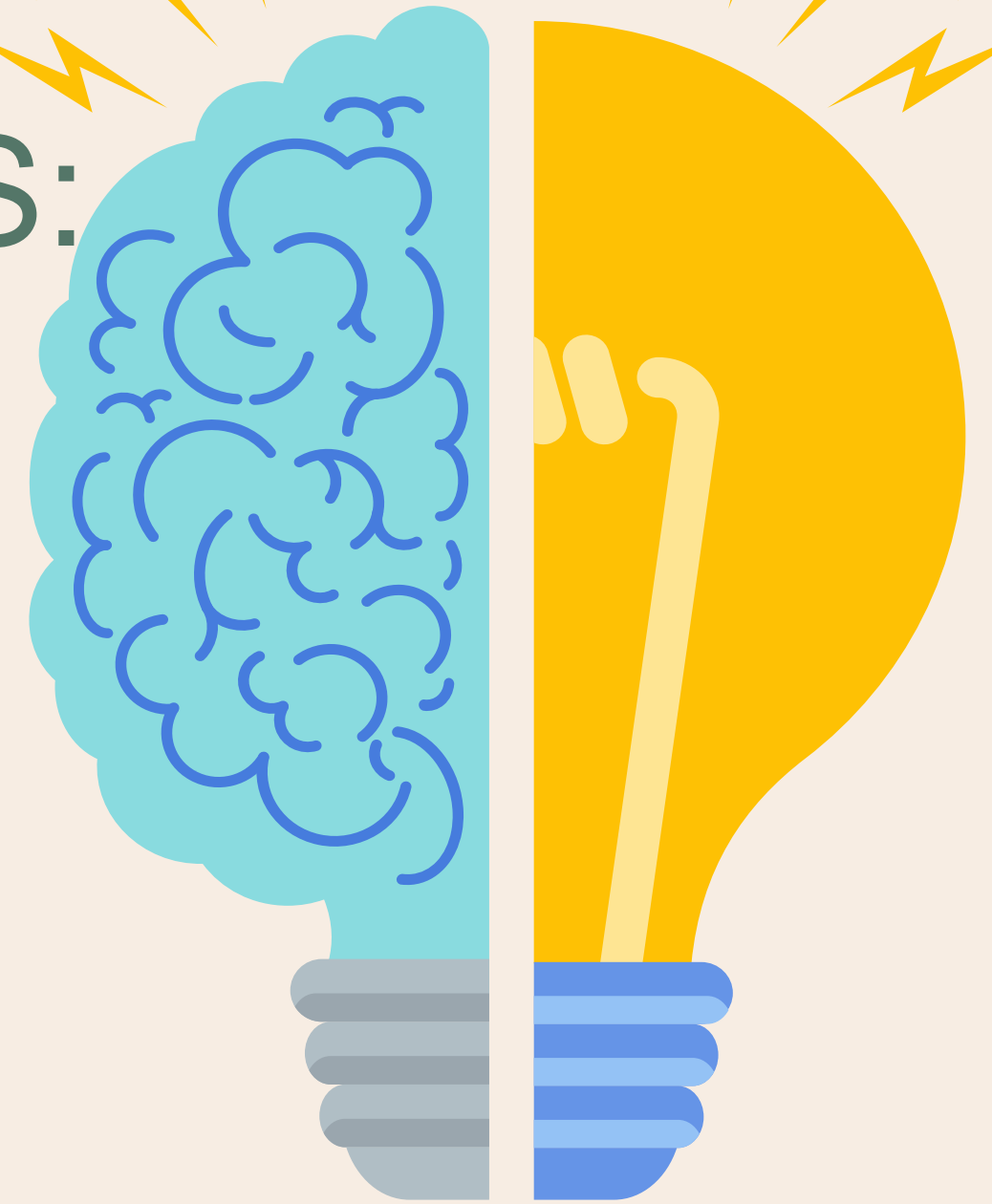


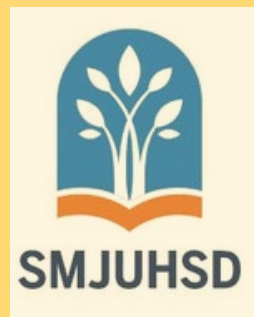
UNDERSTANDING TEEN MINDS:
PRACTICAL APPROACHES TO
MENTAL HEALTH AND
BEHAVIOR



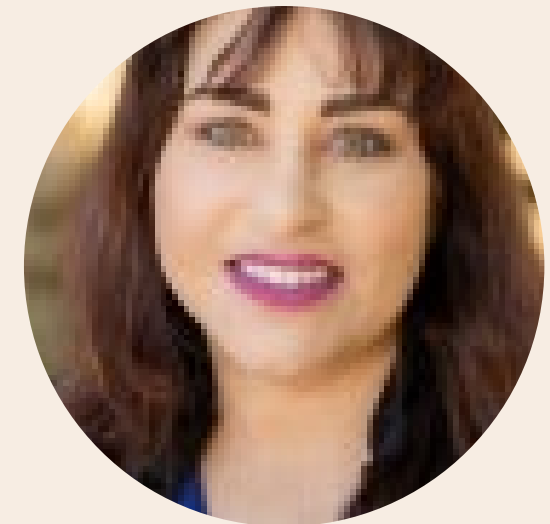
PRESENTED BY :



Israel Hernandez
Intervention and
Support Counselor



Nicholas Richey,
AMFT, ESS School
Based Therapist



Kassondra Quaglin
BCBA





WELLNESS CENTERS



WHAT IS A WELLNESS CENTER

A school Wellness Center is a dedicated space within a school designed to support the mental, emotional, and physical ~~well~~being of students.

SERVICES OFFERED

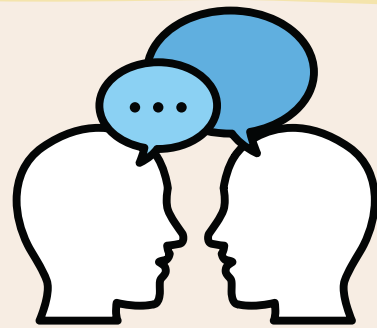
- Safe Space
- Positive Mindset Resets
- Individual Counseling
- Group Counseling
- Tours/Presentations
- Lunchtime Workshops
- Club/Peer Leaders

COMMON TH



Emotional Intelligence

1. **Self Awareness** Recognizing own emotions and its impacts
2. **Self Regulation** Managing emotions in healthy ways
3. **Motivation** Pursue goals driven by intrinsic values
4. **Empathy** Able to understand and share feelings of others
5. **Social Skills** Manage relationships and interact effectively with others.



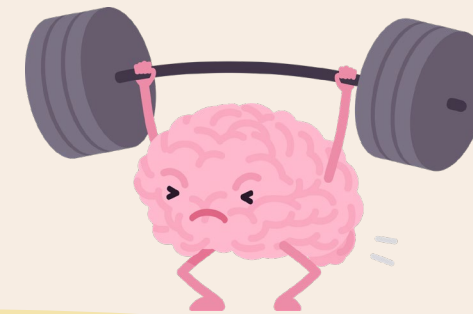
Communication

- **Setting Boundaries**
- **Teaching Assertive Communication**
- **Creating Safe Lines of Communication**
- **Addressing Difficult Circumstances**



Stress/Anxiety

- **Breathing**
- **Journaling**
- **Positive Affirmations**
- **Practicing Exposure**
- **Finding Solutions**
- **What is in your control?**



Physical Health

1. **Exercise** Release of Endorphines
2. **Sleep** Emotional Stability. Help with Concentration
3. **Nutrition** Impacts Mood and Energy
4. **Connection** More Likely to Engage in Social Activities



Self Esteem

- **Limit Social Media Exposure**
- **Discourage Comparison to Others**
- **Praise Efforts, Not Results**
- **Encourage Independence and Responsibility**
- **Promote Healthy Body Image**



Destigmatizing Mental Health and Substance Use for Parents and Caregivers



Effective School Solutions

Reinventing K-12 Mental Health Care

ESS partners with school districts to help them implement culturally inclusive mental health and behavioral support programs that help improve care, strengthen outcomes, and maintain students in their home district.

