

Assessing the impact of chronic disease on Adolescents – a practical psychological paradigm



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Thank You

Sharon Caris

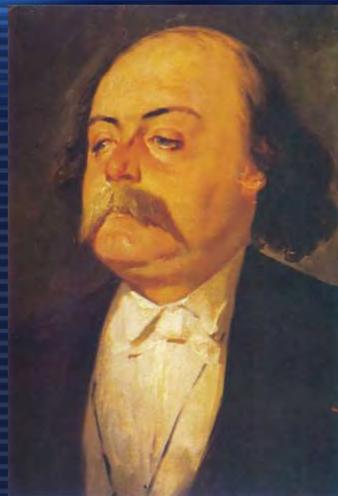


Conflict of interest statement



- National Ambassador – beyondblue the national depression interest
- Ambassador – ReachoutPro, Inspire Foundation
- Columnist – Girlfriend Magazine, Pacific Publications
- Parenting Editor – Sunrise, Morning Show - Seven Network
- Morning Show Psychologist, 3AW, Fairfax Radio

Gustave Flaubert



Life is tough for teenagers

Soaring teen
abortion
rate revealed

**More stress
for teen girls**

Schools feel
strain over
pupil woes

TV overload
breeds bullies

Children in care
up 70pc in 10 years

Reports of
child abuse
double in
four years

Girls warned of cyber stalkers

- **our teenagers live in an environment of:**
 - unprecedented social change
 - world turmoil
 - exposure to violent and sexual media images
 - high levels of family breakdown
 - Secular, disconnected communities

The period of adolescence



- is characterized by simultaneous **physical**, **psychological**, **social** and **sexual** transformations that compound the challenges faced by parents, health care providers and adolescent with bleeding disorders themselves.

Don't forget the siblings



- **Siblings of paediatric cancer patients: a population at risk.** Med Pediatr Oncol. Carr-Gregg M, White L. 1987;15(2):62-8

Chronically ill adolescents

- **more difficulties negotiating the tasks of adolescence**
- studies from Western countries show that **20-30% of teenagers have a chronic illness**, defined as one that lasts longer than 6 months.
- 450,000 children and young people aged over 10 and under 21
- **10-13%** of teenagers report having a chronic condition that substantially limits their daily life or requires extended periods of care and supervision.

Adolescent with chronic illnesses



- Are at risk for serious psychological problems:
 - Depression (Hysing et al, 2007; Olsson C et al 2003)
 - Anxiety (Ghanizadeh & Baligh-Jahromi 2009)
 - Suicidal behaviour (Goldston 1994)

Compliance



- with prophylactic factor replacement therapy frequently **declines when patients pass from childhood to adolescence** which carries significant health risk.

(Petrini P, Seuser A. Haemophilia. 2009 Jan;15 Suppl 1:15-9.)

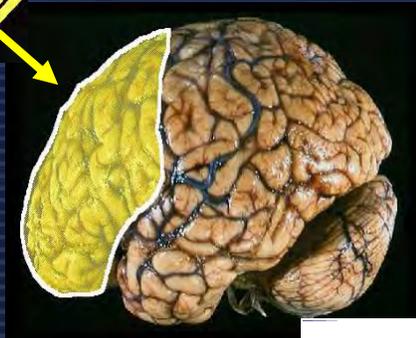
Specific problems



- Familiarity with long-term joint damage is lacking among the current generation of children who have grown up with prophylactic treatment
- **tendency of teenagers to focus primarily on short-term goals** increases the likelihood that regular prophylactic replacement therapy receives low priority.

Prefrontal Cortex

- Called the “Voice of Reason”
- Is the last bit to mature
- responsible for such things as
 - impulse control,
 - emotional regulation
 - strategic planning (anticipating the likely consequences of one’s actions) –
- continue maturing through the teenage years



Question 1

How many brain cells are there in the average teenager?



- a) 10 billion
- b) 50 billion
- c) 100 billion
- d) 500 billion

20 seconds

Answer 1

How many brain cells are there in the average teenager?



- a) 10 billion
- b) 50 billion
- ✓ c) 100 billion
- d) 500 billion

Question 2

A 100 years ago, girls had their first period at an average of 16 years of age.
What is the average age in 2008?



- a) 8.2 years
- b) 10.2 years
- c) 12.2 years
- d) 14.2 years

20 seconds

Answer 2

100 years ago girls had their first period at an average of 16 years of age. What is the average age in 2008?



