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Transcript of National Catholic Partnership on Disabilities

Advanced Considerations: Youth and Young Adults with Mental Illness, Helping Parishes Support the Spiritual Life of Their Youth and Young Adults

October 20, 2009

Participants

Dr. Paul Myers, Director, University Health Center at the University of Portland in Oregon
Dr. Bob McCarty, Executive Director, National Federation for Catholic Youth Ministry
Linea Johnson, motivational speaker, author and blogger

Presentation

>> Operator:

Good afternoon ladies and gentlemen and welcome to the National Catholic Partnership on Disability and the National Federation for Catholic Youth Ministry Presentation of Advanced Considerations: Mental Illness in Youth and Young Adults. If you need technical assistance at any time, please call 866-490-5412. Or you may press the help button at the top of your screen. If you are having difficulty with the audio today, you can also read what is being said in today's webinar by pressing the transcript button at the top of your screen. After the formal presentation, a question and answer session will be conducted. To ask a question click the word "Questions"on your screen. As a reminder, this call is being recorded today, Thursday, June 10th 2010. I would now like to turn the program over to Dr. Paul Myers. Please go ahead, sir.

>> Paul Myers:

Thank you. Welcome to today's webinar. Today's webinar is being presented to you by the National Catholic Partnership on Disability and the National Federation for Catholic Youth Ministry. Our partners are the National Catholic Partnership on Disability's Council on Mental Illness and the National Conference for Catechetical Leadership, in collaboration with the National Catholic Young Adult Ministry Association. This webinar is made possible through major funding provided by the Province of St. Joseph of the Capuchin Order, the Our Sunday Visitor Institute, and the Warren P. Powers Charitable Foundation. The presenters today include yours

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truly, Paul Myers. I am a psychologist and Director of the University Health Center at the University of Portland in Oregon, a Catholic university run by the Congregation of Holy Cross. I'm a staff psychologist at the Northwest Catholic Counseling Center, also in Portland. In these roles I provide consultation and therapy to families, couples adolescents and young adults. With me today is Dr. Bob McCarty, Executive Director of the National Federation for Catholic Youth Ministry in Washington DC, an organization for diocesan and parish youth ministry leaders from across the country. He has been working with those in youth and pastoral ministry across the United States. Bob, please tell us about your work in relation to today's topic.

>> Robert McCarty:
Hello everyone. This is Bob McCarty speaking to you from Washington DC. The Federation works with youth ministry leaders in our diocese, parishes and schools across the US and part of my own career in youth ministry has been in pastoral ministry with at-risk young people living in treatment programs in Philadelphia. I've had the opportunity over years to provide training for pastoral care of those who are working with adolescents. So I bring that to our webinar this afternoon.

>> Paul Myers:
Great. Thanks Bob. And another guest with us today is Linea Johnson, a recent college graduate from Seattle University. She is a motivational speaker, author and blogger. She says of herself as a young woman diagnosed with bipolar disorder and age 19, "I hope to use my experiences to speak for those unable to speak for themselves." She is working toward the publication of a new book about her experiences. Welcome Linea. Please briefly tell us about your experience with bipolar illness and the work you've been doing.

>> Linea Johnson:
Hello everybody. This is Linea and I want to offer a short story about who I am and what I have been through, just so you can know where I am coming from and ask me questions at the end. In high school I was an extreme perfectionist, an overachiever, and had a few experiences of depression but I was not actually diagnosed until college when I became extremely suicidal. From there I went through lots of manias and depressions, and everything in between. I tried to fight it off with lots of different unhealthy coping mechanisms such as cutting, drinking, drugs, and an eating disorder. So I have experienced all of those different things and it took me a while to finally decide that I wanted to get better. Now I have been stable for three or four years, I speak nationally and I actually ended up sitting at a table with Glenn Close and Rosalyn Carter in New York working on fighting stigma. A huge change from where I was when I was fighting off depression and mania to today, and this is one

reason I want to share this story of hope: to let people know that youth and people with mental illness can move forward and can be stable.

>> Paul Myers:
Thank you very much. We are so glad you're here with us today. Now we want to turn to a prayer and we will ask at your various sites around the country, that you pray along with us. In the name of the Father, the Son and the Holy Spirit. Amen. God, bless and strengthen young people and those you have called to serve, teach and heal them. May those who are gathered for this webinar draw from your Son's example as we work each day to build your Kingdom here on earth. Amen. In the name of the Father, the Son and the Holy Spirit, Amen.

During the webinar today, as was mentioned, you will have an opportunity for a question and answer session for probably the last 15-20 minutes of our time together. You will see a questions button in the upper right-hand side of your screen. You can type your question into the little pop-up window and click send. Those will be sent to our offices here and we will be drawing from those questions and doing our best to answer them in the latter part of our time together.