Objectives

1. Identify possible **risk factors** and **warning signs** of mental health and substance abuse concerns.
2. Identify common ways mental health is **stigmatized**.
3. **Gain insight into what depression is** and how prevalent it is
4. Describe the **prevalence and impact of substance abuse** in adolescents.
5. Identify **risk factors** and **symptoms** of **suicidality**
6. Learn how to **productively respond and help youth with** mental health and substance abuse concerns.

This is a safe space.



- We come to this experience today with the intention to:
 - listen with compassion to others and hold compassion for yourself
 - approach the conversation with curiosity (“wonder”)
 - hold what is shared here in confidence
 - participate in the fullest way that we are able
 - attend to ourselves

Warning Signs

Concerning Behaviors T-Chart

Think of your child behavior concerns you. List the concerning behaviors on the left side of the chart. You will return to this chart later in the session to add strategies for responding

Concerning Behaviors	Strategies

Quick-Write

Brainstorm a list of your child’s behaviors that concern you or behaviors that you are concerned your child will do.

Concerning Behaviors & Signs

Learning Issues	Physical Signs	Social/Emotional Behaviors
Difficulty concentrating or remembering	Constant tiredness or lack of energy	Sadness, despondency, hopelessness
Missing or arriving late to class	Weight loss or gain	Irritability, impatience, anger
Incomplete assignments	Sleeping too much or too little	Rapid mood changes
Falling grades	Dizziness, hyperventilating	Difficulty with peers and/or adults
Disturbing imagery in classwork	Fidgetiness, hyperactivity	Fearfulness, excessive worrying
Lack of organization; difficulty with multi-tasking	Repetitive behaviors (handwashing, rituals)	Lack of interest in activities or people, “Who cares?” response
Difficulty handling feedback	Substance abuse	Withdrawn, speaking very little
Difficulty communicating		Over-compliance or oppositional behavior
		Impulsivity

Common Ways Mental Health Is Stigmatized

Why We Should Think About Mental Health

- Mental health problems are common.
- Mental health problems often develop during adolescence.
- Teens may not be well informed.
- The sooner a teen gets help, the more likely they are to have a positive outcome.

Mental Health issues are stigmatized

What is stigma?

- A set of negative and often unfair messages that a society connects to something –in this case, mental health concerns.
- EXAMPLES: name-calling, exclusion, negative labels.

Stigma gets in the way of honest communication, seeking help.

What else does stigma look like?

- Exclusion
- Telling someone to toughen up or snap out of it
- Silence
- Treating mental illness as a fallacy for the lazy or attention starved
- Eye rolling, etc.

The Effects of Stigma

- Shame
- Hiding, withdrawal
- Not seeking help or treatment
- Negative self beliefs



Stigma Reflection



- What are some common stigmas about mental health?

Ways To Productively Respond

**According to a 2014 study by the
Center for Health and Health Care in
Schools,**

Students who receive positive behavioral health interventions see improvements on a range of behaviors related to academic achievement.

Strategies to Support Your Children

Strategies to Support Your Children

Choose from the following strategies to add to your Concerning Behaviors T-Chart at the top of the handout.

Say

- Talk through chore/work and help your child create a sequential plan.
- Help your child identify a concrete next step.
- Help your child use realistic and positive statements about his/her performance and outlook for the future.
- Use behavior-specific praise.
- Reach out with an invitation to talk when you sense that your child is feeling bad, anxious or overwhelmed.
- Give your child advanced notice of transitions. Have tasks ready for your child to focus on during transition times.
- Connect assignments with interests.

Do

- Create opportunities to socialize with friends and family with whom they have healthy relationships.
- Give your child additional time to complete tasks/schoolwork/chores.
- Allow your child to have a safe space when they need privacy or a break.
- Partner with your school's health and guidance experts to plan if needed for any accommodations or supports during the school day.

Other Strategies

- Make exercise part of the day
- Let teens sleep
- Explore mindfulness exercises
- Encourage technology breaks
- Encourage hobbies

Concerning Behaviors T-Chart

Think of your child behavior concerns you. List the concerning behaviors on the left side of the chart. You will return to this chart later in the session to add strategies for responding

Concerning Behaviors	Strategies

Take Away Activity

Using what we have discussed today, return to the behaviors listed on your T-chart and create a list of Conversation Starters & Action Strategies for each behavior.

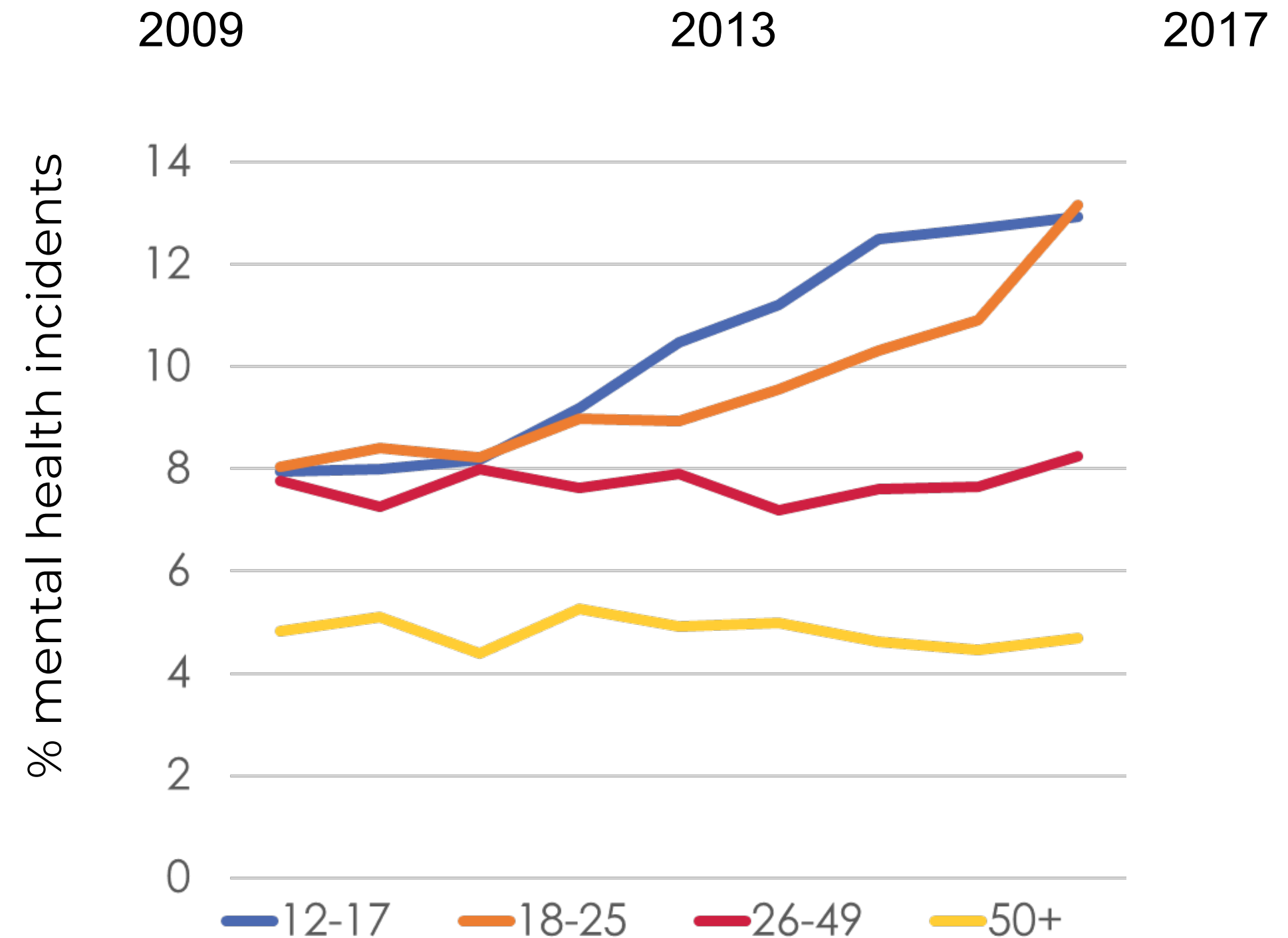
What is depression?
How common is it?

