

BALANCE

Employee Assistance Program Newsletter
Fall 2023

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The EAP is a professional and confidential counseling service available to you and your family to help resolve personal problems before they affect your health, family or job. There is no cost to you or members of your family for services provided by the EAP.

In those cases where referrals are necessary, they can often be made to prescreened professionals or community organizations whose charges may be covered within the allowances of your health insurance. Call **845-638-8880** to arrange an appointment with an EAP specialist.

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From the Director

Susan Mazzarella, LCSW, CEAP

The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) have called for action to protect adolescent health. As a follow-up to our last issue of BALANCE in which we discussed adolescent development we're going to dedicate this issue of BALANCE to address mental health issues affecting adolescents. A February 2023 report from the CDC shows nearly 3 in 5 (57%) of US teen girls felt persistently sad or hopeless while the incidence of anxiety, depression, eating disorders and other mental health conditions has increased as well in both boys and girls. All this has been occurring while unfortunately access to and availability of behavioral health services for teens has lagged.

In this issue of BALANCE we'll discuss at risk teens, depression and vicarious trauma in children and adolescents as well as teens and marijuana use and dependence. According to a recent New York Times article in May, 2023, children and teens are dying in the US at the highest rate in nearly 15 years. Because the statistics are so alarming we felt it necessary to explore each of these adolescent concerns in greater detail.

We hope you take note of these difficulties so we can avoid serious mental health events including suicide and other emergency response services involving our youth.

Susan Mazzarella, LCSW, CEAP

"Success is not final, failure is not fatal: it is the courage to continue that counts."

Winston Churchill, British Statesman, soldier and writer.

At Risk Teens

The simple fact is that growing up is very complicated. There are no clear indicators as to why some kids move through adolescence relatively well-adjusted while others are filled with uncertainty and pain. What we do know is that changes come fast and furiously for teenagers. In spite of their tenuous position, many teenagers come through adolescence with no turmoil at all. For many, adolescence is exciting and enjoyable. However, approximately 20% of adolescents do suffer. Many of whom see life as empty, wrought with problems and confusion, with no answers in sight. For parents/guardians distinguishing normal adolescent development from serious healthcare issues can sometimes be difficult. This article will explore three key areas of significant concern involving the troubled adolescent. Specifically, drug and alcohol abuse, depression and suicide.



Drug and Alcohol Abuse

- Factors associated with increased risk for alcohol or drug use include at least one or more of the following:
- Poor parent-child relations. Living in a home with relatively little parental support and monitoring puts adolescents at greater risk for drug and alcohol use.
- Family environments that model drug and alcohol use. Adolescents are more likely to use drugs if someone in their home uses drugs. Drug use by a parent may even encourage its acceptance by the teen.
- Peer drug or alcohol use. Peers are a major influence on teens. Some may feel pressured to fit in and do what their friends are doing.
- High risk communities. Although all communities have alcohol and drug problems, some communities are at greater risk. Living in communities where drug and alcohol abuse is prevalent not only makes accessibility to drugs and alcohol easier, but also normalizes using drugs and alcohol.
- Low self-esteem. Adolescents who do not have positive views of themselves, or who lack support and healthy encouragement from others are more likely to use drugs and alcohol.
- Poor school achievement. Teens that have negative attitudes toward school and low expectations of academic success are at increased risk of drug and alcohol use.

The effects of drug and alcohol use vary and depend on the amount and frequency of use. Consequences of drug and alcohol abuse can include mental and physical health problems, increased likelihood of drug or alcohol abuse later in life, involvement in illegal activities and increased likelihood of death, as a result of accidental or intentional overdose and engagement in unsafe behaviors like driving under the influence.

Communication is key in dealing with any type of teen risk taking behavior. Parents need to find out what's going on in their teen's life. The best way to find out if your teen is using drugs or alcohol is to just ask. Parents need to stay connected with their teen and keep up to date with their interests and friends. Begin an ongoing conversation with your teen vs. giving speeches and/or lectures. Discuss the consequences of drug and alcohol use and help your teen visualize a life that includes drug use and one which doesn't. Help them to understand where the two paths will lead. Do not dictate what your teen should or shouldn't do. Remind them that they have the power of choice and that you trust that they can and will make good decisions. Encourage your teen's self-esteem by praising their efforts and achievements. Take advantage of teachable moments including talking about scenes in movies or news headlines that deal with drug and alcohol related issues. Explain your position on these topics and ask your teen how they feel about the issue. Lastly, parental example, support and monitoring have a great influence on your teen's behavior; talk early and often about the consequences and risks involved in drug and alcohol use and the alternatives to using them.