The webinar objectives for today include wanting to share with you patterns of crisis and mental illness and how these are manifested in young people. We will describe levels of response, and we will be weaving through this, faith and ministry perspectives. Let's begin with a quick poll here. There will be a couple of these during the session. I would like you to identify the age groups of youth and young adult with which you work at your site. If you work at a site where there are several, I think you should be able to click a couple different age ranges. Please pick those age ranges and then hit the vote button. We will compile those results for you here in just a moment, and see what is represented in those that are attending today. I will publish this now. You should all see a graph popping up on your computer screen. It looks like we have about the same number who are working with middle school youth and with high school youth. And then the second tier looks similar for college aged and young adults. We have quite a spread of experience across the youth and young adults. And next we want to ask about the types of ministry settings that you all are working in. Again, the same process. Click the context in which you are working, hit vote. And we will share that with you all as well so we can see who else is participating in today's webinar. And the results are being tabulated here. I will send them your way now. The vast majority are in a parish setting. The second most common diocesan office. Third, community service programs. And then we have middle school, high school, college and national office. That is great. It gives you a sense of who is online with us today. Next, we want to turn things over to Bob

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McCarty.

>> Robert McCarty
We would like to set the stage here in two ways. One is using this graphic. In the Chinese language when they create a character for a word, they combine the characters for existing words. So the character for the word "crisis" is the combination of the character for the word "danger" and "opportunity". It's a reminder for all of us that are involved in any kind of pastoral care with youth or young adult that whenever there is a crisis, there is certainly the possibility of breakdown but there is always the potential for breakthrough. There is always the possibility for woundedness but there is always also the possibility for new growth and new insight. So it is a way for us to be reminded and to be encouraged that we should enter into relationships with our hurting youth or young adults and enter into those relationships with trust and hope and confidence.

We will follow-up on that by suggesting this. When we think about youth at risk, we would propose that we think of those youth and young adult who by circumstances, choices or mental health conditions are in situations that expose them to failure or harm in any of these critical parts of their life: their personal, their academic dimension, social, family or spiritual lives. When our young people or young adults are in those situations, oftentimes they are unable to meet their basic needs. They may have poor coping skills, they may have insufficient support systems, and all of those factors therefore, create a situation in which our youth and young adults are highly vulnerable to risk behaviors.

Using that as our shared definition for our webinar, I would ask you to consider this. When you think of your own experiences and think of the definition we just provided, what is your experience when you think of the youth and young adults with whom you have minister in what ever your setting? I will ask you to look at some of these risk issues and we would like to identify which of these are part of your experience. So if you don't mind, take a moment and read through the poll. If you have experience working with young people who have cut themselves, young people who have experience or have abused drugs or alcohol or how about folks with suicide behaviors or ideation. Have you worked with youth or young adults who have experienced truancy or delinquency? How about youth and young adults with eating disorders or youth and young adults with the early pregnancy issues or early sexual experiences. Take a moment and click those that fit for you and for your experiences.

Look at the cross-section of our experience here. We are certainly covering all of the risk issues that we have identified for our youth and young adults. You can see the

high percentages especially around cutting and around drug and alcohol abuse. There is a very high percentage around suicidal behavior or ideation; afair number of truancy and delinquency issues; And a high percentage that have dealt with eating disorders and early pregnancy issues. We certainly do bring a range of experience to the conversation today.

>> Linea Johnson:
Bob, I think it's also important to think about the research, and in some of the research I've been working with, the dropout rate of high schoolers with emotional behavior and mental health disorders is over 50 percent. The dropout rate! It's a large majority of those that are either incarcerated or living on the streets within the first year.

>> Paul Meyers:
Next we want to just do a quick primer on clinical mental illness. There are three basic ways of conceptualizing clinical mental illness. The first is the Diathesis-Stress hypothesis and the suggestion here is that each of us is born with a genetic predisposition to have some kind of brain chemical imbalance that might be triggered by some experiential factors. It could be an acute trauma episode or chronic distress. A subset of this however would be a genetic predisposition with no stressor that is a trigger but rather just with a pre-set time.

And then another hypothesis that explains or seems to account for a lot of cases of mental illness. It is a Social Construction hypothesis. Under this notion, a youth or young adult has developed some adaptive behaviors for some dysfunctional situation. A classic example is learning to not trust people and then when they are in a more functional environment, that mistrust is perceived as maybe a paranoia and it interferes with their ability to interact with others and to trust authority.
One of the most common disorders that we see in young people,the mood disorders, are certainly very common. These range from major depression, dysthymia, to Bipolar I and Bipolar II disorders, which used to be known as manic depression. Also the anxiety disorders, there are a variety of these. There are also general anxiety disorder, panic disorder, posttraumatic stress disorder, obsessive-compulsive disorder and others. And then also very common among youth because of their developmental stage,are adjustment disorders where something has happened that has overwhelmed them like some change in context or environment and they manifest anxiety or depression, or a mix of the two, or there might be a disturbance in conduct. And then certainly as we saw in our survey a minute ago, substance abuse disorders. These are usually labeled according to the substance being abused. I would add to that, there are sometime substance dependence disorders even with very young people.