- a) 8.2 years
- b) 10.2 years
- c) 12.2 years
- d) 14.2 years

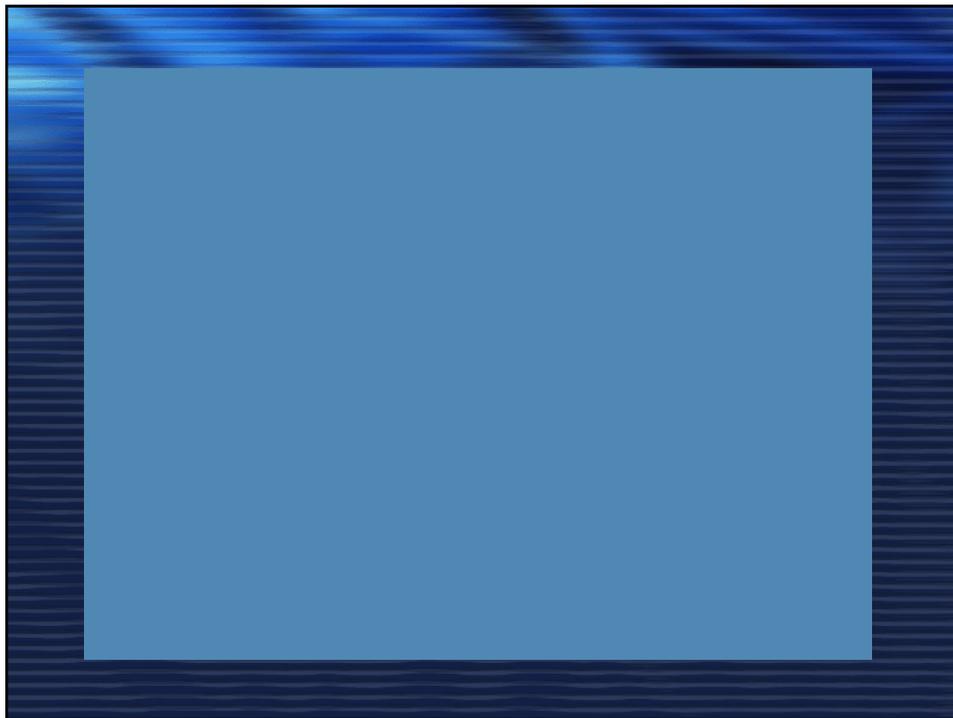
Question 3

In an experiment adults were shown this face and asked to identify the emotion it showed. They identified surprise. When teens were asked to do the same thing, what emotion did they see?



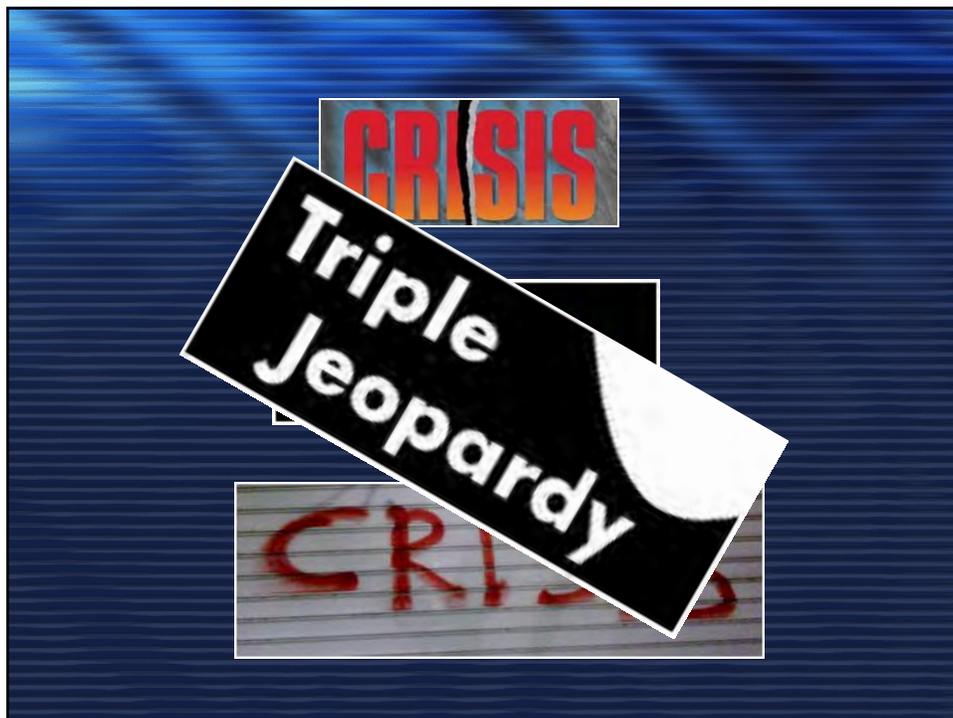
- a) Anger/Hostility
- b) Shock
- c) Terror
- d) Surprise

20 seconds



What influences compliance?

- is support from;
 - parents
 - peers
 - Caregivers
- who provide encouragement and support active participation in health care management.