Is All Sadness Depression?

- Almost everyone feels sad sometimes
- Sadness is a natural reaction to difficult or painful situations
- Feelings following separation, loss, failure, or family conflict do not necessarily point to depression
- Sadness is temporary and fades over time
- **Clinical depression is sad feelings persisting over time and impacting functioning.**

The Mental Health Crisis for Youth

- Mental health issues for young people have increased in the last 10 years.
- Major depressive disorder is the leading cause of disability among Americans age 15 to 44.



Impacted Functioning in Children & Teens

Depression interferes with normal developmental tasks, such as:

- Forming relationships
- Mastering social & academic skills
- Achieving independence.



What are the
symptoms and
risk factors for
depression?

Diagnosing Depression

- Depression is a medical condition.
- However, there is no medical test, lab work or genetic marker that can tell if a child or adolescent is depressed.
- Diagnosis is based on clinical interviews with the child, parents, and teachers.
- **The distinction between just being moody and being clinically depressed is the impact on the person's functioning.**

Signs & Symptoms: MOOD & THOUGHTS

- Irritability, restlessness, agitation
- Excessive worrying
- Unwarranted feelings of guilt or worthlessness
- Hopelessness or pessimism
- Suicidal thoughts or actions, frequent thoughts of death and dying
- Loss of interest and enjoyment in activities and friends that were once pleasurable

Signs & Symptoms: BEHAVIOR

- Sulking
- Restlessness
- Pretending to be sick
- Vague health complaints
- Withdrawal from accustomed activities
- Sleep problems
- School avoidance
- Clinging
- Fatigue, low energy
- Difficulty concentrating or making decisions
- Appetite problems/Weight loss/gain

Family History & Genetics

FAMILY HISTORY:

- Children from families with a history of depression have a 2-3 times higher risk of developing depression.

GENETICS & NEUROCHEMISTRY:

- Neurochemistry and genetics play a role as there may be a congenital imbalance of substances such as serotonin, norepinephrine, or dopamine.

Personality Factors

- How people **view and interpret** stressful events affects their vulnerability to depression
- People vary widely in how often and how intensely they experience negative emotions
- Negative emotionality affects coping, relationships, and daily functioning
- An adolescent who sees problems as insurmountable can become easily overwhelmed.

Understanding Suicidality

Suicide and Depression

- Most people who are depressed do not die by suicide.
- However, depression increases the risk for suicide or suicide attempts.
- Family history can increase the risk of suicide.
- Girls are three times more likely to attempt suicide than boys.
- Boys are more likely to succeed at suicide attempts.

Red Flag Warning Signs



These warning signs require immediate action.

Children/teens who talk about:

- Having no reason to live
- Killing themselves
- Saying goodbye

Children/teens who:

- Research suicide
- Suddenly withdraw from activities and friends
- Give away their belongings

Stress Events Can Spark Suicide Risk

- Death of a family member, close friend or pet
- Suicide of family member, peer or celebrity
- Loss of a romantic relationship or friendship
- Parental divorce or separation
- Trouble with the law or with authorities
- Recent move
- Abuse or bullying
- Unwanted pregnancy
- Poor grades
- Fight or humiliating experience
- Recent disappointment
- Concerns about sexuality
- Graduating

How can you help
when your child is
depressed or at risk
for suicide?

Talking Helps

- Extend affection
- Be a parent, not a therapist.
- It helps to be understood by someone
- Let children know you will assist them in getting help.



Suicide is Preventable

Prevention is often a **caring person** with the right knowledge being **available** at the right time and place.



Connect with Children/Teens Emotionally

Ask:

- *Are you okay?*
- *Are you thinking about suicide?*
- *How can I help?*

Do not promise confidentiality –
promise help.

Always take talk of suicide
seriously.



Connect to Resources

- Know your limits.
- Know your resources:
 - School Counselors
 - School Therapists
 - School Administration
 - Suicide Hotline

Let children know you will assist them in getting help.



SUBSTANCE USE AND ABUSE

Early Stages of Substance Use

Level 1: EXPERIMENTATION	Level 2: MISUSE	Level 3: EARLY ABUSE
First experiences.	Pattern of use develops.	Skilled at hiding use.
Lack of parental knowledge.	Justifications for use (relax, socialize).	Acquiring of paraphernalia, plans for use.
Low tolerance.	Seeks mood change.	Increased tolerance.
Experimental, occasional use.	Weeknight use is infrequent.	Occasional weekday use.
Control & choice are high.	Control & choice are present.	Diminished control & choice.
Low consequences.	Some social & personal consequences.	Increased consequences.

RISK FACTORS AND WARNING SIGNS

What are the most common risk factors?

- Childhood trauma
- Child abuse or neglect
- Mental health problems
- Poverty
- Peer substance abuse
- Negative school climate



Trauma and Substance Abuse

- There is a disproportionately higher number of abuse, neglect, or trauma histories in substance abusers than in the general population.
- Nearly 65% of the persons eligible for county drug court are found to be affected by trauma.
- 12-34% of patients in treatment for substance abuse have a diagnosis of PTSD (this number is as high as 59% for women.)

Taking risk factors into account

- Risk factors do not mean that abuse is inevitable.
- Not all people with risk factors become substance abusers.
- Some substance abusers may not fall into any known risk categories.



Physical Warning Signs

- Subtle change in personality, mood swings
- Weight gain/loss
- Erratic sleeping and eating habits
- Dilated pupils, red eyes, use of eye drops or sunglasses
- Short term memory loss

Warning Signs at Home

- Changing attitudes towards rules
- Less participation in family activities
- Isolating, staying in room much of the time
- Talkativeness
- Breaking curfew, sneaking out at night
- Items disappear from home: money, alcohol, medications
- Lying and blaming others
Depression or overactivity
- Drug-related clothing, messages, posters
- Change in style of dress
- Trouble with the law

Warning Signs at School

- Missed or poorly done assignments
- Decrease in class participation
- Shorter attention span
- Decrease in concentration
- Frequent visits to bathroom or health office
- Frequent tardiness &/or absence
- Sleeping in class
- Disrespectful to teachers
- Suspensions, expulsions
- Dropping out of activities
- Falling grades
- Emotional highs & lows

Warning sign or normal teenage behavior?

- Warning signs are not a diagnosis!
- Informal guide: When behavior starts to seem odd, pay attention.
- Take warning signs as a prompt to start a conversation or to look more closely.

Begin with a conversation



- Talk in a private, neutral space or on phone.
- Express concerns directly & compassionately.
- Ask specific questions.
- Remember –you are exploring, not diagnosing.

