

Working with Troubled Adolescents

Changing the language from troublesome to troubled



Rebecca Carr-Hopkins
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In small groups

Consider developmental theories, attachment issues, family systems, biological factors, environment, culture, peers, risk.

1. Key developmental milestones?

2. Challenges that could disrupt development in a non risk 'typical' population?
(For example, loss of a parent)

3. How could these effect those children when they hit adolescence?
(What sort of behaviour could you see?)

4. How do these differ in a 'risk' population?
(For example, exposure to parental drug use)

0-4 years

5-11 years

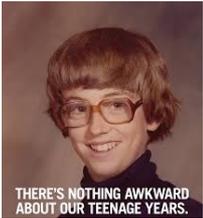
12-17 years

18-25 years

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Core Tasks

- o Risk Taking
- o Self-consciousness.... embarrassment
- o Sense of self
- o Peer influence



THERE'S NOTHING AWKWARD ABOUT OUR TEENAGE YEARS.

3

- o Adolescents aren't stupid. - rationally they already understand the risks.
- o **But...** in the heat of the moment, when they're offered a cigarette or an ecstasy tablet, many adolescents care far more about what their peer group thinks of them than about the potential health risks of their choice.
- o Often their decisions are driven by the fear of exclusion by their friends, rather than by a dispassionate consideration of the consequences.


Vs.


4

Adolescent brain development

- o Most of the brain development during adolescence is in areas key to regulation of behaviour, emotion and to the perception of and evaluation or risk and reward (Steinberg, 2005)



"One is starting an engine without yet having a skilled driver behind the wheel!" ©APL, 2001

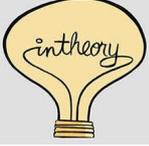
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Attachment is...

....a 'theory' or 'set of ideas'

....developed in UK by John Bowlby

'A close and continuous bond with the mother' 1951





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Attachment & Adaptation



Expanded by Crittenden:

'A theory about protection from danger and how we organise in the face of it'

because...

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....parents aren't always protective and comforting



8

....and other people and the environment aren't always safe



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....attachment and adaptation = the solution



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Security & Safety

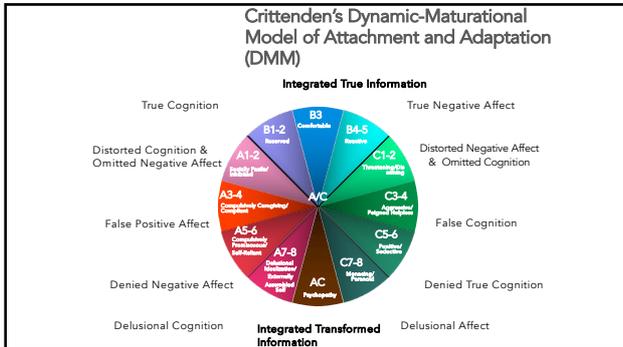
only adaptive in a context of safety and security

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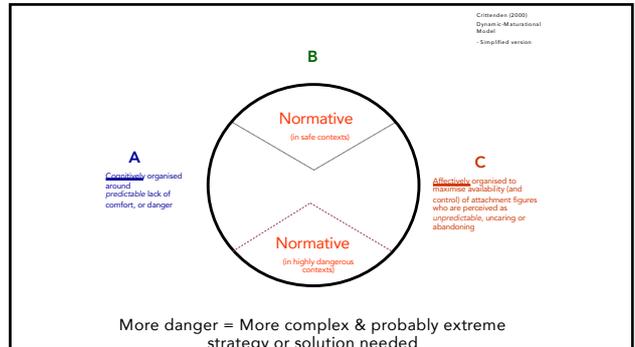
In unsafe or dangerous contexts...

insecurity and protective strategies are needed

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A shift in focus about what attachment does...

SURVIVE:
Optimise safety and security



FUNCTION:
Learn how to be a human being (make sense, model, cope, explore - especially the self and others)



David Howe Prodisca seminar Presentation 2005

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The danger of pathologizing typical behaviour

- What is typical?
- Reframing exposure to danger and adversity?



