



# Teens, Trauma, and Trouble

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I have no disclosures.

- Brain Development
- Teen Developmental Stages
- #1 Cause of Teen Death
- Current Trends seen in the Media





# The German chainsaw massacre: Teenager is injured after his friends almost cut off his hand with powerful weapon while trying to copy viral video they saw online

- The teenagers were inspired by a viral video when a man woke up his friend
- The video shows the man starting a chainsaw and lunging it at his friend's throat
- A German teenager was injured after one friend decided to recreate the video

By [ISOBEL FRODSHAM FOR MAILONLINE](#)

**PUBLISHED:** 04:11 EST, 28 December 2016 | **UPDATED:** 05:50 EST, 29 December 2016

15-year-old Washington schoolboy lit a firework he was holding in his hand



BY CRAIG THOMPSON  
19:00, 23 OCT 2014

NEW



# Why do they do that?



## 10 Leading Causes of Death by Age Group, United States – 2014

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,746	Unintentional Injury 1,216	Unintentional Injury 730	Unintentional Injury 750	Unintentional Injury 11,836	Unintentional Injury 17,357	Unintentional Injury 16,048	Malignant Neoplasms 44,834	Malignant Neoplasms 115,282	Heart Disease 489,722	Heart Disease 614,348
2	Short Gestation 4,173	Congenital Anomalies 399	Malignant Neoplasms 436	Suicide 425	Suicide 5,079	Suicide 6,569	Malignant Neoplasms 11,267	Heart Disease 34,791	Heart Disease 74,473	Malignant Neoplasms 413,885	Malignant Neoplasms 591,699
3	Maternal Pregnancy Comp. 1,574	Homicide 364	Congenital Anomalies 192	Malignant Neoplasms 416	Homicide 4,144	Homicide 4,159	Heart Disease 10,368	Unintentional Injury 20,610	Unintentional Injury 18,030	Chronic Low. Respiratory Disease 124,693	Chronic Low. Respiratory Disease 147,101
4	SIDS 1,545	Malignant Neoplasms 321	Homicide 123	Congenital Anomalies 156	Malignant Neoplasms 1,569	Malignant Neoplasms 3,624	Suicide 6,706	Suicide 8,767	Chronic Low. Respiratory Disease 16,492	Cerebro-vascular 113,308	Unintentional Injury 136,053
5	Unintentional Injury 1,161	Heart Disease 149	Heart Disease 69	Homicide 156	Heart Disease 953	Heart Disease 3,341	Homicide 2,588	Liver Disease 8,627	Diabetes Mellitus 13,342	Alzheimer's Disease 92,604	Cerebro-vascular 133,103
6	Placenta Cord. Membranes 965	Influenza & Pneumonia 109	Chronic Low. Respiratory Disease 68	Heart Disease 122	Congenital Anomalies 377	Liver Disease 725	Liver Disease 2,582	Diabetes Mellitus 6,062	Liver Disease 12,792	Diabetes Mellitus 54,161	Alzheimer's Disease 93,541
7	Bacterial Sepsis 544	Chronic Low Respiratory Disease 53	Influenza & Pneumonia 57	Chronic Low Respiratory Disease 71	Influenza & Pneumonia 199	Diabetes Mellitus 709	Diabetes Mellitus 1,999	Cerebro-vascular 5,349	Cerebro-vascular 11,727	Unintentional Injury 48,295	Diabetes Mellitus 76,488
8	Respiratory Distress 460	Septicemia 53	Cerebro-vascular 45	Cerebro-vascular 43	Diabetes Mellitus 181	HIV 583	Cerebro-vascular 1,745	Chronic Low. Respiratory Disease 4,402	Suicide 7,527	Influenza & Pneumonia 44,836	Influenza & Pneumonia 55,227
9	Circulatory System Disease 444	Benign Neoplasms 38	Benign Neoplasms 36	Influenza & Pneumonia 41	Chronic Low Respiratory Disease 178	Cerebro-vascular 579	HIV 1,174	Influenza & Pneumonia 2,731	Septicemia 5,709	Nephritis 39,957	Nephritis 48,146
10	Neonatal Hemorrhage 441	Perinatal Period 38	Septicemia 33	Benign Neoplasms 38	Cerebro-vascular 177	Influenza & Pneumonia 549	Influenza & Pneumonia 1,125	Septicemia 2,514	Influenza & Pneumonia 5,390	Septicemia 29,124	Suicide 42,773

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.  
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control



# Teenagers

- 1904-Psychologist Granville Stanley recognizes adolescence as a unique developmental state.
- 1940's "teenager" first used, post WW2—cultural phenomenon: James Dean, teenyboppers, etc.



