

Network News



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Who Are We?

The Adolescent Parent Interagency Network (APIN) is a network of Manitoba professionals who meet monthly with the goal of ensuring high quality service to pregnant and parenting adolescents. The Network helps facilitate the sharing of information related to existing services and resources.

Come to the May and June 2005 APIN meetings to learn about...

May 10th, 2005 Presentation

- Presentation:** "INSIDE THE TEENAGE BRAIN"
Date & Time: Tuesday, May 10th, 12:00 - 1:00 p.m. plus discussion
Place: 219 - 114 Garry St. (Healthy Child Manitoba)
Parking: Metered street parking and nearby parking lots
Facilitator: **Tara Mangano-Striepe, Adolescent Development**
 Healthy Child Manitoba
Description: "Inside the Teenage Brain" is a 60-minute video produced by PBS Frontline that is a great follow-up to Dr. MacKenzie's presentations at the April conference. Quoting from the video cover: "It's the mystery of mysteries—especially to parents. Now the experts are exploring the recesses of the brain and finding explanations for why adolescents behave the way they do and how the new discoveries can change the way we teach, or perhaps even understand, our teenagers." An open discussion will follow for those who are interested. Please note that it is not essential to see the video from start to finish if you are not able to attend for the full hour.

As space is limited, please RSVP to Tara at 945-2785.

June 14th, 2005 Presentation

- Theme:** ACCESS RIVER EAST - WRHA INTEGRATED SERVICES
Date & Time: Tuesday, June 14th, 12:00 - 1:00 p.m.
Place: 975 Henderson Hwy
Parking: Plenty of free parking available in the lot next to building
Speaker(s): **Debra Vanance, Community Area Director, WRHA**
Description: Access River East is the first model in Winnipeg where services have been brought together under one roof, including primary health, mental health, public health, employment insurance, family services, etc. It brings all of the professionals together into an integrated team to provide support to individuals and families in the community. Come learn more and tour the facility, the first of its kind in the city.

Please bring your own lunch (coffee and tea will be provided).



Report on the March 2005 Presentation

RespectED: Violence and Abuse Prevention

The mission of RespectED is: "To break the cycle of abuse, neglect and interpersonal violence through prevention services, and in so doing, to promote safe and supportive relationships for individuals, within the family and within the community."

RespectED began in 1976 as the "Child Abuse Prevention Program for Adolescents" run by the Junior League of Vancouver and the Vancouver Resources Board Child Abuse Team. When funding for the program ended in 1983, the Red Cross became the program sponsor. Since 1999, the program has been available through Red Cross in all provinces and territories.

The Canadian Red Cross works to help the most vulnerable, build capacity, prevent and reduce injuries, and save lives. While this focus has been on accidental injury prevention, the RespectED program focuses on "purposeful" injury prevention.

In collaboration with schools, sport organizations, community agencies and other institutions, RespectED Prevention Educators deliver presentations and workshops that enable participants to:

- ▶ define healthy relationships
- ▶ understand maltreatment and abuse of power
- ▶ promote safe environments
- ▶ learn that abuse and harassment are never the victim's fault
- ▶ locate helping resources

Marian Hijkoop is the RespectED program coordinator in Winnipeg and coordinates the 14 programs available for children, youth and adults. The program is delivered mainly by volunteers with only 1½ staff positions for the province. The primary target audience of RespectED is youth while adults and organizations who have a vested interest in the safety and wellbeing of youth represent a secondary target audience.

Why the focus on adolescents? Hijkoop noted that 50% of abuse involves victims between the ages of 10 and 18. In 1998, statistics released by Health Canada reported 21.52 investigations of mistreatment per 1,000 children in Canada. Of those mistreatments, the majority were for physical neglect (40%) followed by physical abuse (31%), emotional maltreatment (19%) and sexual abuse (10%). Emotional maltreatment typically involves children witnessing violence.

Hijkoop has found that the figures for mistreatment of children are similar for Winnipeg with physical neglect numbers being highest. This usually involves lack of supervision as opposed to lack of food or other types of physical neglect.

The Health Canada figures also showed that in Canada 30% of victims and 30% of child abuse offenders are adolescents. Within the offenders, approximately one-third were sexually abused themselves. The goal, said Hijkoop, is to stop that cycle.

The age range of the adolescent participants attending the youth workshops is typically between 12 and 17. Hijkoop finds most requests come for Grades 7 through 10.