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And then finally we also saw in the survey and we have listed, here eating disorders. There could be restricted eating, there could be binge-purge cycles. The most common diagnosis given among eating disorders is Eating Disorders NOS, that is not otherwise specified. There is some level of disturbance in a young person's relationship to food and nutrition.
This is an important concept we want to share with you all today and that is that many disorders share common symptom pathways which makes it difficult to sort out exactly what is happening. Sleep changes are common among these disorders. To make things more complicated the sleep change could move from insomnia which has a variety of forms, to hypersomnia. Appetite changes can move from a change where the individual goes to a loss of appetite or to a pattern of over eating. Also we have arousal changes, where one would find that an individual, a young person, becomes lethargic or they might become more manic and agitated. Similarly, we have emotional sensitivity changes and the young person can move from being blunted in their emotional sensitivities, nothing seems to faze them and they are kind of numb, to being hypersensitive and irritable.
Among most of these disorders you find a disruption of concentration and attention which is one of the reasons why I think we see so many times where people wonder if there is a case of Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder that is present. This is an example of why it is important to rule out the other conditions first before we settle on the more organic syndrome of Attention Deficit Hyperactivity Disorder. And generally we see academic performance decrease when a young person is suffering from any of these disorders, with the exception that with anorexia nervosa very often we see exceptional performance in academics until there is enough malnutrition to start interfering with cognitive function.

>> Linea Johnson:
What I saw in the initial poll we had is that most of you were working with middle school and high school age groups and what is the thing they are most worried about? Being different. So these symptoms are coming up and suddenly you are different and you can't control them. When these initial signs and symptoms appear you feel scared, alone, confused, you don't know how to stop them. This is what can lead kids very quickly into drug and alcohol abuse, self mutilation and other dangerous coping methods because they don't understand what is going on. When I was first diagnosed I would beat myself up for not being able to stop these weird habits that I was developing, whether it was abnormal eating or sleeping habits or unpredictable moods.

>> Paul Myers:
Next we want to look at differential diagnosis. Again when you are working with

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young people it's often the case where people say "I think it's depression" or "This person has an eating disorder," and so on. Because many disorders share similar symptoms, it's important to get a professional assessment. Most conditions respond very well to psychotherapy or counseling and many respond very well to medication. In most instances a combination of the two is really the best option.

>> Robert McCarty:
As we are starting to look at these issues that we are identifying, I'd like to propose an inventory: an anatomy of a crisis and how crisis occurs with youth and young adults. Think of it in three different stages. Think of disruptions that occur in the lives of our youth and young adults and we will break that open in a second. But whenever there is a disruption in the lives of our youth or young adult, it will create feelings on the inside. Those feelings are going to have to come out in some way. Anything we feel strongly on the inside will have to come out in terms of some kind of behavior. So to take that pattern from them, and I think what is useful about the pattern is it gives us a sense as people who are pastoral ministers or in pastoral care with our youth and young adults, sometimes we see the disruption and so we can anticipate the feeling or behavior. But oftentimes we see the behavior and we can work backwards to figure out, "Where is this behavior coming from?" "What are the feelings on the inside and what is the disruption?"

It is interesting with youth and young adult that oftentimes they can't even name the feelings and they can't identify the disruption. So the role of the pastoral minister is to help the youth and young adult begin to understand the crisis that they may be living in. So when we think about disruption, let's think about disruptions in several different levels. Certainly there are family issues. Certainly some of our young people have a family disruption where there is a death in the family or separation or divorce in the family. Even things like long-term unemployment,long-term illnesses in the family. Maybe there is the presence of abuse.

For some of our families it is as basic as frequent moving. We live in a very mobile society and it's difficult sometimes to create lasting relationships. There might be alcohol and drug abuse in the family. So what we are highlighting here are family disruptions. Things that occur in the lives of our youth and young adults that will eventually lead to some kind of feelings and behaviors.

There is a second set of disruptions and especially for youth and young adults. It revolves around their peer relationships. Oftentimes what happens for young people depending on their setting and depending on their situation, they may feel like: "I just don't have any friends." "I don't have any connections." "I'm not in a relationship."

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"No one likes me" would be a classic middle school or early high school kind of experience. So poor peer acceptance would be a disruption. Feeling like they are the outsider. For early adolescence the lack of physical development. Being too different than their peers or feeling like somehow "I just don't fit in."

For some of our young people, the fear of any kind of relationship with the opposite sex. We know how important it is for adolescents to create friendships and relationships.

Perhaps the presence of bullying. I think bullying has been getting a lot more attention lately in the news. We also know that critical disruption is young people and young adults who are dealing with sexual identity issues. These are all disruptions. These are all things that can happen in the lives of our young people that will trigger that pattern of a crisis that we talk about.

We know that there is a third set of disruptions certainly for youth and young adults. It revolves around school and looking at the key areas of a young person's life. For some of our young people and some of our young adults, maybe they feel like there is an intense pressure for good grades and when those grades don't happen, all of a sudden this puts them into a tailspin. Or some of our young people are starting a new school. It ties into that whole starting or rebuilding relationships with the people around you. So for some of our young people, that becomes a disruption.

For some of our young people, some kind of failure, like trying to join a sports team or a school club and not making the cut. So what we are highlighting, these are all possible disruptions. And it goes back to what we said in terms of our definition. If young people don't have a solid support system, if they don't have good coping mechanisms than any of these disruptions can begin to trigger a crisis. It's a critical way for us to begin to look at these issues.

