goes with information that's being conveyed. That's not the context, that is not the environment that the brain for a teenager may have, nor do they have a fully functioning prefrontal cortex. So sometimes their reasons, frustration and communication, or being able to convey information to get the other person to understand, the other person being a teenager. And so this is really very foundational to development stages for teenagers.

Diane Padilla:

So stages of development tend to happen in those three levels that I first mentioned. The basic tasks, which must be mastered at each stage of life of the individual, like social skills, like being able to achieve response and complete responsibilities. These different types of developmental tests correlate with different stages of their life, with their age, within age frame, right? So the major development task are physical, their motor and the cognitive skills that are considered vital to physical and mental health.

Diane Padilla:

So to meet these requirements successfully, one thing to consider is that the individuals need to develop not only a constantly increasing competence and understanding of their world, but a sense of responsibility, a type of realistic outlook or a capacity for self-direction. Many times adolescents start to see what's in their environment and that is part, and many of us know when we hear the term learned behavior, what their environment provides them are the learning tools that they absorb. So all of that plays part in how a youth will process information and develop outlooks. So over the three stages, the physical, cognitive, social, emotional changes are occurring in an adolescent's life. We go through where I'm going to break this down just a little bit more specifically, but we are going to look at the physical, the cognitive, the emotional, for three stages very specifically here.

Diane Padilla:

In early adolescent, between 11 and 13 years of age. The physical development in youth tends to happen around this time. For puberty, where body growth, body hair growth, perspiration increases, oil production, and hair and skin increases. So the prefrontal cortex is also maturing at this time as well. For girls, they start to develop physically, breast start. They start to develop their breast, their hip development, menstruation will start around this time. This is not absolute, but this is the majority of adolescents will go through these changes within this timeframe. There are some folks who do start earlier or much later, but most times is between 11, 13 years of age. Boys will grow in their testicles and the deepening of their voices. They will experience wet dreams and being able, and I want to be very frank here. A lot of times, parents do not necessarily explain these processes or what is going on in an adolescent's life. So where do you think they go to get information? Where would they get information if they're not getting it from their family?

Diane Padilla:

See, you know what's interesting? So at one time we used to know that you go to your peers; they would go to their peers. And now online is an even bigger thing than it was before. Social media, internet. Yes, friends. And so if you figure, and this is some of the challenges I may start to present is, and if you figure that some of the information is coming from other folk, other young folks who are not as informed either, there's a lot, there could be a lot of misinformation being shared. So it's really important when the school setting provides accurate and very clear, very transparent information. So if the information is not being had at home and so tremendous physical growth gain, and height, and weight, sexual interest starts to increase.

Diane Padilla:

And so the cognitive development is that there is a capacity or an increasing capacity for abstract thought, we start to be interested in present situations and not necessarily too much into the future, but maybe thinking about the future. Some intellectual interests may expand. Some things may become more important. They may actually start to develop some of their own ideas about what's morally appropriate. Social emotional development; struggle with sense of identity.

Diane Padilla:

Talk about Erikson's model of development, but feel awkward about one's self in one's body, realize that parents are not perfect, increased conflict with parents. At the same time, they're also trying to get their own independence. The influence of their peer groups starts to become more important. So anytime any kind of achievement is being done, a lot of kids at this time, when puberty's beginning to start, it's the sense of becoming more mature and not feeling so much of a kid, so that can conflict with how they interact with their family members and particularly their parents.

Diane Padilla:

So the moodiness may change, a greater interest in privacy. Let's see here. So gender differences and timing of puberty. And so there are certain differences in cycle logical impact of variations in the timing of puberty, early development for males have-

PART 1 OF 4 ENDS [00:28:04]

Diane Padilla:

... variations in the timing of puberty. Early development for males have tend to show that they have higher rates of self confidence, athleticism, academic achievement, compared to later developing males. And early development in girls is correlated with lower self-esteem and body image concerns, which is interesting that it's correlated that way. One of the things that I think many folks forget is particularly when you think about the adolescent who's in school, and when I say heavy burden I also think about the obligation to achieve the tasks that they are being given from school, and yet they need nine to nine and a half hours of sleep to be, which is really healthy for development. And so a lot of adolescents don't necessarily get that amount of time, but that's very essential to their healthy cognitive process that are evolving, the physical process that are evolving so it helps to meet the academic demands.

Diane Padilla:

Fatigue, impair performance in school might be related to not having enough time to sleep. I'm thinking about... You might want to consider where sometimes adolescents might be studying for a very important SAT test or regions, and they're putting all these extra hours and not getting enough sleep. And maybe the next day they have to take a test and may not perform as well. This is so important that they regularly get these extra hours of sleep. And there's potential for healthy issues as well.

Diane Padilla:

Let's see. Sometimes parents are not fully prepared to address these issues. I think that's a very, very big point. And I think that's part of what you can do as practitioners to be able to inform family members and parents, I think, of these essentials for healthy development for adolescents. Let me see. Due to the emotional vulnerability, they are ripe for unethical influences of certain industries, tobacco, alcohol, pornography and more. Yes. Yes, that is very true. And they're very vulnerable. Vulnerable at a very malleable time in their lives. And let me go back here. 20% of adolescents age 12 to 19 do have issues of obesity. And one in four students have a chronic condition such as asthma, diabetes, obesity.

Diane Padilla:

The percentage of children from 6 to 11 who have obesity increase from 7% in 1980s to more than 18% in the 2016. And when you consider what the current environment is, the last couple of years of having to work through, survive, and work through this pandemic, and as a family unit even, just how much opportunities is there for exercise and for promoting active engagement of activities, where it could be very physically healthy for them. And so those have been challenging to them as well. Middle adolescents between 14 and 17 years of age, the physical development, puberties tends to be completed. The growth grows slows, and it continues for boys. Boys or male tend to develop later. Yeah, they develop later, usually girls develop a little faster, little earlier. Cognitive development, it continues to increase. Is a greater capacity to set goals to be able to process information.

Diane Padilla:

More reasoning, and thinking about the meaning of life. These are concepts and theories that they can actually start one. They can understand and actually develop their own personal philosophies about who they are and how they feel about the world and how things should be. And it has a lot to do with the info, not just what they're learning in school, and just what they're learning in their family, but what's going on in their environment, what's going on in the world. Social emotional development, development involves self involvement, changing between high expectations and poor self concept. Start to feel sometimes some a sense of self. Continue to adjustment to changing body, worries about being normal tendency to distance self from parents. Very, very interesting part of development where parents who may not be informed may see this as very unhealthy yet the emotional impact that it might have on parents maybe better mitigated if they were informed that this is a natural process for teenagers between 14 and 17 years old. And to be able to have peership is really important for their development.

Diane Padilla:

So there's sometimes they're driven to make friends and greater reliance on them. Popularity can be an important issue, however how they present in school. A lot of times in during these years some youth will be in school and have to be able to socially discern different situations that might come up. If you have a young girl who thing is to be athletic and do well in school yet she's not hanging out with other kids who are not as interested in educational goals, and maybe she has to be able to defend herself in arguments to not be picked on or think about the children that aren't being picked on and have they have to try to fend for themselves or have the support that can help empower them.