The workshops offered for youth include:

- (1) "It's Not Your Fault" – this session explores all types of abuse and neglect, why it happens, and where to go for help.
- (2) "What's Love Got to do With It?" – this session examines healthy and unhealthy dating relationships while stressing communication and prevention.
- (3) "Beyond the Hurt" – this session explores all aspects of bullying and peer harassment.

Response to the bullying workshop, introduced last year, was immediate with it quickly becoming the most requested session. Unique to this workshop, two or three peer facilitators work alongside the adult facilitator to deliver the session.

The workshops for youth are delivered by RespectED at no charge although they ask the organization or school to provide an honorarium. Workshops for adults usually involve a charge.

A fourth workshop called "c.a.r.e." is a personal safety program for children aged 5-9 aimed at helping to prevent sexual abuse. This session is a complete kit and is designed for a teacher to

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deliver over 5-6 weeks. (The package costs \$235 and includes a CD, resource manual and an optional day of training.)

Two more sessions for youth are being developed: "Preventing Child Sexual Exploitation," which guides youth to explore the issues and impact of sexual exploitation, and "Youth Suicide Prevention Program," which looks at the causes and indicators of youth suicide as well as strategies for support.

Adult programs include: "It's More Than Just a Game" for coaches, trainers, parents and sports administrators; "Prevention in Motion," which looks at all types of abuse and neglect, risk management, policies and prevention; "Not Just Puppy Love," which examines the uniqueness of youth relationship violence; "Walking the Prevention Circle," which is intended for First Nations communities and is led by an Aboriginal facilitator; and "Beyond the Hurt," which equips adults and organizations to understand the impact and dynamics of the bullying phenomenon and how to create a safe, supportive environment for youth.

RespectEd educates and certifies volunteers and teachers as Prevention Educators. Volunteers are carefully screened and undergo in-depth training to deliver the workshops. It represents a significant time commitment as the training program involves 9 full days, which includes 67 hours of classroom education plus an internship. Mentoring and ongoing support is provided. A modified, 5-day training program is also available for teachers to deliver "It's Not Your Fault" workshop.

Volunteers are asked to commit to delivering at least 2 workshops per month (each of the adolescent workshops is 2 hours long). While disclosure is not one of the goals, the volunteers are trained to handle disclosure in case it should happen during or after the workshop.

In Winnipeg, the RespectED program has partnerships with Winnipeg School Division #1, Louis Riel School Division and St. James School Division. Hijkoop's goal is to develop partnerships with all of the school divisions. She expects that demand for the workshops will dramatically increase since new curriculum in the com-

ing year requires that every grade level cover violence prevention. Also, all coaches in Manitoba are required to take the "It's More Than Just a Game" workshop, which was developed for Hockey Canada.

Funding continues to be a challenge, she added, specifically being able to prove education works for preventing violence. (RespectED does not receive government funding. Financial support comes from the United Way and private donations.) But Hijkoop finds that youth statements on the evaluation forms after the workshops make it worthwhile for her and the Prevention Educators.

"The educators know they have helped and accomplished something," said Hijkoop. In particular, they have noted an increased awareness about the effects and impacts of bullying. For example, the youth did not realize before how hurtful their bullying was for the victim.

Hijkoop finds the presentations work best for groups with 10-30 people rather than small groups due to the interaction and group activities. Since the program is group-based, it is best to arrange it through an organization. Workshops can be delivered at the organization's facility or at the training room at Red Cross (1111 Portage Ave) and can take place during the day, evening or on a weekend.

To volunteer or arrange to have a workshop delivered through your organization, contact Marian Hijkoop at (204) 982-7346 or e-mail: marian.hijkoop@redcross.ca

Promote your programs and events in APIN Network News!

The APIN newsletter is distributed 6x per year to over 550 individuals and organizations in Manitoba.

2005 upcoming deadlines
Jun 15 / Aug 10 / Oct 12

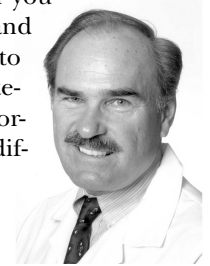
Fax to (204) 338-4727 or e-mail: river@mts.net

April 2005 Conference Understanding and Helping Adolescents

Over 280 participants at the April 15th APIN Conference listened attentively to an engaging and humorous series of presentations by Dr. Richard MacKenzie, Director of Adolescent Medicine at the Childrens Hospital of Los Angeles and Associate Professor, Pediatrics and Medicine, at the University Southern California Keck School of Medicine.