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DANGER SCALE

1-2	Developmentally normal, expected dangers, from which the child was protected and comforted. Example: being hungry or tired (infancy), falling over (toddlerhood), skinned knees, competition with a sibling (preschool), seeing parents fight, being teased, being rejected (school-age), being jilted, drugs, fighting with parents (adolescence)
3-4	Developmentally normative dangers for which one was protected, but not comforted OR developmentally inappropriate dangers from which one was protected and comforted Example: serious accidents/illness, family death
5-6	Developmentally inappropriate dangers from which one was neither protected nor comforted Example: family death, mentally ill parent, war
7-8	Parentally inflicted dangers (no comfort, no protection) Example: physical, emotional or sexual abuse/neglect
9-10	Ongoing endangerment (in the present)

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In small groups

In your life or from your practice experience...what reduced the effects of challenges in younger childhood to reduce the effect in adolescence? And when? And how?

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SURVIVE  **FUNCTION**

↓

For both of these, the vulnerable human infant needs another who is **stronger** (safety and protection) and **wiser** (in the ways of the mind and the world)

↓

...a person spec for parenting!!

A relationship with a caregiver

David Howe - Prodigia seminar Presentation 2005

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Without a relationship with a caregiver....the baby will?

DIE!



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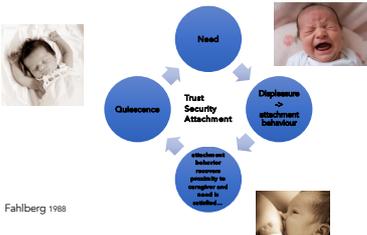


Attachment Behaviour...

A set of instinctive behaviours.. designed to attract adult caregiving and increase protection and comfort.

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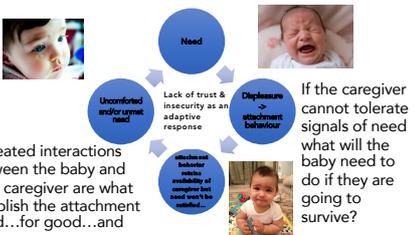
The arousal-relaxation cycle in an optimum caregiving context



Fahlberg 1988

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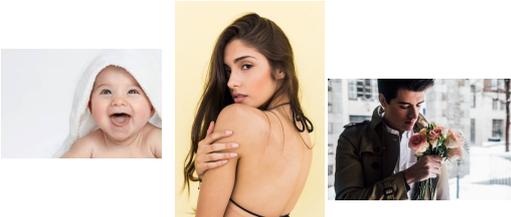
in a less than optimum caregiving context??



Repeated interactions between the baby and their caregiver are what establish the attachment bond...for good...and bad...

If the caregiver cannot tolerate signals of need what will the baby need to do if they are going to survive?

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As the child grows, they widen their repertoire of attachment behaviours/strategies and normally become more proficient at gaining favourable responses....

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The positive interaction cycle

Parent initiates positive interactions with the child

Child responds positively

Self worth
Self-esteem

Fahlberg 1988

If the child doesn't make their parent feel good their chances of survival reduce...faking good is a solution.....

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An example.... smiling when you're not happy (false positive affect)

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In small groups

How does danger change what behavioural strategies children have to use to increase their comfort and protection across different childhood stages?

1. Think of 3 attachment behaviours you would expect to see in children from a 'typical' population to increase their safety and comfort?
2. Give at least 1 example the behaviours change for children who are in danger and/or who haven't been sufficiently comforted and protected?

0-4 years	5-11 years	12-17 years	18-25 years
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Quality of Attachment

Dependent on the attachment figure's physical and emotional:

- o Availability
- o Sensitivity
- o Reliability
- o Predictability
- o Responsiveness

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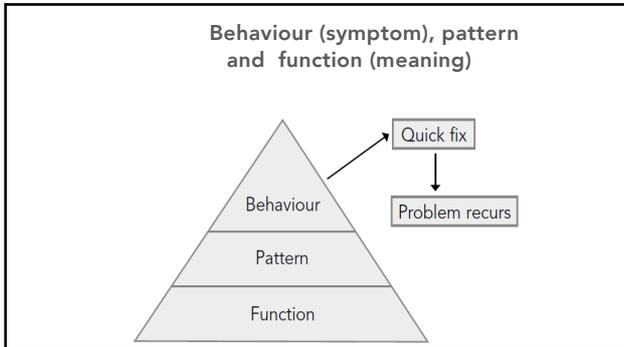
...in less than optimum caregiving contexts....the human being will keep itself as safe as it can and feeling as secure as it can... in the context it's in... by using whatever means it can....

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Changing the language from problem to solution.....

....often the problems that bring young people to the attention of services started off as solutions to other problems...

