Welcome to Study Guide 2 of This Course! Sponsored Online by CEU By Net.

health

empowerment

recovery

resiliency

Copyrighted and published in the public domain by SAMHSA et al.

Girls Matter!

A webinar series addressing adolescent girls' behavioral health

The Girl in the Mirror: Behavioral Health of Adolescent Girls
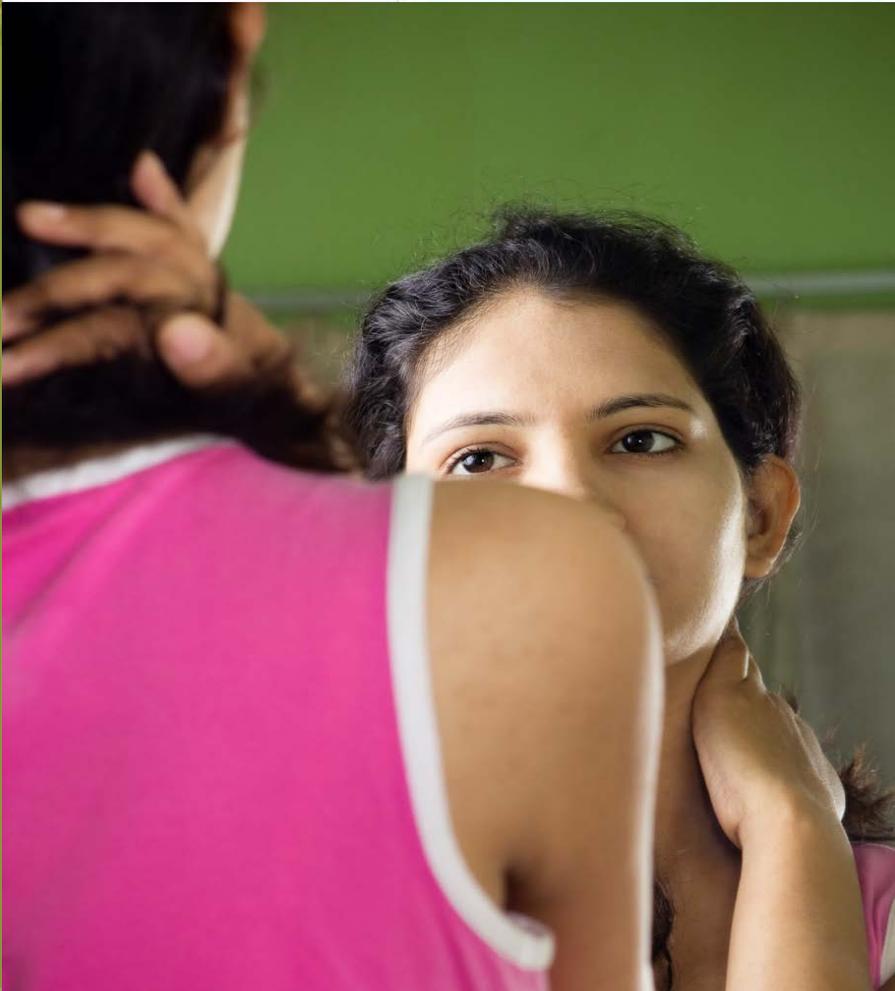
A girl's smile can often hide identity struggles, anxiety, depression, self-loathing and pressure to succeed bubbling under the surface.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Says SAMHSA about this section of 'Girls Matter'. . .

"A girl's smile can often hide identity struggles, anxiety, depression, self-loathing and pressure to succeed bubbling under the surface. The presentation of these issues in girls often differs from their presentation in adolescent boys and adult women. This session will explore common but frequently overlooked and underdiagnosed behavioral health challenges girls face. After attending this webinar, participants will better understand potential concerns and interventions to support girls through these challenges."

Disclaimers

- This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS).

- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS.

- The webinar should not be considered a substitute for individualized client care and treatment decisions.

Deborah Werner

Deborah Werner
Project Director

SAMHSA's TA and Training on Women and Families Impacted by Substance Abuse and Mental Health Problems