While it is impossible to summarize a full day's worth of information into a few pages, here are a few of the highlights.

Dr. MacKenzie challenged us to walk away at the end of the day thinking in a different way about young people. He asked us to "lay aside the cloak of who you are as a professional" and listen openly with the hope that when you readdress yourself and put on your cloak to leave, you might integrate some of the information and leave a different person.



Dr. Richard MacKenzie

While we have each been through our own private experience of adolescence, it is not necessarily the same as what the young people we are working with are going through. "They are having their own experience. It may look the same from the outside but it's being experienced differently from the inside."

Adolescence to him is a journey that takes the young person down a pathway that for each adolescent is unmapped. We have a map and we can see the map but they don't. As the adolescent walks along, each time they are challenged, they have to respond in a way that they've never been challenged before.

Dr. MacKenzie likes to think of creative ways of "joining in on the experience but not necessarily joining in on the process." He adds that "you don't want to become the adolescent, but you want to become part of that experience."

He believes that one of the goals in life should be to die young, but to do so as late in life as possible. "You want to die 'young' because we essentially grow old by abandoning our ideals."

Dance of the professionals

Dr. MacKenzie noted that while we think of ourselves as professionals, we rarely think of adolescents as professionals. "They are the best at what they do. As I always say, don't step into the arena of adolescent behaviours because they'll cream you. When the young people you work with frustrate you, you might respond with an adolescent behaviour and then they've got you because you are now in their professional arena."

He asked each of us to think about three questions: What got you to be doing what you're doing? (Was it a deliberate decision or serendipity?) Are you doing it from the right place? (Are you doing it as a drudge? Adolescents have a way of sucking energy out of you.) Are you doing this from a place that you are going to grow? (Are you stunted, prepubertal in your skills? Do you have growth failure in your approach?)

When you are working with young people, there are many developmental processes going on with them, but it is important to remember that you also are in a developmental process.

Dr. MacKenzie thinks of personal growth in life as a spiral. Birth is the beginning. We start the spiral and each time round we take our past experience, good or bad, into the next loop of the spiral, hoping that it's going to be sufficient to support our next loop. Our spiral is moving out and it's exciting. But it can stop expanding. We can get fixed and if you're not growing, you're dying. Sometimes we hit a plateau and rest for a while before we begin to grow again.

"When you work with adolescents, you can see spiral arrest occur. They become fixed on who they are – they don't have the support, courage or stimulus or trust in themselves or whatever they need to take that chance and move onto the next

loop. And sometimes if they do, they do it in such a dysfunctional way that it becomes harmful for their personal growth and maybe even harmful to their own personal biology."

Principles of adolescent development:

- * constancy of change - imagine if every day you went home someone had rearranged the furniture. Every day you would be uncomfortable and that's what it's like to be an adolescent. Acknowledging that will often get the adolescent to see you as someone who understands a bit of their irritation.



APIN Steering Committee with Dr. MacKenzie (From left, standing): Enrica Herfurth, Marie Ricard, Fran Coulter, Cindy Knott, Holly Puckall, Erica Snell, Beth McKechnie (From left, seated): Donna Paul, Dr. MacKenzie, Jackie Gagnon.

- * puberty is a foundation - puberty is the physical process of change while adolescence is the psychosocial, biobehavioural, interaction of everything.

- * cognition changes - moving from concrete to abstract thinking

- * driving forces of adolescence - just as there are driving forces of puberty, there are driving forces of adolescence

- * growth arrest

- * attainment of reproductive competence

- * increased appreciation of pleasure

Adolescence as a second birth

The first birth is our biological birth into existence. Adolescence is our second period of rapid growth (biobehavioural and psychosocial as well as biological) and can be thought of as birth into life or society.

"Hopefully by the end of today you will be better obstetricians – to that second birth. You are there to try and get them delivered into adulthood."

However, adolescents are not skilled at the things we're skilled at. Our main tool of working with adolescents is talk. Dr. MacKenzie said he "can't think of a thing an adolescent *doesn't* want to do more than talk. They are behaviour people, they tell you their story in their behaviour. They don't even have the words yet."

The professional's expertise is to be able to "speak" the language of behaviour and to recognize what is going on – know what you are observing.