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In dangerous and/or neglectful caregiving contexts.....
 ...children may find a **solution** to a lack of comfort and protection by looking outside the family

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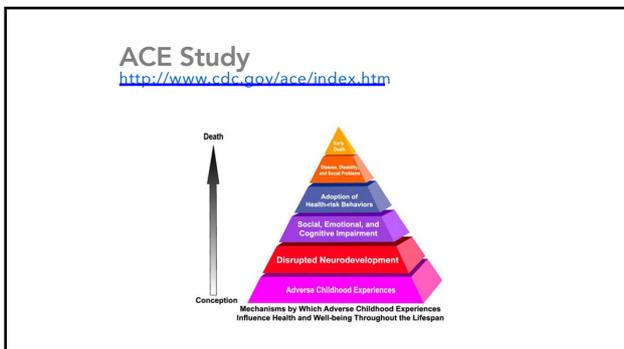
Sexual exploitation

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or substances.....

or **SEX** the list goes on....and on...

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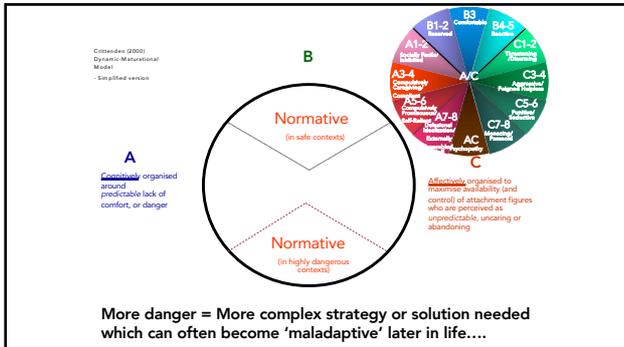


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The Impact of Adverse Childhood Experiences on Addiction and Other Health Issues

- o 4 times more likely to be a high risk drinker
- o 6 times more likely to have unintended teenage pregnancy
- o 6 times more likely to smoke
- o 6 times more likely to have under age sex
- o 11 times more likely to smoke cannabis
- o 14 times more likely to be a victim of violence in last 12 months
- o 15 times more likely to have committed violence in the last 12 months
- o 16 times more likely to have used crack cocaine or heroin
- o 20 times more likely to have been incarcerated at any point

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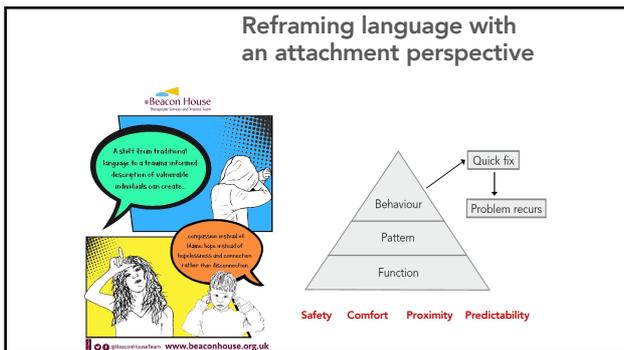
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A definition of attachment

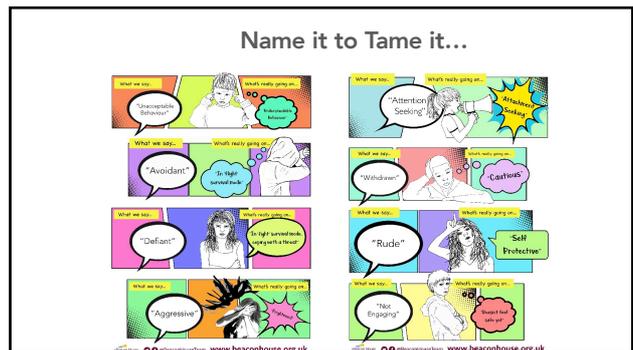
Attachment is a theory about danger and how we organise in the face of it. (Crittenden and Claussen 2000)

- Faced with (perceived) danger we seek safety
- Faced with (perceived) distress we seek comfort
- Faced with (perceived) isolation we seek proximity
- Faced with (perceived) chaos we seek predictability

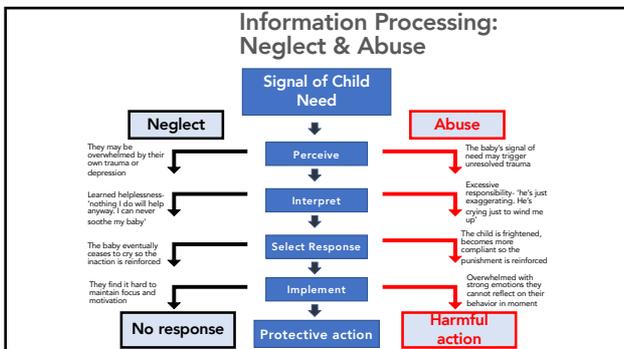
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Overnight Task

1. Identify a young person you are currently working with
2. Does what you've learned today help you understand the difficulties the young person is facing?
3. What might the self protective function be of any problematic behaviours?
4. What do you need to do next?
5. What resources can you use to help the young person?
6. What support do you need?