Take the Survey

- Please give us feedback.
- Scan the icon in your handout.
- Or go to:

https://essfeedback.qualtrics.com/jfe/form/SV_cMiUZejZMCArrMi





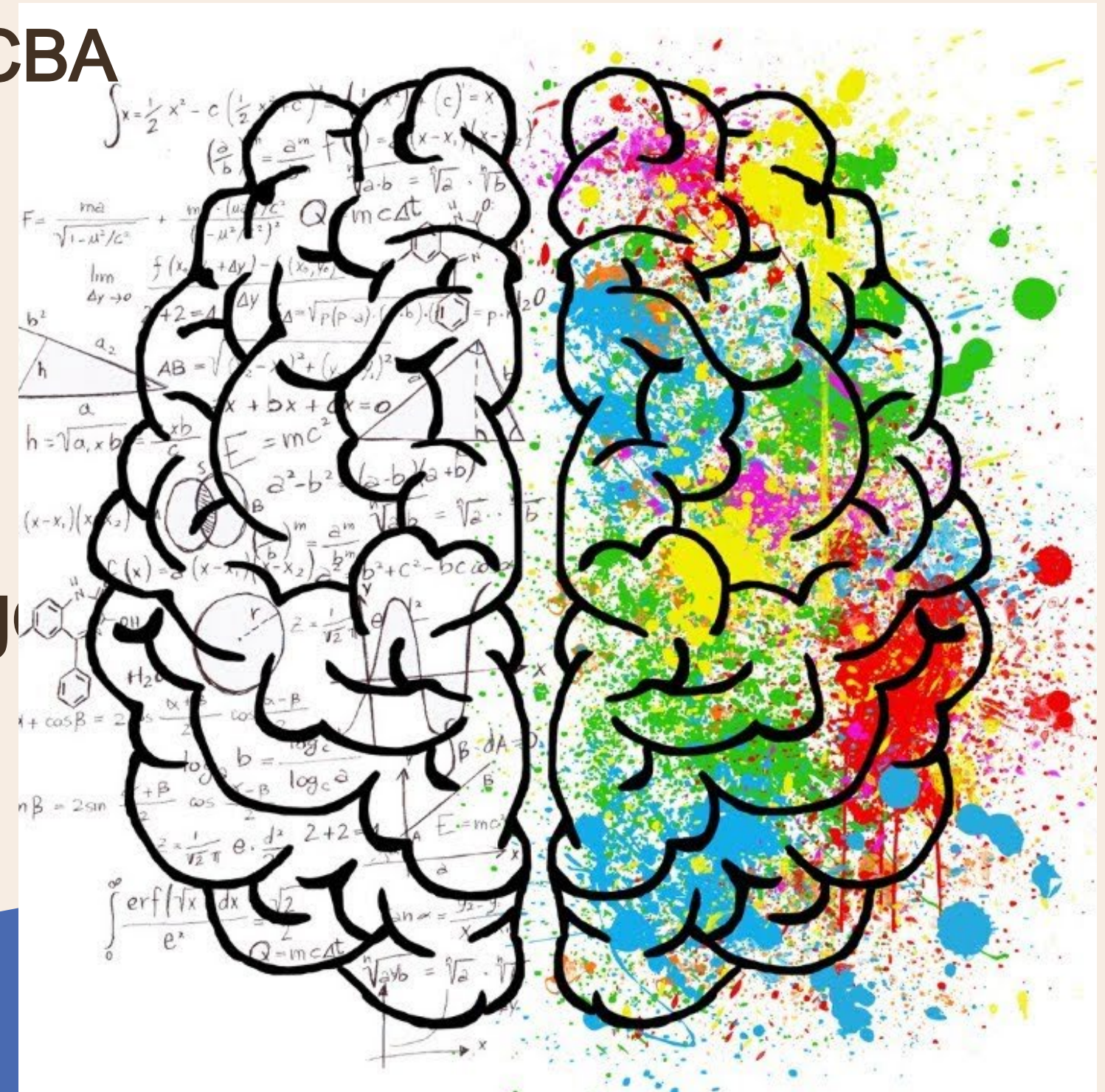
Effective School Solutions

Thank You!

THE TEEN BRAIN HOW IT IS WIRED

Presented by, Kassondra Quaglino, BCBA

- Teens are influenced by who
- Risk Taking
- Reward verse Punishment
- Skill Building
- How can we use this knowledge to our advantage

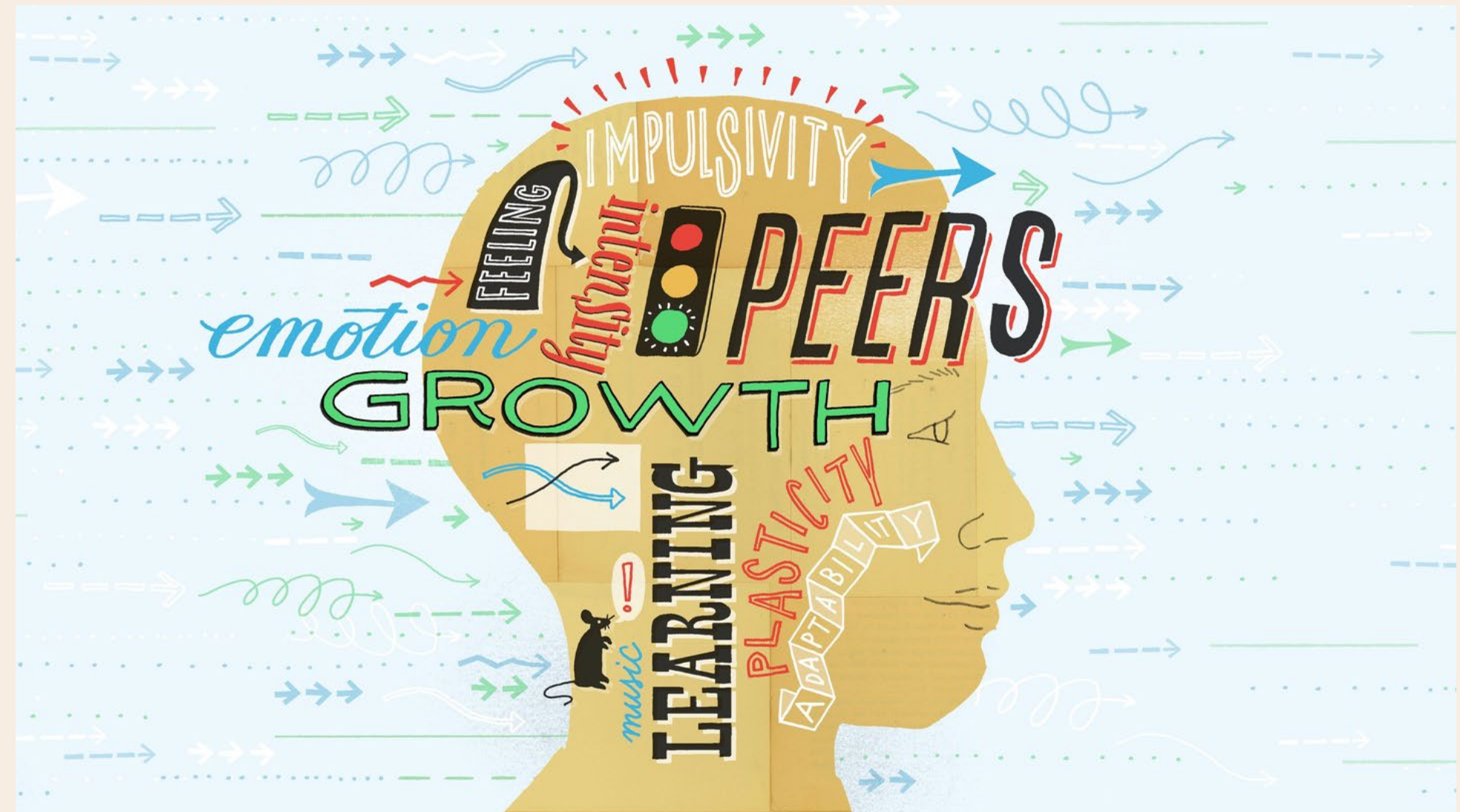




TEENS ARE
INFLUENCED BY

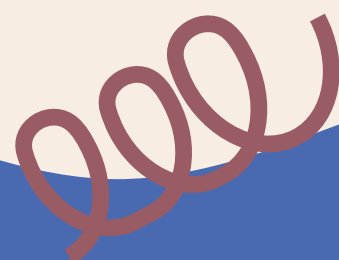
There are so many different factors that influence Teens

