



Are Teen Brains Hardwired for Hazard?

Teen Brains Are Wired for Risky Behavior

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Feb. 28, 2011

There's a lot of evidence to suggest that the teen brain is hardwired for hazard. Studies have found that the areas of the brain involved in social interaction and emotion mature at an earlier point than those that regulate behavior. One 2007 Iowa State University analysis surveyed more than 10,000 adolescents about what went into their decisions, including choices about their behavior.

The answer? Not much. Most seem to rely little on premeditation or planning.

Experts say that the best chance parents and caregivers have of steering their kids safely through the teen years is remaining vigilant about looking for the signs and symptoms of problematic behavior, talking to their children when they suspect trouble and getting help at the earliest opportunity. Here, a guide to the risk factors and steps parents can take to combat risky teen behaviors.

Drugs and Alcohol

At Risk: A sharp uptick in drug and alcohol use occurs as teens enter middle school (sixth or seventh grade) and again when they enter high school (ninth grade). "This is when they encounter an unsettling new environment, and with that comes vulnerability and exposure to drugging and drinking," said Sean Clarkin, director of strategy at [The Partnership at Drugfree.org](http://ThePartnershipatDrugfree.org). A family history of drug abuse, a traumatic incidence such as a death in the family or divorce and other mental disorders increase susceptibility.

Red Flags: Red eyes, slurred speech and the smell of pot or alcohol are obvious warning signs, but Clarkin urged parents to keep an eye out for less obvious signs, such as overall changes in behavior patterns. "Teen drug users can be moody, petulant and resistant to discipline, so sometimes it's hard to tell those in trouble from an ordinary teenager, but if a kid is down for a sustained period of time," said Clarkin, "if they have been a reasonably good student or athlete and this begins to slip, or they begin to hang out with a totally different group of friends,

parents should be prepared to have a tough conversation."

Take Action: "So many parents say they thought something was wrong and wished they had trusted their instincts," Clarkin said. "When you see there is a problem, you need to act immediately." Having someone outside the family intervene, such as a close family friend, clergy or therapist can be a good first step.

Many kids experiment with drugs, but from a parental standpoint, delaying this phase as long as possible is a wise tactic. Studies find that many long-term addiction problems begin at 15 or younger. Most experts don't recommend snooping except as a last resort -- it's a sure way to break the fragile bonds of trust that may still exist. Instead, begin having a dialog about anything and everything from an early age so the lines of communication are open when it counts.

"Parental monitoring sounds jargony, but you need to stay on top of what your kids are doing, who their friends are and who the kid's parents are so you can connect with them," Clarkin said.

Suicide



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At Risk: Dr. David Shaffer, chief of the department of pediatric psychiatry at New York Presbyterian Hospital, said that teenage girls make more suicide attempts but boys are four to five times more likely to succeed in their attempts. Older teens are also at greater risk than those entering the teen years. Dr. Walter Kaye, director of the eating disorders treatment and research program at the University of California at San Diego. "Perfectionists, achievement oriented, anxious, compliant teens tend to be at a higher risk though not everyone who suffers from an eating disorder has all of these traits." Girls are more susceptible than boys, and minorities are diagnosed at a similar rate to whites.

"Adolescents with underlying mental issues such as depression, anxiety or drug abuse are at the highest risk," Shaffer warned.

Red flags: Parents should look for signs of depression, anxiety, irritability and withdrawal that seem to go beyond the usual teenage angst. "Depression in particular is very untreated in adolescents. This is a problem because many don't understand it or know how to articulate it, and because of this parents miss it or don't take it seriously," Shaffer said.

Symptoms of depression can include extreme self-criticism, statements of hopelessness, loss of energy and interest, and neglected hygiene. Changes in sleep and eating patterns are common. The child may also complain frequently of physical ailments, such as a stomachache or make other excuses to get out of going to school and to avoid social interactions. Impulsive, risk-taking behavior, such as drinking and drug taking, are major warning signs, especially for boys. More than two-thirds of suicidal boys are classified as alcohol abusers."