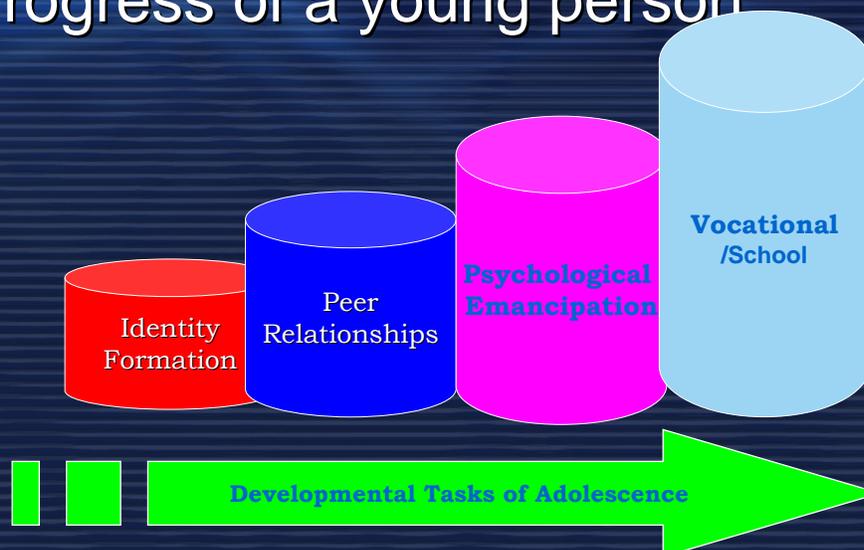


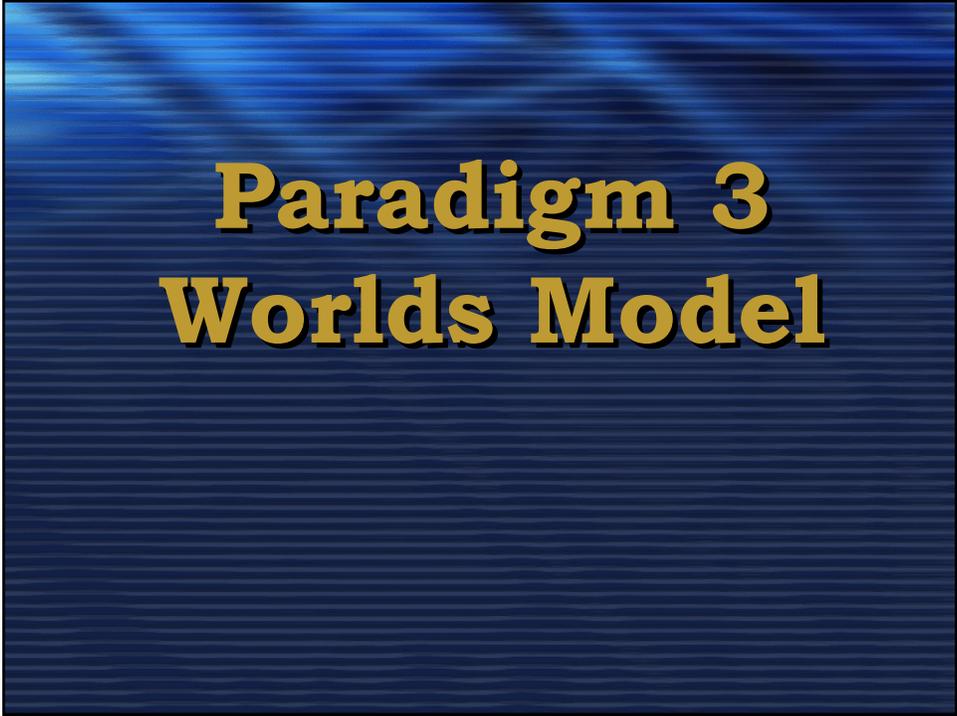
**Useful Paradigms for workers
with young people in health,
education and welfare**

