

Emerging Minds Webinar Series

# Infant and Child Mental Health



**Emerging  
Minds.**

National Workforce  
Centre for Child  
Mental Health



Webinar 4

# Engaging parents of children approaching adolescence



7:15 pm to 8:30 pm AEDT  
Wednesday 7<sup>th</sup> November 2018

**Emerging  
Minds.**

National Workforce  
Centre for Child  
Mental Health



Emerging Minds and MHPN wishes to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.



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## Webinar series

This is the fourth webinar in the Emerging Minds, Infant and Child Mental Health series.

Future webinars:

- Supporting children's mental health after trauma (2019)
- Engaging with children and parents with complex needs – a systems approach (2019)



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## Tonight's panel



**Elly Robinson**  
Executive Manager  
Parenting Research Centre



**Dr Michael Carr-Gregg**  
Psychologist



**Facilitator: Dan Moss**  
Workforce Development  
Manager,  
Emerging Minds



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## Ground rules

To help ensure everyone has the opportunity to gain the most from this live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as you would in a face-to-face activity.
- For help with any technical issues, click the Technical Support FAQ tab at the top of the screen. Need further support? Call the Redback Help Desk on 1800 291 863.
- If a significant issue affects all participants, an announcement will be made.



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## Learning outcomes

Through an exploration of developmental psychology of children as they become adolescents participants will:

- Identify practical tips and strategies for effective conversations with adolescents and their parents
- Recognise the differences between normal adolescent behaviour and mental health conditions such as depression and anxiety
- Describe current trends in adolescent drug and alcohol use, cyber-bullying, risk-taking behaviour and self-harm.



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## Adolescent health specialist perspective



Elly Robinson

### Adolescence

- Dynamic period of growth and maturation – second most risky period after infancy
- Can impact significantly on pathways to adulthood, both in positive and negative directions
- Notable changes begin in late primary school – seek opportunities to increase independence, changes in peer/family relationships, physical changes
- Reflected in case study
  - Changing relationship between Kelly and Grace
  - Both reflect on “things as they were”



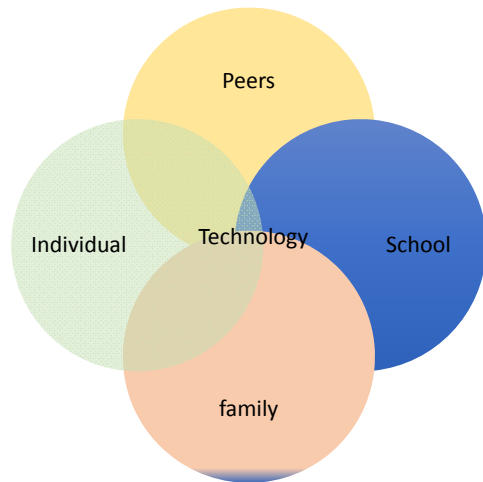
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## Adolescent health specialist perspective



Elly Robinson

### Five worlds of adolescence



- Grace is a member of an increasingly vulnerable age group – not the ‘latent years’ as thought
- School transition + changes in peer/family relationships + puberty + social media
- Window of opportunity for parents/professionals



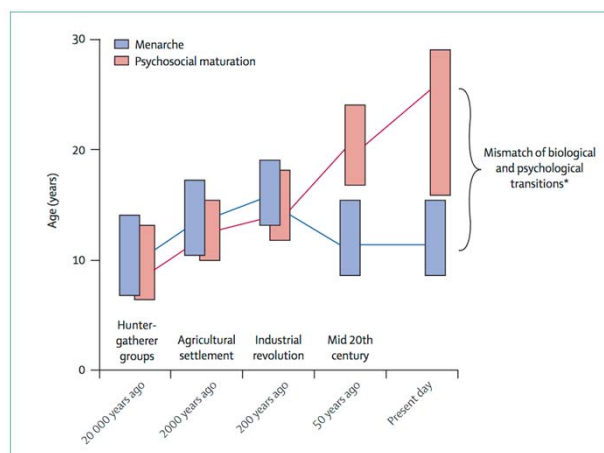
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## Adolescent health specialist perspective



Elly Robinson

### Mismatch of transitions



Patton, G. & Viner, R. (2007). Pubertal transitions in health. *Lancet*, 369, 1130-1139



