



Counselling 'at- risk' youth

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Learning Objectives

- Able to recognise 'at-risk' individuals
- Knowledge of risk and protective factors
- Understand common mental health problems associated with various 'at-risk' groups
- Knowledge of treatment interventions

'At-risk' Groups

- The term 'at risk' relates to anything that could cause psychological distress, lack of adaptive functioning, social problems, physical/emotional harm.
- Children and adolescents are generally at risk given their stage of development.
- Adolescents are classified as a 'high risk' group.
- Individuals with mental and neurodevelopmental disorders are especially 'at-risk' .

Associated Risks

- Suicide
- Substance use and addiction
- Problems due to child abuse and neglect
- Teenage pregnancy and risky sexual behaviour
- Delinquency and problems of violence
- School drop-outs

Causative Factors

- Environmental/societal, genetic, temperamental, and developmental factors
- Child Abuse and Neglect
- Family problems - e.g. poor parenting
- School issues – e.g. academic stress, poor grades and bullying/teasing

Suicide

- Suicide is uncommon among children but increasing.
- Suicide by adolescents is more common than in children.
- Adolescent suicide has been linked to clinical depression, anger, impulsiveness, and adolescent life itself.
- High attempt rate by adolescents may be related to the weakening of family ties, increased availability and use of drugs by youths and broad media coverage of suicide attempts.

Suicide - Risk Factors

- Previous suicide attempt
- Suicidal ideation, intent and plan
- Persistent psychological stress
- Feelings of hopelessness and helplessness
- Mental disorders (including depression, schizophrenia, anxiety, bipolar, body dysmorphic disorder)
- Use of alcohol and other drugs
- Positive family history of depression and/or suicide
- News of another's suicide may precede suicide attempts
- Access to lethal means
- Antidepressants can increase the risk of suicidal behavior in some individuals.

Suicide Warning Signs

- Suicide notes, threats, and plans
- Making final arrangements
- Sudden changes in behaviour, friends, or personality
- Changes in physical habits and appearance
- Preoccupation with death and suicide themes
- Symptoms of depression
- Increased heavy use and abuse of alcohol and/or drugs

Treatment Intervention

- Specified treatment intervention for mental disorders with high suicide risks.
- Suicide prevention programmes generally focus on alleviating suicidal ideation and returning the individual to previous level of functioning.
- It is not clear whether prevention programmes actually reduce the risk or rate of suicide.
- Clinicians do not yet fully understand why some persons commit suicide and others facing similar circumstances find ways to address their problems.

Alcohol Use - Risk Factors

- Heredity – history of parent alcohol use and abuse.
- Family influences – adolescents usually come from unhappy homes, have parents who give little nurturance, are insecurely attached to parents, have parents with poor family management strategies, parents who sanction the use of alcohol.
- Peer relations – peer group is especially important in adolescent alcohol abuse, this age grouping is vulnerable to peer pressure and peer influence due to a strong need to belong.
- Personality traits – studies show that adolescents who are easily bored needing constant activity and challenge, driven to avoid negative consequences of actions and who crave immediate external reward for effort are susceptible to alcohol use.

Functional Consequences of Alcohol Use

- Major areas of life functioning likely to be impaired - school work, interpersonal relationships and communication, and health.
- Alcohol use disorder is associated with a significant increase in the risk of accidents, violence and suicide.
- Severe problematic alcohol use contributes to disinhibition and feelings of sadness and irritability, which contribute to suicide attempts and completed suicides.

Cannabis Use - Risk Factors

- A history of conduct disorder in childhood or adolescence.
- Externalizing or internalizing disorders during childhood or adolescence.
- Academic failure, unstable or abusive family situation.
- Use of cannabis among immediate family members, a family history of a substance use disorder, and low socioeconomic status.
- The ease of availability of the substance.

Functional Consequences of Cannabis Use

- Major areas of functioning may be compromised – psychosocial, cognitive, health.
- Cannabis use could lead to poor school performance.
- Accidents may occur due to engagement in potentially dangerous behaviours while under the influence while driving, performing sports or recreational activities.
- Cannabis use can contribute to the onset of an acute psychotic episode, can exacerbate some symptoms, and can adversely affect treatment of a major psychotic illness.

