

Crisis Intervention With Adolescents

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What We'll Discuss

- Teen brain – how teens are different from adults
- Common mental health diagnoses
- Managing family conflicts
- Helping suicidal teens

The Adolescent Brain

- Prefrontal cortex not mature – judgment, insight, reasoning, future planning reduced
- Hormones, particularly testosterone increases risktaking
- Speech fully developed – sound good but no judgment

- Difficult to interrupt action once under way – e.g., speeding
- Difficult to think through before acting
- Difficult to resist peer pressure
- Can express feelings but has difficulty evaluating

- Dopamine links prefrontal cortex to reward centers in midbrain (danger, love)-
“That was great, let’s do it again!”
- Nicotine affects quicker

Common MH Diagnoses

- **Oppositional Defiant Disorder** – loses temper, argues, spiteful, deliberately annoying, blames, touchy
- **Conduct Disorder** – Aggressive people and animals, steals, cruel, uses weapons, destroys property, stay out to 3 am

- **Attention deficit disorder** – difficulty concentrating, overactive, impulsive
- **Depression** – don't care, flat mood, sad, but also agitated, reckless behavior
- **Addiction** – drugs but also cutting behavior
- **Eating disorders** – anorexia, bingeing, purging

Family Conflict

- Teens need structure and nurturing – without nurturing won't listen, engage in power struggles
- Strong need to “save face,” get the last word
- Family conflicts reaction to stress in and out of family – school, losses, family addictions, child as scapegoat

Family Intervention

- Separate family members if necessary
- Active listening – reflect back how teen feels – “that makes you mad” “you’re frustrated”
- Remain calm, use as few words as possible, make simple statements
- Control process – avoid lectures, calm environment; give options

Suicidality

- Female teens have high rates of attempts – need to treat attempts seriously
- Males make fewer attempts but use more violent means
- Highest rates are early 20's and 65+
- Suicide is a bad solution to other problems; often person has sense of relief once develops a plan

Signs of Suicide

- Comments – “I won’t be here,” “Nothing matters anymore”
- Behaviors – giving personal items, saying good bye to friends, family
- Emotions – after seeming upset or depressed, may seem more calm

Risk Assessment

- More detailed the plan, the more serious – has specific means, time, details
- Fewer resources, greater the risk – e.g., isolated, few successes, no spiritual comforts
- History of attempts or family history of suicide

Suicide Intervention

- **Engage** – remain calm, make connection
- **Ask** about suicidal thinking
- **Assess** about risk factors – plan, attempts, supports
- **Ambivalent** – talk about positives, family, friends, can fix problem
- **Negotiate** a plan – if low risk connect to counseling; higher risk, bring in for assessment