A Contemporary Look At Today's Youth – Challenges and Opportunities for Change

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Youth Mental Health – What's the Real Picture in Mental Health/Substance Abuse?

- Surgeon General/President's New Freedom Commission: Approx. 20% (1 in 5) have a diagnosable/treatable mental health condition; these numbers vary from 16% to 23-24% depending on various studies. 5-9% are thought to have SED (serious emotional disturbances). In Cumberland County, there are approximately 86,700 persons under age 18 (US Census). Using these percentages **17,340** Cumb. Co. children and youth would manifest a diagnosable mental health/substance abuse condition -- **4355** would be seriously and emotionally disturbed (e.g., deep-end, multi-system) – by comparison, this would be 2 of our largest high schools, full of nothing but SED children!

More on Prevalence

- Most common problems/conditions?

	Prevalence (%)
Anxiety disorders	13.0
Mood disorders	6.2
Disruptive disorders	10.3
Substance use disorders	2.0
Any disorder	20.9

[From Surgeon General; Center for Mental Health Services (SAMHSA)]

At-Risk and Juvenile Justice Populations

	Overall	Males	Females
Any Disorder	70.4	66.8	81.0
Any Anxiety Disorder	34.4	26.4	56.0
Any Mood Disorder	18.3	14.3	29.2
Any Disruptive Disorder	46.5	44.9	51.3
Any Substance Use Disorder	46.2	43.2	55.1

From Skowyra, K. and Cocozza, J. (2007) – Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System

Co-Morbidities
(in NCMHJJ study)

- Most common co-occurring disorder with ADHD and Conduct Disorder? – Substance abuse (approx 60%), followed by anxiety (62%) and mood disorders (51%), and post-traumatic stress disorders. Trauma should not be overlooked as a psychogenic factor for mental health problems in youth

Individual, Group and Community Factors Involved in Conduct Problems – Why We Should Worry

In a 2005 nationally representative sample of youth in grades 9-12:

• 13.6% reported being in a physical fight on school property in the 12 months preceding the survey.

• 18.2% of male students and 8.8% of female students reported being in a physical fight on school property in the 12 months preceding the survey.

• 29.8% of students reported having property stolen or deliberately damaged on school property.

• 6.0% did not go to school on one or more days in the 30 days preceding the survey because they felt unsafe at school or on their way to or from school.

• 6.5% reported carrying a weapon (gun, knife or club) on school property on one or more days in the 30 days preceding the survey.

• 7.9% reported being threatened or injured with a weapon on school property one or more times in the 12 months preceding the survey

From: "Youth Violence Facts At A Glance"

SUMMER 2007 (Centers for Disease Control)

More From the CDC -- 2007

- In 2004, 5,292 young people ages 10 to 24 were murdered—an average of 15 each day
- Homicide was the 2nd leading cause of death for young people ages 10 to 24 years old
- Among 10 to 24 year-olds, 85% (4518) of homicide victims were male and 15% (774) were female
- Among homicide victims ages 10 to 24 years-old, 81% were killed with a firearm

Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2007) and NYRBS Data
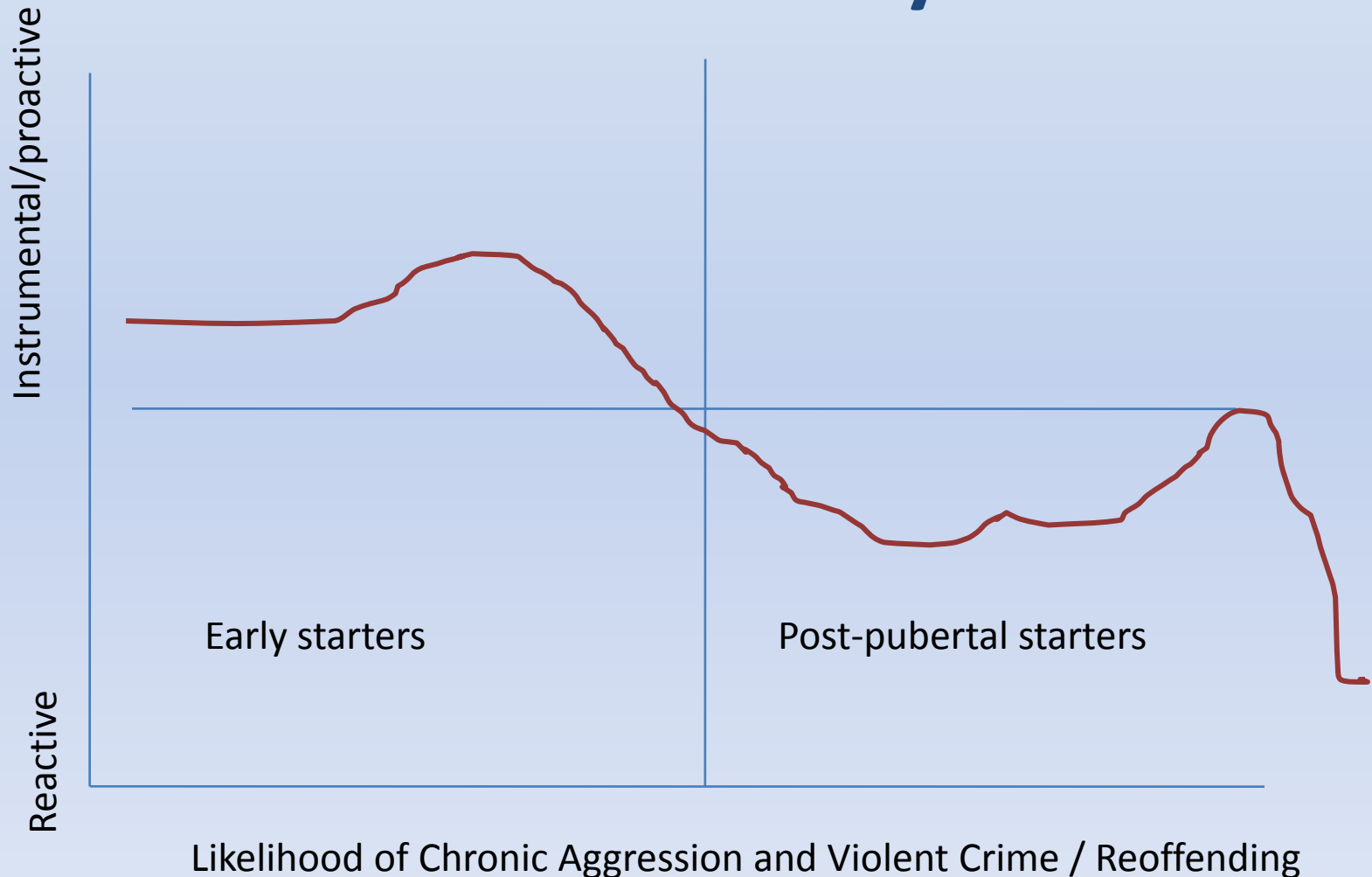
Youth Violence/Aggression

From a combination of biological, psychological, social and environmental factors:

- ✓ However, a large proportion of today's violence stems from learned behavior as represented in personal relationships, family members, media and community values/tolerance of violence as a means of expression

- ✓ Biological: cortisol (low levels of stress hormone), D2 (dopamine) receptor deficiencies or absorption issues, brain development / maturation delays, other chemistry and neurological / anatomical (e.g., amygdala and limbic system changes or impairment, orbital / pre-frontal cortices), decreased endocrine responses (instrumental aggression) vs. increased endocrine (reactive aggression)

- ✓ Psychological: social cognition, antisocial personality characteristics, feelings of threat & vulnerability, PTSD responses, feeling a lack of belonging/low self-efficacy and self-esteem, history of psychological/ physical maltreatment

- ✓ Temperament: irritability, difficult to calm, overly-sensitive, aggressive temperament, hypervigilant, impulsiveness

- ✓ Social: Peer influences, cliques/gang norms, gossip circling, on-line practices and expectations

- ✓ Environmental: social policies that encourage aggression or by default, do not respond effectively when violence occurs; prevalence of guns/weapons/drugs, social norms in neighborhoods, parents / others that either encourage or tolerate violence

Subtypes of Aggression

- Various dichotomies: overt/covert; verbal / physical; relational/behavioral; reactive / instrumental
- Most attended to in the literature (and mostly from Dodge, & his colleagues among many others):
  - Reactive (defensive, hostile, reciprocal; more difficulty encoding and responding to cues requiring the separation of hostile vs. non-hostile intent;)
  - Instrumental / dominant (colder-blooded, proactive, goal-oriented toward control-power-intrusion; more likely to endorse the use of aggression as a favorable strategy and to predict better outcomes because of it; prefer instrumental goals over relational ones)

