



HELPING TEENS THRIVE USING CONNECTION AND CONSISTENCY:

*Supporting Trauma-Impacted &
Neurodivergent Adolescents*

Presented by:
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About *Us*

Dr. Olivia Briceño Contreras

- UC Davis Health Clinical Child Psychologist
- Sacramento County, CAPS Clinic, community mental health
- Associate Training Director
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Dr. Anu Gupta

- UC Davis Health Child and Adolescent Psychiatrist
- Children's Behavioral Health Center
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- Co-Lead of the TEAM Program



AGENDA

Topics

The Teen Brain

Development and Risks

**Reframing & Building
Connection**

The TEAM Program

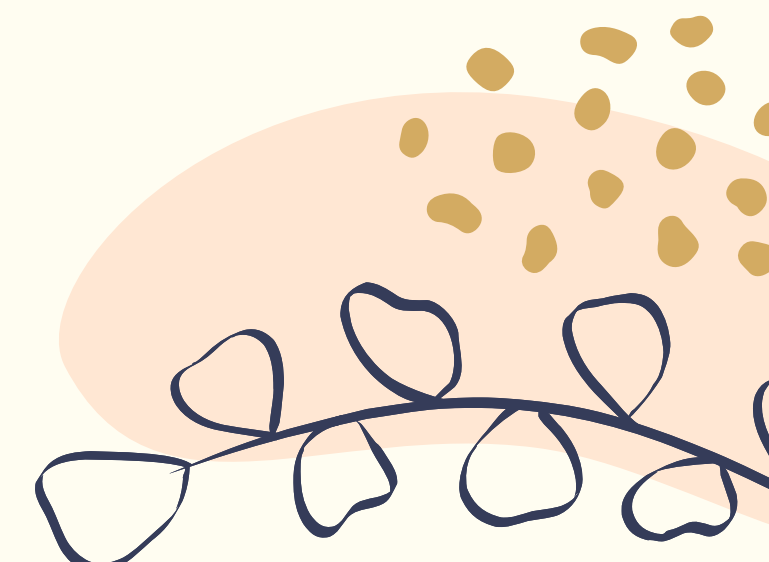
Key Takeaways

Reflections

STRUCTURAL AND FUNCTIONAL CHANGES

In the Brain

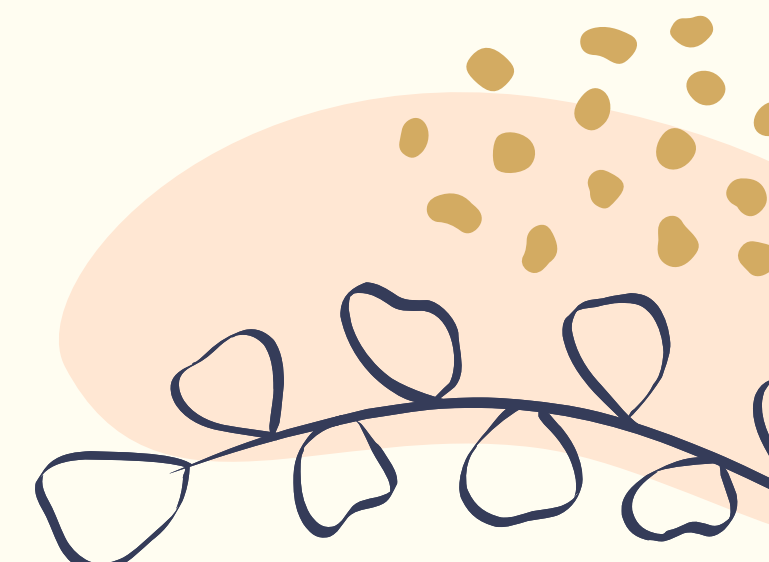
- Prefrontal cortex still maturing
- Limbic system overactivity
- Neuroplasticity is a defining feature