Diane Padilla:

And so these different developmental tasks are part of what happens and very often in the school environment. There's also a good time where... there's also a time where feelings of love and passion and having what we used to say was puppy love. It's not really puppy love. It's the attraction to someone. Being able to be attracted to someone at that age is interesting for them. And so for them it's a very deep, deep type of emotion. So social transformation does include just to recap it is the peership becomes very important. The parent-child relationship really takes a lot of energy and a lot of invested time to maintain that parent-child relationship. And depending how that's done. But very often what it would happen is even though the child can be stay close to the parent, a best friend is going to be very important. How they work out situations and they share with the best friend, that's going to be a very important part of their lives at that time.

Diane Padilla:

So parental influence and control maybe things too that can cause conflict because the child may not be as adhering as they were, maybe in earlier stages of their life. The sense of identity is mitigated by different things. There are influences of gender roles. Think about the cultural aspects, whether it is a Black African American community, whether it's the Asian American community, whether it is native American, whether Hispanic, Latino, whether it's Guyanese, whether it's Hisingen. So depending on the culture of the family there may be gender role expectations there, so that can influence their sense of identity. It also could be in the media and information sources. It also can be that a person already by adolescent stages we know that children as young as five or six years old according to research tend to have a sense of identity and their gender identity and a sexual attraction.

Diane Padilla:

And so around this time is also a time where they might be in experimenting. And so gender role expectations might be impacting and influencing that, or might be contrasting what they're feeling. So social skills also, what comes up with developmental tasks with them is interpersonal negotiation, social problems solving. I remember one time when my daughter was in high school where she was having a problem, very early, it was in the ninth grade. And when she went into the high school with the same kids that she was in eighth grade with, a lot of them were the same and she was having issues with one of them. And of course, as a parent I wanted to go in to help. And then I had to take a step back cause she had to do it herself. And she made sure she told me that. So one of the things that we find as parents is that sometimes our parenting might come into our clinical processes and might come into our workplace.

Diane Padilla:

And sometimes we need to separate parenting from what is actually what would psychologically and physically, and cognitively will help the youth that we work with in our programs. So part of healthy development is this need for autonomy, the need to want to be who they are, the desire for privacy. They have more investment in their peers and they will try a lot. And many times they will try different identities. It doesn't mean everybody is going to do that. It is possible that they would, that a youth might be more prone to certain ideas, or certain music and certain interests, and maybe try something outside at a later time, so different identities. Finding who they are is part of self exploration, is part of their development process. So it's also includes huge psychological changes. Their brain is forming, they'll feel their environment, and what they're learning, what they see in their families, what they learn in school, what they see in their environment, what they learn from each other with their peer alliance that they have. All of that influences their cognitive processes.

Diane Padilla:

So it's really important to understand that group alignment and social belonging for early teenage is not so much concern with them. As identity information, as it is with group cohesion, being part of the group is really important. There was a study that showed junior high school students from ages 12 to 14 placed a high priority on popularity as manifesting socializing patterns representative of a normal development stage. And so that was just considered understandable and appropriate for that stage. Successful membership within groups, being accepted within groups is part of them building confidence and part of them developing identity as well. And so it also helps them absorb or consider what are appropriate, what are good values they want for themselves. And so there's a lot that is going on at these stages. And so when we move into the 18 to 21 years and so much has already gone on and has evolved in the previous years.

Diane Padilla:

So when later adolescents or young adulthood, young women typically are fully developed, men already have gained weight, have muscle mass and body hair. They have the ability to think ideas through, they delay gratification, they do have the capacity to do that. They have the capacity to be able to look at the experiences and be able to process it. They tend to have increased concern for the future. Then around this time they have a better idea of what direction they want to go, say what they want a career for, or what they see themselves doing in the future. At least they start to form these ideas, continue interest in moral reasoning. And a lot of what we've seen in the last few years is when there are social movements and you see a lot of youth involved in that. And you see the universities and the colleges also involved in a lot of social movements.

Diane Padilla:

And so at this time they have already processed information and developed their own philosophies. So at a social emotional development level they have affirming sense of identity, and they're more stable emotionally. They do take too care for others, but their independence are still pretty important. And so are their friends, especially the closest friends. And one of the wonderful things about sororities is when young adults do go to college, those sororities is one of the ways to access the importance of long term relationships and the importance of peership and that support. And so development of more serious relationships, social and culture traditions will be some of their importance. And so a lot of what they have learned up until this point tend to be a part of who they are.

Diane Padilla:

And so there are things that are achieved at this age, there are licenses. A driver's license by this time they may. They probably already have a job, they may have mature to the point that they lost virginity. So this tends to have a big outcome that was built upon the experiences of development within the previous adolescent stages. And so one of the things that we associate, unfortunately, we associate adolescents with risk taking quite a bit. And so risk taking can be various different things. It could be sexual risk taking or substance use, trying substances because someone has it. You should try and maybe just be accepted with other peers who are doing it. Sometimes illegal behavior or risky drinking. A few areas of risk taking posed the most serious threats to adolescents. And these are some opportunities that can really threaten development.

Diane Padilla:

This is a picture here of a girl who takes a selfie and appeared during a storm while its raging. And as you can see here, whoever took a picture of her was at a distance. And you can see how the water and the tides are raging to a point where she can easily be taken off the dock, but it was important for her enough to be there to do a selfie. Is these type of situations that sometimes might boggle the adults' mind, but it's not too surprising of an adolescent of 14, 15 year old.

Diane Padilla:

So reward pathways, very important to understand inside those brain. The brain the way I showed you earlier before, those different components, those different parts of the brain have to communicate with each other through neuro transmission. And they send chemical signals to different parts of the brain. So simultaneously a person can think and act, and move and can see and do a lot of different things. And these pathways they have different functions, they have different expected results. So these pathways tend to be the things that make a person learn when to have a liquid when they're thirsty, when to eat when they're hungry. And a lot of this is retained in the limbic system. So the dopamine that increases with risk taking when an individual remembers a sensation, an excitement when they had an experience and that can increase the dopamine and it can give a person a rush, an elatedness and may motivate the repeat behavior. And just the same way with it motivates the repeat behavior for someone to eat when they're hungry. So that's all retained in the same limbic system and the same mid part of the brain.

Diane Padilla:

And so when we think about how youth might take risks or take chances doing certain things, when we think that youth might be feeling that they are invincible, it's more about the process of where they're at, it's the stage where they're at. And so what has retained is if they had an experience that was exciting and it was high and it was not necessarily euphoric with substances, but euphoric in a way where it just makes them motivate that they liked it so much, it was so pleasurable that motivates them to do it again.

Diane Padilla:

So we start to understand why there was risk taking at this time because it's not like they have the front part of the brain, the prefrontal cortex there to be able to mitigate or process through this information whether something is really risky or not. That young girl that was at the dock if she had a fully developed prefrontal cortex, she may have thought twice of taking a selfie so close at the end of the dock while in the middle of a storm while those tides were going and raging as hard as they were. But she didn't necessarily have the capacity.