**What's
normal?**

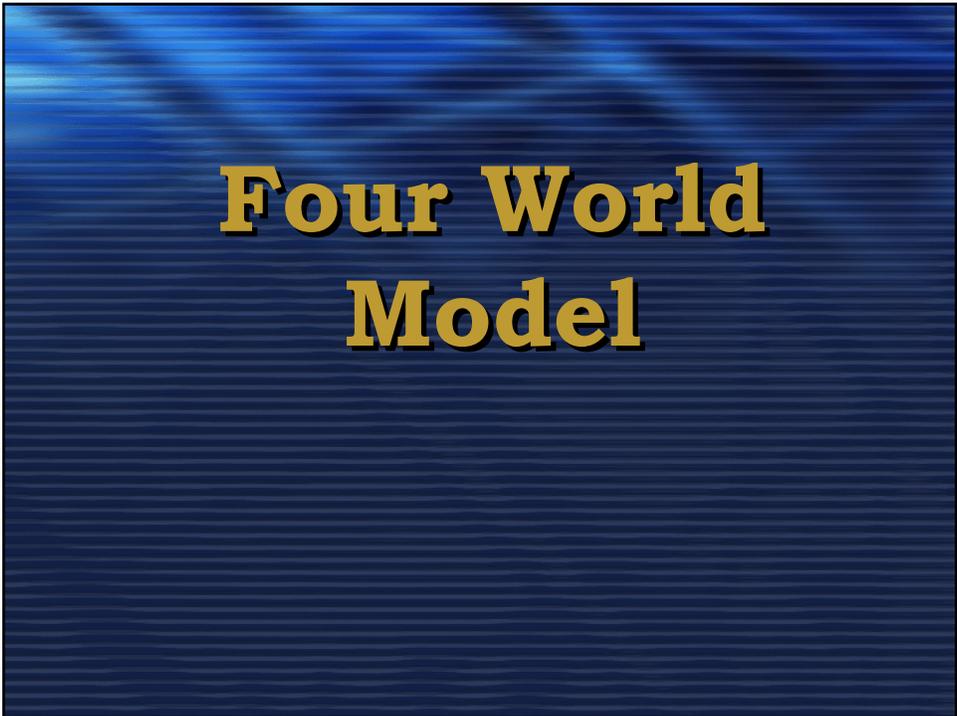
Paradigm 2 Developmental Tasks

Assessing the psychological
Progress of a young person



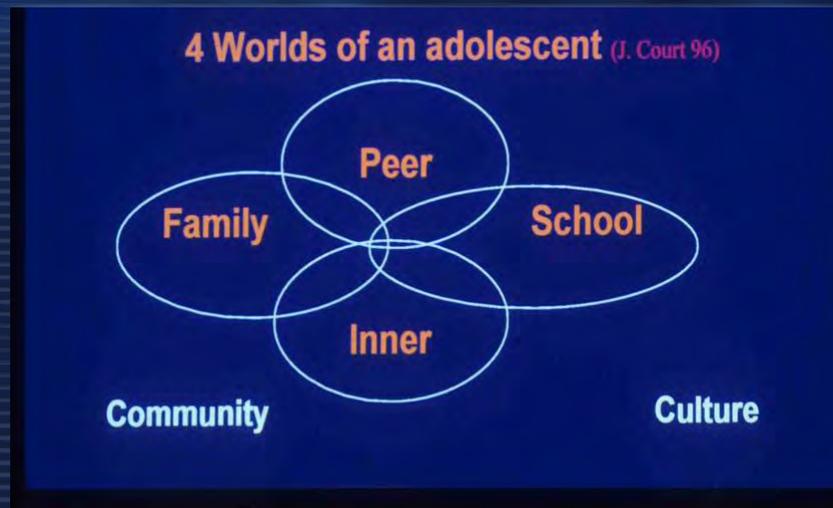


**Paradigm 3
Worlds Model**



**Four World
Model**

Risk & protective 1996 paradigm (John Court)



The new four world model (Carr-Gregg 2007)

Five world model (Carr-Gregg 2007)

Peer world

Inner world

School world

Digital world

Family world



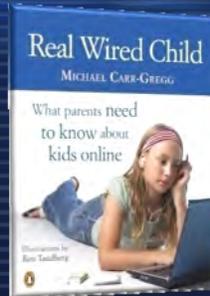
Why the fifth world?



- “...Why does the Internet qualify as its own social context, rather than a subset of an existing one...because it is **qualitatively different** from the others and **is an important part of identity formation** for young people that is **not being mediated by adults**. It offers independence, playfulness, seriousness, a peer audience.”

Source: Bradley, K. (2005). Internet lives: Social context and moral domain in adolescent development. *New Directions for Youth Development*, 2005(108), 57-76

Why the net?



- “... It is a place of **intense and unrestricted learning**. It has its own etiquette, system of rules, and morality, and it is in constant evolution. In a single generation, there has been a **paradigm shift**: adolescents inhabit a social context that their parents for the most part did not experience as teenagers. **It is a world that many parents still do not really understand**. And its ramifications are complex.” (p. 70)

Source: Bradley, K. (2005). Internet lives: Social context and moral domain in adolescent development. *New Directions for Youth Development*, 2005(108), 57-76

5 worlds of a young person

School
World

Digital
World

Family
World

Inner
World

Peer
World

Paradigm 4 Risk and Protective factors Model

Risk and protective factors



Risk and Protective factors for substance abuse & other youth behaviour



nSocial scientists have defined a set of risk factors for substance abuse, delinquency, violence, teen pregnancy, and school dropout.



nDr. J. David Hawkins, Dr. Richard F. Catalano and their colleagues at the University of Washington have reviewed more than 30 years of existing work on risk factors from various fields and have completed extensive work of their own to identify **risk factors for youth problem behaviours.**

Risk and Protective framework

- Hawkins and Catalano identified risk factors in important areas of daily life:
 - 1) the **community**
 - 2) the **family**
 - 3) the **school**
 - 4) within **individuals** themselves and their **peer** interactions

Multiple risk factors predict multiple problem behaviours

- many of the problem behaviours faced by young people
 - delinquency
 - substance abuse
 - violence
 - school dropout
 - teen pregnancy
- share many **common risk factors**
- reducing those common risk factors will have the benefit of reducing several problem behaviours



Risk factors

- exist in all areas of young people's lives
 - **community**
 - **school**
 - **family**
 - **individual**
- the more risk factors present in a young person's life, the greater the risk of developing problems

Individual/peer factors

	Depression		
	Delinquency/crime	Drug abuse	
Risk factors			
Protective factors			
Peer/individual			
Rebelliousness	✓	✓	✓
Early initiation of problem behavior	✓	✓	✓
Impulsiveness	✓	✓	✓
Anti-social behavior	✓	✓	✓
Favorable attitudes towards anti-social behavior	✓	✓	✓
Favorable attitudes towards drug use	✓	✓	✓
Perceived risks of drug use	✓	✓	✓
Interaction with anti-social peers	✓	✓	✓
Friends' use of drugs	✓	✓	✓
Sensation seeking	✓	✓	✓
Rewards for anti-social involvement	✓	✓	✓
Religiosity	✓	✓	✓
Social skills	✓	✓	✓
Belief in the moral order	✓	✓	✓

Family Risk Factors

	Depression		
	Delinquency/crime	Drug abuse	
Risk factors			
Protective factors			
Family			
Poor family management	✓	✓	✓
Poor discipline	✓	✓	✓
Family conflict	✓	✓	✓
Family history of anti-social behavior	✓	✓	✓
Parental attitudes favorable towards drug use	✓	✓	✓
Parental attitudes favorable to anti-social behavior	✓	✓	✓
Attachment	✓	✓	✓
Opportunities for pro-social involvement	✓	✓	✓
Rewards for pro-social involvement	✓	✓	✓