Supermarket of Life

Dr. MacKenzie noted that adolescents are not trying to irritate or be bad. They are just "doing their thing" with the resources they have. He thinks of adolescents as being in the "supermarket of life." Down one aisle is sexual acting out, another aisle is drug use, another aisle is violence, etc. "So they are doing their shopping for adolescence and a crisis comes along. They kind of adapt somehow depending on the aisle they're in. If they happen to be in the aisle of family support, they

might talk to their parents. But a lot of young people don't have that aisle so they pull on what they do have and express it in the best way that they know."

"Problems" as "solutions"

What we see as problems, the adolescent often sees as solutions. "We need to really think about how we look at adolescent behaviours. We see that they have a drug problem or an acting out problem but for the adolescent, they are solutions. It's the best they know how to accomplish the task that this impetuous force called

For a copy of Dr. MacKenzie's Powerpoint presentations, e-mail a request to: river@mts.net or download it from the APIN web site at: www.apin.org For a hard copy, call Beth at (204) 339-0247.

adolescence is pushing at them and they have no control over. Just like they can't stop their puberty, they can't stop their adolescence."

Unless you can show them that the solution they've chosen is actually a problem, they won't change. But if you are able to help them see that their solution has negative consequences, perhaps then together you can look at alternative solutions.

Dr. MacKenzie noted that research has shown there are three different patterns of growth for adolescents: continuous (no problems - uneventful); surgent (problem blips); and tumultuous. The last group, which are the adolescents most professionals are working with, represents about 20% of adolescents.

*Adolescence is not a disease
but it is a "dis-ease"*

Dr. MacKenzie noted that if you see the biological birth as intrauterine and if you think of the family as the amniosis or uterine of the second birth, you can see the dysfunctions that go on within that second birth and how it influences the individual. The child who is looking to be born into society can suffer birth trauma that some people have to adapt to and carry with them into life feeling imperfect (can be family dysfunction, divorce/death, parental overinvolvement or enmeshment). Just as malnutrition can affect the baby intrauterine, the second birth into life forms the values, social skills and beliefs. External toxins and infections can damage a growing child during adolescence – they damage them because they are growing rapidly and are susceptible to damage.

In a functional family, there are certain things an adolescent needs to get out of that family, and these are tied into their resilience and protective factors. "These are often the things we have to build into our programs, that we have to manifest within ourselves for young people to see us as the important person in their life."

Being a good professional:

- * willing to broaden view of the 'human dilemma' to include biobehavioural and psychosocial issues

- * ability to function in an interdisciplinary fashion (in a variety of roles)
- * "centralizing" the adolescent - all resources gathered focus on what best serves the need of the adolescent

Youth at Risk

All behaviours in adolescence serve a purpose, even high risk behaviours. "Behaviours are situational expressions of maturational events."

Ticket of entry: get into their "HEADS"

From Dr. MacKenzie's experience, young people come to a professional because there is an energy that's driving them and it's usually a discomfort or disease, which in a sense is their "ticket of entry" into the helping system. To get at the underlying, contributing issues that led to the ticket of entry issue, Dr. MacKenzie and his team developed a risk profile called "HEADS" (originally developed for a high risk youth program in Hollywood for street youth):

- H** - home, harassment
- E** - education, eating, exercise, employment
- A** - ambition, accidents, affect
- D** - drugs, dieting, dating
- S** - sex, suicide

What they found in doing the risk profile was that in many cases the problem was redefined, allowing them to deal with the real issues, which were not necessarily the ticket of entry but in layers below. "In a medical sense, we'd done a biopsy. Just looking at the ticket of entry was superficial."

Based on his experience working with young runaways, Dr. MacKenzie has found that when an adolescent begins to live with a behaviour long enough (usually 6 weeks to 3 months), they will begin to adapt that behaviour as effective in solving that problem. It becomes adaptive to them and after a while it becomes assimilated into who they are.

For example, an adolescent begins to sell her body for sex in order to survive

(adaptation); after a while she starts to think of herself as a prostitute and it becomes part of who she is (assimilation). Eventually she starts to become comfortable with the idea that this is who she is and she becomes part of the culture of prostitution (acculturation).

As a time-dependent change, the earlier the professional can become involved, the more likely they can help.

Dr. MacKenzie noted that there is no such thing as a "resistant youth" – it just means the intervention is not effective. "Resistance comes from our lack of ability to deal with certain situational behaviours. Stand in front of that mirror and see what you can do by thinking through this in a different way."

Creative Approaches to Counselling

Counselling is being used here in the broad sense – it is not just the model of two people sitting down exchanging information usually through talking.