- Cannabis smoke contains high levels of carcinogenic compounds hence place chronic users at risk for respiratory illnesses.
- Chronic cannabis use may contribute to the onset or exacerbation of many other mental disorders especially schizophrenia and other psychotic disorders.

Intervention and Treatment for Substance Use

- Biological treatment include detoxification and drug therapy
- Self-help and residential treatment programmes
- Peer intervention programmes
- Aversion therapy – common behavioural technique
- CBT – used for relapse prevention training
- Drug abuse prevention programmes

Child Abuse – Key Features

- Child abuse includes physical, sexual and emotional abuse, abandonment and exploitation.
- An abused child often experiences fear, anxiety and severe emotional distress.
- Children who have been abused usually show a change in behaviour, external bruises or cuts.
- Abused children may daydream a lot and may have trouble making friends or interacting with others.

Effects of Child Abuse & Neglect

- Children who have been abused or neglected are at risk for physical, psychological and behavioural problems.
- **Physical consequences** - damage to a child's growing brain, can have psychological implications, such as cognitive delays or emotional difficulties.
- **Psychological problems** - often manifest as high-risk behaviours. Depression and anxiety, for example, may make an individual more susceptible to overeating or substance use.
- **High-risk behaviours**, - can lead to long-term physical health problems, such as sexually transmitted diseases and cancer.

Psychological Consequences

- Immediate emotional effects of abuse and neglect include isolation, fear, and an inability to trust.
- Immediate effects can translate into lifelong psychological consequences such as low self-esteem, depression, and relationship difficulties.
- More than half of youth reported for maltreatment are at risk for an emotional problem (National Survey of Child and Adolescent Well-Being (NSCAW)).

Behavioural Consequences

- Abused and neglected children often experience difficulties during adolescence.
- More than half of youth with reports of maltreatment are at risk of grade repetition, substance abuse, delinquency, truancy, or pregnancy (NSCAW).
- Abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease.

Behavioural Consequences

- Juvenile delinquency and adult criminality - studies show a correlation between child abuse and future juvenile delinquency.
- Children who have experienced abuse are nine times more likely to become involved in criminal activities (Fact Sheet - Child Welfare Information Gateway).

Behavioural Consequences

- Alcohol and other drug abuse.
- Research consistently reflects an increased likelihood that children who have experienced abuse or neglect will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime.
- Abusive behaviour is common among abused children.

Behavioural Consequences

- Abusive parents often experienced abuse during their own childhoods.
- Data from the Longitudinal Study of Adolescent Health showed that girls who experienced childhood physical abuse were 1–7 percent more likely to become perpetrators of youth violence and 8–10 percent more likely to be perpetrators of interpersonal violence (IPV).
- Other studies showed that boys who experienced childhood sexual violence were 3–12 percent more likely to commit youth violence and 1–17 percent more likely to commit IPV.

Factors affecting negative outcomes

The risk of negative outcomes - (mental disorders, suicidal ideation/attempts, drug use/abuse, juvenile delinquency, criminality) will depend on a combination of factors:-

- The child's age and developmental status when the abuse or neglect occurred.
- The type of maltreatment (physical, emotion, sexual abuse, or neglect)
- The frequency, duration, and severity of the maltreatment.
- The relationship between the child and the perpetrator.

Factors affecting negative outcomes

- Some children experience long-term consequences of abuse and neglect while others do not.
- Resilience – an individual's ability to cope following a negative experience results from a mixture of both risk and protective factors.
- Protective factors include positive attachment, high self-esteem, emotion regulation and independence.

Treatment Intervention

- Play therapy – especially useful for younger children
- Art therapy
- Interpersonal therapy
- Developmental play groups
- Family therapy
- Medical approach
- Prevention strategies are the best intervention and should pre-empt abuse and neglect.

Resources

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Washington, D.C.: American Psychiatric Association,
- Child Welfare Information Gateway Factsheet (2013). *What is Child Abuse and Neglect? Recognizing the Signs and Symptoms*. Retrieved from: <https://www.childwelfare.gov/pubpdfs/whatiscan.pdf>
- Comer, R. J. (2015). *Abnormal Psychology*. (9th ed). New York, NY: Worth Publishers