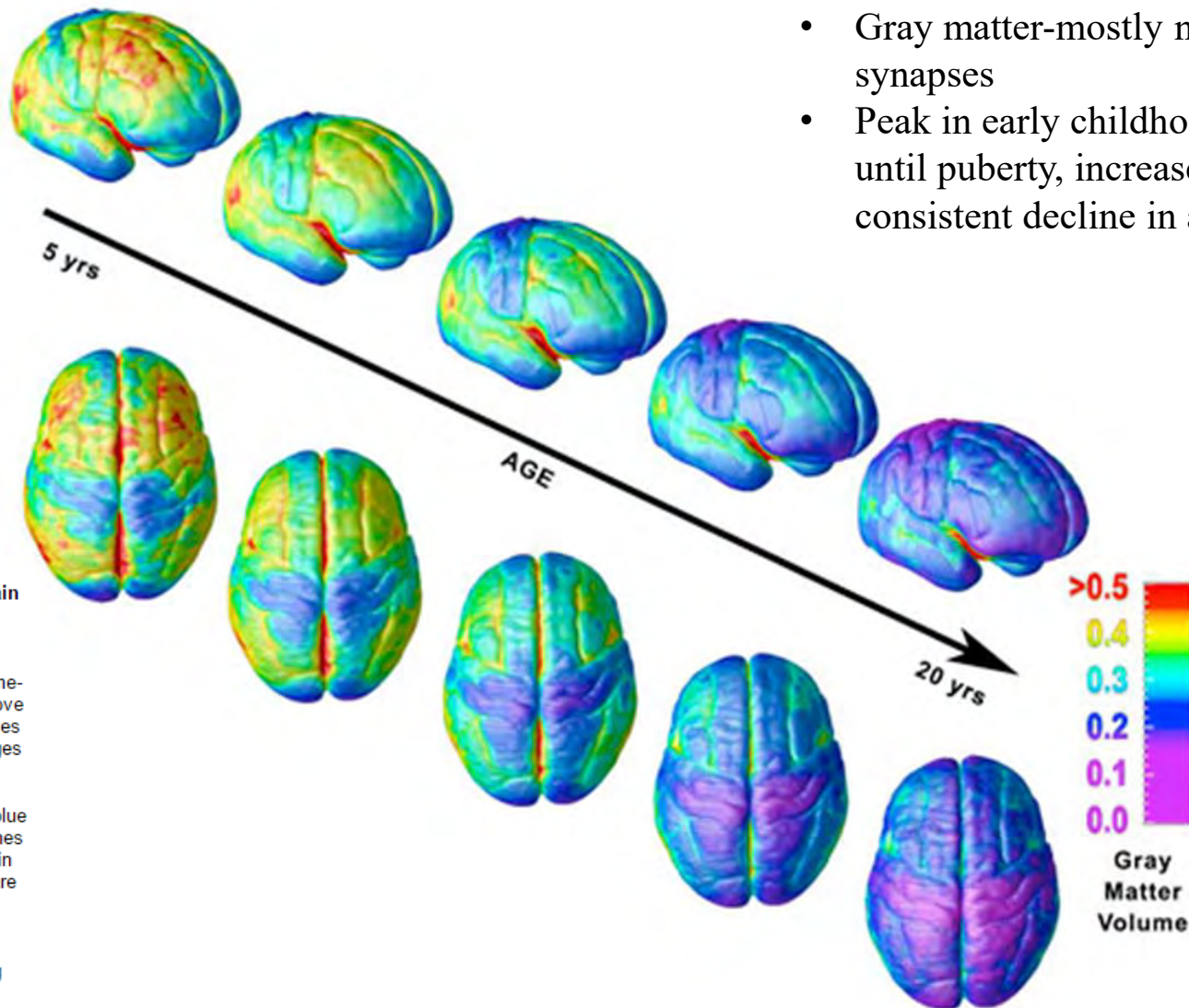
## A New Understanding

- Brain maturation continues until ~mid-twenties
- The adolescent brain is a “work in progress”
- Synaptic plasticity—can learn faster, absorb more information
- Adolescents are more susceptible to external stimuli or insults, which offers advantages but also vulnerabilities



# MRI studies

- Gray matter—mostly neurons and synapses
- Peak in early childhood, declines until puberty, increases, then consistent decline in adulthood



Time-Lapse Imaging Tracks Brain Maturation from ages 5 to 20

Constructed from MRI scans of healthy children and teens, the time-lapse "movie", from which the above images were extracted, compresses 15 years of brain development (ages 5–20) into just a few seconds.

Red indicates more gray matter, blue less gray matter. Gray matter wanes in a back-to-front wave as the brain matures and neural connections are pruned.

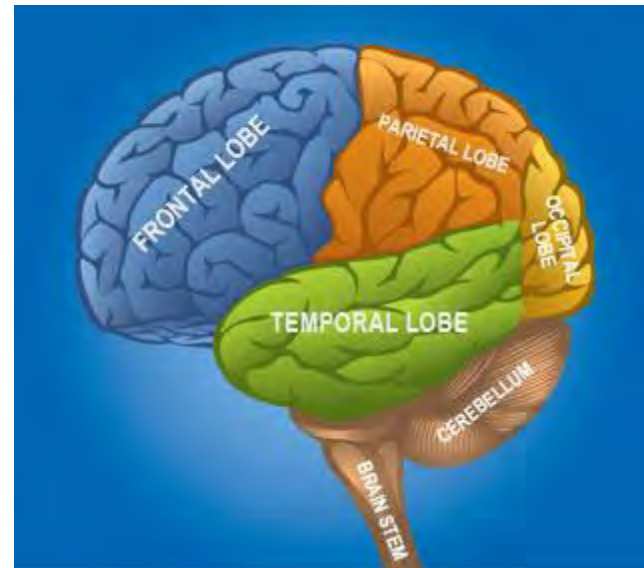
Source: Paul Thompson, Ph.D.  
UCLA Laboratory of Neuroimaging