Things to Think About – Dimensions and Chronicity

Other Key Issues

Source: Elliott, 1994. 95% confidence intervals are all less than or equal to ± 1.0%.
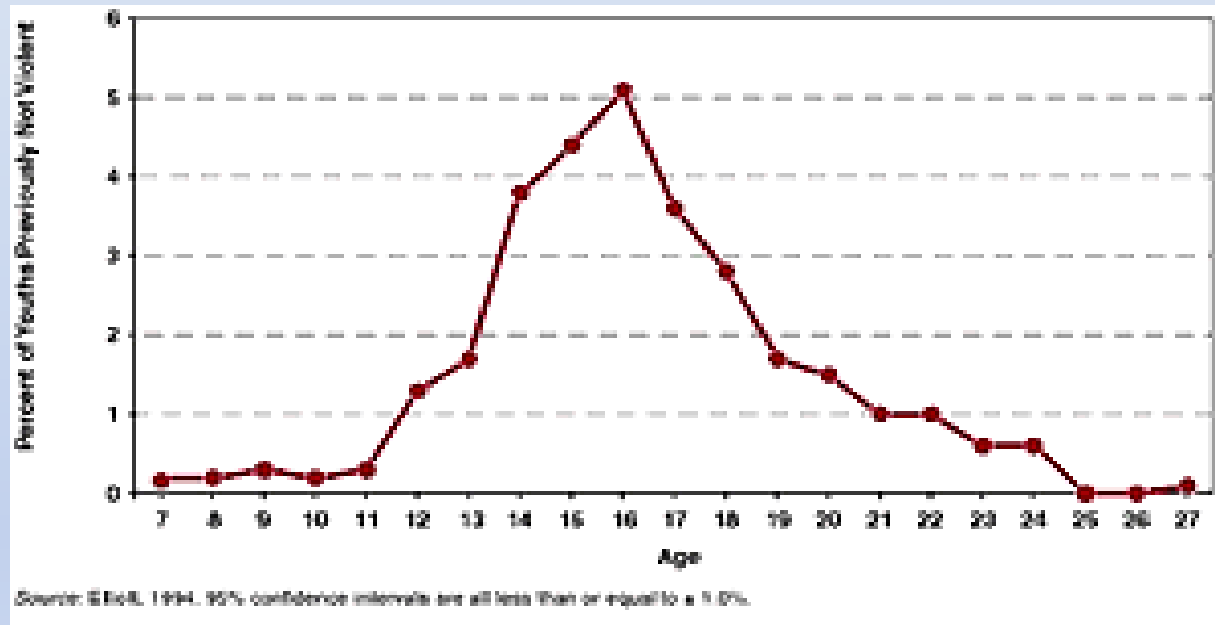
- Males generally more violent than females; aggression peaks in middle teen years
- Racial / ethnic differences: between ages 14 – 17 and even older, Af. Americans and multi-racial youth accounted for 36-50 % higher rates of youth violence (although metropolitan vs. rural data may reflect lower discrepancies) – (from Loeber and others)
- Females increasingly violent over the past decade.
- Homicide and suicide are the leading causes of youth deaths

School Violence, Relational Aggression and Instrumental/Proactive Aggression

- School violence is a leading cause of a number of psychological and social responses, including internalizing disorders (e.g., anxiety, trauma), externalization disorders (conduct disturbances, bullying, adjustment disorders with aggression and mood disturbance), and social reactions (gang affiliations, membership, cliques, face-to-face and online bullying, etc.)
- As many as 15-20% of students report daily fears of bullying, aggression, and fears of weapons on campus

Bully

Victim

Witness

Trajectories (Pathways)

While research is ongoing, 3 major pathways have been identified that lead to some decisions about chronicity and severity:

Early Onset (early starters): violence / aggression before puberty. Manifest higher rates of offending over time, longer periods of violence, more complicated outcomes (co-morbid with school problems, drug/alcohol/tobacco use, gang involvement, etc.) – between 20 and 40% of adult offenders began their violence pathways in early childhood (D'Unger et. al, 1998; Huizinga et. al, 1995) – anywhere from 39-65% of early onset violent offenders become chronic adult offenders (Loeber, 1998)
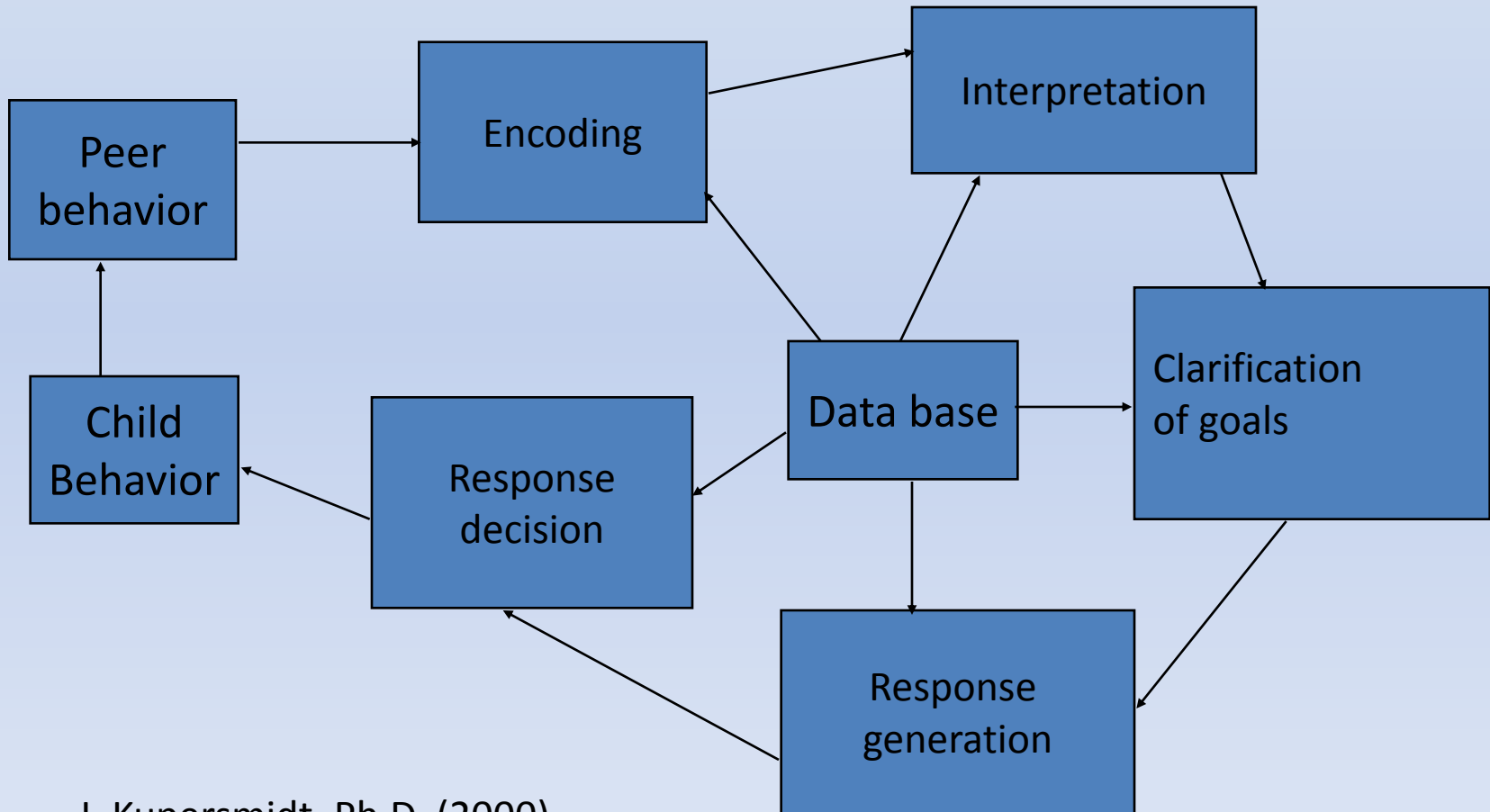
Late Onset: represents the majority of youth violence (60—80%) and offenders; don't show clear patterns of violence / aggression prior to puberty; more difficult to predict and understand

And of course, **periodic, developmentally normal aggression** that desists over time/maturation

Social Information Processing Model (Dodge et. al)