PART 1 of Study Guide 2:
'THE TRIPLE BIND'
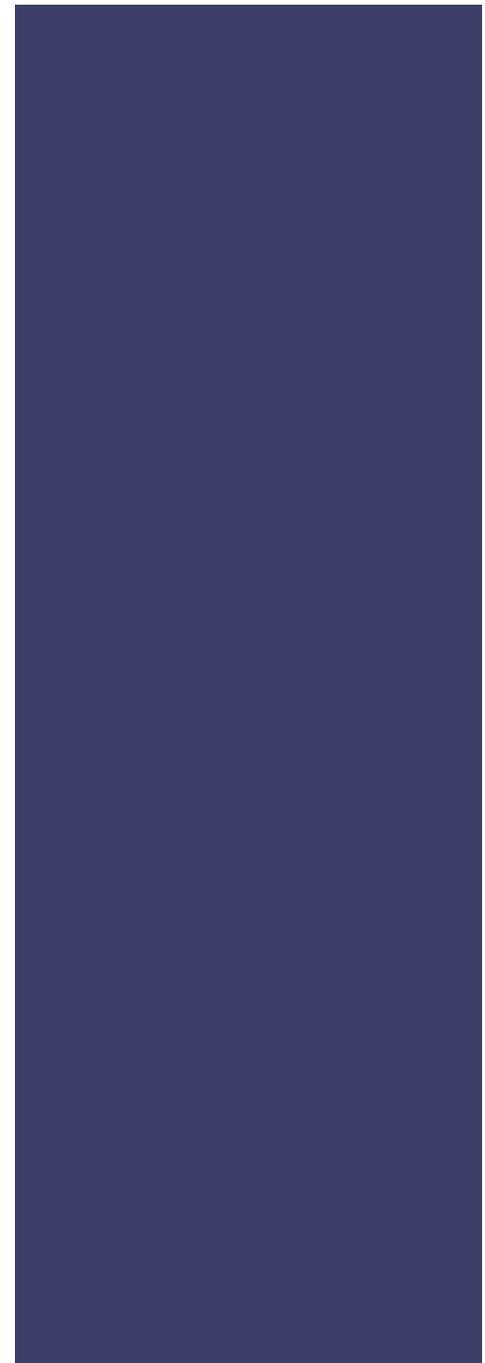
What you saw when you looked at me and what I saw when I looked in the mirror were very different people.

Difficult experiences as a child shaped my internal working model, the way in which I viewed myself and the world from a very young age.

I'm not good enough

Led to low self esteem and a negative self image

I was well liked, an athlete, and a good student... but I was waiting to be "found out"

Partying for me was a coping skill...it silenced the negative voice in my head telling me I was not good enough

Is it bad to want to drink to feel cooler

At 19 years old I entered recovery from alcohol and other drugs and have had to face that girl in the mirror, love her through the pain, and begin to heal.

Adolescence

- When 'discovered'?

  - 1904, officially; but most cultures recognize such a period

- When does it begin?

  - Puberty, but age of maturation is decreasing
  - When does adolescence end? Longer span - past the teens

- What does it signal?

  - Most 'thriving' time of life, physically and cognitively

  - BUT, it's a time of huge increase in risk: accidents and emotions

See Dahl (2004)

Adolescence

- Psychologically:
  - Surge in risk taking and cognitive 'independence'
  - Yet frontal lobe maturation lags far behind (until mid-20s)

- Physiologically:
  - Hormone release (hypothalamus to pituitary to glands)
  - But same hormones circulate back to the brain, acting as 'transmitters': results in stress vulnerability

- Evolution: time to prepare for independence
  - Exploration 'selected for'

Adolescence: Mechanisms?

- Maybe teens don't "get" risk?
  - Actually, they do 'get it', cognitively

- But there's increased risk-taking and delay aversion
  - Salience of reward, want it NOW

- Importance of peers
  - Teens do risky things if they think peers are observing, far more than if they believe no one is there
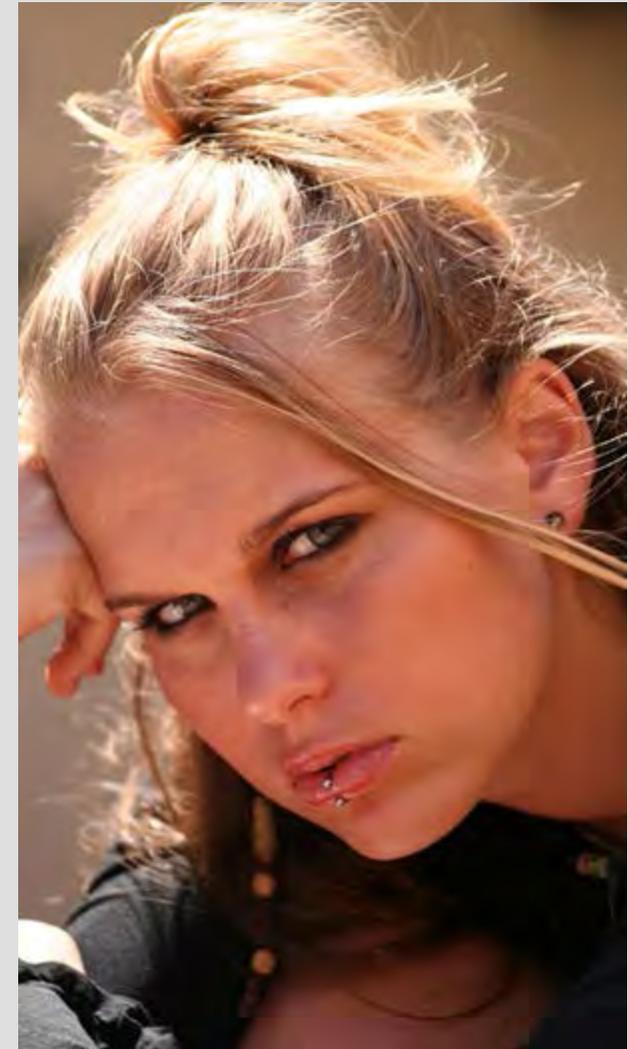
Adolescence