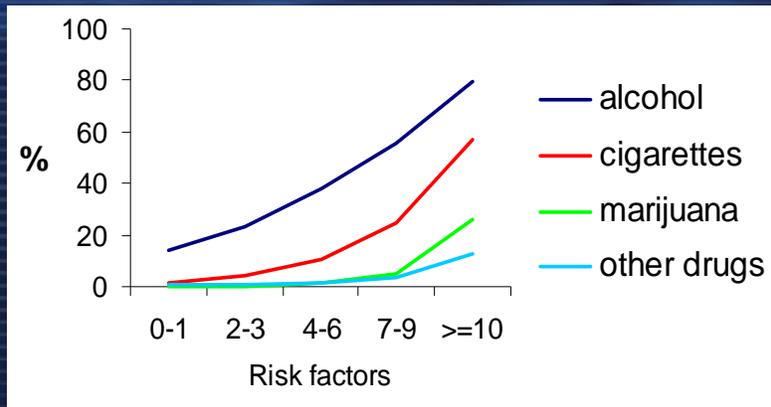
Community Risk factors

	Delinquency/crime			Depression	
	Drug abuse				
Community					
■ Risk factors					
■ Low neighborhood attachment	✓	✓	✓	✓	✓
■ Community disorganisation	✓	✓	✓	✓	✓
■ Personal transitions and mobility	✓	✓	✓	✓	✓
■ Community transitions and mobility	✓	✓	✓	✓	✓
■ Laws and norms favorable to drug use	✓	✓	✓	✓	✓
■ Perceived availability of drugs	✓	✓	✓	✓	✓
■ Protective factors					
■ Opportunities for pro-social involvement	✓	✓	✓	✓	✓
■ Rewards for pro-social involvement	✓	✓	✓	✓	✓

School risk factors

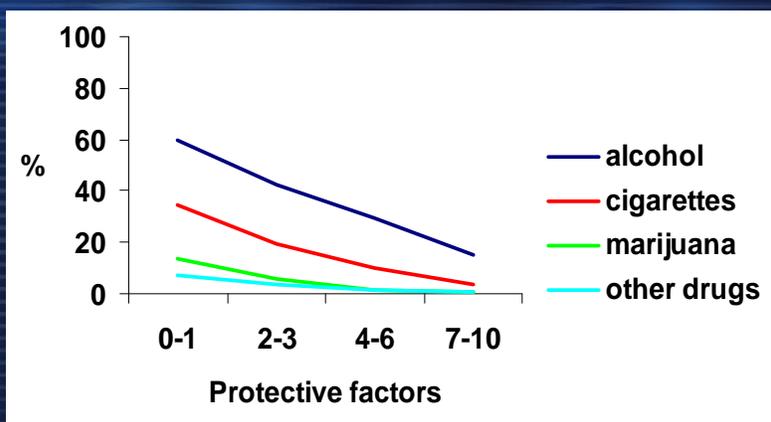
	Delinquency/crime			Depression	
	Drug abuse				
School					
■ Risk factors					
■ Academic failure	✓	✓	✓	✓	✓
■ Low commitment to school	✓	✓	✓	✓	✓
■ Protective factors					
■ Opportunities for pro-social involvement	✓	✓	✓	✓	✓
■ Rewards for pro-social involvement	✓	✓	✓	✓	✓

Risk factors for substance use

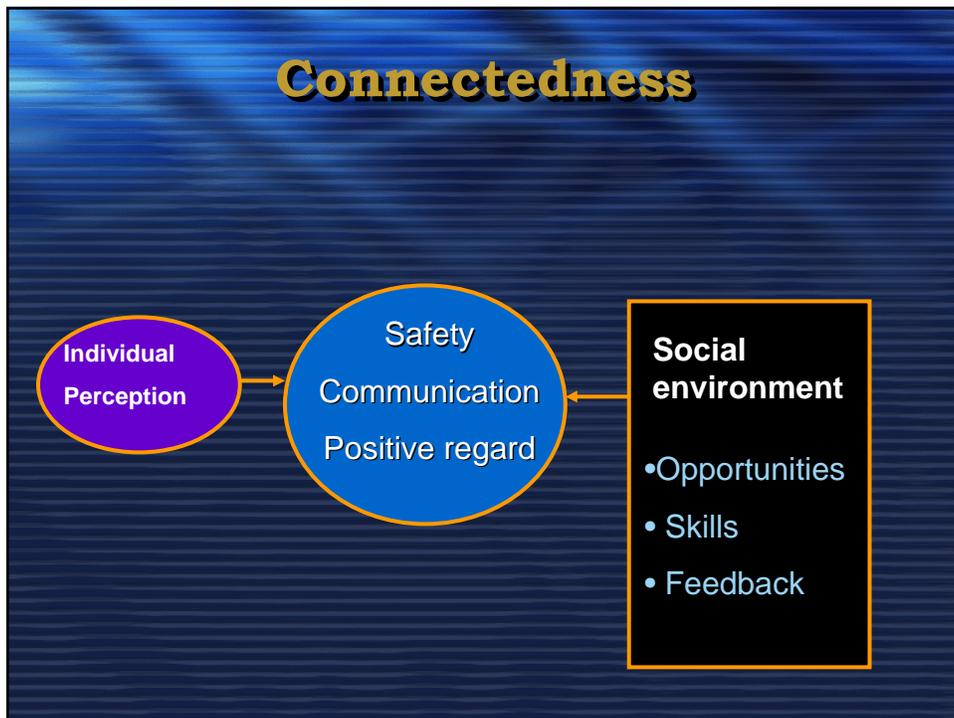
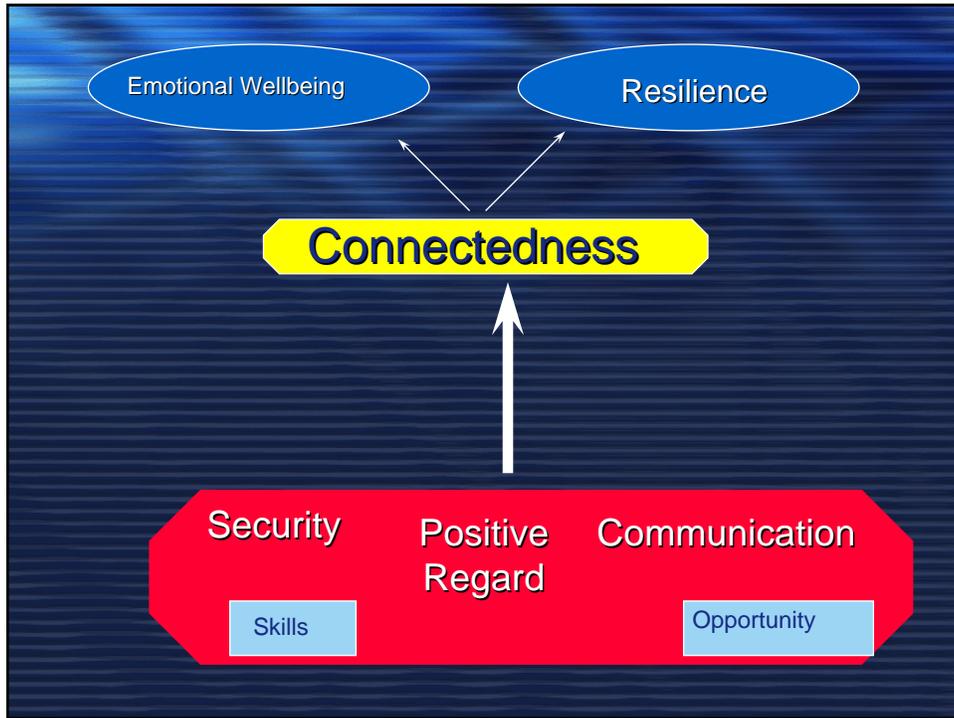