- Based primarily on misattributions caused by aggressive (faulty?) information processing by children – the misinterpretation of social cues so that typical interactions are interpreted with hostile intent, causing a need to prevent or intervene early in hostile/aggressive ways

- Faulty attributions more related to reactive aggression and less so (or not at all) to instrumentally aggressive youth (Crick and Dodge, 1996), Schwartz et. al, 1998)

Crick and Dodge Reformulated Social Information Processing (SIP) Model

Peer behavior → Encoding → Interpretation

Child Behavior → Peer behavior

Data base → Encoding

Data base → Interpretation

Data base → Clarification of goals

Data base → Response decision

Data base → Response generation

Clarification of goals → Response generation

Response generation → Response decision

Response decision → Child Behavior

J. Kupersmidt, Ph.D. (2000)

Crick and Dodge Reformulated Social Information Processing (SIP) Model (from Kupersmidt)

- Encoding of Cues: What happened?

- Interpretation of Cues: Why did it happen?

- Clarification of Goals:

    How would you like things to turn out?

- Response Access or Construction: What can you do?

- Response Decision:

    What is the best thing to do and why?

- Behavioral Enactment

More commonly hypothesized to relate to reactive aggressive processes

More commonly hypothesized to relate to instrumentally aggressive processes

YOUTH GANGS

- National Youth Gang Surveys report that the presence of youths in gangs nearly doubled between 1989 and 1995 (Howell & Lynch, 2000)

- In Cumberland County, youth gangs have been documented in every high school, middle school, and several elementary schools in the system

Gang Prevalence: National Youth Gang Center Data

Gang-Problem Rate, 1996–2005
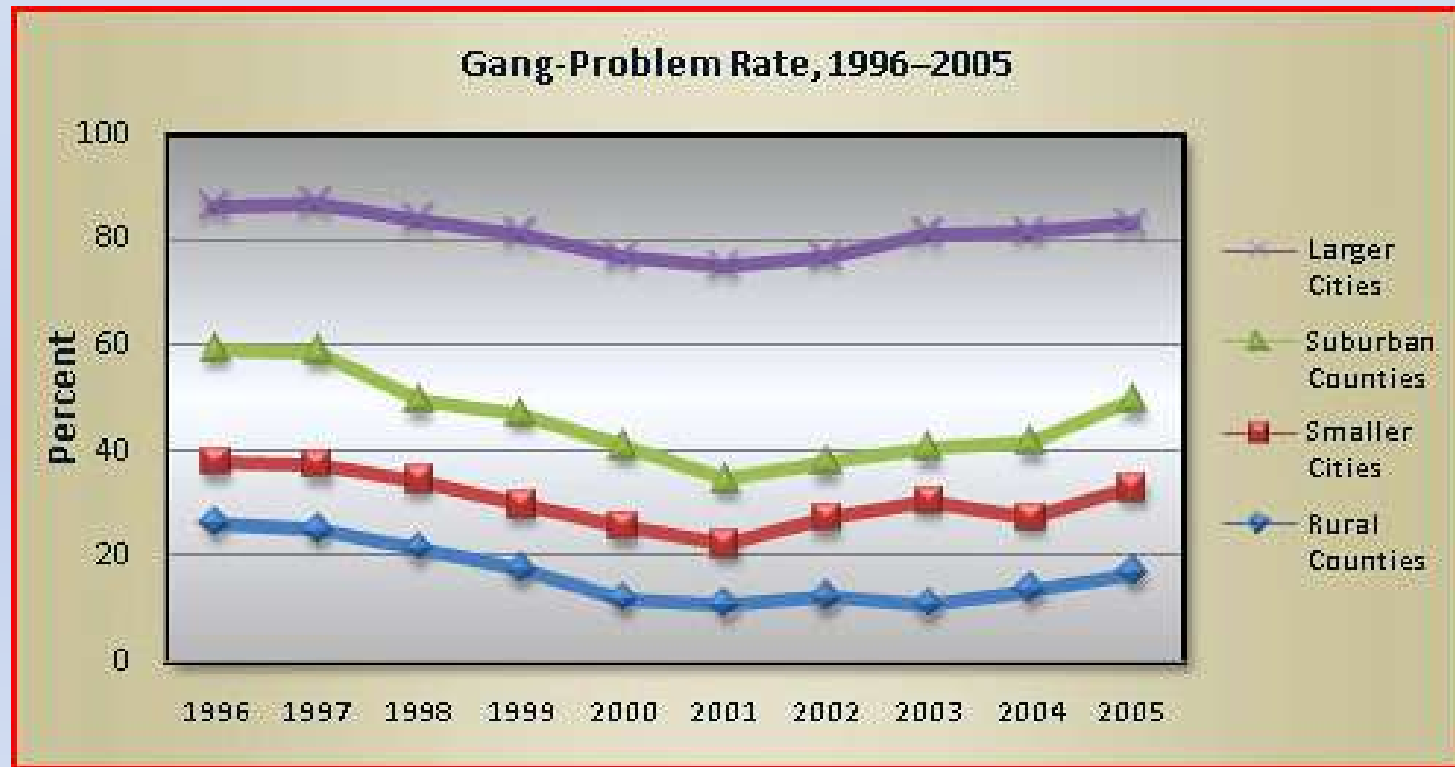
http://www.iir.com/nygc/nygsa/prevalence_of_youth_gang_problems.htm
(Respondents are Law Enforcement agencies serving jurisdictions across the country)