- Key 'goal'—formation of identity

- But how to do this?
    - Trying things out
    - Failing at some
    - Seeing what truly interests you
    - WON'T HAPPEN WELL, under conditions of impossible perfection

- Why is risk for GIRLS so elevated during adolescence? Let's look at the idea of 'the triple bind'

Hypothesis: The Triple Bind
Hinshaw (2009)

- **#1**: Girls must be nurturing, kind, caregiving

- **#2:** Girls must now compete, academically and athletically, and show assertiveness and ambition

- **#3:** Girls must conform to narrow, unrealistic standards, effortlessly, with appearance being crucial:

  - i.e., Girls must do #1 and #2,

  a double bind, while "looking hot" and "without a sweat"
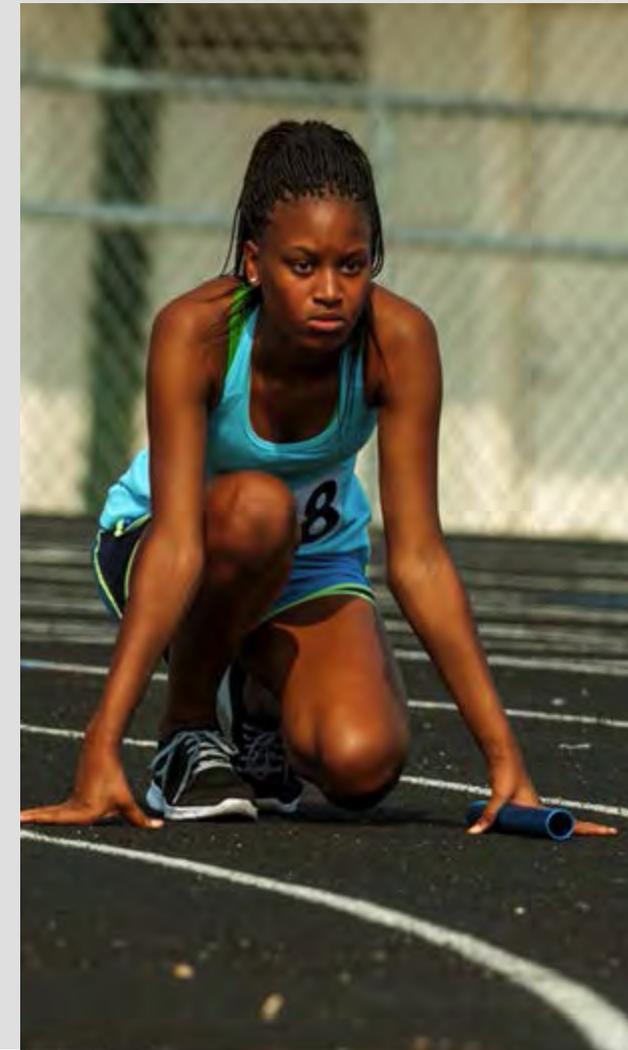
* More On the Triple Bind, As Seen By Stephen Hinshaw, Ph.D.

The Triple Bind That Impacts Girls Today

- Act sweet and nice
- Be a star athlete and get straight A's
- Seem sexy and hot even if you're not

Girls are now expected to excel at "girl skills", achieve "boy goals", and be models of female perfection, 100 percent of the time. The key factors contributing to the Triple Bind, include these:

- genes, hormones, and the role of biology

- overscheduled lives and the high pressure to excel at everything sets girls up for crisis

- traditionally feminine qualities (such as empathy and self-awareness) put girls at risk for anxiety, depression, and other disorders

- over-sexualization of little girls, preteens, and teenagers

- Note: Some girls are channeling these pressures into violence

* Information added on this slide by CEU By Net

Probable Consequences

- Internalization
  - My fault if I can't do it all, effortlessly

- Learned helplessness
  - How long before giving up?

- Pseudo-individuation/"false self"
  - If it's always someone else's standards, who am I?

Also...

- Relentlessness of pressure

- Alternative role models?

  - Yes, but many are co-opted (by rock singers, athletes). Co-opted: to be brought into the fold or to take on an image or identity as if it were your own.

- How to develop identity and true self if you're relentlessly pleasing others the whole time?

- Cyberculture
  - A never-ending 'instant replay' of one's actions.