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Protective factors for substance use



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Paradigm 5 Connectedness Model

Risk and protective factors



Paradigm 6

HEADSS Model

The 'Heads' approach

John M Goldenring & Eric Cohen

Contemporary Pediatrics July 1988 pp 75-90

H	home
E	education/employment/eating/exercise
A	activities/peers
D	drugs/cigarettes/alcohol
S	sex/sexuality/(abuse)
S	suicide/depression screening/other symptoms
S	safety/spirituality

A guide to using HEADSS

Domain	Sample questions
H - Home 	Explore home situation, family life, relationships and stability: Where do you live? Who lives at home with you? Who is in your family (parents, siblings, extended)? What language is spoken at home? What is your family's cultural background? Do you have your own room? Have there been any recent changes in your home environment (moves, etc)? How do you get along with non-related other members of your family? Who could you get into if you needed help with a problem?
E - Education/ employment 	Explore sense of belonging at school/work and relationships with teachers/peers/workmates; changes in performance: What do you like/not like about school/work? What are you good at/not good at? How do you get along with teachers/other students/workmates? How do you usually perform in different subjects? Some young people experience bullying at school, have you ever had to get up with this? What are your goals for future education/employment? Any recent changes in education/employment?
A - Activities and peer relationships 	Explore social and interpersonal relationships, risk-taking behaviour, as well as their attitudes about themselves: What sort of things do you do in your free time out of school/work? What do you like to do for fun? Who are your main friends at school/out of school? How do you get on with others your own age? What sort of things do you like to do with your hands? How much television do you watch each night? Are you involved in sports/hobbies/clubs, etc?
D - Drug use/ cigarettes/alcohol 	Explore the context of substance use (if any) and risk-taking behaviours: Many young people your age are starting to experiment with cigarettes/drugs/alcohol. Have any of your friends tried these or other drugs like marijuana, smoking drugs, other substances? How about you, have you tried any? - explore Do other family members take drugs/drink?
S - Sexuality 	Explore their knowledge, understanding, experience, sexual orientation and sexual practices - look for risk-taking behaviours/abuses: Many young people your age become interested in sexual relationships. Have you ever had a sexual relationship with a boy or a girl (or both)? - explore How do you feel about relationships in general or about your own sexuality? Has anyone ever touched you in a way that has made you feel uncomfortable, or forced you into a sexual relationship?
S - Suicide/ self-harm/ depression/mood 	Explore risk of mental health problems, strategies for coping and available support: Sometimes when people feel really down they feel like hurting, or even killing themselves. Have you ever felt that way? Have you ever been? How do you feel at the moment on a scale of 1 to 10? Who can you talk to when you're feeling down? How well do you usually sleep?

The psychosocial biopsy

- Rapport
- Risk assessment
- Recommendations for action
 - From least sensitive to most
 - Can be done very quickly

Goldenring, J. and Rosen, D. 2004. Getting into adolescent heads: an essential update. Contemporary Pediatrics, 21(1):64.

Confidentiality



- Adolescents are more willing to communicate honestly with and seek health care from physicians who discuss confidentiality with them

Ford CA, Millstein SG, Halpern-Felsher BL, Irwin Jr CE. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care: A randomized controlled trial. Journal of the American Medical Association 1997;278(12):1029-1034.