- *Friends and Peers
- *Family
- *Social Media
- *Community Culture



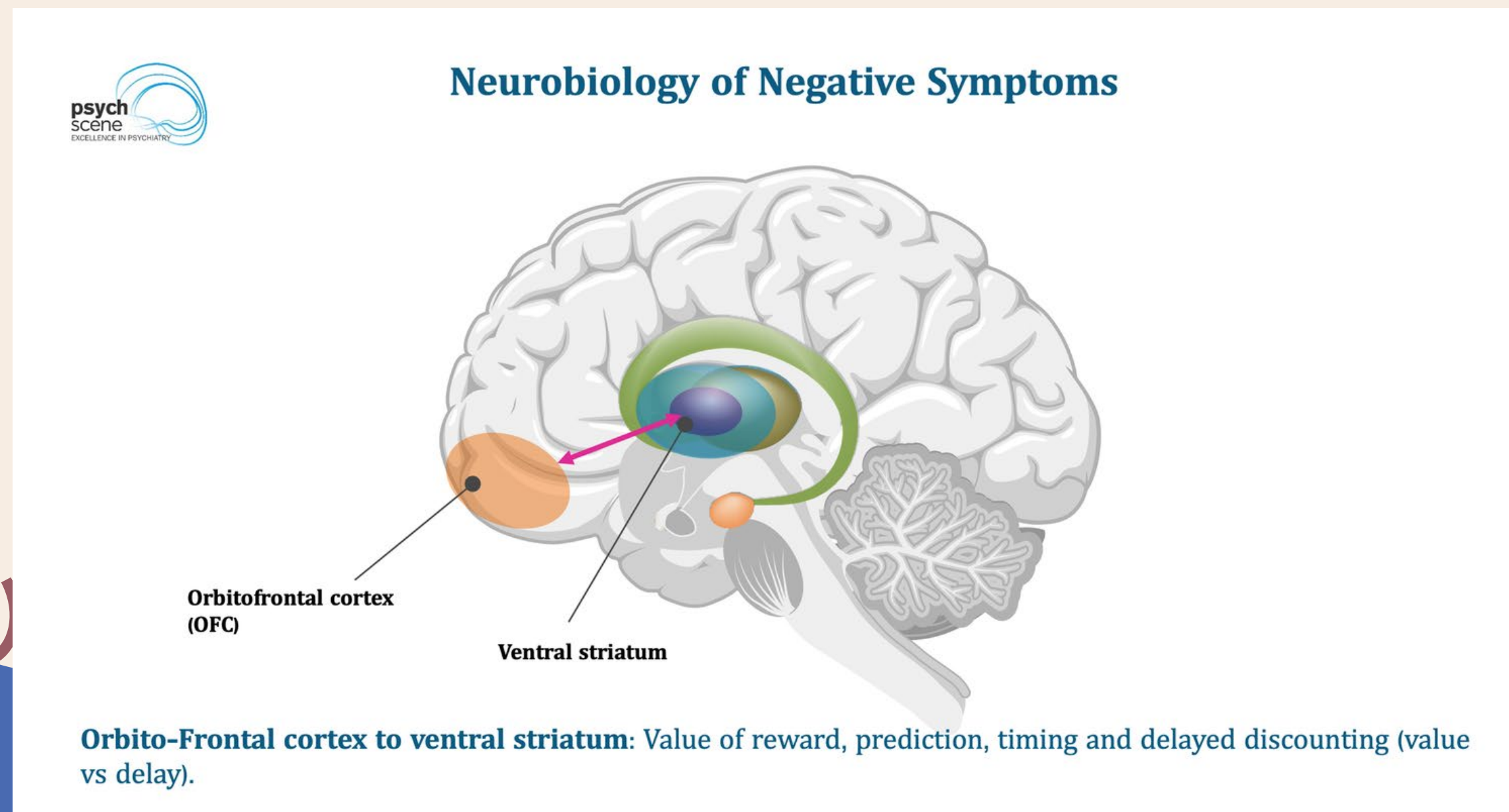


RISK TAKING



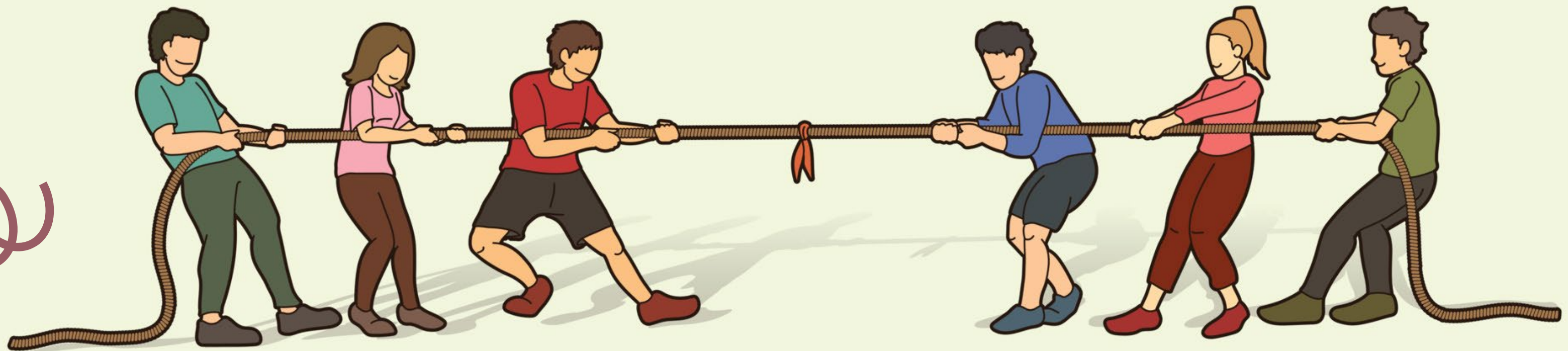
TRUTH VERSE IV

Teens are not more likely to take risk then any other part of human development



Information provided by Dr, Eva

REWARDS VERSE PUNISHMENT

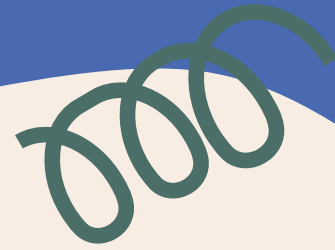


REWARD

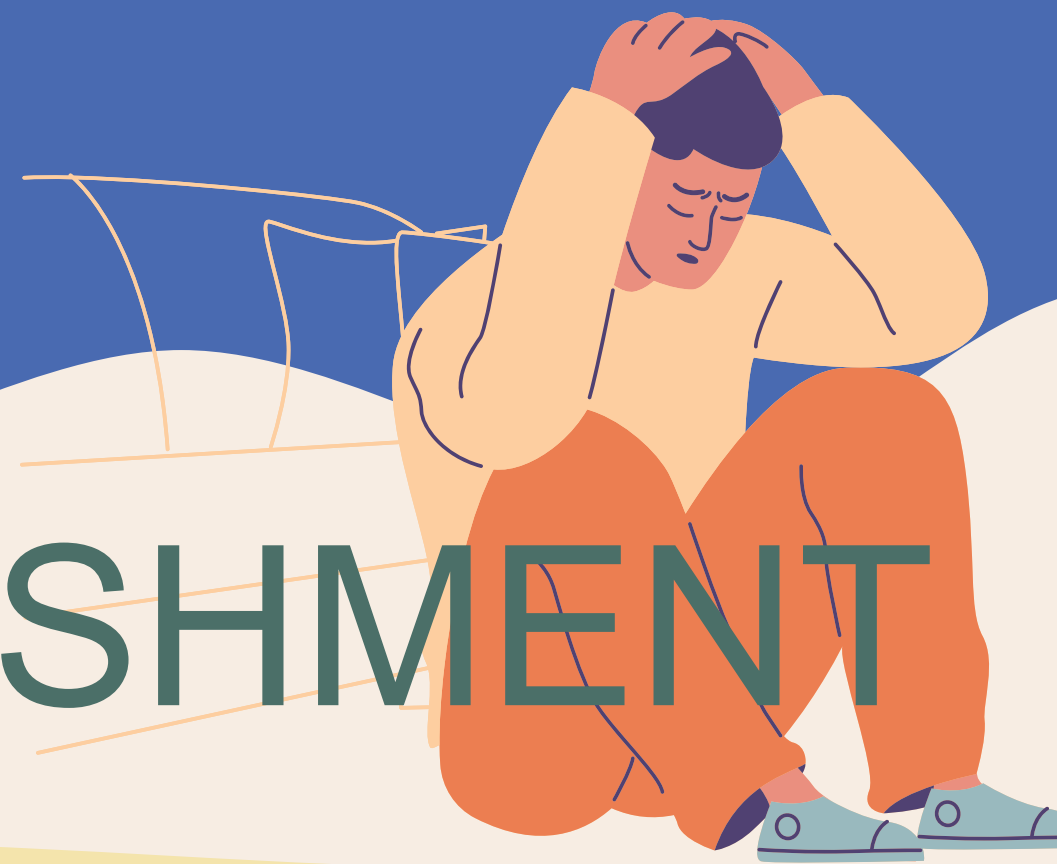