Diane Padilla:

So when we think about youth and risk taking behaviors, novelty seeking impulsiveness, so we think about how the brain works that way. So that information is retained. That information motivates someone to repeat that behavior again. So these brain circuits that are involved, these neurological pathways that are involved in helping the average human being just remind them to do the things that satisfy thirst cravings are the same things that can motivate these risky behaviors because at that point they may not have the capacity to really consider consequences, not necessarily. So let me bring you to another case. And I'm hoping, can I get a volunteer to read this? It's kind of short.

Debbie:

I'll do it.

Diane Padilla:

Thank you.

Debbie:

16 year old Cynthia had planned to be completely smashed at the school dance. She brought alcohol with her despite knowing that she can be suspended if school staff found out. Cynthia was caught with alcohol at the party and was suspended pending investigation. According to Cynthia, it seemed like too much of a fun idea to turn down.

Diane Padilla:

Thank you. And that was short and sweet. Thanks so much. So give me... So if this was a true case in her world, in Cynthia's world, what are the consequences? And I'm going to talk it. And unless we try to just the school environment. What are the consequences to her in her development? What do you see? Or what can you anticipate?

Debbie:

He's going to probably most likely disappoint her parents, so be consequences at home, maybe activities that she's involved with in school. She could be potentially suspended for that. Other friends and adults are going to start to see her in a different light.

Diane Padilla:

Yeah. Thank you. Thank you. And let me just add to that. So your colleagues have heard it also. And I'm seeing, I'm thinking of everything that you said that as it where she may have consequences, how that also had impacts her self-esteem, right? How it impacts what she might do next. Someone mentioned here, Anita mention about her reputation, how that might impact her reputation, this reputation within the school system with peers, there's also social reputation with the teachers, there's also reputation with those adults. And think about this. And I use the word malleable in a very careful way because teenagers can be very emotional so they can absorb things and take things very much to heart. And so if there's a, say teachers or adults who they really admire and really care about and look up to, even their parents as much, and they get these disappointing words, those words can impact and can really stay with that young person if she doesn't know how to process that.

Diane Padilla:

So her reputation is one thing, but how it also affects her and how she absorbs it, that's another thing. So does she have the coping skills to be able to process information? How does she get told about her consequences? She may receive a label by the other, that's true. She might receive a label by the adults and she might be receiving a big hug or pat on the back by the peers. And who's more important? Kind of depends on the person. It doesn't necessarily mean their only peers are important. If she's in school she wants to achieve certain things as well.

Diane Padilla:

And so develop her exposure to ETOH can increase your likelihood for addiction, okay? Loss of privileges and trust. She could develop an attitude that those things don't matter why bother good decision. The most natural thing in the world is as someone's growing up if they take these chances because it feels good, maybe in the moment it seemed like the friends were rooting around, just to say anything like that. And it maybe normally in another circumstance she may not have engaged in that behavior. She may not have brought that, but she became a part of that. And it was good at that moment because there a lot to times youth are very much into reacting or responding in the moment.

Diane Padilla:

And in the moment you don't necessarily have a thinking about what's going to happen later on, not necessarily if you're a teenager, not necessarily some. I'm saying a lot of folks do, but sometimes they don't. And so more often than not, you get a teenager who is more emotionally driven may consider it a good idea at the time as Cynthia stated here. The consequences though maybe longer lasting.

Diane Padilla:

And so when we think about what gets retained in the mind around that time she didn't have an opportunity, she didn't have, and maybe not enough experience and/or fully functioning before the cortex of the brain, the front part of the brain to be able to process information and think about long term consequences. But here's the thing. And even in a situation like that she has the opportunity, depending on the support system around her, depending on the adults around her or the person if she comes into your programs and she's working with you, she does have the opportunity to look at the situation and be able to process it in a healthy way with your support. Also to understand that what she did was not immorally depletive thing as is that they're more with teenager developmental thing. And it's really important that they get the information. They don't get the information a lot of times.

Diane Padilla:

So many times when these disappointing the situations happen, it starts to build on each other. So this has been good. Let me go back to my slide. Thanks. Thank you for reading, Debbie. And thank you everyone for your comments. This is great. So developmental challenges. So let's think about the consequences. We'll think about what are the influences in adolescent life. And so social influences include the peership, and we talk about that, sex and popular culture. It's a big deal to be very, very direct. It's a big deal within some peers with some peer groups losing your virginity, means you're more of a mature person. So how is translated within an adolescent peer group is important to understand. Yet we also have a lot of young groups who are very adamant about not engaging in sex so later on, do have their own philosophies around that. Like I said before, everything is not templated, but we start to understand why certain behaviors do seem to present. It just a matter of how we translate it, and how we engage the adolescent and how we translate that information to help them evolve from there.

Diane Padilla:

So other influences are family culture traditions. Family culture traditions influence everything, gender role expectations, how coping skills, eventual life responsibilities, our life goals, and so much more. Values and belief systems and more. There's also violence in television and film. There's a lot more than just violence and television and film. There's a lot of philosophies of, I think of how things are reflected in the media. Social media, that's one thing, but even just the media presents situations in our society with particular lenses, and that gets absorbed by everyone to imagine how it gets absorbed within an adolescent that doesn't have a lot of experience or a lot of context, life context to be able to process a lot of that information.

Diane Padilla:

So the coping process that are involved, that they do start to learn. There are adolescents between 12 and 16 and 17 have the ability to start to incorporate healthy ways of processing information. It's not necessarily a specific initiative that is addressed or approached with children in their family unit or necessarily the school system or programs they attend. It pretty much depends. This is something that a lot of times they tend to absorb from what they see, unless they're specifically getting those. Say analytical processes to be able to work through different situations in a healthy manner, kind of weighing out the pros and cons. The other influence is bullying versus teasing.

Diane Padilla:

This huge teasing is awful. Bullying is more awful, but even different levels of this can influence and can impact a developing adolescent. So the social influence type of bullying, gender and sexuality and acceptance and family acceptance, or family rejection for gender nonconforming communities. So I think when it's just there's notice, there's mentioning Bronfenbrenner's ecological theory of human development. They spoke to what I think adolescent development stages really speak to with different influences throughout different stages of their life. And so it's not a templated way of saying it's positive or it's negative. It's a mix of different ones, and you have positive what we might "consider positive and negative influences in lives," but you also have healthy ways of processing them.

PART 2 OF 4 ENDS [00:56:04]

Diane Padilla:

... in lives, but we also have healthy ways of processing information. And so, how that all comes together is you look at it from an ecological perspective, and you think about the immediate environments and the different environments from the micro, meso, exo, and macro systems, and how they all influence an adolescent as they develop. So, some of the risk factors that we might want to consider, include... Oh, so think about... Okay someone mentioned this earlier, so Adverse Childhood Events. By now, I think it's very hard to be in the behavioral health field and with any population and not know about the ACE studies.

Diane Padilla:

And so the study examined the impact of a person's health and social effects throughout the lifespan. And it had done, it's one of the biggest research projects ever undertaken. It had more than 17,000 people in it, and it was done by the Kaiser Foundation, there out in San Diego, California. And they had surveyed folks across from early stages from toddler age, all the way to adulthood and had been able to identify the different adverse experiences that individuals had. The more adverse experiences they had, the more likely they were developing a problem behavior in adulthood.