STRUCTURAL AND FUNCTIONAL CHANGES

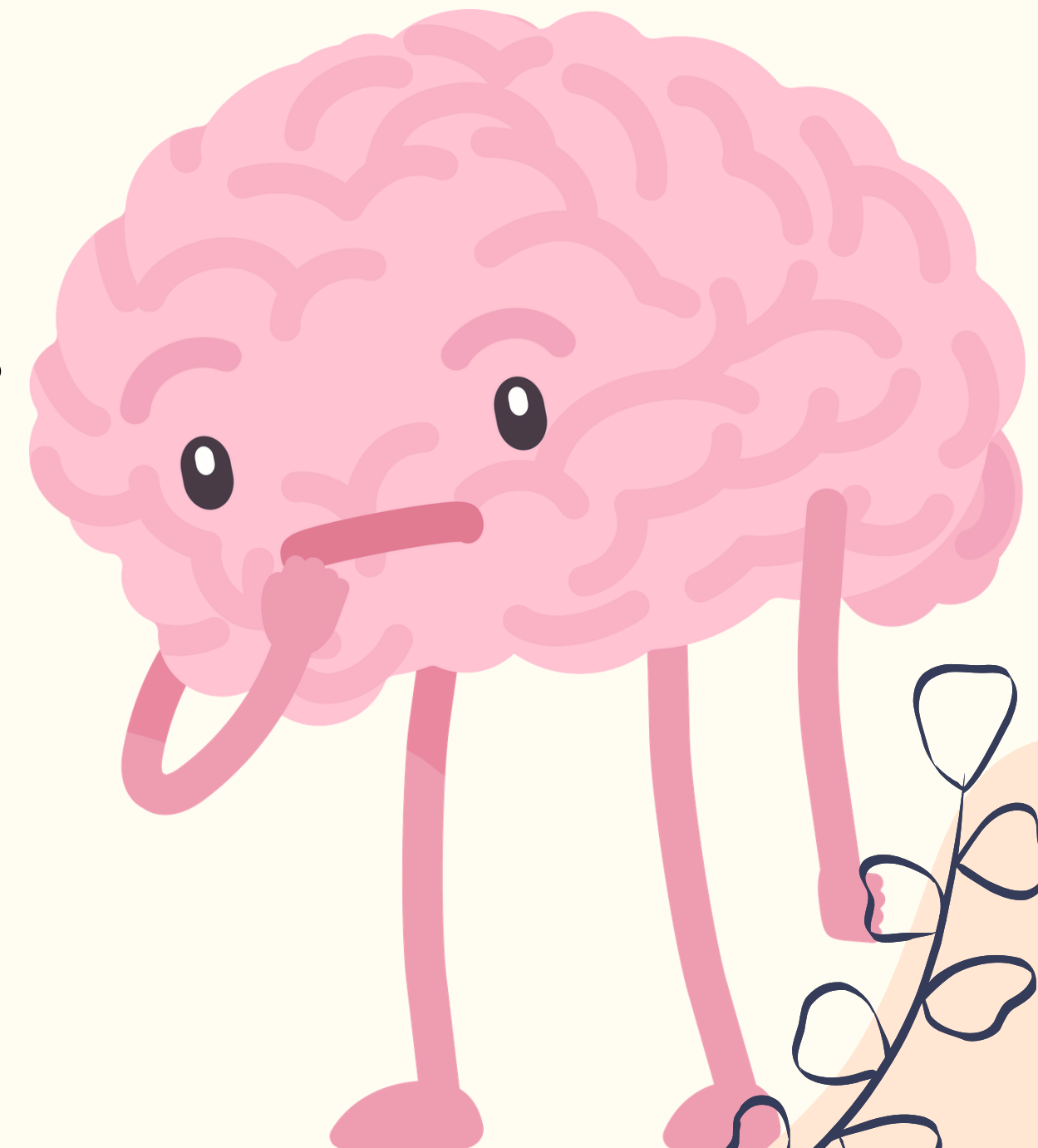
In the Brain

- **Role of Puberty**
- **Dopamine system shifts**
- **Changes in sleep patterns**