Analogy/Metaphor

- Teen girls in a room full of tobacco smoke
  - Harmful for all, but ones with vulnerability have worst outcomes
  - The Triple Bind is toxic at a cultural level

- What is 'vulnerability'?
  - 'Risk' genes, mood-disordered parents, maltreatment
  - Everyone, including boys, is vulnerable.
    - But only girls are subject to the triple bind
  - having a developmental psychopathology.

See Hinshaw (2013)

Mechanisms

- Is the core problem "overscheduling"?
  - Actually, data show the opposite
    - Mahoney et al. (2006): the amount of extracurricular activities is correlated with nearly every good outcome, esp. for low Socioeconomic Status (SES) youth

- A better candidate as the core problem?

  Pressure.

  - Homework, padding extracurric's for resume, no quality time with parents, lack of privacy related to 24/7 media exposure.
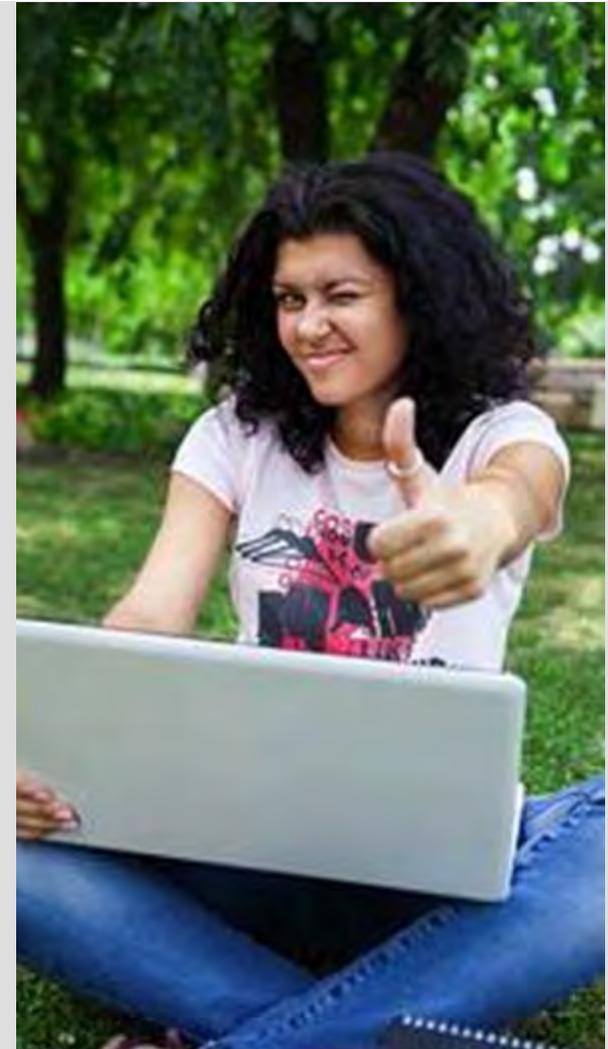
Sleep

- Associated factor: lack of sleep
                    Wolfson & Carskadon (1998)

- Consequence of sleep deprivation:
    - Inability to consolidate memory
    - Inability to suppress negative affect, mediated by inability to inhibit the "emotional brain"
    - Evidence is based upon MRI investigations, paralleling sleep deprivation studies

- Additional issue of 'no alone time' - 'no down time' — it's taking away from creativity/pondering/awe

Self-focus, sexualization

- Fredrickson et al. (JPSP, 1998) swimsuit study
    - Randomly assign men and women to swimsuit vs. sweater
    - Men: pride…and better performance on complex math test
    - Women: shame…and worse performance on the same test
    - Preoccupation with body, and sexualized images ("observer role") reduces cognitive resources

- And, because girls are more socialized to please:
    - Failures are taken more "to heart"
    - Empathy, here, may lead to belief that failure has let everyone down

GIRLS AND
MENTAL HEALTH RISK
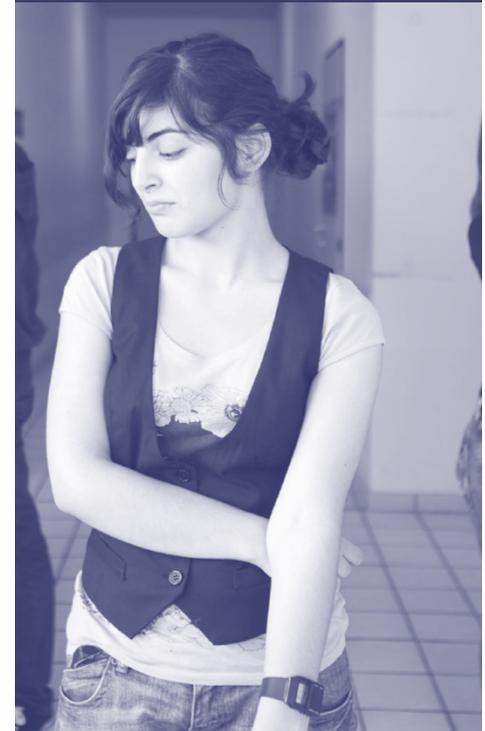
Girls: Best of Times, Worst of Times

- Unprecedented success and opportunities for girls and women today

  - Academic, athletic, professional, lifestyle choices

- At another level, greatly increasing risks that teenage girls face re: serious disorders

The Best of Times...