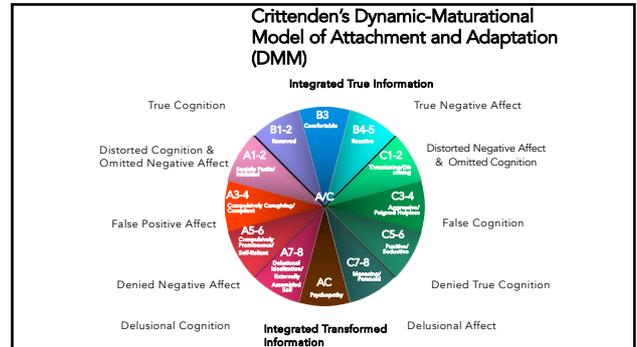
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Three main patterns of attachment

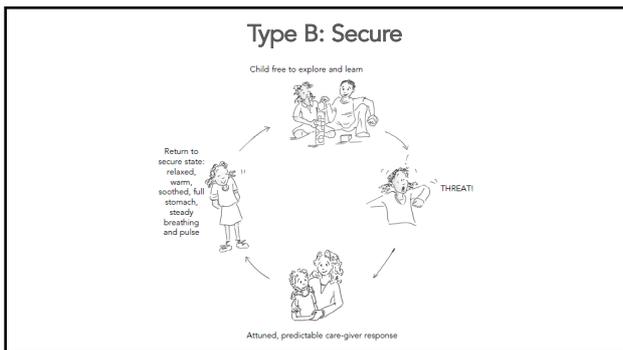


...with subsections and information processing

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Type B

Expect protection and comfort

Integrate thinking and feeling

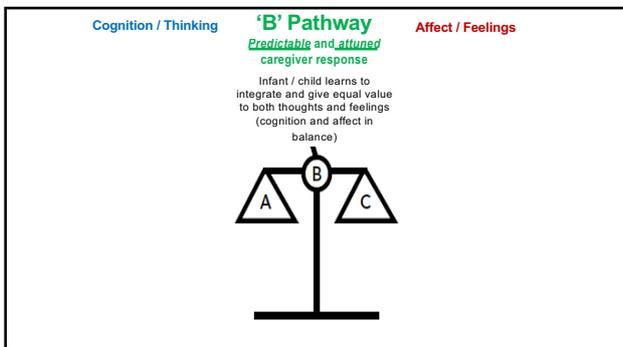
Feel confident to approach




Caregiver characteristics:

- ✦ Available
- ✦ Sensitive
- ✦ Attuned
- ✦ Mind-minded
- ✦ Flexible
- ✦ Responsive
- ✦ Good enough

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Type A / A+

Inhibit things that will displease carers

Do things that will please or placate predictably rejecting or dangerous carers




Caregiver characteristics:

- ✦ Predictably unresponsive to attachment behaviour
- ✦ Predictably rejecting of attachment behaviour
- ✦ Predictably hostile to attachment behaviour
- ✦ Predictably cold in response to attachment behaviour
- ✦ Conditional in response to attachment behaviour
- ✦ Intrusive
- ✦ Controlling

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Cognition / Thinking **'A' Pathway** **Affect / Feelings**

Predictable and unattuned caregiver response

Infant / child learns to value to thinking and cut off feelings (becomes *cognitively* organised)

Normative (age 0+)
People-pleasing / Inhibited (adaptive in safe contexts)

Concerning (ca. 3+)
Compulsively care-giving / Compliant (adaptive when comfort is obtainable with contingent behaviour)

Endangering (ca. 11+)
Promiscuous / Self-reliant (adaptive when closeness = predictable danger)

Delusional (ca. 18+)
Delusional idealisation (Stockholm syndrome) / Externally associated self (adaptive when life-threatening danger is predictable and inescapable)

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Development of a Type A strategy might lead to:

- undemanding infants, children and adults
- explosions of forbidden negative affect, or somatic symptoms resulting from suppression of emotions
- "workaholic" children and adults
- understanding relationships intellectually, but a lack of emotional engagement
- use of drugs or alcohol to escape social anxiety