As noted earlier, adolescents will often act out their life experience in their behaviours – not necessarily dramatically but in their body language, the way they look at you, the way they interrelate with other people in their environment. In this way, they are saying things to you. "Adolescents are not crazy. They're just experiencing their developmental process with the resources that they have and often those resources are quite meagre because of their life experience to date."

What interests adolescents, says Dr. MacKenzie, is creativity. "They are naturally creative beings. They amaze me with their ability to survive under the most adverse of circumstances through their creative, sometimes dysfunctional, sometimes disadvantaged, sometimes self-harming behaviours, but they're surviving."

As we grow, we tend to lose the youthful traits associated with children – being playful, eager to learn, curious, experimental-minded, joyful, optimistic, etc. "These traits are so inherent to our development that when we ask adolescents to be mature, they rebel. They don't want to leave these things behind – they're too

much fun. So they try to find other ways of getting the same things in disguise. Plus they have all these new attributes they've gained through puberty. They begin looking out for these things using their new attributes, new skills, new opportunities. Those that they can't get, they suppress. So what we have is an angry young person suppressing."

Dr. MacKenzie's challenge to professionals is to work on reincorporating these youthful traits into our existence. Be playful. Be creative in your approach.

Preparatory comments to remember:

- * counselling is who or how you are, not what you say (you are the guide taking them to a new level of their "spiral")
- * you have to be a vehicle for their change (if you don't have your own act together, you will not be a good vehicle for change)
- * bring the adolescent into the present
- * counselling for change is not time dependent but situation and opportunity dependent
- * 3 people in the room concept (you, the adolescent, and adolescent within you)
- * "problems" vs. "solutions"

Exploratory prompts/approaches to get the adolescent to open up:

- If I asked your best friend what you are like, what do you think they would say?
- What is it you think that I think of you? (after knowing the adolescent a while)
- What do you do when you are not in school?
- What do your mother and father do when you are not there?
- What do you do well?
- Journaling - this is particularly effective with young women. No one else should see the journal with their private thoughts. It should reflect what they are experiencing; not what they're doing. Ask them to write for 5-10 minutes daily in their journal. A few suggestions to get them started include: writing a list of shoulds, wants, needs; undelivered communications, etc.
- Ask them to finish the sentence "Right now I am feeling.."
- Use a batacca bat and have them hit themselves with this soft bat every time they say something negative about

themselves. Or ask them "If you had a friend who talked to you the way you talk to yourself, would you still be friends?"

- Treasured tragedy - these are often horrible experiences that they keep on the front burner, but which have produced "spiral" arrest. Need to overcome this to continue personal growth.
- Looking down from overhead (from a helicopter)
- Adolescents often beckon us and then push away - you feel that you've been seduced into something and then as soon as you give your heart to it, you're pushed back. Acknowledge this with the adolescent.
- Ask the adolescent "On a scale of 1-10, how are you feeling?"
- Ask the adolescent "If you were a bird or an animal, what would you be?"
- The "knock" - start a task but don't finish it at that session. This creates some tension (waiting for the "knock" at the end) and let them go home and think about it or work on it themselves.
- Finger "trick" - get the adolescent to lift a finger off the desk and wiggle or bend it. Point out to them "Do you realize that you are the only person in the world who can do that? I can raise my finger but not yours. You have the power to take control of your body and your life the way you want to do it. It's only because you gave up that power that got you into..."
- Circle to set boundaries - set them on the floor with a piece of chalk and let

them draw a circle around themselves to set their boundaries. Get them to tell you "This is my space. I don't want anyone to come in without my permission." Then throw a cushion (representing someone in their life) on the floor and start inching it towards the circle to see how they respond. Repeat with different people in their life.

* "Good Mother" - ask the adolescent to write the "Good Mother Messages" below every morning and night into their journal. If we had a "perfect" mother who was with us all the time, these are the affirming messages we would want to hear every day to make us whole. When we do not hear these messages, we are governed to seek them out in behaviours, decisions, relationships that can lead to trouble. You want them to write these from "felt" memory - not copying from a list. If you miss one or two, it's usually because those are the ones you are looking for in your behaviour. It's a way of bringing the adolescent's attention to the fact that they need this validation and support.

- I love you
- I'll take care of you
- You are special
- Sometimes I'll say no and that is because I love you
- My love will make you better
- I see you and I hear you
- I love you for who you are and not for what you do
- There is unfairness in the world



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