- Young girls outperform boys:
  - Verbal skills, empathy, compliance, close relationships

- Girls have lower rates of psychopathology before 10-11
  - ADHD, autism, aggression, some LD's
  - Even for depression, boys have slightly higher rates before adolescence

- Girls skyrocketing re: test scores/college admissions; unprecedented success re: professional education
  - 50% of medical students, 48% of law students

- 'New' opportunities athletically
  - Scholarships, professional leagues (though non-equal pay)

See notes in Hinshaw (2009)

But...second decade of life...

THIS
IS THE
MAJOR
RISK
PERIOD
FOR
GIRLS

1. Depression

- World Health Organization:
  - 1st or 2nd most impairing disease on earth

- Boys have a slightly higher risk before puberty

- Girls' rates skyrocket between 11 and 18 years of age

- By that age, rates are twice-plus those of boys, which holds until late life

- Not a true epidemic, but AGE OF ONSET lowering
  - From 30's to 20's, and now to teen years
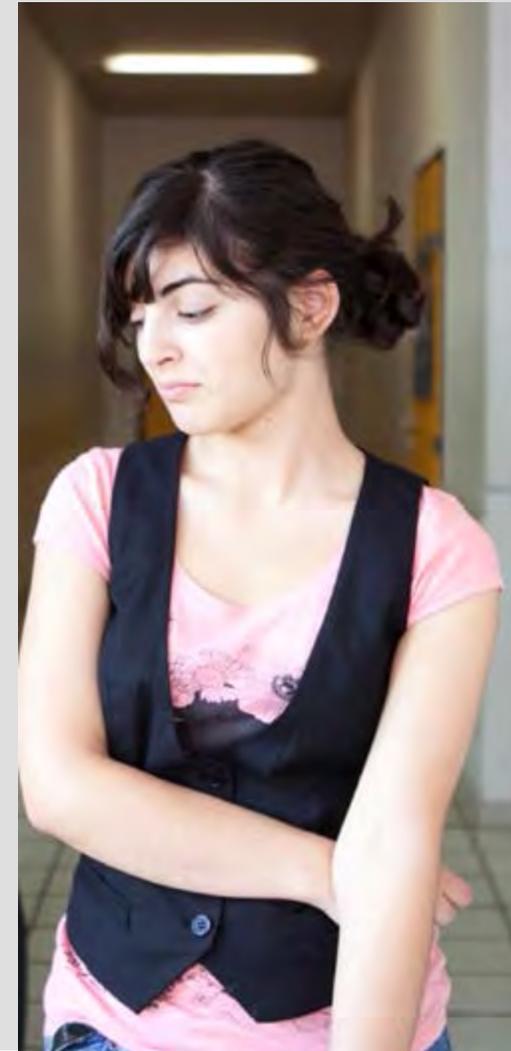
2. Suicide

- Absolute rates still low, but third leading cause of death for people 11-24 years of age
  - 2nd leading cause of death among college students

- 1950-1988, rates of adolescent suicide tripled

- Then, gradual decline from 1989-2004

- In last decade, rates went up 76% in girls 10-14 and 32% in girls 15-18
  - No comparable increases for boys
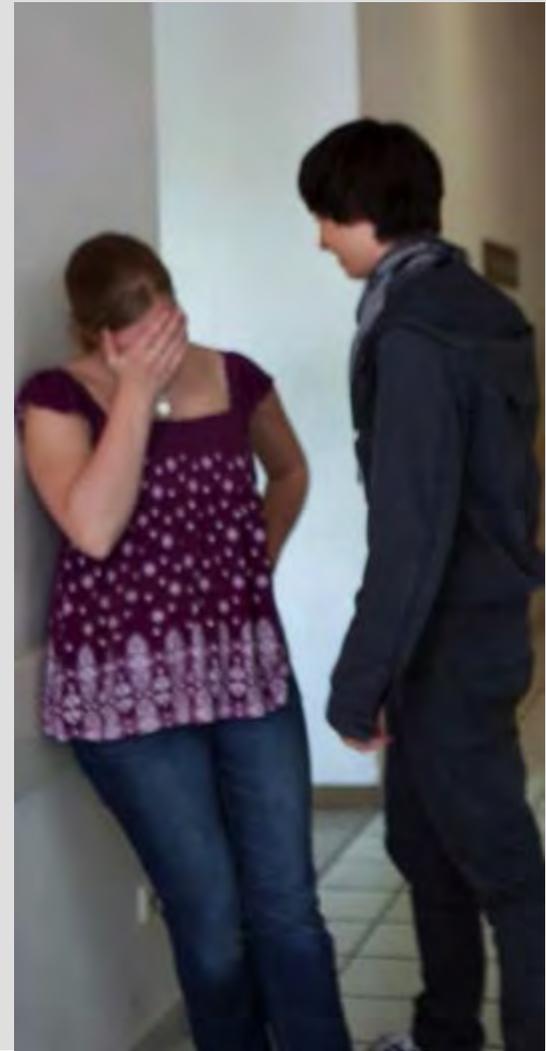
See notes in Hinshaw (2009)