Diane Padilla:

So the more adverse, the more likely they were able to suffer, say negative health consequences in social outcomes during adulthood. So that included substance use, that includes mental health issues like depression or anxiety disorders, smoking, and suicide, and lung disease. And with substance use, I'm just going to say that something that we all know: the earlier that an individual starts, the more likely that they will, with no intervention, that they will continue the behavior into adulthood. And so injuries as sexually transmitted diseases or impaired work performance, all this, a lot of risk correlated to the adverse experiences that a person may have had in their youth.

Diane Padilla:

And so the more adverse experiences an individual has, the more likely their rate of exposure, the rate of likelihood to have a problem behavior in adulthood is, would occur. So, that correlation happened. It's still one of the most informative research projects that have ever been undertaken and really underlines a lot of the issues that we see with adolescents, with adults, with different populations. And so it goes from general embodiment and historical trauma, goes all the way to social conditions, average childhood experiences. This is all the different things that affect development, social, emotional cognitive impairment, adoption of health risk behavior, disease, sociability, social problems, early death. And so there is, there's a lot of resources cited here on these slides. And so when you get the slides, you can either copy and paste, or they'll probably going to be life links. And you can have more information if you need to further investigate.

Diane Padilla:

And so other things that can happen with the neglect and abuse. Neglect disrupts attachment and changes to the development of the brain, it creates, it starts to diminish empathy. So you start to see more lack of empathy, creates frustration and anger. And so the trauma of being in say in an environment where there is a lot of hostility or maybe violence, whether it's in the family, whether it's in the neighborhood or whether it's directed to them, or they're witnessing that, so you can see a lot of the different levels of impact on an individual while a youth is developing. That's why I used that word a lot about malleability, because they're absorbing a lot of this information. And one of the things that we know about as a person is growing, developing is even when you have life situations tend to happen and all kinds of negative things happen.

Diane Padilla:

Our youth may not pass the test that they wanted to pass. Someone might get into a car accident end up in hospital, so there are different things in life that happen, that maybe the girl he liked, doesn't really like him back. There are different things that happen in the person's life has such an impact on an individual at a very young age, how they process that can be very indicative of what issues, how they process information later on. And so when we think about trauma, when you think about case studies, when we think about different things that happen to the brain as the brain developing and how it kind of rearranges the neurologic processes. And it also informs how the prefrontal cortex will process information.

Diane Padilla:

So we think about trauma, how it impacts. And so the trauma causes the brain to adapt in ways that contribute to their survival, right? So we know about the fight, flight and freeze. So adaptions might look like behavioral problems, but for, and a given individual might be very normal depending on the context of their world. And one of the things that's so important when we work with the youth is to be able to gauge their understanding of what is going on or what their perspective is. And so how they see it is going to inform how you can go forward with them, how you can help support them, how you can help them process information. So school and family environments, we tend to see issues in those environments, as we tend to see problem behavior as red flags of something that they must not be doing right, or something they're up to, the idea is to understand where that comes from to not actually judge, but actually to invest time in understanding what it is by having conversation with the youth and getting their perspective.

Diane Padilla:

So that has a lot to do with building rapport and engaging. The trauma care, but especially when we're thinking about potential trauma with the youth that we work with, trauma tends to happen in so much in many people's lives that we are encouraged to always be trauma informed. And so part of that is to be able to engage the individual in such a way where they feel comfortable, especially important when you are working with youth. So the normal developmental processes are interrupted when trauma impacts and teens may exhibit internalizing or externalizing symptoms. But how is it that we perceive it? Do we go into it to think, to interpret, to give it the benefit of dynasty to see what's going on? Or do we go to a knee jerk reaction and just look at the negativity?

Diane Padilla:

And so behavior problems resulting from trauma, when triggered, the feeling brain tends to dominate the thinking brain. And then the feeling brain tends to be dominant over less developed reasons part of the brains. So if we remember that at that time, the brain is not developed to the extent to be able to process like adults tend to do process information, that they may be more driven to be more reactive. So those emotional behaviors that we tend to see, and there's a reason that that's how happening, it's about investigating what that might be. And so let's see.

Diane Padilla:

So it's really important to kind of take a step back a time, just if you're working with them, you already know. So I'm not telling you, I'm not completely telling you anything new. If you are working with youth, you already know that it's about, okay, let me see what's going on here. A lot of times a teenager is doing the best they can, it's pretty resilient. It's the idea of, can we speak with them and learn what's going on from their perspective, and that would help you help them. So, we see trauma play a part. Sometimes what's traumatic is what happens within their peer world. Sometimes what's traumatic is something that they may not necessarily verbalize at home. Perhaps the challenges they see in the family they're internalizing. They may not even be sharing over the peer or with anybody, but they're may be exhibiting it.

Diane Padilla:

And they may not be aware of. I remember I had a colleague whose daughter used to have, going through episodes of depression. And she had had a traumatic experience in her younger years and it had to do with how she was raised. And she was being raised by the grandmother before she went with her mother. And so when she was with the mother, there were certain memories that would pop up every once in a while. And so there was a situation that happened in her school that apparently had triggered the trauma. She started to have these, she was really good about reading books and things like that. And she didn't typically show problem behavior but what she did show was that she was going through these episodes of depression and she was open. Her mother was open to taking her to a specialist.

Diane Padilla:

And as they worked through it, she didn't have a diagnosable depression, she had episodic depression. And what happened with her is that certain memories would come up every once in a while. So the clinician eventually helped give her some coping skills to be able to work through that. And so, but unless we ask, unless if we are careful about how the situation may be described by family members, and we look to engage the youth and get their take on what they believe they see, I mean, that really entails an alliance on your point to develop that alliance with them and to get their perspective. So you can understand from their world, from their perspective, from their capacity, what they see, what they experiencing, how they feel about it is going to better inform how you go forward with that.

Diane Padilla:

So some are developmental and behavioral health screening tools are listed here. There is an array of them. What this wonderful about the clinical field is that when it comes to adolescents, there was decades ago, adult screening tools, adult tools were used for youth. These screening tools are available for youth specifically designed for youth incorporating developmental tasks. So when you are working with youth, ensure that what you're using is very specific to the youth and not a dumb down version of an adult tool. So social, emotional and behavioral delays sometimes can happen to neuro behavioral disorders, such as autism spectrum disorder and attention deficit, hyperactivity disorder, which I mentioned earlier, often also have social, emotional and behavioral delays. And so it kind of just makes sense as we are speaking, as we're going through this information, it sort of makes sense that while ideally an individual can develop healthy, if everything in their life is loving, is caring, the educational system, the school setting is ideal, but that's not necessarily the world that a lot of youth are from, or at least some of the youth that we work with in our programs.