>> Paul Myers
Related to this Bob, we will do a quick poll related to school. What percentage of college students -- what percentage of college students think about suicide at some point in their college careers? I just want you to share what you think the percentage is.

>> Linea Johnson
For me, I think college is a really important thing to address. Although high school and middle school as well was extremely difficult for me and for the youth that I have

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worked with because the pressure to be perfect or be good and get good grades can cause a lot of stress and stress can cause a lot of mental health conditions. But college can also be especially difficult because this is when people mostly are getting diagnosed. But they are dealing with these major life transitions, living a somewhat unhealthy lifestyles, whether it is getting enough sleep, increased stress levels, and partying for the first time, these things all lead to extremely unstable mental health. And can lead to eventually to thoughts of suicide.

>> Paul Myers
We certainly see that in the university setting where I work. I must have done the poll too quickly here because nobody has cast a vote. And I apologize. So we will move along. Bob.

>> Robert McCarty
Let me do the second part. It is when we are looking at the crisis. The first part of the crisis were the patterns of disruption. And remember we said that those disruptions in the lives of our youth and young adults will trigger feelings on the inside and if we do a scan of the range of feelings that we create in our youth and young adults from low self-esteem, feeling isolated, isolated from their peers and isolated even from their family. Feeling trapped. Some of our youth and young adults can feel very withdrawn. They start to pull away. They can become lonely or even depressed. You might to start to see that sense of apathy. They just don't care anymore. They just can't control anything going on in their life and they just quit. Some of our youth and young adults are plagued by guilt. Certainly taking on the responsibility for things that may be way outside their area of control, but yet somehow they've internalized that "I must have caused whatever this crisis is in my life, I must have caused it."

Sometimes our youth and young adults really do operate out of a deep sense of fear. There is a deep sense of fear of abuse. Physical or mental abuse, maybe sexual abuse and sometimes even a fear of what they perceive to be intolerable conditions. That there is nothing they can do about the situations in their families, maybe in their community or maybe in their home. But they just feel like it is beyond their control and they can't do anything about that.

The point we would like to make here I think is anything we feel strongly on the inside has to come out. We know what it is like when those feelings on the inside are so positive when you get wonderful news. The first thing you want to do with great news is tell somebody else. It has to come out. When the feelings are negative, when those disruptions create these kinds of feelings in our young people, those negative feelings as well have to come out. And the issue I think for us is this. If there is not a

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place for youth and young adult to ventilate or verbalize those feelings, if there is not a place for them to share those feelings then those feelings have to come out in behaviors. And depending on the depth and the intensity of those feelings, some of the behaviors that we might see could include delinquency, eating disorders; this is the list of those behaviors we identified earlier. Truancy, drug and alcohol abuse. And drug and alcohol abuse oftentimes is a form of self medication and it's a way to try to lessen the pain that's in one's life. Our young people, youth and young adults might consider running away or earlier inappropriate sexual activity or withdrawing from relationships. And even suicide attempts. So the point that the graph makes here in terms of pattern of a crisis is to be able to identify these patterns, those indicators of disruptions, begin to identify what are the feelings on the inside and to create ways for those feelings to come out because in a crisis those feelings will come out in behaviors.

>> Paul Myers
Thank you, Bob. I think these are excellent points and the connection is essential to make. In that context, we want to avoid the rush to premature diagnosis. As we have seen, there are so many sources of the same symptomatic behavior. The same symptomatic behavior can be part of multiple diagnosis or just one. For example, poor concentration, we saw it can be caused by anxiety, depression, posttraumatic stress disorder, it could be caused by thinking about a significant other, it could be caused by bad grades, it can be caused by substance abuse. It could be because they are getting poor sleep or they are having to work in addition to going to school. There are just many ways or sources of these things. So you want to avoid the rush to a premature diagnosis. Many behavior signals are typical of normal adolescent behaviors. That's important to keep in mind. So we want to recommend that diagnosis only comes through a professional referral.

>> Linea Johnson
One reason it's also really important to avoid an early diagnosis or an inaccurate diagnosis is because the label, especially an inaccurate one for youth and young adults, can cause a lot of emotional distress.

>> Paul Myers
Absolutely. Another piece of the referral process to professionals has to do with what do you do next or how do you maintain the relationship to be a supportive person, so we have this poll question. “Have you ever referred a young person to a psychiatrist or other mental health professional?” Go ahead and make your choice and send in your vote. Hopefully I will leave enough time this time. We find also, we will talk more about this in a moment, that sometimes the party who has made the referral is

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anxious about whether or not they can continue to talk to mental health the professional. See here -- I just lost my screen. Hey Bob? Can you pick this up? Our computer just lost its screen.