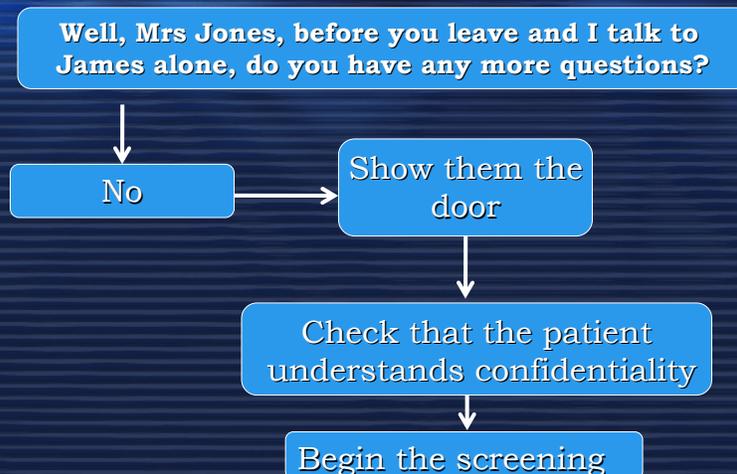
Confidentiality



- The provision of confidential health care to adolescents goes hand in hand with the ability of adolescents to consent to their own medical treatment.
- If an adolescent is able to consent to their own treatment, then they are medico-legally entitled to the same doctor-patient confidentiality as an adult patient

Bird S, Adolescents and Confidentiality Australian Family Physician Vol. 36, No. 8, August 2007

The confidentiality shuffle



A guide to using HEADSS

Domain

H – Home



Sample questions

Explore home situation, family life, relationships and stability:

Where do you live? Who lives at home with you?

Who is in your family (parents; siblings; extended)? What language is spoken at home?

What is your/your family's cultural background?

Do you have your own room?

Have there been any recent changes in your home environment (moves, etc)?

How do you get along with mum/dad/other members of your family?

Who could you go to if you needed help with a problem?

E – Education/ employment



Explore sense of belonging at school/work and relationships with teachers/peers/workmates; changes in performance:

What do you like/not like about school/work? What are you good at/not good at?

How do you get along with teachers/other students/workmates?

How do you usually perform in different subjects?

Some young people experience bullying at school, have you ever had to put up with this?

What are your goals for future education/employment?

Any recent changes in education/employment?

A – Activities and peer relationships



Explore social and interpersonal relationships, risk-taking behaviour, as well as their attitudes about themselves:

- What sort of things do you do in your free time out of school/work?
- What do you like to do for fun?
- Who are your main friends (at school/out of school)?
- How do you get on with others your own age?
- What sort of things do you like to do with your friends?
- How much television do you watch each night?
- Are you involved in sports/hobbies/clubs, etc?

The “many young people” approach

D – Drug use/ cigarettes/alcohol



Explore the context of substance use (if any) and risk-taking behaviours:

- Many young people your age are starting to experiment with cigarettes/drugs/alcohol. Have any of your friends tried these or other drugs like marijuana, injecting drugs, other substances?
- How about you, have you tried any? – *explore*
- Do other family members take drugs/drink?

The “many young people” technique

Many young people get bullied at school, does this happen to any of your friends?

Wait for response...

Express disapproval

Verbally acknowledge distress that this can cause

What about you? Has this ever happened to you?

D – Drug use/ cigarettes/alcohol



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How about you, have you tried any? – *explore*
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S – Sexuality



Explore their knowledge, understanding, experience, sexual orientation and sexual practices – look for risk-taking behaviour/abuse:

Many young people your age become interested in sexual relationships. Have you ever had a sexual relationship with a boy or a girl (or both)? – *explore*
How do you feel about relationships in general or about your own sexuality?
Has anyone ever touched you in a way that has made you feel uncomfortable, or forced you into a sexual relationship?

**S – Suicide/
self-harm/
depression/mood**



Explore risk of mental health problems, strategies for coping and available support:

Sometimes when people feel really down they feel like hurting, or even killing, themselves. Have you ever felt that way? Have you ever tried?
How do you feel at the moment on a scale of 1 to 10?
Who can you talk to when you're feeling down?
How well do you usually sleep?

Suicide risk factors

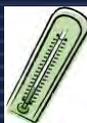
- Mental health disorder
- Alcohol & Other Drugs
- Negative life events & stressors
- Exposure to suicide
- Access to firearms
- Disruptive Behaviour/Aggression
- Involvement in juvenile justice system
- Family history of suicide
- Lack of school connectedness
- Lack of close relationships
- Poor coping skills
- Conflictual relationships within family
- Prior suicide attempt
- Poor impulse control
- High expectations
- 'All or nothing' thinking



All these factors overlap/interrelated

When to Worry?

- Make statements about suicide, death, dying
- experiencing deepening of depression
- seems curious, fascinated or pre-occupied with death
- talks about feeling inadequate, hopeless or guilty
- Gives away possessions of value
- becomes withdrawn and isolated
- exhibits abrupt personality change
- drops out of usual routine
- neglects hygiene
- engages in self destructive/risky behaviour



The more of these signs/risk factors the more concerned you should be

Listen for statements

- Suicidal young people can give warnings
 - Direct
 - Indirect
 - I won't be a problem
 - I wish I could disappear
 - You'd be better off without me

What young people who have tried to kill themselves say about why they wanted to end their life

- Seeking relief or Escape
- Avoiding Failure or Disappointment
- Communicating Pain
- Exacting revenge or retaliation
- Seeking reunion
- “helping” their family

The psychology of positive emotions

Joy
Contentment
Happiness

Goals of Positive Education?

- **Happiness at school -**
 - ☺ **The pleasant life (fun in class)**
 - ☺ **The engaged life (flow)**
 - ☺ **The meaningful life (understanding purpose and values)**

What is the purpose of life?