N.B. In its milder forms, avoidant-type behaviour may be highly functional in some work and educational settings Howe et al, 1999

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Type C
Cannot predict carer's responses to attachment seeking behaviour

So use displays of emotion (vulnerability or invulnerability) to make carers more predictable and responsive

One feeling on display and the other hidden

Caregiver characteristics:

- ◆ Insensitive
- ◆ Under-involved
- ◆ Inconsistent
- ◆ Anxious
- ◆ Uncertain
- ◆ Preoccupied

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Cognition / Thinking **'C' Pathway** **Affect / Feelings**

Unpredictable and variably attuned caregiver responses

Infant / child learns to value to feelings more than thinking (becomes *affectively* organised)

Normative (age 0+)
Threatening / Dreaming (adaptive in safe contexts)

Concerning (ca. 3+)
Aggressive / Feigned Helpless (adaptive when comfort / protection is obtainable with exaggerated affect and ongoing struggle)

Endangering (ca. 7+)
Punitive / Seductive (adaptive when comfort / passive aggression and / or seducing rescue)

Dangerous deception / Delusion (ca. 18+)
Mentoring / Paranoid (adaptive when life-threatening danger is ongoing, deceptive and unpredictable)

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Development of a Type C strategy might lead to:

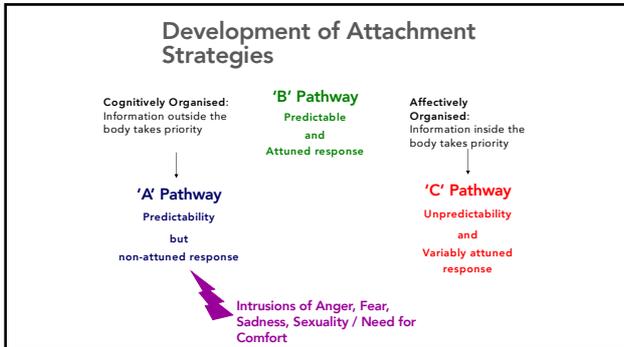
- attraction to groups – especially those which push boundaries to the limit and increase feelings of safety and invulnerability
- Impairment of social development and self efficacy
- displays of anger, aggression or vulnerability that change the behaviour of others

Adapted from Howe et al, 1999

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Day 2

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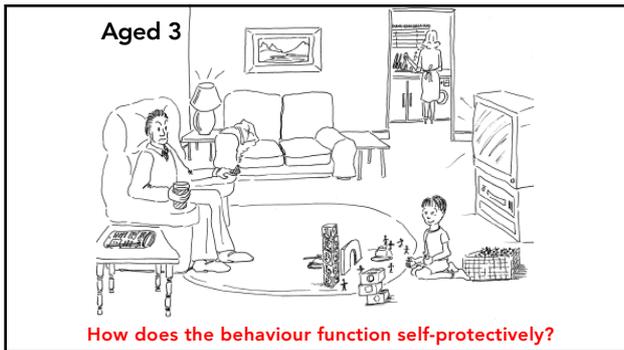


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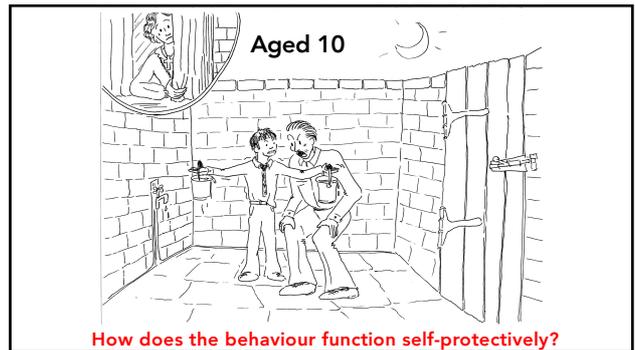
What strategy is best?

- Each is the best for some problem
- None is the best for every problem
- To be safe, we need them all
- Flexibility gives the greatest adaptability and maximum safety
- Whilst perfectly normative in dangerous contexts, extreme strategies can create a new kind of problem....such as...