Supports the increase of a behavior that we want to see more of by giving a desired item or social interaction

Empowers teens to make a positive choice

encourages a positive relationship between teen and Adults



PUNISHMENT



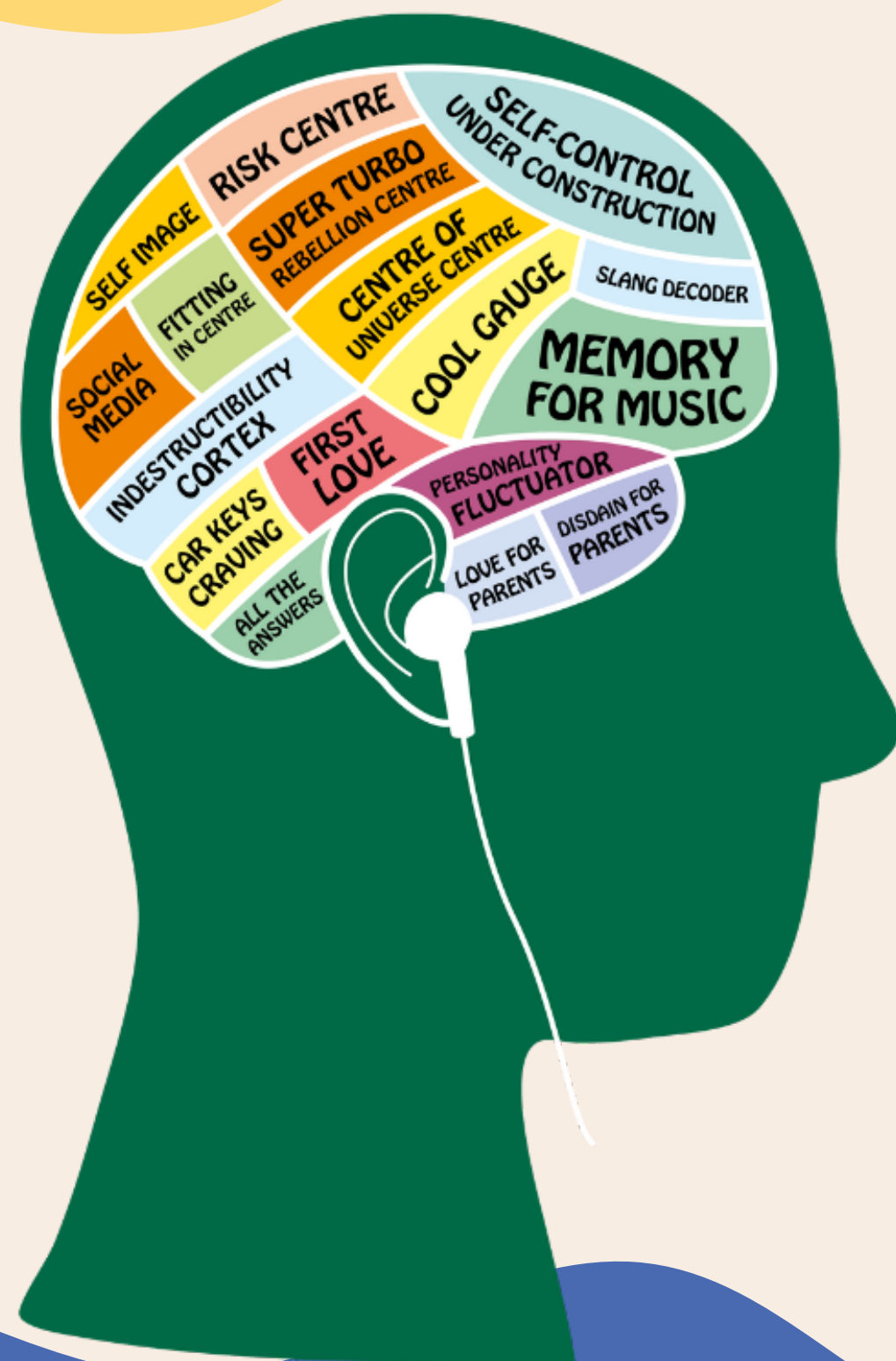
Discourage the undesired behavior
connecting with a negative
consequence

Causes a power struggle and negative perception of the person giving out the punishment