Suicidal boys will often make their attempt spontaneously -- for example, immediately after getting into trouble at school, after someone they know has attempted suicide or even after hearing about a suicide in the media. Perfectionists who can't seem to shut off worry may attempt suicide just before a big, stressful event. Surprisingly, kids in treatment sometimes attempt suicide just as they seem to be making improvements. Shaffer speculated that is when they finally have the energy and the will to carry out their plans.

Take action: If you suspect your child may be having suicidal thoughts, don't delay asking your child about how he or she is feeling. Because teens often won't disclose much face-to-face, consider downloading a depression questionnaire from the Internet and having them fill it out. "That's my top recommendation." Shaffer said. "Studies show kids are

more likely to tell a form or a computer how they're feeling than anyone else."

If your teen scores high on a depression screen, or you otherwise suspect he or she may be having suicidal thoughts, Shaffer urges parents to take immediate action. "Take them to the family doctor or a psychiatrist who specializes in youth. The sooner they start treatment the better."

Eating Disorder

At Risk: "We are learning there is a powerful biology connected to the presentation of an eating disorder," said

Red Flags: Dieting often precedes an eating disorder such as anorexia, warned Kaye. Changes in eating habits such as eating very small meals, going vegetarian and avoiding fat are typical as well, and "becoming very concerned about the way they look and seeing themselves as fat even when they are emaciated."

Bulimics, those who binge and purge but may not lose weight, tend to be secretive about food. "Watch for teens who hide food or who avoiding eating meals in front of others," Kaye advised. Bulimics are more apt to struggle with impulse control and may engage in risk-taking behaviors, such as drinking, promiscuity and even kleptomania.

Both anorexics and bulimics may have a relentless preoccupation with exercise and weight loss. And both groups tend to have distorted body images, seeing themselves as heavy and unattractive. At the same time they may excel in school and other areas of their life. They frequently don't see themselves as having a problem, even when it is obvious to everyone around them that they do.



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Take Action: "Unfortunately prevention isn't always possible, but parents who are worried about an eating disorder should seek treatment as soon as possible," Kaye urged. Eating disorders have the highest death rate of any mental illness. The mortality rate associated with anorexia nervosa is 12 times higher than the death rate of all causes of death combined for females under the age of 25.

Kaye advised that family-based treatment tends to be the most successful, with up to 70 percent of patients responding well. "We work in alliance with the family rather than blaming them. There is no evidence that family causes the disorder. The important thing is to work with the anxiety and other symptoms, and put them in charge of eating and maintaining weight," Kaye said. Still, many struggle with symptoms for years, even decades.

Self-Injury

At Risk: Although teens cutting themselves with scissors and knives gets the media attention, adolescents tend to engage in all types of self-injurious behavior. They might stab, choke or burn themselves. Boys, for example aren't as prone to self-injury behaviors as girls but are often more violent. They might jump off a building not in an attempt to kill themselves but as a response to their emotions.

"We don't have great data on who is specifically at risk, but many have other emotional issues and have difficulty at school and with interpersonal relationships," said Wendy Lader, co-author of the book *Bodily Harm*. An estimated 13 percent of 15- and 16-year-olds have carried out an act of deliberate self-harm.

Red Flags: According to Lader, it can be challenging to identify the extreme emotional distress that precipitates acts of self-harm. "Parents can look for blood and bloody clothes," she said. "Kids may also wear long sleeves, even in warm weather to cover up marks." Previous emotional problems, drug and alcohol use, impulsivity and low self-esteem are also common warning signs.

Take Action: "The best thing to do is acknowledge the underlying emotions. Don't focus on behavior," said Lader. She recommended a professional evaluation to get to the root of the problem. "Kids will not always be honest with you but may be with a professional."

Lader adds, "I hope that parents are concerned about this type of behavior. I get so many e-mails from kids who've tried to talk to their parents about it but they weren't taken seriously as if they've done something bad or did it for the attention. Many parents become dismissive, overwhelmed or overprotective, none of

which is very helpful."



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