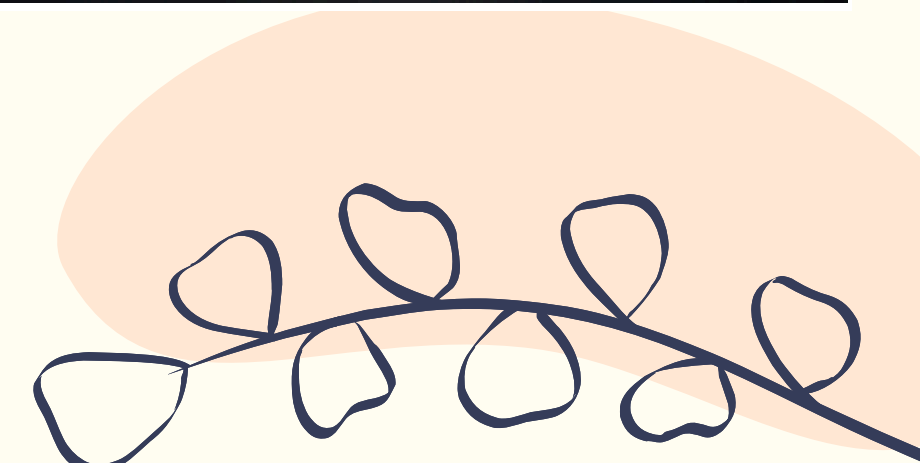
The Teen Brain

- Based on the stage of their brain development, adolescents are more likely to:
 - Act on impulse
 - Misread or misinterpret social cues and emotions
 - Get into accidents of all kinds
 - Get involved in fights
 - Engage in dangerous or risky behavior
- Adolescents are less likely to:
 - Think before they act
 - Pause to consider the consequences of their actions
 - Change their dangerous or inappropriate behavior



Adolescent Brain Development & Substance Use Risk

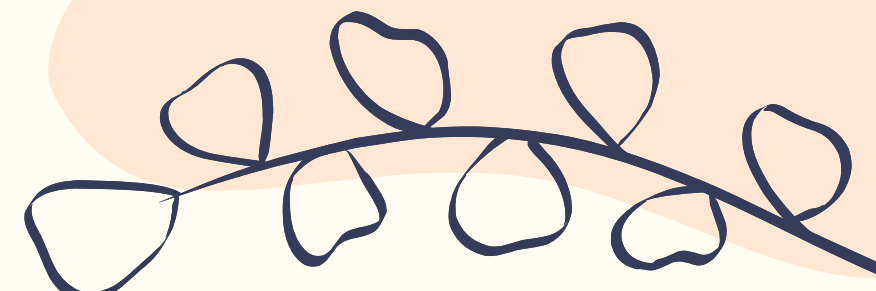
- Heightened reward sensitivity
 - Increased dopamine activity strengthens reward-seeking behavior
 - Substances strongly activate the brain's reward pathways
- Immature Decision-Making Systems
 - Prefrontal cortex
 - Reduced ability to evaluate long-term consequences
 - Greater susceptibility to impulsive choices



Adolescent Brain Development & Substance Use Risk



- **Increased Social and Emotional Influence**
 - Peer approval activates reward circuitry
 - Risk-taking more likely in social settings
- **Stronger Learning From Rewards**
 - Adolescent brains form powerful associations with pleasurable experiences
 - Early substance use can reinforce repeated behavior patterns



Screen Time & the Adolescent

Brain

Adolescent brain is still developing

Prefrontal cortex

Heightened sensitivity to rewards and social feedback

Dopamine & Digital Design

Social media and gaming trigger dopamine release

Variable rewards (likes, notifications) reinforce repeated use

Attention & Cognitive Impact

Heavy screen use linked to shorter attention spans

Multitasking reduces deep focus and memory retention

Sleep Disruption

Blue light delays melatonin production

Nighttime use reduces sleep quality and duration



Screen Time & the Adolescent Brain

Mental Health Correlations

High use associated with increased anxiety and depression

Social comparison amplified on platforms like Instagram and TikTok discuss.