Depression

Depression in adolescence has many different causes. Genetic predisposition, early life experiences, current home life and difficulties at school can all contribute to the emergence of depression. Depression can impact all aspects of development, including academic achievement and risk of substance abuse. Adolescents suffering with depression are also at a greater risk of suicide.

Depression can be the result of long-standing neglect or abuse, an unstable family unit, a parent who themselves has a mental illness, substance abuse or even severe financial difficulties. Teens require both support and boundaries. Parents who are inattentive or too overwhelmed with their own problems may be unsupportive and unable to provide proper structure and boundaries that can lead to depression in adolescents.

Learning disabilities and a lack of academic success are other factors that can also contribute to depression in teens. If expectations and pressure from family is high and a teen can't meet these expectations, they may become depressed. Failure at school is often equated, in the teen's mind, with failure in all areas of life. Similarly, peer rejection, parental intolerance of normal maturation and experimentation, bullying, substance abuse and sexual identity issues all can lead to depression in adolescents as well.

Suicide

Depression often leads people to focus mainly on failures and disappointments, to emphasize the negative side of their situation and to minimize their capabilities and worth. Most teenagers feel overwhelmed by difficult emotions and/or situations at times and the majority of them will get through it. They're able to put their problems in perspective and find a way to move forward with determination and hope. However, an adolescent with severe depression is often unable to see the possibility of a good outcome and may believe that they will never be happy or that things will never go right for them. Consequently, a teen with depression may feel like there's no other way out of their problems and emotional pain and have difficulty communicating their desperate unhappiness.

Many teens that end their lives or attempt suicide did not want to die as much as they wanted to escape from what was going on. Often at that particular moment of pain dying seemed like the only way out. Many are unaware that it's the depression, not the situation that's causing them to see things in a "there's no way out," kind of way. Teen suicide can also be the result of a serious mental illness, like bipolar disorder or the result of serious drug and alcohol abuse or occur when a teen is under the influence. Teen suicide is not always planned. Many times, suicide attempts happen impulsively, in a moment of feeling desperately upset. For example, after a break-up, a big fight with a parent, unintended pregnancy, being rejected or being victimized can cause someone to feel overwhelmingly upset. Sometimes these situations, on top of an existing depression lead to a suicide attempt. For some the attempt is a way to express deep emotional pain. They often can't say how they feel, so for them, attempting suicide feels like the only way to get their message out. Additional risk factors for teen suicide include a family history of suicide, mental disorders or other abuse and violence.

Finally, being a teen isn't easy, however most teens do get through adolescence without becoming a substance abuser, depressed or suicidal. Part of the key is staying connected to family, friends, school, faith, and other support networks. Teens are better able to deal with tough circumstances when they have at least one person who believes in them, wants the best for them, and in whom they can confide. Adolescents who cope better are often those who keep in mind that most problems are temporary and can be overcome.

If you're concerned about your teens struggle with the unique challenges of adolescence please contact the EAP for confidential assistance and support at **845-638-8880** or e-mail us at EAP@montefiorenyack.org.

www.livestrong.com

www.minesandassociates.com

www.drug-alcohol-addiction-recovery.com

www.family-university.org

Depression in Children and Adolescents

Depression is a serious health problem that affects people of all ages, including children and adolescents. In children, like adults, it is the persistent experience of a sad or irritable mood and loss of interest or pleasure in nearly all activities. A range of additional symptoms affecting appetite, sleep, activity level, concentration, and feelings of self-worth accompanies these feelings. Children and adolescents with depression frequently have other conditions such as anxiety disorders, behavior disorders like attention deficit hyperactivity disorder (ADHD), eating disorders, learning disorders, or other serious behavior problems (conduct disorder). These conditions may occur before a child is diagnosed with depression.

Not long ago, “moodiness” was considered normal for most youngsters and was endured rather than investigated or treated. But evidence indicates that full-blown depression in children and adolescents is increasing in incidence and often is overlooked as a cause of behavioral and other problems. Depression impacts the way one feels, thinks, and acts. The clinical picture of depression in children and adolescents differs in some ways from that seen in adults. If left untreated, depression can lead to school failure or refusal, alcohol or other drug use, and even suicide.

