First Encounters with Youth

Patrick Carney, Ph.D.
Mental Health ASSIST

Learning and Behaviour

- Behaviour difficulty is often the first sign of a learning or mental health problem; School teams develop program strategies - resource teachers, guidance, student success, administration…
- Psychological assessments determine learning, personality and social-emotional factors. Further strategy development.
- Behaviour difficulties are common in many disorders such as LD, Autism, Intellectual Delays, Anxiety and Mood Problems etc.
- Support, Connection, Belonging!
- Re-entry model project with Youth Justice

Types of Behaviour Disorders

- Severe & persistent pattern of behaviour over time
- About 5 - 15% of children have ODD - chances of one child in your class are high

Oppositional Defiant Disorder - persistent pattern of noncompliance, refusal, blames & annoys others, tantrums, argumentativeness, angry & spiteful, onset often gradual with evidence before age 8. Often family history of mood problems, behaviour problems or substance abuse.

Conduct Disorder - persistent pattern that violates rights of others and societal norms and includes more serious problems like physical aggression, theft and/or property damage. Onset usually from middle childhood through middle adolescence. Problems making friends, often sad and frustrated. High risk for later criminal behaviour.

Common Signs of Behaviour Disorders

- Defiance and persistent testing of limits
- Lack of empathy, guilt or remorse. Blames others
- Persistent hostile mood; Disobedience; Anger
- Lack of empathy, guilt, or remorse (blames others)
- Skipping school often;
- Low self-esteem; may masquerade as “toughness” (aggressive)
- Oppositional behaviour (e.g. arguing, lying)
- Bullying, threatening, or intimidating others;
- Initiating fights or displaying physical violence/cruelty
- Deliberate destruction of property
- Using weapons

Signs that the problem may be serious

The student shows problems with behaviour for several months, is repeatedly disobedient, talks back, or is physically aggressive.

The behaviour is out of the ordinary and is a serious violation of the accepted rules in the family and community (e.g., vandalism, theft, violence).

The behaviour goes far beyond childish mischief or adolescent rebelliousness.

The behaviour is not simply a reaction to something stressful that is happening in the student's life (e.g., widespread crime in the community, poverty).

(From Supporting Minds - Based on information from: APA, 2000; CPRF, 2005; Hincks-Dellcrest-ABCs, n.d.)

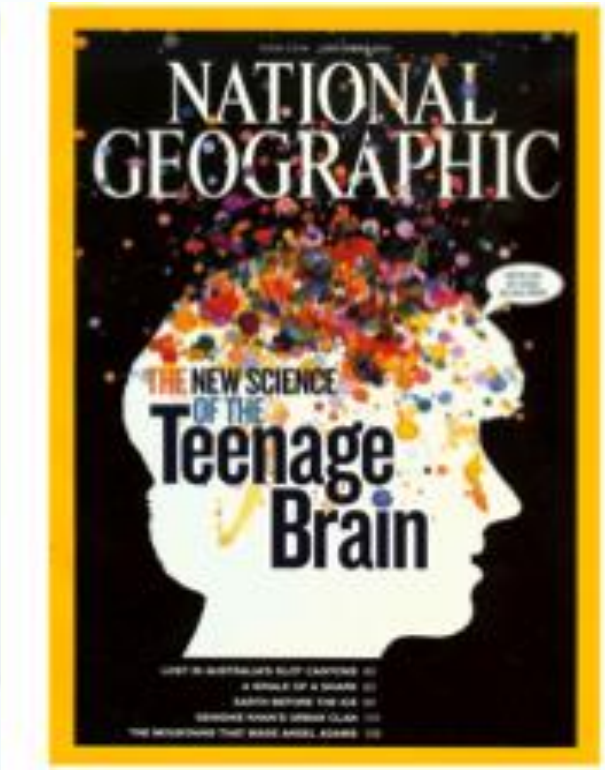
Re-entry model Project with Youth Justice