3. Self-Harm

- Also known as self-mutilation, parasuicidal behavior, non-suicidal self-injury (NSSI), cutting, etc.

- Continuum: picking skin to severe cutting, burning, etc.

- From all accounts, skyrocketing in teens, with girls at highest risk

- Intent to make real inner pain and get help, without actual suicidal intent
  - BUT risk for actual suicidal behavior is quite high in those with NSSI

4. Binge Eating

- Rates of anorexia nervosa and bulimia nervosa remain relatively low (ca. 1% each), but precursor behaviors (dieting, preoccupation with weight) are endemic

- OVER HALF OF GIRLS IN 3RD GRADE ARE WORRIED ABOUT WEIGHT
  - A third percentage dieting

- For binge eating disorder, NCS-R:
  - Revealed that there was over a 3% prevalence in young women; far higher than expected

See notes in Hinshaw (2009)

5. Aggression

- Boys' rates have declined since mid-90's, after having increased for decades

- But girls' rates have, at the same time, increased
  - Artifact of reporting procedures, zero-tolerance?

- Yet self-report reveals that girls are indeed "catching up" by adolescence

- 16-32% of teen girls have committed at least one act sufficiently violent to have seriously hurt another, compared to 30-40% of boys

See notes in Hinshaw (2009)

Overall:
30% of Girls 11 Through 19

- Depression
  - 15-20%

- Suicide
  - Completion rate low, but attempts rising

- Self-Harm
  - At least 15%

- Binge Eating
  - 3-4% by young adulthood

- Aggression/Delinquency
  - Self-report: 25% of girls report serious violent act
  - Even higher if 'moderate' levels are considered

See notes in Hinshaw (2009)

But what about biology?

- Genetic vulnerability does exist

- But environment (The Triple Bind) may raise risk for everyone, especially the most vulnerable

TRIPLE BIND: SOLUTIONS?

#1: TALK ABOUT IT

- Don't buy into silence

  - Silence can be contagious

**# 2: GET PROFESSIONAL HELP
 IF INDICATED**

- There are low rates of help-seeking
- Oftentimes, there's a 10-year delay
- Stigma, insurance coverage are issues here

Hinshaw (2007)

SOLUTIONS...

#3: CRITICAL THINKING/SELF-DISCOVERY

- What's an ad? What's a news story? [What's really important?]
- Do ALL girls/women actually look like this? [Uniqueness is OK.]
- Try new avenues and pursuits - not just 'having the right answer'

#4: WIDER COMMUNITY AND PURPOSE

- Efforts in families/schools/communities to foster group
- This is NOT the same as resume padding with multiple clubs...

Key References

- Dahl, R. E. (2004). Adolescent brain development: A period of vulnerabilities and opportunities. Annals of the New York Academy of Sciences, 1021, 1-22.

- Erikson, E. H. (1968). Identity: Youth and crisis. New York: Norton.

- Fredrickson, B., Roberts, T. A., Noll, S. M., Quinn, D. M., & Twenge, J. M. (1998). That swimsuit becomes you: Sex differences in self-objectification, restrained eating, and math performance. Journal of Personality and Social Psychology, 75, 269-284.

- Hinshaw, S. P. (2007). The mark of shame: Stigma of mental illness and an agenda for change. New York: Oxford University Press.

References — 2

- Hinshaw, S. P. (2009). The triple bind: Saving our teenage girls from today's pressures. New York: Ballantine.

- Hinshaw, S. P. (2013). Developmental psychopathology as a scientific discipline: Rationale, principles, and recent advances. In T. P. Beauchaine & S. P. Hinshaw (Eds.), Child and adolescent psychopathology (2nd ed., pp. 1-18). Hoboken, NJ: Wiley.

- Hinshaw, S. P., Owens, E. B., Zalecki, C., Huggins, S. P., Montenegro-Nevado, A., Schrodek, E., & Swanson, E. N. (2012). Prospective follow-up of girls with attention-deficit hyperactivity disorder into young adulthood: Continuing impairment includes elevated risk for suicide attempts and self-injury. Journal of Consulting and Clinical Psychology, 80, 1041-1051.