Social Development

Online interaction can support connection

Excessive use may reduce face-to-face social skill practice

Neuroplasticity Matters

Adolescent brains are highly adaptable

Habits formed now can shape long-term neural pathways

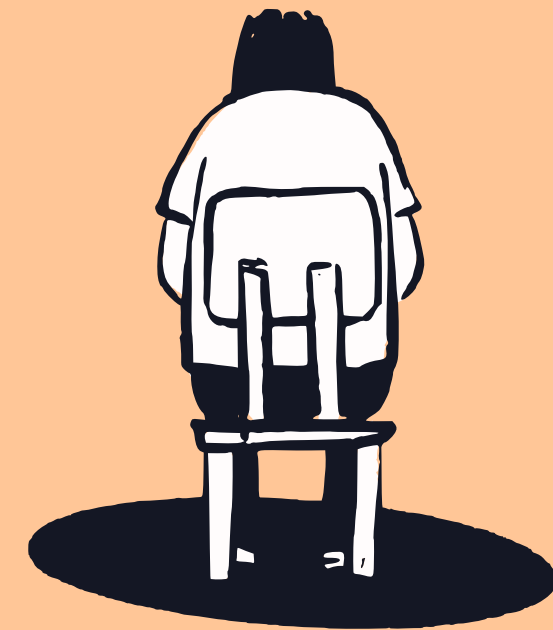
Balance is Key

Moderate, intentional use is less harmful than excessive, passive scrolling

Encouraging offline activities supports healthy brain development

The Perfect storm **OF ADOLESCENCE**

- **Trauma History and neurodiversity increases sensitivity and stress reactivity**
 - **Transitions can feel more overwhelming**
- **Unique neurodevelopmental patterns in adolescent PTSD**
- **Neurodivergent traits can emerge or intensify in the teen years**



Reframing "CHALLENGING BEHAVIOR"

Behavior = Communication

Trauma lens:
defense/hypervigilance

Neurodiversity lens: processing
differences, regulation challenges

Focus shifts from:
~They are *giving me a hard time*, to they are
having a hard time
~*Whats wrong?* to *What's needed?*

Why Connection can **FEEL HARDER**

- **Teen Push–Pull + Safety Needs**
- Autonomy increases
- Trauma survivors may avoid closeness
 - Both the stress response and reward networks in the brain are shaped by relationships in early childhood
- Neurodivergent teens may struggle with social cues



Integration: what works across systems

Unified
Approach

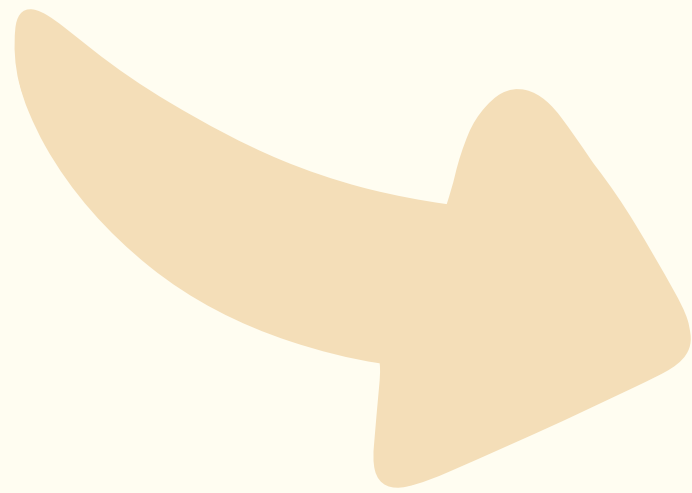
Neurodiversity
-affirming care

Trauma-
informed
practices

Strength-
based
language

Interdisciplinary
collaboration

What is the **TEAM PROGRAM**



Team approach with



Empathy for



Assessment and



Management of foster youth

ABOUT *the* TEAM PROGRAM



- ✓ UC Davis Health TEAM program is contracted with the California Department of Social Services (CDSS), Systems of Care Branch (SOC) for referrals throughout counties across the state
- ✓ Referrals specifically target foster youth with Developmental Disabilities with co-occurring mental health conditions
- ✓ Appointments are held via UCD secure video-visits
- ✓ Offers a unique opportunity to bring different teams together on one platform with the common goal of supporting the youth

OUR *Goals*

Support the youth's team and systems of care

Reduce the risks of:

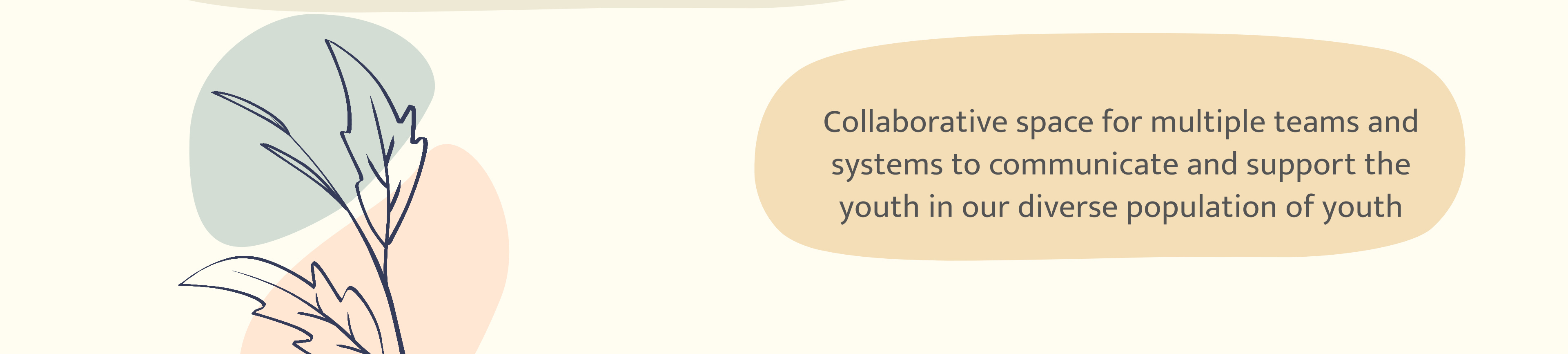
- Inpatient Hospitalizations and ED Visits
- Interruption of Education
- Suicide Attempts/Suicide Completion
- Juvenile Detention Issues Secondary to Untreated Mental illness
- Aggression Toward Self/Others
- Placement Disruptions

Measure outcomes of our consultation service via surveys



Reflections and Lessons learned

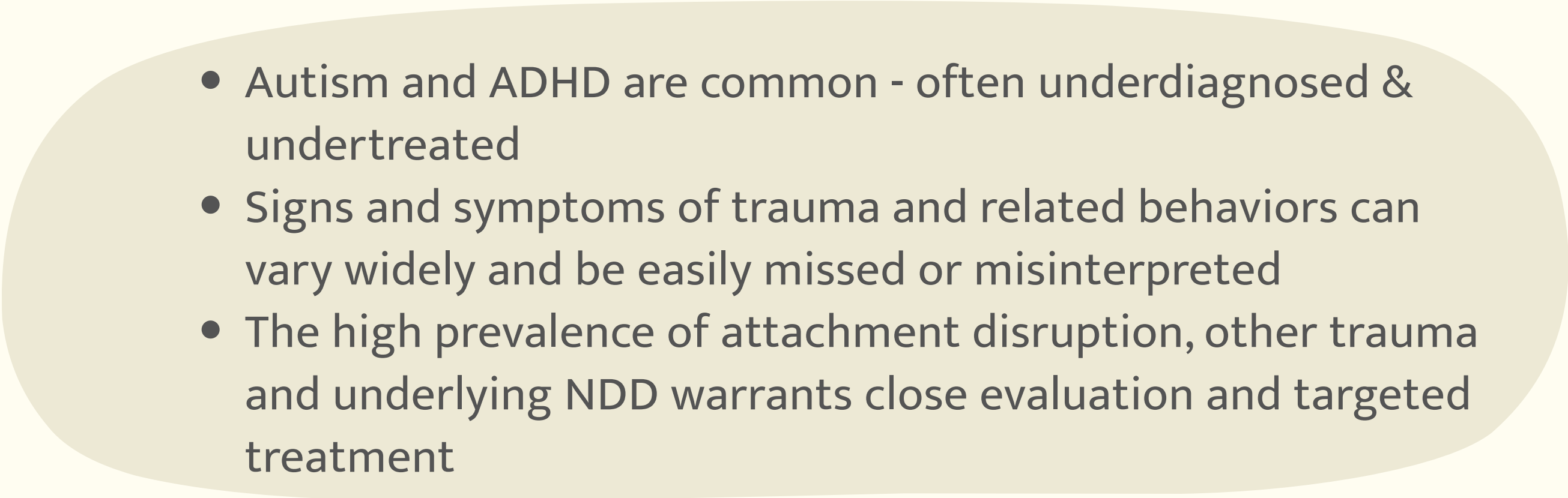

- Eye opening experience to have so many individuals involved and dedicated to the care of one youth
- Mindful approach to engaging a youth involved in the foster system and their interactions with multiple providers