Youth Gang Dynamics- Why the Growth?

- Population growth

- Migration

- Media and public tolerance of gang-like culture

- Drug availability and use/tolerance

- Absence of nurturing, stable relationships at home or in developmentally important places

- Racial/ethnic norms around gangs and gang practices (e.g., MS-13; intergenerational Bloods, Crips, Folk Nation, etc.)

- Institutional size and dynamics (large schools, decentralized neighborhoods, loss of social controls in domains such as families, schools and communities)

Gang Prevention Strategies

- Relationships, relationships, relationships …

- Afford the same or better types of reinforcers (recognition, belonging, incentives, structured supervision, ceremonies/rituals, safety and protection) that gang recruiters use and maximize

- Start early, include home/school/peer and community levels of intervention and/or planning – e.g., be ecological in your thinking

Gang Intervention Strategies (Comprehensive Youth Gang Model)

- Suppression: (law enforcement surveillance, call-in's, tactical management of hot-spots, and aggressive prosecution of repeat offenders)

- Intervention: Use of an array of social, psychological, interpersonal, legal and other tools to stop deeper penetration and affiliation

- Prevention: use of social, psychological, family support and assistance resources to stop <u>any</u> affiliation or membership (including law enforcement prevention programming)

# More on Comp. Youth Gang Model (from their web site at:

- **Community Mobilization:** Involvement of local citizens (including former gang youth and community groups and agencies) and the coordination of programs and staff functions within and across agencies.

- **Provision of Opportunities:** The development of a variety of specific education, training, and employment programs targeted at gang-involved youth.

- **Social Intervention:** Youth-serving agencies, schools, grassroots groups, faith-based organizations, police, and other criminal justice organizations "reaching out" and acting as links between gang-involved youth (and their families) and the conventional world and its needed services.

- **Suppression:** Formal and informal social control procedures, including close supervision or monitoring of gang youth by agencies of the criminal justice system and also by community-based agencies, schools, and grassroots groups.

- **Organizational Change and Development:** Development and implementation of policies and procedures that result in the most effective use of available and potential resources within and across agencies to better address the gang problem.

Gang / Violence Prevention Strategies (2)

CDC Best Practices suggests……

- Parent/Family Strategy (improve family relations, parenting skills and communications)

- Mentoring (individual level skill building supervision, coaching, guiding, monitoring, rewarding)

- Social / Cognitive strategy (improves attribution training, thought processing, coding and reaction skills to social and interpersonal cues) – often involves individual, group and school/peer approaches

- Home visitation/family intervention strategy (bring community and formal/informal resources to at-risk or higher risk families)