>> Robert McCarty
Yeah. I can pick up here. We just pulled up the results of our experience of referral. You can see here that the vast majority of us have had the experience of referring a young person even to a psychiatrist or to some other mental health professional. So we are bringing quite of bit of experience to this webinar today in terms of our own practical experience of young people. Let me put this into another perspective here. In using this image of a rock, and I do want to say to you personally the reason we are putting this slide in here.. It's a slide of Mount Everest and a year ago I had the pleasure of trekking to the base camp on Mount Everest so this is a personal thing for me. What we are trying to illuminate here through the use of this slide, is to think of ourselves at times when young people are in crisis, whether that crisis comes from their circumstances of their life, bad choices they have made, maybe some mental health conditions that they have experience, when our young people are in crisis literally they need a rock. They need an anchor; they need someone to hold onto. Using rock as an acronym for a moment we become the resource. We become the resource that can offer compassion and knowledge to our young people and to our young adults. And we would like to break that open a little bit. What does that mean for us to be a rock for others? I would suggest this, that to be a rock for others means first that we have to listen. We have to listen -- you've heard the adage that's why God gave us two ears and only one mouth so we would listen twice as much as we talk. It's a real gift to people who are in crisis, our physical presence to listen to their stories, to give them a chance to ventilate and verbalize. To see our role as a person who guides the decision-making process not necessarily making the decisions for the person but involving them and empowering them to make the decisions they need to make in order to regain their health.

And there are times when we will be the advocate for that young person. Sometimes that means that we are the ones that help them navigate with or deal with social service systems or even medical systems so we become the advocate.

I think an important principle for those of us who like to be the rock for others, is the ability to express honest emotions and to receive honest emotion from the person with whom we are in a relationship. I think that last point is a critical point that we become the person; we become the one who extends realistic hope, realistic hope in the midst of a crisis. That's an important role for people who want to be the rock, to be the anchor, to be the pastoral minister for others.

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To put this into another way or looking at these levels of responses that we said would be part of today's webinar. Think of responses in this way. There are at least four levels to our response. We want to break open **prevention**. What does that mean? It's ongoing support that we can provide our youth and young adults. What about **intervention**. What does it mean when there's an actual crisis and what does an immediate **response** include? Part of it will include **referral**. How do we go about it? Think of referral as building a caring community. Building a network of caring adults around the person who is in crisis.

And then the last level here is to see a response, to see pastoral care through the lens of our ministry. To see that there is a faith dimension here, a faith response to what we do. To break this open a little bit. When you look at prevention here, one of the things I would suggest is that prevention begins with developing those personal relationships. Our greatest resource at times is the relationship we have built with our youth and young adults and especially those youth and young adults that may be experiencing some kind of crisis in their life. It requires that we as the pastoral minister use our absolute best communication skills. That we develop the active listening skills and the clarifying skills, learning how to ask the right questions to be able to assist the youth or young adult in putting some language on their experience. To use those real supportive, directive skills to help our youth and young adults begin to make decisions to identify options so they can begin to lay out a pattern in their lives in which they are in control. Or they begin to feel the sense of their own personal power and personal dignity.

And it is funny to have to say this but it's a reminder to us that when we are in these kinds of relationships, we have to remember to remain clear and calm and personally balanced and even personally secure. It does require that we have to think clearly. It's part of what we are called to do here. When we think about prevention, think about for us what about this whole requirement that we be aware of our own feelings. Be aware of what is going on inside us and who are our anchors. Literally who are the rocks in our lives that we rely on? Can we involve other people in the supportive role? Can we create that network of relationships?

And the last part is a reminder that when we are in ministry with our youth and young adults the role here is not to save, to literally try to save our youth and in fact, I think the best we do is maybe help put our youth and young adults in a position where they literally try to save themselves. And I mean that in the healthiest possible way of regaining their own sense of mental health. Linea, do you have any reaction to that? I would just be curious from your experience, what you think about that point.

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>> Linea Johnson
I absolutely think it's important to empower young adults and to help them. Work with them to really figure out how to take care of themselves and begin that recovery process and work together but also to really listen to youth and help them gain self advocacy skills to be able to take care of themselves in the future because eventually they will have to do that anyway and it's kind of your job as a mentor to help them achieve that. So I definitely agree. When it comes to saving, they have been trying to save themselves, I'm sure, for a long time so when you act like you are trying to fix them or save them it usually makes them feel worse, but in empowering them and helping them look at different options, I think that that is a really good way to go.

>> Robert McCarty
You know Linea, I like the fact that you use the phrase mentor. I like that image that we would mentor our young people and young adults. That we would walk with them through this journey. It's almost like we walk with them as they try to heal themselves and as they try to get better on a physical, emotional, mental, relational, spiritual level that we walk with them. So I like the image that you are bringing to the conversation.

Prevention is one level of response. There are times that our response is an intervention. There are times when those patterns of disruption are so severe, the feelings so intense, the behaviors are so destructive that you have to do something. And you have to do it now. And it does require us who are in a relationship with youth and young adults to respond and to respond quickly and to respond professionally.

The first part I would suggest what an intervention is: it means we can't keep secrets. This is a hard one for some of us are in pastoral ministery with our youth and young adults. We know how important confidentiality is and we will come back to that in a moment. But we can't always keep secrets.

And it ties into “I don't know where to go.”You have to know where to go for extended professional help, professional support. I do believe that we as pastoral ministers have a responsibility to have a clear referral system and to understand the resources available to us in our church, in our communities, and in our schools. We have to know where to go.