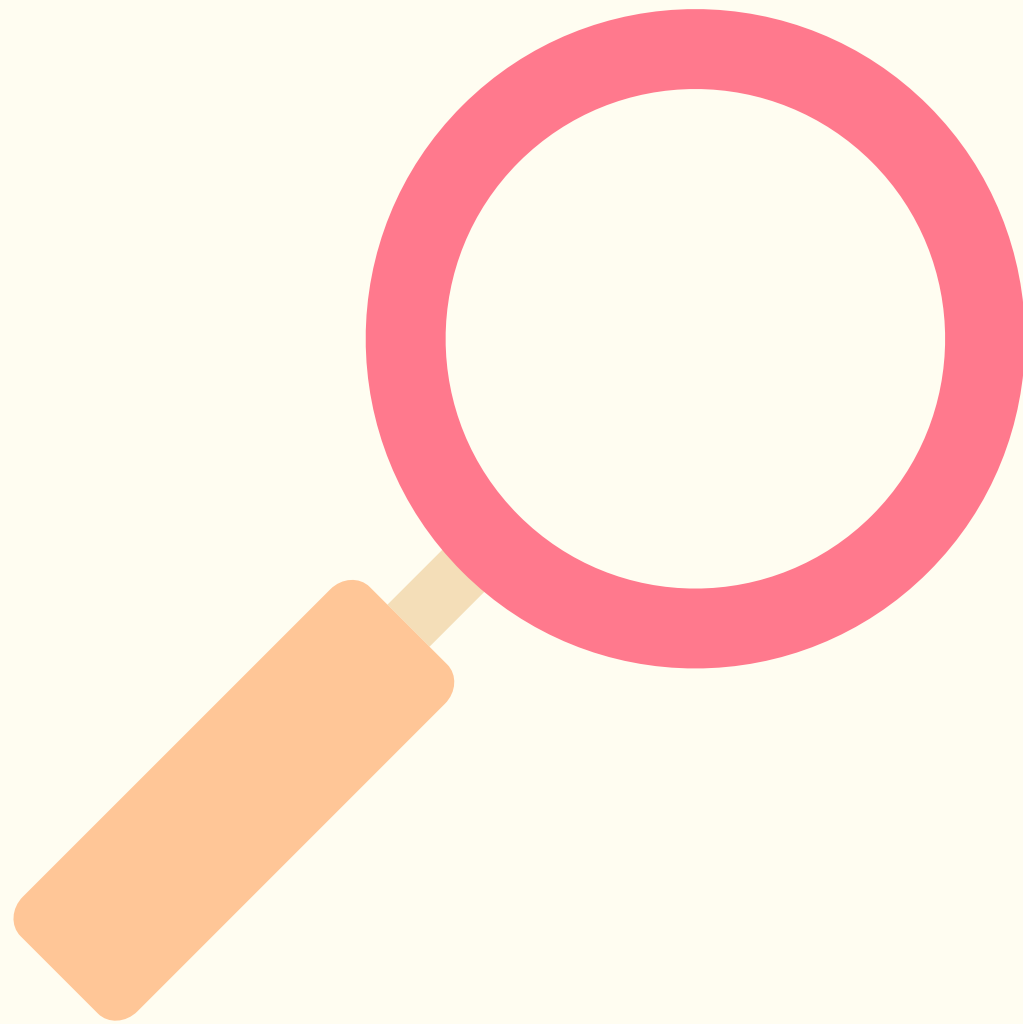
Collaborative space for multiple teams and systems to communicate and support the youth in our diverse population of youth



Reflections and Lessons learned

- 
- Autism and ADHD are common - often underdiagnosed & undertreated
 - Signs and symptoms of trauma and related behaviors can vary widely and be easily missed or misinterpreted
 - The high prevalence of attachment disruption, other trauma and underlying NDD warrants close evaluation and targeted treatment
- 

CORE FRAMEWORK



- ✓ **Connection + Consistency = Safety**
- ✓ Connection builds trust
- ✓ Consistency builds predictability
- ✓ Safety supports regulation
- ✓ Co-regulation and timing of intervening is key