Example: UNITY Approach: Community Youth Violence Prevention

From: http://www.preventioninstitute.org
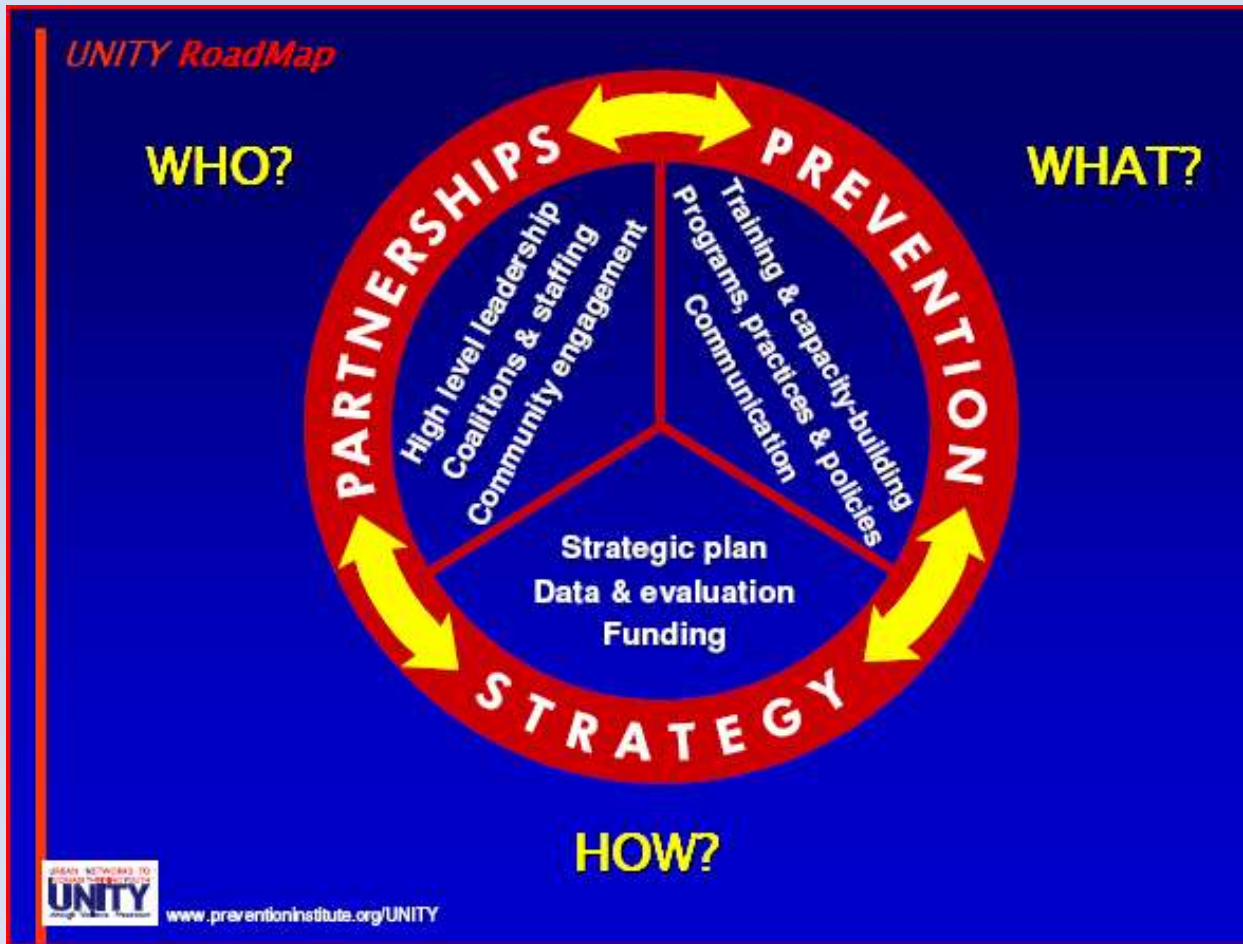
Web Resources

- www.helpingamericasyouth.gov   (Helping America's Youth)

- www.americaspromise.org (America's Promise)

- http://www.cdc.gov/ncipc/dvp/bestpractices.htm (Centers for Disease Control Best Practices in Youth Violence Prevention)

- http://www.iir.com/nygc/   (National Youth Gang Center; data & solutions)

- http://mentalhealth.samhsa.gov (search for youth violence, aggression and/or related terms)

- http://mchlibrary.info/KnowledgePaths/kp_adolvio.html (Maternal and Child Health Library)

- http://pathwayscourses.samhsa.gov/bully/bully_intro_pg1.htm (**The ("ABCs of Bullying Addressing, Blocking, and Curbing School Aggression")** CSAP Bullying Prevention On-line prevention course – quite good

- http://www.nrepp.samhsa.gov/   (National Registry of Evidence-Based Programs and Practices

Thank you!!!! For further information:
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