The fourth point about intervention is to avoid moralizing. To avoid being judgmental about the behavior we see. This is not a time to moralize. It's a time to be supportive. It's a time to foster clear ventilation and verbiage. To help our youth and young adults verbalize what is going on on the inside. They need a place to ventilate. We can't

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rationalize. We have to acknowledge the reality of the person's issues and say this is a serious situation. You are in danger of hurting yourself here. This could go badly. So you can't rationalize and say we will work through this or you will grow out of this. There are some things that need a response.

But again, even in the midst of intervention I really do think it's important that we be people of hope that said, "Healing can happen here. And I will walk with you as we go through the healing process."

>> Paul Myers
Bob, thank you for sharing that. I would just add that another part of this is talking to the young person about confidentiality that you will protect confidentiality. But you reserve the right if there's a threat of harm that you would notify the necessary people to prevent the harm from happening. So given our time, we won't go into that in depth right now unless people have question and answer items related to that. Can you tell us more about referrals?

>> Robert McCarty
I would say here that one of the important pieces around referral is to first to assess our own limitations here. How do you know when it is time to refer? The first point is when we don't have the time to stay in a long-term committed relationship with that youth or young adult. If we can't put the time in, we have to refer. Or if we don't have the skill. What if this is an issue that is beyond us and depending on the competencies and the experience we bring to our ministry, there are times when we have to acknowledge this is bigger than me, I need to refer. The third point about assessing our own limitations is the issue of emotional security. If we ourselves have unresolved issues, or if we are just not comfortable dealing with certain issues, perhaps issues of physical or sexual abuse, maybe abortion issues, and maybe sexual identity issues or eating disorders, if there are issues that are beyond us, we have to refer.

There is a second way to look at this in terms of our own guidelines for referral. I think that the second part here is to look at the critical factors that are involved. Again, know your resources; consider the timing in the relationship with the person that is hurting. Is this the right time to refer? And that is a judgment call that requires that we be in a very honest relationship with good communication. We have to remember that referral is not a sign that we don't care. That our primary reason for referring is our concern that the person heal. So to express that concern is a critical point. To involve the young person themselves in the referral, to have a conversation that says, "you are at this point. You need to get to this point and that might be bigger than what

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I can do for you. I think it's time to refer."

But it requires that last point there that even when we make a referral, I think it's really critical for the pastoral minister to maintain some kind of contact afterwards, to do this periodic check-in so that the person knows, I am not abandoning you here. I am with you and willing to walk with you on this journey.

>> Paul Myers
In terms of referrals too, I'm looking at the time Bob and Linea and I think what I would like to do is push this forward so we give people a chance to have questions addressed. So let's jump to the Ministry portion of this. Bob, tell us about this.

>> Robert McCarty
This would be the fourth level of response that we are looking at here. So as we talk about prevention and intervention and referral. The fourth is to give ourselves a wider framework here and to see this as a form of ministry. And good ministry begins with building relationships and building community and building a sense of belonging. So I think it's a critical role in whatever the setting is that we find ourselves in that we create these kinds of communities where our youth and young adults feel like they belong. One of the skills that it requires of a pastoral minister, if a person is willing to be a rock, is that "ministry of wasting time". And wasting time is the way we really get to be in a young person's world. It's the time we are willing to waste on our young people that says that this ground is holy ground, there is psychological ground that is holy ground and I'm willing to waste time in that ground with you.

It does require the skill of "creative loafing." Creative loafing is the skill for people in ministry where you are hanging out, wasting time, but you are listening closely. Creative loafing means that there is this opportunity where you really start to pick up on what is going on in a person's life.

I would advocate for a form of peer ministry. I think there's an important role here because oftentimes youth and young adults are the first to know when their peers are in trouble. So a peer ministry would say let's provide them the skills so they know how to recognize the sign of a crisis and they know how to refer. I think that is an important piece of that. It involves the role of education to educate young people and young adults about this critical issue to help them understand what is going on and to educate their parents so that parents have a sense of what these issues are and what has happened in the lives of our young people.

And that the last point certainly though is to make sure we have good referral

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patterns. That would be a critical piece of what we are about is to have those good referral patterns.

>> Linea Johnson
I think education is extremely important and they are all important, but education because not only do people need to educate themselves on the illness so they can know the signs and symptoms and that treatment but stigma when it is misunderstandings or misjudgments is one of the biggest reasons that youth and young adults, they don't ask for help and through education they can begin to talk about it and begin to know that it is common.

>> Paul Myers
I want to just thank both of you for your comments in setting up this question and answer session. We will now move to questions from you all out there. And again we have received some already. But if you have some at this point that you want to send to us, by all means, type them up and send them in. The first question we have received from attendees that we want to address is a question to Linea. Or to me. Saying "Should eating disorders be considered behaviors or illnesses." And Linea, what do you think about that question?

>> Linea Johnson
Well research I believe recently has shown that eating disorders can kind of be like alcoholism. Someone can have the potential to have an eating disorder, but it can also be a behavior and can be extremely hard when people are dealing with it and mental health conditions. So it can be both.