Strengthens the negative relationship between Teens and Adults

Information provided by Dr, Eva

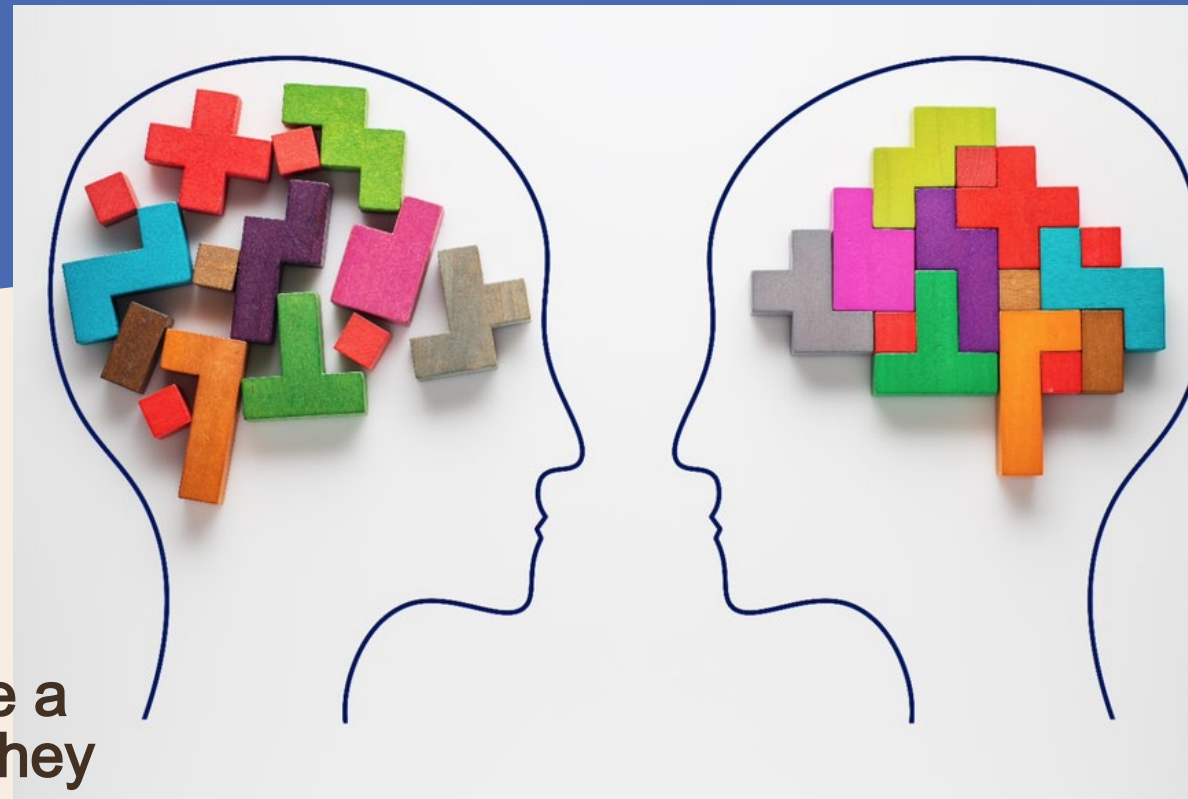




SKILL BUILDING

THE WHY!

“The best that carrots or sticks—can do is change people’s behavior temporarily. They can never create a lasting commitment to an action or a value, and often they have exactly the opposite effect...”
- Alfie Kohn



Making them part of the process
builds less resistance

They are unresolved Problems
That limit your Teens' ability
to stay regulated and follow
directions that are given

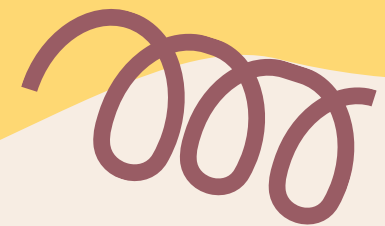
Being aware of and considering the skills that
may impact a child’s capacity to handle life’s
problems and frustrations and meet various
expectations helps caregivers move away from
motivational explanations for concerning
behavior

Assuming that your Teen knows what
to do, does not mean that they do.

Teens need to be taught what is
expected of them

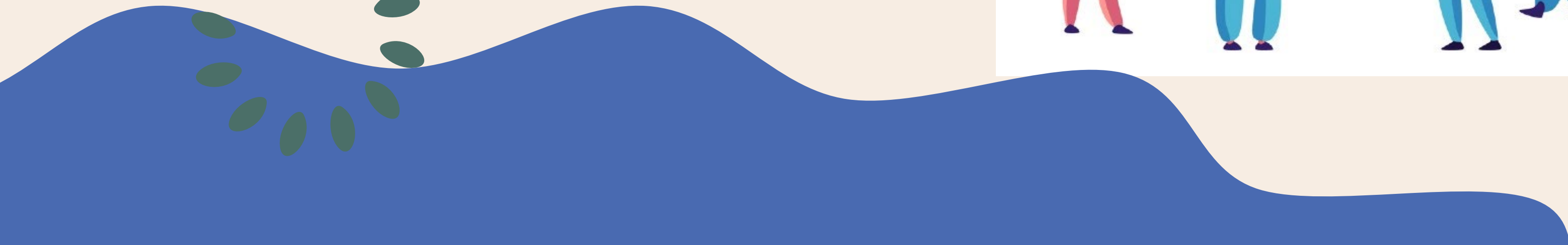
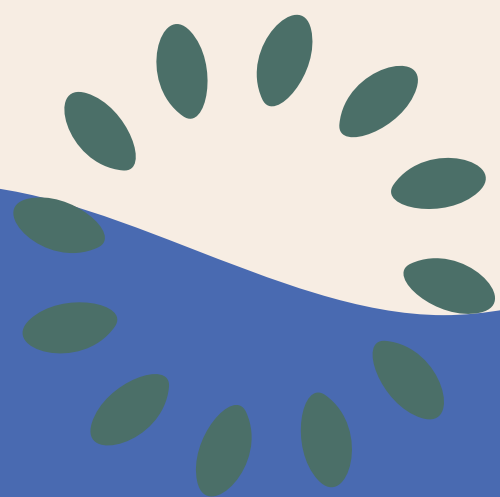
Understanding the
Why



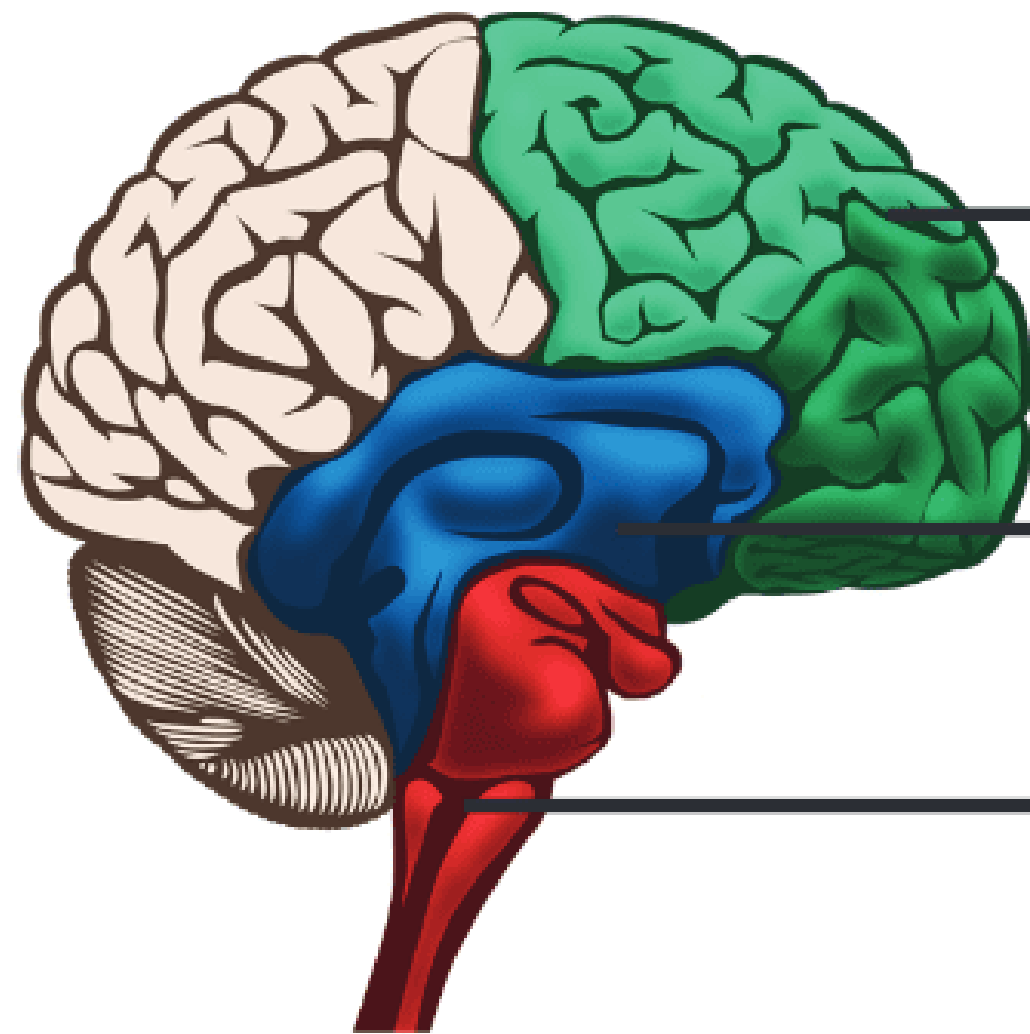


BRAIN STATES

THE IMPORTANCE



BRAIN STATE



Executive State

Need: Problem solving opportunities

Looks like: Wisdom, unlimited skills

Message: What can I learn?