Take away #1: Regulate First, Teach Later



**Slow, calm
presence**



**Non-
threatening
posture**

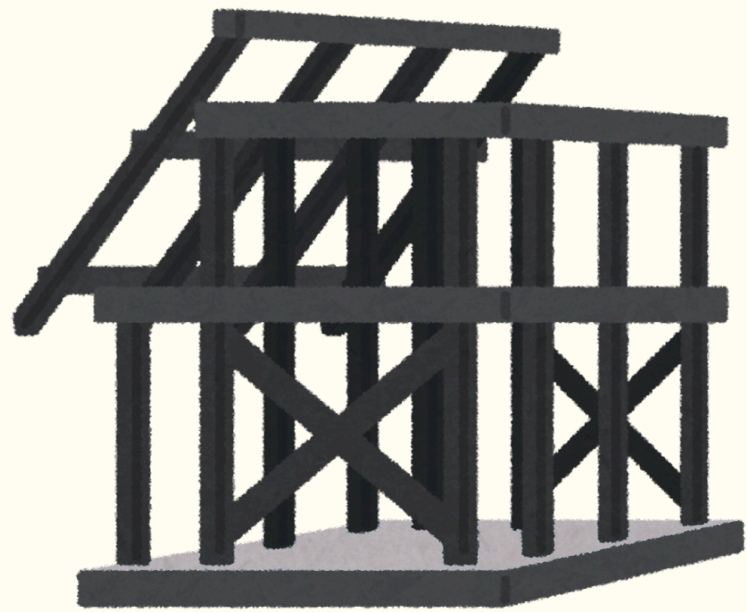


Minimal words

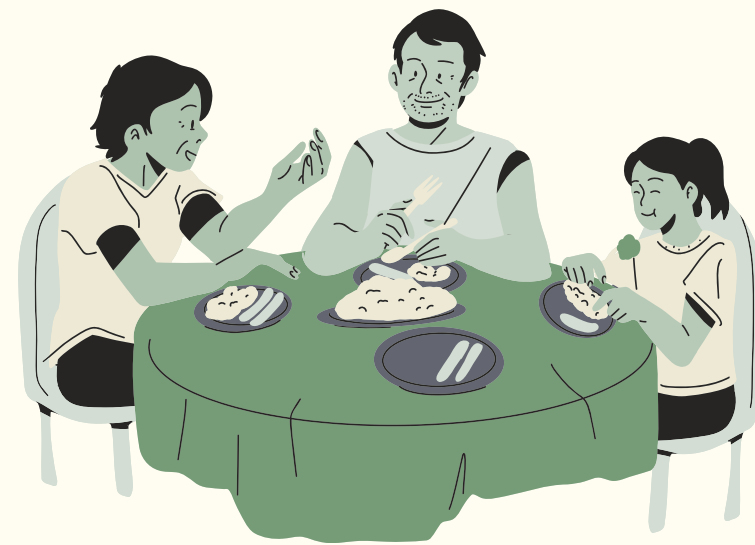


**Reflective
listening**

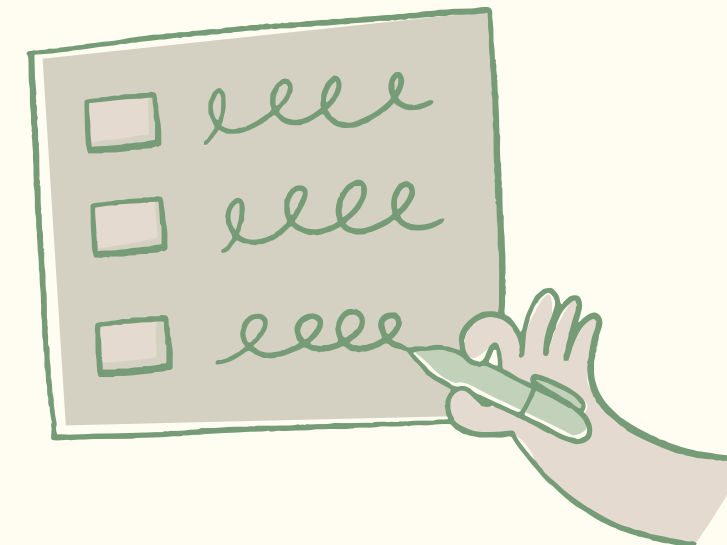
Take away #2: Predictability is Powerful



**Structure
Without
Rigidity**



**Daily anchor
points (meals,
rituals)**



**Clear
expectations +
consistent
follow-through**



**Visual
schedules for
planning**

Take away #3:

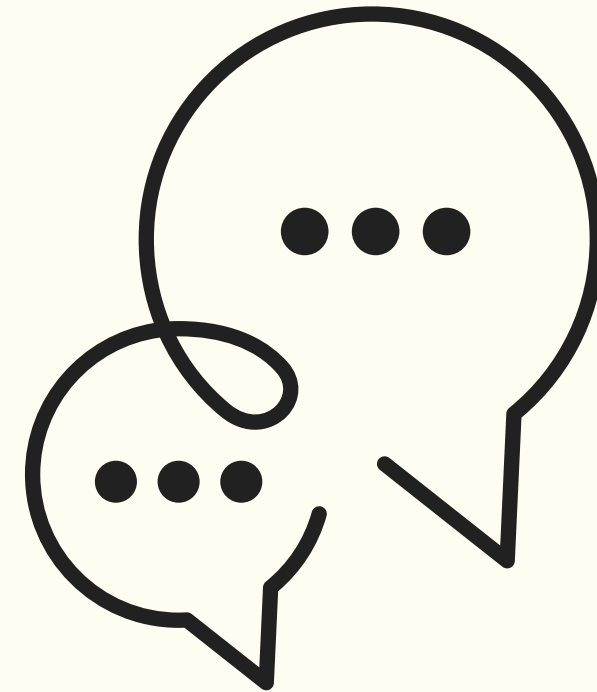
Build Connection Without Interrogation



**Side-by-Side >
Face-to-Face**



Shared tasks

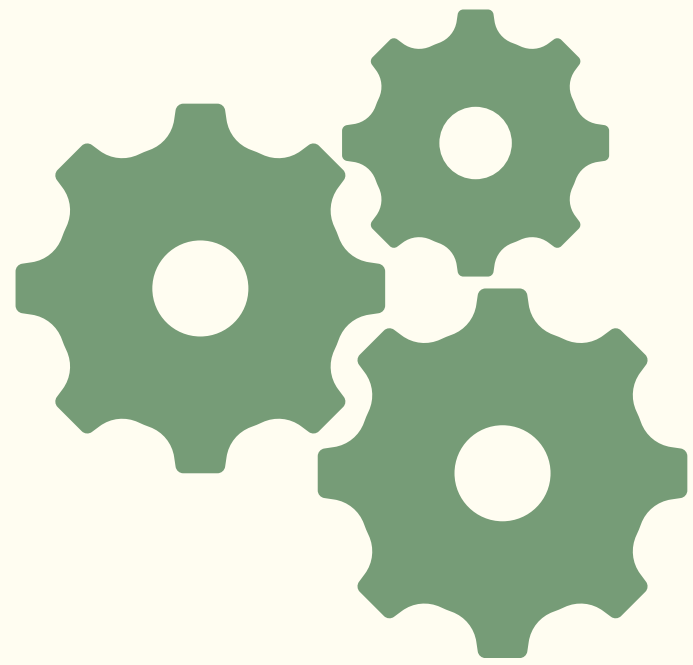


**Descriptive
commentary**



**Listen more
than question**

Take away #4: Repair > Perfection



**Rupture +
Repair =
Strengthened
Trust**



**Acknowledge
missteps**



**Validate
feelings**



Reconnect

Take away #5: Collaborative Choice



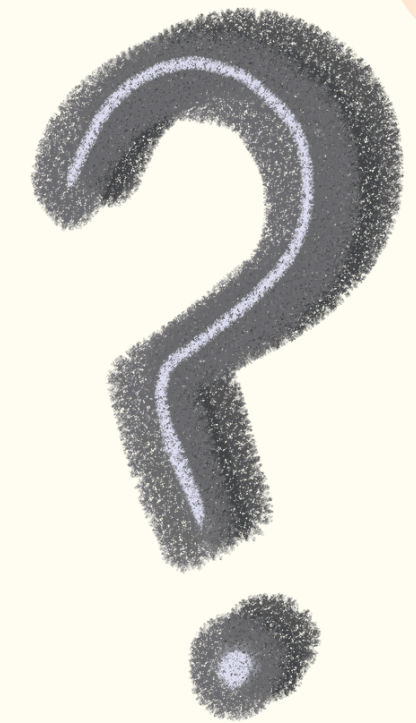
**Shared Power
&
Predictability**



**Provide two
acceptable
options**



**Collaborate on
routines**



**Ask “What
helps you when
overwhelmed?”**



Present, Attentive, Attuned and Responsive Parenting



“ A Regulated Adult can Regulate a
Dysregulated Child/Person”



“Connectedness is the Most POWERFUL
Buffer to Stress & Distress”



-Dr. Perry

**Safe,
predictable, individualized,
caregiving is one of the most
powerful interventions**

available



Audience Reflections

Q & A