>> Paul Myers
I think from my perspective the mind and body split is -- has caused probably more harm then good and in fact, just about anything we call a mental health issue has some behavioral component to it that has an organic component to it. So calling it an illness or behavior is I think often a matter of preference and sometimes a matter of addressing stigma and frankly sometimes it's a matter of how you get reimbursement from the insurance company is you just call it a behavior they probably would not want to cover the services. But I think -- I think there's a lot of benefit in a holistic perspective.

I want to turn another question in Linea's direction. Linea, "What are the percentage of college students who contemplate suicide?" The poll results were not shown.

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>> Linea Johnson
It's actually 50 percent. And it's also 50 percent of college students who are either suicidal or depressed or too anxious to function at some point in their college career.

>> Paul Myers
Since we are on a roll; I will ask you a third question. "If I was an adult in your community when you were really struggling, and if I notice things that concern me, for example cutting and so on, what could I do or say that would be helpful? What should I absolutely not do or say?"

>> Linea Johnson
I think it's really important to ask the student how they are doing and most of the time they probably won't want to say something but what you should absolutely not say or do is to really make a big deal about it and really freak out about it like, You are cutting!", and be really scared. But to really be solid and continue to ask questions or continue to go back day by day, week by week to let that person know that you are in their life and you are ready to listen whenever they are ready to talk about it. And then when it gets to a point where you are really worried, sometimes you do have to intervene, and make a big statement.

>> Paul Myers
Excellent. Thank you so much. And Bob we have several questions for you. Let's see -- I will start with, Bob, would you advocate for parishes to set up a peer ministry?

>> Robert McCarty
Yes, I would. Yes, I really would. I am an advocate of giving young people the skills. I think young people need three sets of skills in terms of peer ministry. When you think about these issues. They need the first step skills to recognize the signs of a crisis in their peers. They need the skills of initial response and they need the skill of referral. So I would be an advocate that we give our young people those kinds of skills and one of my learnings about all of this is that in teaching young people the skills for some of this, you are at the same time giving them a language,which is sometimes for their own experiences.

And not that this is creating too much shameless self-promotion, but if schools or parishes are looking to create a peer ministry around these kinds of issues, St. Mary Press has a book called Teen to Teen: Responding to Peers In Crisis and we will put that on the website and announce it at the very end about how they would find that. And it is actually a book that I authored based on my experiences with young people. So yeah, I'm a big advocate of the peer ministry programs of all sorts.

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>> Paul Myers
Excellent. Now I will put myself on the spot here with a question. And that is "How often are eating disorders and substance abuse symptomatic of other disorders other than the primary disorder of substance abuse or eating disorders?" I would say I don't have the exact percentages but you often see total morbidity rates somewhere in the 20-30 percent range as it is very rare for somebody to have just one disorder so you often hear people talk about an anxious depression for example or you hear the statement that young people are medicating themselves in order to mitigate the effects of depression, bipolar disorder, those kinds of things through substance abuse. In the environment I work in with college health and college counseling, we often find that young adult males are hard-pressed to come and talk to a counselor and we often find that they are in trouble for substance abuse issues, but when you get to working with those young men what you find out is very often there is a traumatic issue in the past, there is depression, there is fear of failure and a range of other things. Did you have any additional?

>> Linea Johnson
I pretty much agree.

>> Paul Myers
So let's see here.

>> Robert McCarty
Paul, this might be a place. There are couple of questions that came in related to adolescence that maybe I could address here. Asking h"How do you know, when you look at these symptoms that young people may be demonstrating, how do you know the difference between when young people are in crisis like that or crisis behavior and normal adolescent behavior?" And I think that's a great question. My favorite definition of adolescence is 'adolescence begins about age 11 and goes until you recover'. So that normal adolescent angst that our kids experience, how do you know the difference between what is normal and what is -- it's like how do you know the difference between disturbing and disturbed behavior? And I would suggest this for people who are working with that age group. I think it is when those crisis behaviors, when they appear in combination and when they appear over a period of time, I think that's a sign that something much deeper is going on. So I would encourage people that the only time we really know that is by paying attention to our young people to watch for the behaviors, watch for the combination of distressed signals and then watch for that over a period of time. That would be a sign that I would encourage people to kind of watch for that.

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So the second related question that came in. "When do you tell parents? How do you know about telling parents?" And I think this goes back to the confidentiality issue about when do you bring the parents in? And what is their role in this? And I would suggest that for some of our young people and this is such a hard thing to sort out. If we know the parents and if we know this is a healthy situation. These are parents that want to be involved in the lives of their young people and when the timing seems right, it's a case of to enter into the life of a young person, to listen to their story and concerns and say, is this a time so Paul maybe you could even go back to the confidentiality issue that we touched on about how do you know when it is time to pass on to someone else.

>> Paul Myers
That's a great question and I wish I had like the definitive answer for every case and I will have to fall back on it's a case-by-case situation. But I think when you are going to break confidentiality and an essential piece of that process is to talk to that young person about why you believe you need to do that. To say "In my judgment it's in your interest that I bring these other parties in to help us out because this is beyond my scope or my ability to give you what I think you need." So I would caution against being afraid of the confrontation and doing an end run and letting other people know the secret if you will or the confidential information without letting the young person know that that is your intention.