Emotional State

Need: Connection

Looks like: Back talk, sass, yelling, verbal reactions

Message: Am I loved/connected?

Survival State

Need: Safety

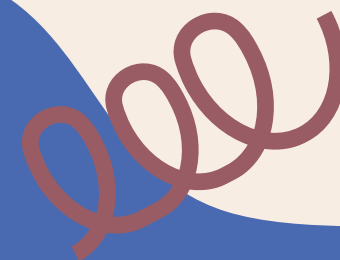
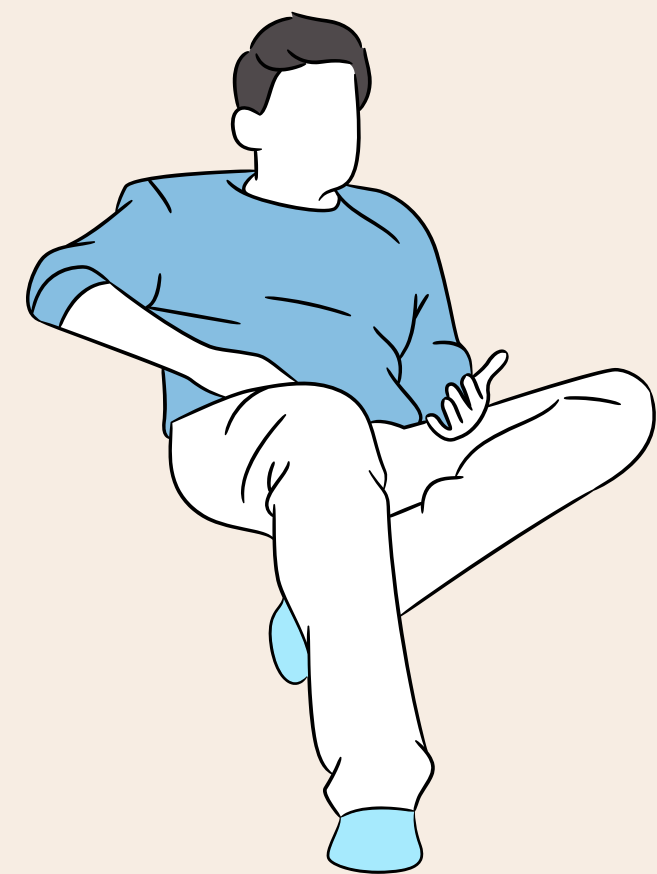
Looks like: Hiding, fighting, surrender, physical reactions

Message: Am I safe?

The Conscious Discipline Brain State Model helps us understand how the brain works in relation to discipline. An upset adult is always a threat to children's sense of safety. We must actively calm ourselves if we are to help children calm themselves. Taking three deep breaths helps us calm down by shutting off the stress response in the body.



TAKING ADVANTAGE OF THE KNOWLEDGE



Working with Teens is more effective
than forcing them into compliance

Communication is key!

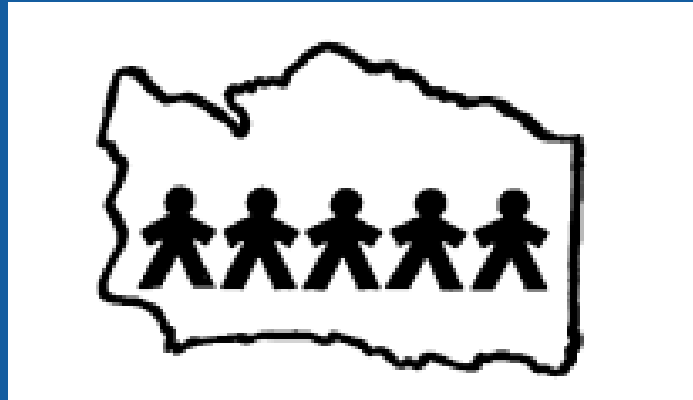
Removing the power struggle!

Having teens earn, than taking away their
activities is more effective

Supporting their ability to stay regulated



Special Education Resources



Parent Handbook
available on SBCSELPA
Website
www.sbcselpa.org



Parent Handbook(ENG)



Parent Handbook (SPA)

Contact Us

SBCSELPA
5385 Hollister Ave., Bldg. 7
Mail: 5385 Hollister Ave., Box 107
Santa Barbara, CA 93111

Phone: (805) 683-1424
Email: selpa@sbcselpa.org



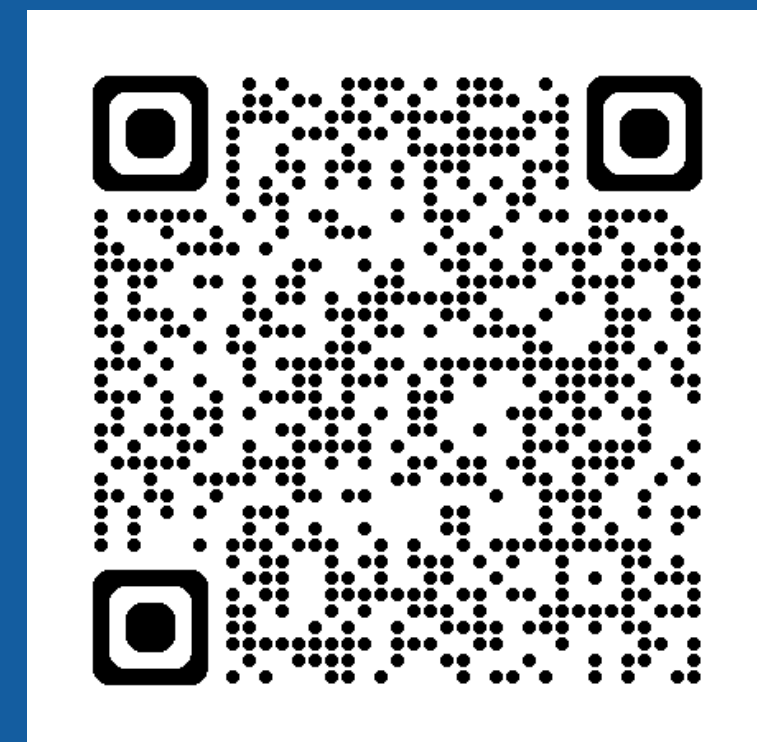
LIFESPAN SUPPORT SERVICES

LIFESPAN SUPPORT SERVICES

(805) 452-8789 | AlphaFRC.org

4501 Cathedral Oaks Road, Santa Barbara, CA 93110

Alpha Resource Center is a 501(c)(3) Non-Profit Corporation.
All donations are tax-deductible. Federal Identification #95-1966996





Thanks For Coming !



Connect with us.

www.smjuhsd.k12.ca.us

[Righetti High School](#)

[Pioneer Valley High School](#)

[Santa Maria High School](#)

[CTE Center & Agricultural Farm](#)

*Please grab our book resources
on your way out !*