KNOW THE SIGNS

- Persistent sadness, hopelessness and/or tearfulness.
- Withdrawal from friends and activities once enjoyed.
- Increased irritability/frustration or agitation.
- Anxiety can be more prominent (e.g., excessive worry or fear, a specific fear generalizes to cover a wider area and significantly interferes with daily life, and/or motor tension/trembling)
- Oppositional tendencies.
- Negative or pessimistic attitude.
- Missed school, truancy or poor school performance.
- Changes in eating and sleeping habits (e.g., significant weight loss or insomnia or hypersomnia).
- Indecision, lack of concentration or forgetfulness.
- Feelings of worthlessness/low self-esteem or excessive guilt.
- Frequent physical complaints such as headaches and stomach aches.
- Lack of enthusiasm or motivation.
- Low energy and chronic fatigue.
- Drug and/or alcohol abuse.
- Recurring thoughts of death or suicide.
- Suicide attempts.

WHAT CAN PARENTS/ADULTS DO?

- Know the warning signs of child and adolescent depression and note how long problems have been going on, how often they occur, and how severe they seem.
- See a mental health professional or the child's doctor for evaluation and diagnosis.
- Obtain accurate information from libraries, hotlines and other sources.
- Ask questions about treatments and services.
- Talk to other families or find a family network organization.

If you suspect a young person in your life has a problem with depression and other mental health concerns, it is essential for you to discuss your concerns with a mental health professional. Depression is treatable. For more information and confidential assistance contact the EAP at **(845) 638-8880** or EAP@montefiorenyack.org.

Teens and Marijuana Use: Current Trends and Risks

Healthy teen development is a time of growth, exploration and risk-taking all of which are necessary for identity development and autonomy, however some risky behaviors like marijuana use can have adverse effects on teen health and well-being. Research in 2019 shows rising rates in teen marijuana use with 37% of high school students reporting using marijuana in their lifetime and 22% reporting use in the past 30 days.

More concerning is the fact that adolescent marijuana use may have permanent effects on the developing teen brain which continues to develop until age 25. These effects can include, difficulty thinking and problem solving, poor memory and learning difficulties, problems with coordination and attention as well as academic and social difficulties. Extensive marijuana use can also increase the risk of mental health issues including depression and social anxiety. Research shows that there is an increase in the potential for addiction with adolescent use with approximately 3 in 10 teens who use who may develop marijuana use disorder.

So why do teens choose to use? Movies, TV, music and social media are strong influences in adolescent's lives and all tend to glorify marijuana use and downplay its risks. Additionally, marijuana use receives significant attention due to nationwide legalization efforts and therefore is often viewed as harmless. Studies indicate that three quarters of adolescents believe that infrequent marijuana use does not harm the body. In fact, most teens believe marijuana use is safer than alcohol use although each of these substances have their own set of risks. Family history of substance use or addiction also increases the likelihood of teen use as does a parent or older sibling's use. Lastly, as with adult use, teens often use marijuana to relieve feelings of depression or anxiety as well as other responsibilities including school and peer pressure, all of which present their own set of risks.

The impact of marijuana use on the brain depends on many factors, including the amount of THC (*the main psychoactive compound- what makes people high*) in marijuana meaning the concentration or strength of the substance, how often it's used, age of first use and whether other substances like tobacco or alcohol are used at the same time. Between 1995 and 2018, the average THC concentration in leaf marijuana increased nearly fourfold, from 3.96% to 15.61%. Higher potency marijuana is also associated with more severe dependence and a greater likelihood among adolescents of developing psychosis and/or an anxiety disorder. Long term effects of marijuana use can directly interfere with brain development especially the parts of the brain responsible for decision making, reward seeking and impulse control.

Some teens who use marijuana may develop marijuana use disorder, meaning that they are unable to stop using marijuana even though it's causing health, academic and/or social difficulties. The risk of marijuana use disorder is greater for those who start using marijuana during youth and in those who use frequently.

The following are signs of marijuana use disorder:

- Using more marijuana than intended and/or trying but failing to quit.
- Spending excessive amounts of time using marijuana.
- Craving marijuana.
- Using marijuana despite social, relationship or financial problems associated with use.
- Using marijuana in high risk situations, like driving a vehicle.
- Neglecting or giving up important activities with friends and family in favor of using marijuana.
- Needing to use more marijuana to get the same effects.
- Experiencing withdrawal symptoms when stopping marijuana use, which may include problems with sleep, nausea, irritability and restlessness, headaches and/or abdominal pain.