To be Happy

Characteristics of extremely happy people ?



Dr Martin Seligman

- **Not more religious**
- **Not physically fitter**
- **Not wealthy**
- **Not better looking**
- **Don't have more good events than bad events**
- **Are extremely social**
- **Are in a romantic relationship**
- **Each have a rich repertoire of friends**

I am an optimist



8 secrets of happiness



Psychologist Sonja Lyubomirsky from the University of California found taking these 8 steps will substantially boost your life satisfaction:

1. **Count your blessings:** Write down once a week 3 or 4 things for which you are currently thankful from the mundane to the magnificent.
2. **Practice acts of kindness** - these should be random (let someone ahead of you in traffic) to the systematic - take an elderly neighbour's garbage in and out, volunteer to do some door knocking for the Salvos
3. **Savour life's joys** - pay close attention to momentary pleasures and wonders. Focus on the smell of a rose the beauty of a sunset. Take a mental photo to review in less happy times
4. **Thank a mentor** - if there is someone whom you owe a debt of gratitude for guiding you at one of life's crossroads express your appreciation in detail and in person.



5. **Learn to forgive** - let go of anger and resentment by writing a letter of forgiveness to a person who has hurt or wronged you. Inability to forgive is associated with persistent rumination, forgiving allows you to move on.
6. **Invest time and energy in family and friends** - strong personal relationships is the single biggest contributing factor - get balance in your life....
7. **Take care of your body** - sleep exercise, stretching, smiling and laughing can all enhance your mood in the short term. Practiced regularly they can help make life more satisfying.
8. **Develop strategies to cope with stress and hardships** - positive self talk, religious beliefs can make a huge difference.

Useful resources for parents
and young people

Livewire.org.au

Home About Us Support Us Our Partners Outreach News Blog Resources Contact Us

Join Livewire!

Member Type:
Livewire Member
Livewire Sibling
Livewire Parent

Join Livewire Members
Join Livewire Siblings
Join Livewire Parents

News Blog

www.moodgym.anu.edu.au

the MoodGYM
TRAINING PROGRAM / Mark III
Delivering cognitive behaviour therapy
for preventing depression

TECHNICAL DETAILS LOGIN

Before using MoodGYM, please make sure that:

- You have the [flash 4.0 plug in](#) (so that you can view graphics)
- JavaScript is enabled (so that you can view popup windows)
- 'Cookies' are enabled (so that you can log in). If necessary, you can enable cookies using your browser's Help utility. Cookies are temporary and are deleted when you close your browser.

MoodGYM makes frequent use of multimedia presentations and graphics. If you are visually impaired, you may be using browser software that is unable to display some of this material.

New Users
Registered Users

200,000
Registered Users

Christensen H, Griffiths KM, Jorm AF. Delivering interventions for depression by using the internet: randomised controlled trial. *BMJ* 2004;328:265 (31 January),

Reachout.com

The screenshot shows the Reach Out website interface. At the top, the logo 'REACH OUT.COM' is displayed in a blue box. Below the logo is a search bar with a 'GO' button. The main content area features a large banner with the text 'WHAT is reach out?' and 'HELP FOR WHEREVER YOU'RE AT...'. Below the banner are two main navigation buttons: 'FIND INFO, STORIES + HELP' and 'CONNECT TO THE REACH OUT COMMUNITY'. The 'FIND' button is expanded to show a list of issues: Mental health difficulties, Alcohol - other drugs, Family - other relationships, Managing independence, Loss - grief, Physical health issues, Safety - violence, School - uni - TAFE, Sex - pregnancy, and Sexuality - coming out. The 'CONNECT' button is also expanded to show a list of topics: wellbeing, depression, music, help, grief, loss, relationships, optimism, stress, study, alone, communication. On the right side, there is a video player showing a young man speaking, with a 'WATCH THIS STORY' button. Below the video player are several article teasers, including 'Mental Health Week 09' and 'Practicing kindness'.

Burns, J., Ellis, L., Mackenzie, A., & Stephens-Reicher, J. (2009) Reach Out: Online Mental Health Promotion for Young People in Counselling, Psychotherapy, and Health 5(1):171-186 The Use of Technology in Mental Health Special Issue.

www.reachoutcentral.com.au

The screenshot shows the Reach Out Central website interface. At the top, the URL 'www.reachoutcentral.com.au' is displayed. The main content area features a large banner with the text 'WELCOME TO REACH OUT CENTRAL'. Below the banner are several navigation buttons: 'HOW TO PLAY', 'ABOUT RUC', and 'START GAME'. The 'START GAME' button is highlighted in green. On the right side, there is a video player showing a young man and a young woman standing together. Below the video player are several article teasers, including 'Mental Health Week 09' and 'Practicing kindness'.



Kids Helpline *We care. We listen.*

We care and we listen,
any time and for any reason
1800 55 1800

Kids



A friendly place with fun games and helpful information

Teens & Young Adults



Ideas, options and information - a place where you can get help and connect

Kids Competition
Name the Kids Helpline dog!



Grownups
Everything you need to know about the Kids Helpline service



→ MEET OUR BUSINESS FRIENDS → MAKE A DONATION AND HELP AUSSIE KIDS

Kids Helpline is a service of BoysTown Privacy | About this site | Site Map | Contact Us | Feedback

The End

www.michaelcarr-gregg.com.au



APS Psychologists: 'Good Thinking'
The Australian Psychological Society Ltd