Diane Padilla:

So you have to understand what's going on in the world because things that happen, it's not just the trauma, but other things that happen. And perhaps, maybe there's a genetic predisposition for substance use. They talk about that. The history of alcoholism in the family, perhaps there are issues of maybe there are some psychological issues that going on. So these disorders and physical issues that come on. So some of these disorders will also affect how well or how a person will develop. So developmental tasks that might be normally done say at the age of 13 or 14 might happen later on at 15, 16 or 17, depending on the other co-occurring situations. And so it may delay their ability to learn. They may learn a little slower, they may communicate and interact with others. And here's the thing and this is really for the clinicians who need to be really well versed and not just the psychological, but clinical, the tools and the approaches that are available.

Diane Padilla:

It's because sometimes it's not very easy to always diagnose certain conditions that are going on with a developing person. Sometimes it's easier to actually diagnose situations with adults, with a youth person, with a young person, with a teenager and adolescent, they're still developing and because they are still developing, they're still in that change process. It may not be so easy to be able to grab and diagnose someone accurately. So very important to understand it, all details matter. Social and emotional skills can result in difficulty in understanding social cues and initiating communication with others or carry two-way conversations. And so some folks may have that. So it's common for children to have some of these developmental states, developmental delays and have difficulty with social and emotional skills. They may have problem understanding social security.

Diane Padilla:

They may have difficulty dealing with frustration or coping with change. Routine may be really important. And I want you to consider that just suggesting the pandemic was a very different world that everybody got pushed into just pretty much overnight. And when you think about, and I want to talk about that now, but so you think about these different types of changes in environment. Things have changed huge, huge thing to be absorbed by the teenager. So when the environment you think about when the environment becomes too socially or emotionally demanding children with developmental delays, may have for long tantrums, tantrums might happen later on, not in the moment and might take longer than other youth to calm down.

Diane Padilla:

It could be a signal that a youth might need support or maybe need to learn some healthier coping skills. And so that's really important to try to assess. So here I have another case. So any questions so far, anything you want to add? Because I bet a lot of you folks understand quite a bit of this or had experiences or some of these cases may sound familiar. I see the heads nodding, yes. So I appreciate that. Okay. How about I get a reader? Tyler, would you like to read this, its a short case study? Would you mind please?

Speaker 1:

Did you say Tanya?

Diane Padilla:

I said, Tyler.

Tyler:

No, not at all. David.

Diane Padilla:

Sorry. It's my accent.

Tyler:

14 year old David was coming home late from school almost every day for the last several weeks. He seemed moody and distracted and his parents have a difficult time engaging him in conversations. He has begun to do poorly at school and eats very little. When his mother found a cigarette in his jacket, she knew there was a problem.

Diane Padilla:

Thank you. And so what's your take on this? What would you as a provider, what would you suggest for the family? Or what do you think you can do as a provider? When say the mother comes to you and presents to you and says, I think there's something going on. She just shared with you this situation, what comes to you?

Debbie:

Just starting the conversation. Let's just talk, let's just try to get to a place where we can just begin a conversation. Don't immediately say anything about the cigarette. Just say, this time, just let's play, let's play some yahtzee and see if we can have a conversation, just something, but begin the conversation in an easy way.

Diane Padilla:

Very good. Thank you, Mary Beth. Thank you so much. Sure. And a lot of folks here are encouraging that, encourage mom to open a talk. Don't assume anything, very important. Just as Mary Beth says, and you are all saying, not assuming is really important. If we were to assume, guess what, we act on that assumption. We don't need to act on that assumption. If the youth are not speaking with anybody, but their peers, and this is kind of what's going on, they're not speaking with their family. We have to try to engage them, build some kind of rapport. I love that Mary Beth had mentioned the yahtzee. I like that. So, find your way to engage so you can start a conversation and initiating reports really important. A lot of times what I found when I do screening for substance use or adolescent, what the research has shown a lot is about explaining the confidentiality aspect to youth.

Diane Padilla:

When there's a higher tendency for them to be more open to you, if you explain very clearly what the confidentiality means, that information actually stays with you, unless there are certain circumstances or certain information that comes up being a mandated reporter, but being able to establish that safe environment, huge, very safe environment is really important, and say all right, so listen form relationship with youth, later you can talk specifics, agree, don't assume anything behaviors showing can be result to something completely different collaborative problem solving. Thank you. This is true. So this is true. So the thing is it's really important to just say that adolescence is a time of change. It's always a time of change, and think about it, even if the pandemic was not going on, they have so many responsibilities, so many obligations they have to meet.

Diane Padilla:

And sometimes we don't always, their world or their parents or the adults in their world do not necessarily take that into an account. Every person is an individual, but it's a load, a load they carry. And then if you consider the current environment and the extra stresses that I might add while they're changing, and if they don't understand about the changes they're going, that's a heavy, that's a heavy lift for these folks and we have to help them through that. Imagine the information that you could give for their development, not just physical, but even the psychological development, the cognitive, explaining about how that brain works and how many times do you think youth might be like, wow, I didn't know that, I've tried it with some youth some years ago. And they were asking me, why don't we learn this in school?

Diane Padilla:

They don't necessarily get this information. You have sex education class, you have hygiene class but with the developmental part. So when youth come to you or when youth go through changes in their body and they don't understand what's going on, instead of having an emotional breakdown, they're prepared to understand what's going on. To understand why sometimes when they're really meant to do something and they ended up doing something else because their friends kind of thought it was a good idea at the time, even though that's not what they would've done on their own, to explain why sometimes that happens not to give folks a justification, but to give them a reason to understand this is part of developing. And this is how you can get healthy. This is part of how you feed yourself to grow healthy. So those opportunities are not necessarily present with all the youth that we work with.

Diane Padilla:

Let me go back to my slides, thank you for reading Tyler, thank you for the comments. So teen stress. And so as resilient as this population, this community is, many things pile up and become stressful things. And it could be in a small amount of time. And I really am thinking about the pandemic and what this did and to disrupt what normal routines were for adolescents. And so day to day stressors and strains are harder on an adolescence than sometimes major life events. If a major event causes stress it's often because it sets off a chain of events that changes on the ongoing day to day conditions since the COVID. So adolescents can cope with stress in different ways, but they may have problems with peers, including the romances, if any of you've ever heard, an adolescent with their first love and how life is over when they broke up, unless they did the breaking up, you can understand that that limbic system and that emotional response is very natural to their developmental stage.

Diane Padilla:

It's really a good opportunity for us as providers to be able to maybe provide the support they're need at the time to help them process that. We can give them the healthy coping skills, school related problems and pressures, their own thoughts and feelings, feeling depressed or lonely, getting into trouble because of behavior. And parents are stressed out. A child adverse behavior may be an extra weight. And it could be every... It's a challenge for everybody. This is where you come in because you can provide a lot of the support that they may not have, not because the parent doesn't know or doesn't want to, but they have so many responsibilities. They have to balance out as well. So really it's about understanding that these are part of developing but it's also part, do they have healthy ways of processing this information? Because the kid who just lost his girlfriend because she left him for someone else, the last thing you want is for him to like, okay, I'm going to draw myself in bottle, draw my sorrows in the bottle. So this is part of what we think about.