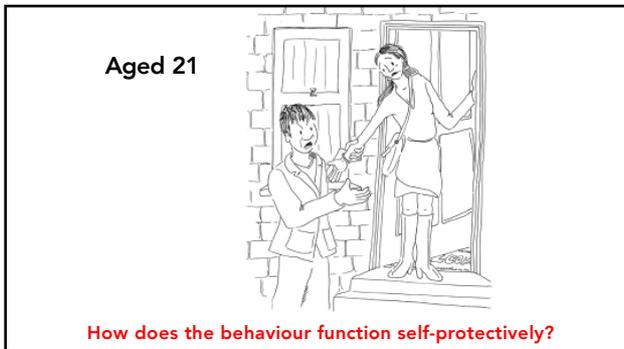
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Difficult conversations

- o Does knowing Adam's developmental history help you understand why he has behaved in the way he has?
- o How would you help Adam develop an understanding of this?



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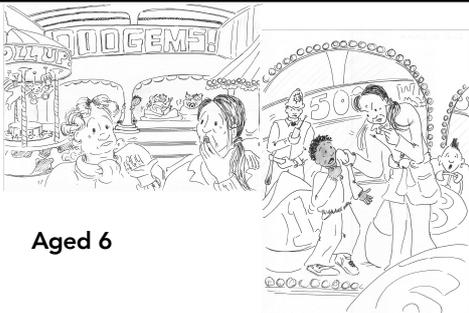


Aged 12 months



How does the behaviour function self-protectively?

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Aged 6

How does the behaviour function self-protectively?

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Aged 12

How does the behaviour function self-protectively?

64



Aged 20

How does the behaviour function self-protectively?

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Pre-birth assessment

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Difficult conversations

- What difficulties might Calum have in transitioning to being a father?
- How would you help Calum develop an understanding of this?

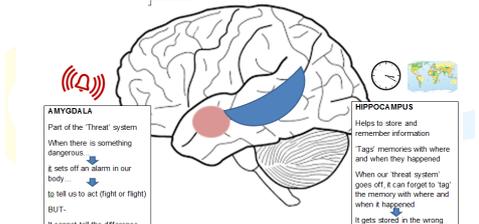


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tRAUMA

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Trauma and the brain



AMYGDALA

Part of the "Threat" system

When there is something dangerous, it sets off an alarm in our body.

↓

to tell us to act (fight or flight)

BUT...

It cannot tell the difference between a 'real' danger or a danger that we are just thinking about.

HIPPOCAMPUS

Helps to store and remember information

Tags memories with where and when they happened

↓

When our threat system goes off, it can forget to 'tag' the memory with where and when it happened

↓

It gets stored in the wrong place

↓

When we remember, it can feel like it is happening, again

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Bottom-up, The Hijacked Brain

Everyday experiences connected to the trauma will trigger instinctive survival responses: fight, flight, freeze, collapse and numbing, dissociation, re-enactment behavior. The client's animal brain takes over, the ability to think goes "off line," & acting out behavior takes place without conscious intention or judgment, even without awareness!

Janina Fisher, 2007

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Regulate, then relate,
then reason.

-Bruce Perry

beaconhouse.org.uk

The Repair of Early Trauma: A "Bottom Up" Approach

The Three R's

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How can you help?

deliver an intervention....

with proven efficacy...

for resolving the problem you've identified...



EFFICACY

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What type of worker strategy is optimum for working with young people?

A, B or C???

A self aware one!

Who understands the implications of their own bias in information processing and works actively to ensure it doesn't impact their practice



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Key messages for practitioners

- The worker/service user relationship can evoke attachment strategies, particularly under conditions of stress. **You don't want your attachment strategy going out to meet your service user's attachment strategy!**
- The skills, personal qualities and self-awareness of workers are fundamental to successful interventions, and to attachment based working
- "the capacity to be in touch with the client's feelings is related to the worker's ability to acknowledge his/her own. Before a worker can understand the power of emotion in the life of the client, it is necessary to discover it's importance in the worker's own experience..." Shulman, 1999
- Attachment informed practice needs attachment informed supervision to support it Bain & Morrison (2011)

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Task

In a pair, with somebody you don't usually work with:

1. Tell your colleague about your family tree (overnight task) so you have the experience of talking about your own developmental history with a stranger
2. Ten minutes each – so information likely to be brief
3. Keep yourself safe and only share what you feel comfortable with

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Questions for Reflection

How well do I know myself as a worker? In pairs, discuss...

1. Do I know what hooks my 'A' or 'C' responses?
2. What do I do when I or other people get angry, sad or scared, or need comforting?
3. How able am I to function with an 'earned B' strategy when I am with clients / among colleagues / in supervision?
4. What do I tell myself is my role / 'mission' with clients? How do I want my clients to think of me? Who can give me accurate feedback?
5. **How will I incorporate aspects of this training into my practice?**
6. **What 3 'first steps' can I plan now?**

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