Frequently, those with marijuana use disorder need to use more marijuana and in greater concentrations over time to experience a "high". This is of great concern as with the legalization of recreational marijuana in several states, studies found that products available in online dispensaries the average THC concentration was 22%, with a range of 0% to 45%. Additionally, various methods of using marijuana for example, vaping and dabbing concentrates may deliver higher levels of THC. Current research remains unclear of the extent of consequences when the body and brain are exposed to high concentrations of THC or how recent increases in concentration and methods of ingestion, e.g., vaping or dabbing,

affect the risk of someone developing marijuana use disorder. National data reflects that in all states where recreational marijuana exists, the reported rates of first use among adolescents are 12-63% higher than the national average. Also worth noting, is that in states where recreational marijuana exists there are increased reports of accidental marijuana poisoning among children and teens usually as a result of edibles or other products infused with marijuana.

What can Parents and Caregivers Do?

Most importantly, know the facts and be ready to have an honest dialogue with your teen in an age-appropriate way so they can see you as a trusted source of information. Share your thoughts and opinions and check in regularly and face-to-face with them. Seek opportunities to discuss marijuana use calmly and casually. Conversations can begin around news stories, school lessons, advertisements, and seeing use on TV or in a movie or smelling it in public. Be prepared to listen and understand their perspective and by all means avoid lecturing, e.g., “and in my day.” Try to balance setting clear expectations and rules about use, while granting them more choices, flexibility and independence for less risky behaviors.

Asking open ended questions about their perception and knowledge of marijuana use can allow conversations to happen naturally and are aimed to acknowledge marijuana’s potential appeal while helping them to weigh the risks vs. the perceived benefits of use. Explain that you’re concerned about their health, development and safety. If there is a family history of addiction advise them that it would put them at a greater risk of developing a problem with marijuana. Reassure them that you will always be there to help them if they are in an unsafe situation regardless of whether it involves marijuana use. If you set consequences for their use, make sure your child knows what the consequences are in advance. Lastly, be a role model and if you use, evaluate your own use, particularly if your child sees your use. Candid discussions and sharing opinions can make a real difference.

If you have concerns about your own or a loved one’s marijuana use, reach out to the EAP at **845-638-8880** or e-mail us at EAP@montefiorenyack.org.

References:

www.CDC.gov - Marijuana and Public Health
www.drugfree.org



Vicarious Trauma in Adolescents

In the past, vicarious trauma primarily affected people in helping professions, such as rescue workers, police officers and healthcare professionals. However, with increasing media and social media coverage of traumatic events, more of us are bearing witness to tragic events. Examples of trauma exposure include school shootings, racial attacks and other events involving gun violence and sexual assault. Research indicates that those who closely follow such stories often experience stress-related symptoms.

According to the American Psychological Association, 85% of youth are exposed directly or indirectly to violence and other traumatic events. Some of these young people will develop signs of vicarious trauma therefore parents and school professionals need to understand the signs and symptoms of vicarious trauma in teens.

Signs of vicarious trauma in teens include:

- Numbness and shock.
- Feeling helpless and sad.
- Increased anxiety, leading to mood swings and irritability.
- Social isolation, including distancing from family and friends.
- Fear of similar events happening to them.
- Difficulty breathing or being short of breath.
- Muscle and joint pain for no apparent medical reason.
- Increased heart rate, panic attacks, racing pulse.
- Disturbances in sleep and eating habits.

In addition, the symptoms of vicarious trauma can include a sense of survivor's guilt. While the teens may not be actual survivors, they may feel as though they are due to their secondhand experience of those events through extensive media/social media coverage. Teens with existing mental health challenges, poor emotional regulations skills, and weak support systems are overall more vulnerable to traumatization.

Preventative strategies are needed to shield teens and young adults from vicarious trauma. The following are prevention techniques:

- Raising awareness about this form of trauma and secondary survivor's guilt.
- Limiting media and social media consumption and exposure to tragic events.
- Promoting positive self-care, like good nutrition, exercise and proper sleep.
- Connecting teens to their community and schools and what is happening around them.
- Talking with teens about the event as an educational opportunity.
- Empowering teens by providing them occasions to help others.

Other approaches that can also help the teen process the weight of vicarious stress include creating healthy habits such as relaxation techniques and breathing exercises, regular contact with nature, processing the trauma and its aftermath in support groups or with caring friends and family and journaling about their experience including making a daily gratitude list that can help them to appreciate the good in their world.

If you or a family member is concerned that your child may be experiencing vicarious trauma reach out to the EAP for professional guidance and support at **845-638-8880** or e-mail us at EAP@montefiorenyack.org.

Excerpt from, info@newporthealthcare.com, March 30, 2023.