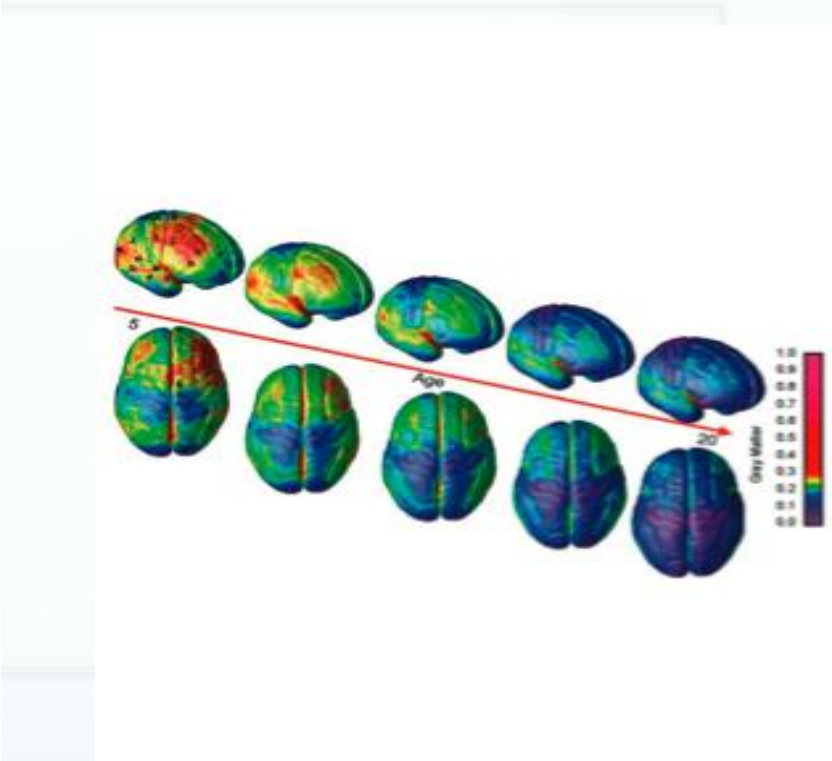
- Develop cross sector protocol for re-entry process
- Implementation in collaboration with school boards and community partners
- Develop relationships across sectors for timely, relevant and effective services to support successful re-entry
- Build relationships with school boards and agencies to identify service needs, and encourage use of community based programs to support studet learning
- Re-entry model project with Youth Justice

Youth First Encounters

in medical settings

The Vulnerable Teenage Brain





Many Challenges

Family history of mental health and substance use issues

Early life trauma; neglect, abuse

Overly restrictive or permissive parenting, divorce, domestic violence

Poverty, marginalization, victimization

Emerging mental health disorders

The Brain in Distress:

undeclared mental health illnesses and chemical coping

Substance Use and Psychosis

Navigating the Medical System

- Points of entry to the medical system:
  - Primary care: Family MD
  - Acute care: ED
  - Self referral to community agencies
  - School referral to community agencies or acute care
- Screening
- Brief Intervention
- Referral to Treatment:
  - acute care/psychiatric hospital ED
  - inpatient child and adolescent mental health unit
  - community mental health agency
  - residential treatment programs
  - Family doctor

FIRST ENCOUNTERS WITH YOUTH

Constable Pam Devine

Durham Regional Police Service

School Resource Officer

Central West Division

pdevine@drps.ca

October 2013

durham regional police service

911: WHAT'S YOUR EMERGENCY?

CALLS FOR SERVICE COME FROM A VARIETY OF PLACES

- Community
- Schools
- Calls to Police and 911

October 2013

Resources Available to Support Youth

- Mental Health Support Unit
- Mental Health Response Officers
- School Resource Officers
- Youth Officers

Youth Criminal Justice Act:

- extrajudicial measures are often the most appropriate and effective way to address youth crime
- Extrajudicial measures allow for effective and timely interventions focused on correcting offending behaviour

Options

Youth Diversion Contract

Youth must:

- take responsibility for his actions
- agrees to participate in the program

If the program is not completed, the youth may still face charges for the original offence.

Offences for consideration for the Youth Diversion Program:

- Theft Under
- Possession Under
- Mischief Under
- Fraud Under
- Minor Drug Possession (marihuana)
- Cause Disturbance
- Minor Assaults/Threats
- Take Motor Vehicle without Consent
- Passenger in a Stolen Motor Vehicle

Available Referral sources include:

- Addictions counselling
- Anger Management
- Mental Health Assessment and counselling

When charges are necessary……..

- Youth does not consent
- Parental consent
- Safety concerns for victim
- Restitution required
- Seriousness of the offence

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