Diane Padilla:

And so they engage in risky behavior. So we want to try help to mitigate that. There's also risk factors for mental illness, almost all adolescents and teens experience experiences of moodiness and crankiness. That is very understandable. And they can become socially withdrawn. They can become moody. They can, there may be changes in the eating habits, ongoing anger, irritability, and hopelessness. And so, but I'm going to go through these slides kind of quicker because now I'm starting to see I'm a little short in time. Okay, so adolescent mental illness, 50% of all time, lifetime cases are mental illness were developed by the age of 14, 75% by age 24. Now the one thing I didn't mention is according to the research, and this has been pretty consistent over the last couple of decades is, that a fully developed brain, person does not fully mature until they are about 30 years of age.

Diane Padilla:

Give and take a few research projects. I might say a few years earlier but 30. So if we're seeing 50% of mental illness developed by 14 and 75% by 24, that's pretty phenomenal. So the most common mental health disorders, what do we see in psychology, the disorders that are seen the most are depression and anxiety disorders. And when it comes to adolescence, anxiety disorders, stress related disorders, mood disorders, obsessive compulsive disorders, eating disruptive behavioral disorders. We see a lot of that. The anxiety disorders, 32% out of the 30 to 18 year olds cohort are characterized by feelings of excessive, uneasiness, worry, and fear. And so you see emotional social changes. Sometimes you see sleep disturbances, very often again, what we see or we see changes in behavior, they tend to show up either in the school environment or the family environment. Depression happens at 13% of 13 to 17 year olds have thoughts and feelings on a daily activity are pretty depressing.

Diane Padilla:

There are symptoms, there is criteria into diagnosing, but you can see a lot of similar symptoms of sadness and empty mood and feelings of hopelessness and irritability. What is interesting about these mental health disorders is that it's very similar to what substance use symptoms might look like. So it's really important then engagement and being able to elicit information from your adolescent client is really important. Let's see. Yes and schizophrenia as well. Thank you for mentioning that. And again it's interesting because sometimes in these younger stages, when the screening and the diagnosis occurring and leads to incorporate all information in that person's world, because some issues may be consistent. Some issues may be... Some information, some details that might impact may not be as consistent. So where substance use might look like maybe depression, so it's really important to incorporate and make an accurate diagnosis.

Diane Padilla:

A lot of times young folks are not diagnosed correctly or they're misdiagnosed. So pandemic related use challenges wanted to ensure that I said that, that I spoke to this, the change in regular routines was a huge factor for young folks. The routines, not just the everyday steps to prevent COVID, the six feet distance, the social distancing, which is really important to not becoming sick, not putting yourself at risk, the physical distance for someone you care about, or your peers, your friends, or your girlfriend, or your boyfriend or your partner or maybe not just family members or important members of the family that you don't necessarily live with, or even worship community. It can be extremely challenging for you. So adolescents may struggle with the change in their routines. And the learning, the break in the learning, how they learn. And so while it's been an amazing thing to have technology to be able to continue to provide education, to be able to continue to try to maintain or keep connections to other human beings, it's a different way of learning, if that's...

PART 3 OF 4 ENDS [01:24:04]

Diane Padilla:

... other human beings. It's a different way of learning, if that's not what they've been doing all along, that whole abrupt way of learning in school is also challenging. And so, there's a lot of inequities and resources and access to connectivity and challenges just with connecting on platforms. And you folks know because when you have to attend a webinar such as this to get your [inaudible 01:24:23], your hours in, you know the challenges it has to do with this. So, imagine with youth who are used to being around their peers, used to being around an environment, who have normalized that part of their life, who have now a different... they have to stand in front of a monitor, not because they're doing a game, not because they're on social media, but because they have to learn this way.

Diane Padilla:

And so, it's meant a break in the routines that have been really essential for development. Special life events, recognition of milestones achieved, in 2020, how many kids graduated and couldn't have a graduation? And while communities used to get resourceful and very creative in how they provided support, when someone has been working doing the high school years, or working through the adolescent years, and was looking forward to that eighth grade graduation, or that ninth grade graduation, or that high school graduation, and you can't have a celebration. Morally impacting, emotionally and maybe spiritually even, impacting. So, loss of security and safety, others think about that.

Diane Padilla:

It's the idea of going to public transportation, families not allowing youth to go on public transportation, being concerned for their safety. Food concerns, just some basic needs concern depending on the family unit and the family dynamics. And so, this hosts with this other thing, is such a thing as Zoom fatigue. And we started to see that, a lot with younger folks... In the end of 2019, about 10 million people in the United States were attending Zoom meetings. In my work, we had been connecting through Zoom or WebEx or some kind of virtual platform for some time. By 2020, Zoom had evolved from 10 million people using it, to 30 million people using. And I dare say, it probably went up now. So, our brains are used to picking up body language and other cues, not to mention increases of dopamine, that are experienced during face to face communication, but on a video call, something is off, that human connection is not necessarily there.

Diane Padilla:

It has to be retranslated, or translated, or reinterpreted through the mind, and that takes time. And so, the subconscious brain kind of reacts to that. So, communication isn't in real time, not in the way we typically understand it. So, what we know about brain science as a study of screen time and digital media exposure is that, virtual digital media users have weaker tension spans, because they're so focused here and more easily distracted. And so, have less well developed impulse control.

Diane Padilla:

And so, when we ask people to spend more time in front of their screen and perform online memory tests... and youth are given so much information, and then they have to do a test at a certain point, and then they have to do this homework, they don't have the same interactions, these learned processes that were retained in the brain, the learned processes for the amount of time they've been alive, this is what they've learned, this is how they've learned to process information, this is how they can retain it, now this is abruptly changed. And overnight they're still expected to achieve and perform well in school and it's a completely different medium. And so, this is especially challenged. So, Zoom fatigue is very real. So, coping with the pandemic, particularly in the early days, maybe they've lost people, maybe they lost neighbors, they lost family, they've been on social, they've been on Zoom, and then they've pretty much burned out with technology, even though youths have always been great with technology, but Zoom is a little different because now it was required, it wasn't a choice. Yeah.

Diane Padilla:

So, thank you so much for understanding... Yes, COVID too much tech. To a certain degree, yes. There was this time before COVID, where it was healthy to say, make it a part of the family unit to consider a time where the family gets to together and just enjoys each other company without technology, without cell phones. Then now, we have a time where we have all this technology and they're required to use it, it's not a choice, they're required to use it. It changes the dynamic, the neurological processes are affected. It's very abrupt, and adolescents do not necessarily have the experience on how to process this homework healthily. So, with the supportive environments, the supportive figures in their life, really, really, really huge, really huge.

Diane Padilla:

Yeah. The human connection is not there, which requires relearning the advantages of technology. And here's the thing, if adults had to learn it overnight, so did youth. And it wasn't such a hardship for youth to deal with technology, it's to have to deal with it with school. Now associating the heavy load of information with school... Now, if you've ever done distance learning through college, I did a lot of my college courses through distance learning, that's the one thing, but if you won't have that experience [inaudible 01:29:44], all you knew was interactive... you're looking forward to going to school and it's going to be a game on Thursday, and you know your friends are going to go, that's a whole different world that you get taken out of and you get put in front of this monitor. How we help them process that is really huge.