References - 3

- Luthar, S. S., Barkin, S. H., & Crossman, E. J. (2013). "I can, therefore I must": Fragility in the upper-middle classes. Development and Psychopathology, 25, 1529-1549.

- Mahoney, J.L., Harris. A.L., & Eccles, J.S. (2006). Organized activity participation, positive youth development, and the over-scheduling hypothesis. Society for Research in Child Development: Social Policy Report, 20,1–30.

- Wolfson, A. R., & Carskadon, M. A. (1998). Sleep schedules and daytime functioning in adolescents. Child Development, 69, 875-887.

Teen Girls and Self-Injury

Wendy Lader, Ph.D., M.Ed.

Self-Injury Foundation

www.selfinjuryfoundation.

Teen Girls and Self-Injury

WENDY LADER, PH.D., M.ED

President and Clinical Director of the S.A.F.E. ALTERNATIVES Program

DEFINITION

Non-suicidal self-injury (NSSI) has been defined by the International Society for the Study of Self-Injury as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned (ISSS, 2007)

.

EXAMPLES OF SELF-INJURY

- Scratching/ Excoriation
- Cutting
- Burning
- Head banging
- Biting
- Interfering with wound healing
- Trichotillomania
- Facial picking/skinning
- Ingesting/ Injecting sharp objects or toxic substances
- Breaking bones
- Amputation/ Blinding

SELF-INJURY AKA

❖ DELIBERATE SELF HARM

❖ PARASUICIDE ("like suicide")

❖ SELF ABUSE

❖ SELF MUTILATION

❖ "CUTTERS"

❖ NSSI (Non Suicidal Self-Injury)

PREVALENCE IN YOUNG TEENS

A study of 665 students (ages 7-16) found:

❖ that overall 9% of young girls have engaged in NSSI

❖ the percentage increased with age (19% of girls by ninth grade)

❖ differences in gender:

    ❖ Ninth-grade girls engaged in NSSI in greater numbers than boys : 19% of girls and 5% of boys

    ❖ Girls most often cut and carved their skin while boys most often hit themselves.

    o (Barrocas, A., Hankin, B., Young, J, and Abela, J.. Pediatrics Vol.130, Number 1, July 2012)

PREVALENCE IN COLLEGE POPULATION

❖ Research of 14,372 college students showed an overall lifetime prevalence of 15.3%.

 ❖ 18.9% for females and 10.9% for males. (Whitlock, 2011).

❖ Almost a quarter of the NSSI above sample had told no one. And only 16.9% of self-injurers who had attended therapy reported disclosing their NSSI to a health professional. (Whitlock, 2011)

MAIN PURPOSE OF SELF-INJURY:
Emotional Regulation
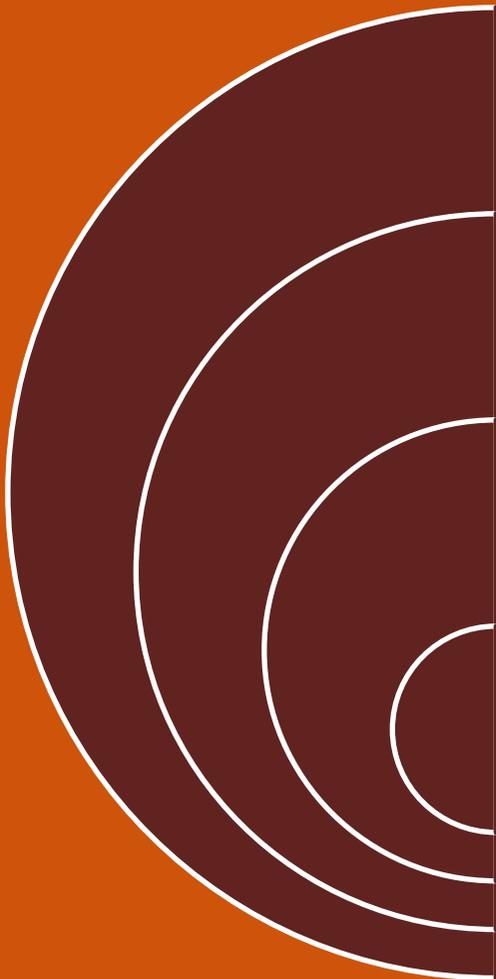
*Palliative Aims:

Calm fears and anxiety

* Analgesic:

Numbing (car accident)

* To Feel Something:

Counteract numbing / dissociation

* Survival

(to survive annihilative fear) Rockies Hiker

TREATMENT GOALS 1

❖ To get through defenses to core affect.

❖ To help youth identify and communicate experiences to others verbally, in an age appropriate manner.