I think it's also important to not overpromise the confidentiality. Sometimes that's a mistake people make of saying gosh, you know, you can tell me anything, I won't tell anybody, I promise. And then they turn around and break the promise. It's better I think to set that up by saying this is really important. I will keep your privacy to the extent I can but I will withhold the right and judgment that if I think I need to bring somebody else in to help you, then I am going to.

>> Robert McCarty
Paul, there is a part that relates that you touched on. I made mention of how important it is to walk with our young people on this journey with our youth and young adults. It's such an important part of what we do in our ministry but what happens when parents are part of the issue? What happens when the parents are un-cooperative or they are denying whatever is going on in their young person's life or what happens if parents are part of the cause or part of the issue here and you know that. So then what's our role as a pastoral minister, a nonprofessional responder here? What does it mean to be a rock when the very people that you want to bring into this situation are part of the issue here?

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And I think the one thing I would say about that is the power of our own relationship with our young people. And we've had this experience when we work with adolescence, I could not go to the parents, they were not going to be helpful, they weren't going to acknowledge what was going on so my bottom line resource was my relationship with that young person. So what I want to say to this is sometimes your last resort, it's not a bad last resort, the last resort or your bottom line resource is the relationship that we form with that young person and then we make our best call.

There are times we just have to say okay, I can't go to the parents on this one. This would not be helpful. But I would say that for those of us that are the nonprofessional responders, make sure we are talking to someone else. Make sure that we have in our lives a professional that we can talk to on that level and get some kind of feedback about our reading of the situation and our preferred response to this situation. Make sure we are checking out our perception and our action plan with somebody else. I would encourage all of us to do that. To have those kinds of people in our lives as well.

>> Paul Myers
I think that's fantastic, Bob. And I think Linea, also as we are sprinting to the finish line here, Linea had something she wanted to add.

>> Linea Johnson
I had a quick comment about the first part of your question about how do you know the difference between the adolescent who is being an adolescent and an adolescent that is really struggling with a mental health condition. And let me combine that quickly with the question I had about what would I like or need from a church community and what would that support look like. And I actually just published an article with my mom for teachers on what they can do to really watch for students that are dealing with this. And what we talk about is having a group of teachers, a group of support networks that all deal with the student to watch for the signs and really educate themselves so that they know, you know, oh, you know, Sandy is not really acting like she normally does and they can go to another teacher and ask have you noticed anything and work together to really help that student and I think it also is very true in church communities and that support involves education and really working together to help an individual.

>> Paul Myers
Thank you so much. Given our time here, we want to also give some -- do some plugs here. We want to move on to talking to -- a little bit about upcoming webinars.

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So for that we have Dorothy Coughlin here from the Portland Archdiocese.

>> Dorothy Coughlin
And I am also a member of the board of NCPD and its Council on Mental Illness. We want to be sure that all of you know that in October of this year we will be hosting another webinar addressing The Threats to the Life of People with Disabilities. And then beginning early in 2011 and there will be advertisement about this, Advanced Consideration on Catechesis and Children and Youth with Disabilities. And following that, a webinar on Parish Outreach to Wounded Warriors.

>> Paul Myers
Before we jump to the next piece, Dorothy, I just wanted to interject that we have a large number of questions that came in and we will do our best to write back to the individuals who have already submitted questions so we can try and give you some guidance. Also we want to highlight that on the website at NCPD. If you go to this webinar and then scroll down to the bottom of the page, you will find an extensive list of resources where you might be able to find answers to some of the questions you have today. Sorry Dorothy. Please go ahead.

> Dorothy Coughlin
Just to say thank you. Thank you to everyone who has participated in this webinar. We are grateful for all that you are doing and ask God's blessing on your efforts to support the life and faith of youth and young adults. Particularly those who struggle. We want to say a special thank you to those who have partnered with us for making this possible. The National Federation for Catholic Youth Ministry and the National Conference for Catechetical Leadership as well as the office of National Catholic Young Adult Ministry. And thank you to all of you who have made sure someone else who might be interested or in need of this information, knew about this webinar.

>> Paul Myers
I'm sorry there was feedback on the line. Special thanks to the Province of St. Joseph Capuchin Order, Our Sunday Visitor Institute, and Warren P. Powers Charitable Foundation without whom this webinar would not have been possible.

>> Dorothy Coughlin
We invite you to visit the website of NCPD at www.NCPD.org, there you will find this webinar will be archived and can be shared with others. Go to the webinar button and scroll to the bottom of the page to access the resources that are available related to this particular webinar. You will find as well a schedule of upcoming webinars.

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>> Paul Myers

Thank you, Dorothy. please fill out the short evaluation that we have at the end of the site here. Your suggestions and input are invaluable to us as we continue to produce these webinars. The system will automatically shut down in 1/2 hour so you have a little bit of time to maybe talk if you are in a group, talk about your consensus opinion and you can enter those on the webinar evaluation. The survey form you will get here in just a moment. With that, we will conclude the webinar. Thank you so much for participating and God bless.

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