Diane Padilla:

And so, risk and resilience, when we talk about risk and resilience, let's think about risk assessments. I'm not sure which ones you folks are using, but there is the Rapid Assessment for Adolescent Preventive Services, is one risk screening tool recommended by the Society for Adolescent Health and Medicine. Also the CANS, I know a lot of folks who use the CANS, the Child and Adolescent Needs and Strengths assessment, it's multipurpose, which is really helpful. It supports care planning and a level of care decision making to facilitate quality improvement initiatives. A lot of folks, a lot of organizations use that to help, not just listen information from the child they're working with, but also to be able to monitor the processes, the activities that they will be engaging in. So... Yes, and processing. Okay. All right. So I'm going to, weed this off... Let me see what time...

Diane Padilla:

Risk factor example. So, here I have a scenario, so protective approach to using a certain situation with an adolescent. So, if a 16 year old adolescent who drives recklessly with a group of joy riding friends, because they were all drinking and all agreed to move to the party elsewhere, if this kind of scenario occurs, what might be a protective factor example? What? The same team may decide to be more careful not to drive, calling a taxi when with friends who disapprove of unsafe driving. So in part, because youths are highly sensitive to the image of ones peers and the acceptance of these peers is also important. So, what's interesting here is, that there are ways that we can help have conversations with adolescents and have them look at things a little differently. So, if you had a 16 year old who drives recklessly with a group of joy riding friends, because they were all drinking, or agreed to move the party elsewhere, they decide to get engaged with this, what approach might you use? What do you see as an effective approach to be protective, to provide more support, to help mitigate that behavior?

Diane Padilla:

When I said, everyone has been affected in this pandemic crisis, including you all on Zoom, so now it's been like a wildfire of course... Yeah. It's really important to take time out, really important to disconnect because your new, and transmitters are still even after you close down the computer. So, relearning... and known personal philosophies have a lot to do with that. Part of it is like kind of accepting this as part of it, this is part of how we engage now, and maybe looking at things that, well, at least we have a way of engaging, but we are getting to an environment where we can also go back in person. What is nice to see is that, how we look at things, is a way that... a way of looking at situations, we can actually provide those as suggestions to the youths we work with.

Diane Padilla:

Because at one point where something was taken over, let me say in New York, because we were in New York at the time when this whole thing started, and it was a very scary environment. When it first started and it had hit the United States through New York and to... and I guess because of the airports are... people traveling from other places. And when you are in the midst of that, and you are seeing people that you know getting violently sick, and going into hospitals and you don't see them again, or you don't hear from folks, the youth and teenagers, the adolescents, they are seeing the same thing. And so, while adults were going through these challenges, so were the youth. And so, how we process was a very difficult... we had a difficult way to go. It was a hard process to be able to try to assess what we didn't know, what was going on.

Diane Padilla:

All we saw is that, people were getting sick and people were transpiring, they were just moving on. And we could not connect with anybody. So, during hard times, you want to connect with people who you trust, who you care about, who you are comfortable with because that's part of healthy processing. So, you couldn't even do that. Well, guess what, so would youths. And the important thing about processing, even if you weren't able to do it before, to do it now, is to be able to process that, because those situations that are not resolved, are not addressed, are not processed, can become cumulative and be part of complex trauma later on, and can play a part in problematic behavior. And so, when we see certain situations, we want to be able to say, okay, how can we approach this in a positive way.

Diane Padilla:

So I asked the question of a 16 year old adolescent... Let me go back to this, a 16 year old adolescent who drives recklessly with a group of joy riding friends because they're all drinking. I asked what you would do. Okay. You say, increase protective factors, prevention, education that focuses on soft skills... I like how you said soft skills. Goal setting, decision making and communication. If some of that includes... What I've seen some of my colleagues do is, when they give some of that information, they include the fact that, friends do care about each other, friends want to keep each other safe. So, they include the importance of peership within the messages of, options of what adolescents can do to stay safe, to not get in trouble, which is very important for them. So, they can go out and hang out, so they can go to the game Friday night, so they can do things.

Diane Padilla:

So, if you could connect it to the things that are important, if you can connect it to the development stage that they're in, it can be received and retained or internalized in a very healthy, fruitful way. Let me see. Discuss implications of possible access with peer group and vehicle huge legal ramification. Yes, and tomorrow we're going to discuss that. There are certain conversations you want to have when you're doing a substance use screening, so I'm going to do a presentation tomorrow about that. And this is all going to impact on that dialogue, the role play of practice scenarios, that has been so effective in your field. Role playing practice scenarios at home, it is an option for a young person, or they can role playing practice scenario with you. If you're a guidance counselor in a community based organization, or in a school setting, if you interact with the adolescent outside of the family home, then you have opportunities as well to use these same techniques.

Diane Padilla:

Create an open invitation to co-parent at any time. I totally suggest that you ensure that you ask... to make sure it's okay with the adolescent. The adolescent's input is important as opposed to abruptly just bring someone in. So, I think you probably already know that. Usually there's a natural leader within the peer group who can influence the peership. That's true. That's true, but I think the point here also is... also to what everything that you all have added, also has to do with healthy decision making processes. When you are able to engage and share processes that they can incorporate, that speaks to them, that doesn't abruptly challenge them as if they were someone else, it's something that, if they can work it out and it works well for them, they will be motivated to use those processes again.

Diane Padilla:

So, part of the time where teenagers are developing, they are also incorporating all this information, they're learning healthy coping skills, by the time they're 17, they incorporate that 13, 14, 15 years of age. And especially if, in the family environment, the healthy coping skills are not necessarily provided. Maybe the coping skills are not as... perhaps the parents are working long hours, perhaps there's minimal contact, or contact is at the weekend. So things like that. So, the opportunities that you have are priceless. So, let me go to the next one. Here's another risk factor example. A 14 year old adolescent spends a lot of time with the neighborhood teens who aren't going to school and often smoke marijuana, and maybe other drugs mimicking what they're doing in efforts to be part of the group. That acceptance with their peers is so important.

Diane Padilla:

And so, it's also possible. There's no positive role model at home or in the family. So, think about it, if there's no mitigating... You have risk factors and you have protective factors that actually offset the impact of risk factors. And so, if this person, if let's say, she does not have this, then what positively can we as providers do? Well, this same team can participate in different activities, she is engaging in after school initiative sports, school clubs, and hobbies. If you're a provider that has an opportunity to access these different resources, to connect them to other activities that they might find that they engage, that they might like, so this can be their protective factors to deal with some of these situations that might be in their family community.

Diane Padilla:

They may be on their way home, they have to pass, so they can be in a better position, or in position to be able to say no, or they don't want to, to work that out. So, this is more likely how she interacts with her teens whose interests are also in extra curricular activities. So, finding, adding, or meeting other peers, people who look like her, people her same age group, who are involved in other things that she might find that she might have an interest in after all. You have [inaudible 01:39:54] boys and girls scouts, church activities, those are part of it. There was an area where I used to live, the boys and girls club, Kips Bay, there's also... do you have YMCAs, community based organizations that are just for adolescents or teenagers? Schools are likely to have some type of extracurricular activity, tend to have sports, but even for those who are not into sports, there's also book clubs, photography class, there may be hobbies that they might get involved in.