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## Adolescent health specialist perspective



Elly Robinson

### Adolescent development

- Changes in adolescent brain up to mid-20s
- The adolescent brain is malleable:
  - Good - more receptive to learning new skills and absorbing new information
  - Not so good - more vulnerable to chemical and hormonal damage
- Family environment plays an undervalued role
  - Parenting skill - strong determinant of adolescent wellbeing
  - Accepting and supportive family relationships in adolescence have an influence on healthy functioning, even into adulthood
  - For Grace – Kelly needs to be the parent



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## Adolescent health specialist perspective



Elly Robinson

### Teenage risk behaviours/problems

Grace is at risk of many problematic adolescent behaviours – can we intervene early?

Bullying most common in late primary and early high school – one in three 10-11 yr olds

One in 10 14-15 yr olds self-harmed in previous 12 months

One in three 12-25 yr olds report high/very high psychological distress

One in eight 12-17 year olds report a mental health problem

BUT! Alcohol use declining – age of first use risen from 14 to 16yo. Risky groups still exist



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## Psychologist perspective

### Flourishing teens

1. **“Charismatic adult”**: someone with whom they identify and from whom they can gather strength
2. **“Islands of competence” or “spark”**: having something they are good at, learning the value of persistence
3. **Emotional intelligence**: ability to read social situations and respond appropriately – “people smart”
4. **A sense of meaning in their lives**: a feeling of connection to something or someone that transcends the material world
5. **Positive self-talk/perseverance**: resilient teenagers talk encouragingly to selves



Michael Carr-Gregg



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## Psychologist perspective

### Communication with teens

1. **Disconnect**: unplug from the iThis and iThat
2. **Location**: café, park, drive in the car
3. **Mood**: only if both parties are in the right frame of mind
4. **Clarity**: get to the point quickly, repeat, use concrete images, pay attention
5. **Culture**: become a student of teen culture
6. **Choose your battles**



Michael Carr-Gregg



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## Psychologist perspective

### When to really worry...

- Withdrawal from peers
- Sustained decline in academic performance
- Two to three weeks of depressed mood
- No longer enjoying or engaging in what was previously enjoyed



Michael Carr-Gregg



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## Psychologist perspective

### Case study

- Mum (Kelly) lacks a developmental perspective
  - Communication with emerging teen
  - Lachy as the “easy” child
- Grace is not tackling key developmental tasks and is at risk of depression/anxiety
  - Peers
  - Identity formation
  - Emancipation from adult carer
  - Connection with school



Michael Carr-Gregg



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## Psychologist perspective

### Risk factors

- Multiple risk factors for Grace
  - Strained relationship with mother
  - Lack of prosocial peers
  - Lack of coping skills
  - Not engaged in school
  - No “spark”
  - Rigid self-talk



Michael Carr-Gregg



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## Psychologist perspective

### Clinical interventions

- Family therapy
- Evidence-based parenting program for mum (e.g. Triple P teens)
- CBT/IPT
- Instigating regular family ritual
- Involving school welfare team



Michael Carr-Gregg



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## Q&A Session



**Elly Robinson**  
Executive Manager  
Parenting Research Centre



**Dr Michael Carr-Gregg**  
Psychologist



**Facilitator: Dan Moss**  
Workforce Development  
Manager,  
Emerging Minds



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## Resources and further reading

Other supporting resources associated with this webinar can be found in the Supporting Resources Tab at the bottom of the screen.

**For more information about Emerging Minds, visit our website**

[www.emergingminds.com.au](http://www.emergingminds.com.au)



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## Thank you for participating

- Please ensure you complete the *feedback survey* before you log out.  
**Click the Feedback Survey tab** at the top of the screen to open the survey.
- Certificates of Attendance for this webinar will be issued within four weeks.
- Each participant will be sent a link to the online resources associated with this webinar within two weeks.
- The next webinar in the Emerging Minds webinar series is titled Supporting children's mental health after trauma (2019)



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This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project. The NWCCMH is led by Emerging Minds and delivered in partnership with the Australian Institute of Family Studies (AIFS), the Australian National University (ANU), the Parenting Research Centre (PRC) and the Royal Australian College of General Practitioners (RACGP).

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# Thank You



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