❖ To challenge irrational thoughts

TREATMENT GOALS 2

❖ To learn to differentiate
   ❖ *thoughts*
   ❖ *feelings*
   ❖ *behaviors*

❖ Increase the "Window of opportunity" between an impulse (thought) and an action (behavior).

TREATMENT GOALS 3

❖ To experience a feeling (anger) without an action (violence)

❖ To face fears directly, and to challenge irrational thoughts, rather than running from/ medicating with self-injury.

❖ To mourn the loss of the idealized childhood

DON'T

DO

- ENGAGE IN POWER STRUGGLES

- HELP CLIENT ASSESS THE CONSEQUENCES OF HER CHOICES
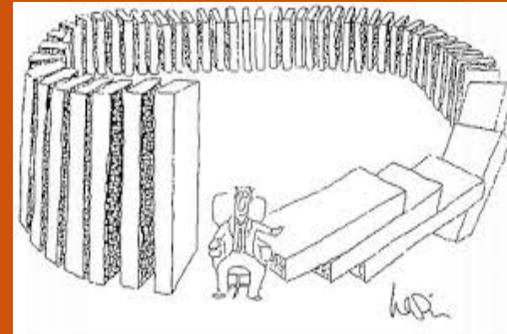
DON'T

- TRY TO RESCUE OR INFANTILIZE CLIENT

DO

- HELP CLIENT IDENTIFY HER OWN STRENGTHS AND ABLITIES

DON'T

- MINIMIZE SELF-INJURIOUS BEHAVIOR

DO

- TAKE THE BEHAVIOR SERIOUSLY. IT IS ALWAYS A "CLUE" THAT THE PERSON IS STRUGGLING EMOTIONALLY

- TRY TO HELP IDENTIFY THE MEANING OF THE BEHAVIOR AND HELP THE CLIENT COMMUNICATE HER NEEDS MORE DIRECTLY.

Resources

- **www.selfinjuryfoundation.org**
(Information and support for self-injurers, their loved ones and the professionals who work with them

- **www.crpsib.com** (Cornell NSSI Website headed by Dr. Janis Whitlock)

- **www.itriples.org** (International Society for the Study of Self-Injury)

- **www.selfinjury.com** (Offers a free webinar for parents of teens who self-injure along with a variety resources including a therapist referral list.)

Where there is life there is hope. Self-injury is treatable and no one need suffer in silence.

PROVIDING THE SUPPORTS

ANNE THOMPSON, M.A., MFT

UConn Department of Wellness
& Prevention Services

Part 3 of Study Guide 2 - Supportive Elements to Assist Our Clients

Community and Peer Support

- Provide an opportunity for belonging and the development of one's sense of self.

- Involvement in a positive, healthy community can foster the growth and development of the adolescent socially and emotionally.

Provide Leadership

Servant Leadership: Provide conceptualization, foresight, listening, empathy, awareness, persuasion, committed to personal growth and development, building community, stewardship, and healing.

Why are these supports important?

Social supports and positive social influences provide scaffolding to people working to achieve a behavior change by providing social norms that help behavior.

(Bandura, 1998).

Scaffolding

To build self-efficacy, a sense of mastery must be established. This will not happen if the client's efforts to achieve their goals are perceived as a failure.

Stress Management: developing an understanding of healthy stress, and learning the skills to reduce stress which is not healthy.

Promote Self-Efficacy

Perceived self-efficacy is the belief one has about their personal ability to organize and carry out intended actions to achieve various goals.

If someone does not believe they are capable of something, they are unlikely to do it (Bandura, 1998).

Provide opportunities for involvement, responsibility, ownership over a task.

"Empowering individuals to take a share of control over their immediate environment within the community helps them to reshape their perception of themselves and their ability to influence their own lives and the lives of others" (Bosivert, Martin, Grosek, & Claire, 2008, p. 217).

Rise to the occasion - not to disappoint.

"I believe in me because you believe in me…and then I believed in myself"

Resources

- SAMHSA's Girls Matter! http://www.tinyurl.com/girlsmatter2014

- Other SAMHSA resources http://www.samhsa.gov

- HHS, Office of Women's Health, girls health website www.girlshealth.gov

- HRSA Office of Women's Health, health & wellness http://www.hrsa.gov/womenshealth/wellness/

- Futures without Violence http://www.futureswithoutviolence.org/

Resources *continued*

- Interagency Working Group on Youth Programs, collaborative website http://findyouthinfo.gov/

- National Institute on Drug Abuse, teen website http://teens.drugabuse.gov/

- National Online Resource Center on Violence Against Women, Teen Dating Violence Special Collection http://www.vawnet.org/special-collections/TDV.php

- Federal collaborative website on bullying http://www.stopbullying.gov/

We hope you enjoyed Study Guide 2 of this 5 section course sponsored by CEU By Net. You may take the quiz for this Study Guide now or later. The third section of this sponsored course is *'Girls and Substance Abuse'.*
- CEU By Net