Diane Padilla:

You have opportunities to get creative with those things that might be available. It depends, because we don't know where everybody comes from, different neighborhoods have different resources. A lot of the health inequity and disparities that we see in communities today, particularly with underserved communities, both racial, ethnic, and other underserved communities, has to do with a lack of equitable resources in their communities. So, you can be creative and be able to perhaps access some of these resources for them. If it's not within their school, what communities can you access? What community resources can you access for them? It doesn't have to be in their immediate area. And so, the idea is to be able to offset some of these risk factors that they're experiencing. So, if they don't have a role model at home or maybe they have, it's an uncle, or an aunt, that's a role model.

Diane Padilla:

A lot of times the coach, the health education professional is the role model at school. So, find that support system, or be able to try to provide a support system that can be healthy for them. So, let's see. So, helping youth identify their strengths, where they can succeed is hugely important. Yeah. Advocate for their life skill classes as part of the curriculum, school or church. That's right. Very good. So the idea is, they have a challenging life, there's so much they have to do, and yet they still have... but they don't necessarily have access to these resources. I think those healthy aspects of a person's life, ideally, it's the family that should have a healthy environment, a safe environment, where folks are not fighting. That's not necessarily reality for a lot of families, it's just not. A lot of people are doing the best they can with what they got.

Diane Padilla:

So you, as a provider, can help augment those protective factors for them. So, how can you help... Be familiar with the developmental and dysfunctional specifics of adolescent development, multiple systems of influence adolescent drug abuse, or... I should have said, substance use treatment options. That is not people first language, so I apologize for that, I will change that. Understand that the foundation of potential intervention to treatment is based on one essential, essential fact, the therapeutic alliance. And supportive healthy development, there's a need for autonomy, we said this. Desire for privacy, understand that, respect that, and acknowledging that, and normalizing that within a dialogue with the teenager is huge. So, its very off putting for any individual when someone tries to [inaudible 01:43:30] when you don't want them to get information from you. So, with an adolescent who is more invested in their peership than adults.

Diane Padilla:

And sometimes these experiences with adults have been negative, and that may be part of the reason why they're also very reclusive with information, or just very off putting with information. So it really speaks to the importance of us engaging very effectively. So, the need to try on different identities, huge physiological changes as mentioned before. So, promote youth health. Some things that can help particularly in the early stages is, reducing obesity risk for children in early care and education, improving healthy food options in nutrition education in the school, that has been a huge, huge issue with communities and they have improved quite a bit.

Diane Padilla:

ICPP or peer specialist, coaches, leaders or community. Find what's important for your youth, find what are the things that are part of their interest. And you could probably come up with the resources that could become their protective factors, their role models. The organizations or the community activities that they can engage at. Let me go back to, improving physical education, physical activity opportunities in school. There are some neighborhoods where the physical activity opportunities are in school and not in their neighborhood. So you can at least be able to connect them with that. Preventing the use of all tobacco products. And I will be speaking about, how to have the dialogue, how to do a screening in a brief intervention, how to have that conversation with the youth about... and how to provide information in a way where it's not overwhelming, but they can consider actually processing that information so they can make decisions for themselves. Helping adolescents manage their chronic health conditions in school and promote the use of dental sealants to prevent cavities.

Diane Padilla:

That's just the health stuff. The adequate sleep, so very, very important. And here, I just want to ensure that I make one last thing. It's so important, so important... I went to a conference in Texas, and we were talking with the adolescents there... It was on totally adolescents and substance use. The main thing they were telling the adults in the audience was to talk with them, and to stop talking at them. That a lot of times youth don't want to speak with you and don't dare trust you because you are always telling them what to do, and you show you're always being directive, and it's like, they're... and it's kind of more representative of what they're used to in their world. And so, what they suggest, and this is straight from them, is to talk with them, which makes sense.

Diane Padilla:

And this is what we know in behavioral health and engagement and the effective... If you think about just motivational interview, it's pretty essential, we be person-centered. When we talk about person-centered it's not just with adults, we're talking about with youth as well. They have the same opportunity... we have the same opportunities with them as we do with anybody else. So, we talk with them, they elicit their perspective, they elicit information that they have, it's all based on the rapport and the alliance that we start to establish with them. And be transparent and be trustworthy, it's not about being directive with them, but it's talking with them. And so, part of that is being a good listener, we don't have to jump in when they're sharing certain information, let them... if they are so engaged that they can share information with you comfortably, and they're just sharing and talking and talking, that's wonderful, that's a good sign that they're trusting you. That there's a trustful comfortable atmosphere, if they are sharing with you information.

Diane Padilla:

And respect their privacy and autonomy. Their feelings and perspectives, a lot of times what some of the researchers show, is that they have self-reporting some issues around how their feelings are not respected, how they get judged on how they feel, like something is not as extreme or as hard as they may feel it, and how adults sometimes will minimize their feelings. So, keeping all that is really important. This might be challenging for some of us, but it's important to apologize when we're wrong. If you're wrong about something, if you gave some information that wasn't accurate, acknowledge it, show your humanness and share it with them.

Diane Padilla:

What we have here is, avoid lecturing, nagging, and guilt trips, and don't reveal confidences. If you say your confidence, really explain that confidentiality very clearly. And reframe questions, there're strengths and so much there, what they share with us, when we reframe it, we have an opportunity to help come up with ways to support them and keep them engaged. Okay. I see [inaudible 01:48:54] minutes in time. I'll have to stop the share here. I know you folks... It's so important that you just... Yes, the most engagement and respect, being transparent. So, let me read what Cynthia just put, an adolescent child has been interrupted, that's caused them to think like an adult, or they think. And so, in taking care and taking charge of their life, making 40 decisions, [inaudible 01:49:17] of passivity, lack of coping skills, remember that this is a developing person in progress.

Diane Padilla:

Thank you, Cynthia. That's a nice way to kind of cap it all up, which is really great. And there's so many different influences at different [inaudible 01:49:30]. When meeting a person where they're at, is especially important for an adolescent. Imagine being a really big support for them and playing a part in them, processing their challenges, the risk factors in their life and how they go forward. So, that's huge. Any comments, any questions, any last things that you want to share right now? Okay, then. All right. So I'll-

Debbie:

I'll quick say, I just want to tell you, you're doing a great job, Diana. I'm really grateful that we have all this information available to us, because this is so serious, and every single one of us needs to hear it from so many different voices. Sometimes the way you say it sounds a little different and it's easier to make sense of it. So, thank you.

Diane Padilla:

Thanks, Mary Beth. Thank you so much. All this information, it's all cited... it's in these slides, we will share that with you. I know it's not the easiest thing, the biggest turnover in the field has always been with folks who work with youth. But then the biggest changes in a person's life, you get to see it as a person who works with youth. So, at the same time, it's pretty awesome that you folks are providing them so much support. So, thank you so much for your time here...

PART 4 OF 4 ENDS [01:50:48]