# Adolescent Brain Development

- Brain develops and matures from back to front. Connections continue to be made until mid-20's
- Frontal lobe, prefrontal cortex last to develop
  - Executive function



# Executive Function

- Judgment
- Insight
- Planning
- Impulse control
- Self-awareness
- Ability to assess dangers and risk
- Limited understanding of consequences, ability to make mature decisions



- Limbic system also later to develop
  - Hypothalamus, hippocampus, amygdala
  - Complex system of nerves and networks in the brain, instinct and mood
  - Reward seeking
  - Memories and emotions
  - Decision making can be overly influenced by emotions

Limbic System online sooner than Frontal Cortex (Accelerator before brakes!)





an instant helpbook for teens

the  
executive functioning  
workbook for teens

help for  
unprepared, late &  
scattered teens

\* **plan and  
organize**

\* **learn to  
stay focused**

\* **finish tasks  
and reach goals**

# Train Your Brain for Success

A Teenager's Guide to Executive Functions

Randy Kulman, Ph.D.

This book will help you:

- get organized
- improve your focus and attention
- manage your time
- think before you act
- remember important information
- understand how your brain works

Illustrated by Peter J. Welleman

The "Executive Skills" Program for Helping  
Teens Reach Their Potential

Over 50,000 in Print!

# SMART *but* SCATTERED TEENS

Boost Any Teen's Ability to:

- ✓ Resolve conflict
- ✓ Assess risks
- ✓ Control emotions
- ✓ Work independently
- ✓ Pay attention
- ✓ Get organized
- ✓ Resist peer pressure
- ✓ Follow through
- ✓ Manage a schedule
- ✓ Plan ahead



Richard Guare, PhD, Peg Dawson, EdD,  
and Colin Guare

# Hormonal Changes

- Dopamine—feelings of pleasure
  - The “gotta have it” hormone—addictive behaviors
  - MRI studies suggest teens need more excitement and stimulation to receive the same level of pleasure as an adult.



Welcome to being a parent of a teenager. Prepare for a large amount of eye rolling, emotional outbursts, and thoughts of running away. And that's just the parents.





The way they are acting is...

# NORMAL

(Despite how completely abnormal  
it seems)



# Adolescent Development Intellectual/Cognition

## **Early Adolescence (10-14 years)**

- Very concrete—"here and now"
- Cause-effect relationship underdeveloped

## **Middle Adolescence (15-17 years)**

- Growth in abstract thought, however reverts to concrete thought when stressed
- Cause-effect relationships better understood
- Very self-absorbed

## **Late Adolescence (18-21 years)**

- Abstract thought established
- Future oriented; able to understand, plan and pursue long-term goals
- Philosophical and idealistic



# Adolescent Development Autonomy

## **Early Adolescence (10-14 years)**

- Challenges authority, family; anti-parent
- Loneliness
- Wide mood swings
- Things of childhood are rejected
- Argumentative and disobedient

## **Middle Adolescence (15-17 years)**

- Conflict with family predominates due to ambivalence about emerging independence

## **Late Adolescence (18-21 years)**

- Emancipation-adult lifestyle





# Adolescent Development Body Image

## **Early Adolescence (10-14 years)**

- Preoccupation with physical changes and critical of appearance
- Peers used as a standard for normal appearance
- Anxiety over secondary sexual characteristic changes

## **Middle Adolescence (15-17 years)**

- Less concern about physical changes but increased interest in personal attractiveness

## **Late Adolescence (18-21 years)**

- Usually comfortable with body image



# Adolescent Development Peer Group

## **Early Adolescence (10-14 years)**

- Serves a developmental purpose
- Intense friendships with same sex
- Contact with opposite sex in groups

## **Middle Adolescence (15-17 years)**

- Strong peer allegiances, fad behaviors
- Sexual drives emerge and teens begin to explore ability to date and attract a partner

## **Late Adolescence (18-21 years)**

- Decisions/values less influenced by peers
- Relates to individuals more than to peer group
- Selection of partner based on individual preference



# Adolescent Development

## Identity Development

### **Early Adolescence (10-14 years)**

- “Am I normal?”
- Daydreaming
- Begin to develop own value system
- Desire for privacy
- Magnify own problems: “no one understands”

### **Middle Adolescence (15-17 years)**

- Experimentation, risk-taking behavior

### **Late Adolescence (18-21 years)**

- Relate to family as an adult
- Realizations of own limitations and mortality
- More capable of intimate, complex relationships



# Risk Factors: Why do teens seek risk?

- Individual
  - Low self-esteem
  - Negative peer groups
  - Low school engagement or academic aspirations
- Familial
  - Poor parent-child communication
  - Low parental monitoring
  - Lack of parental support



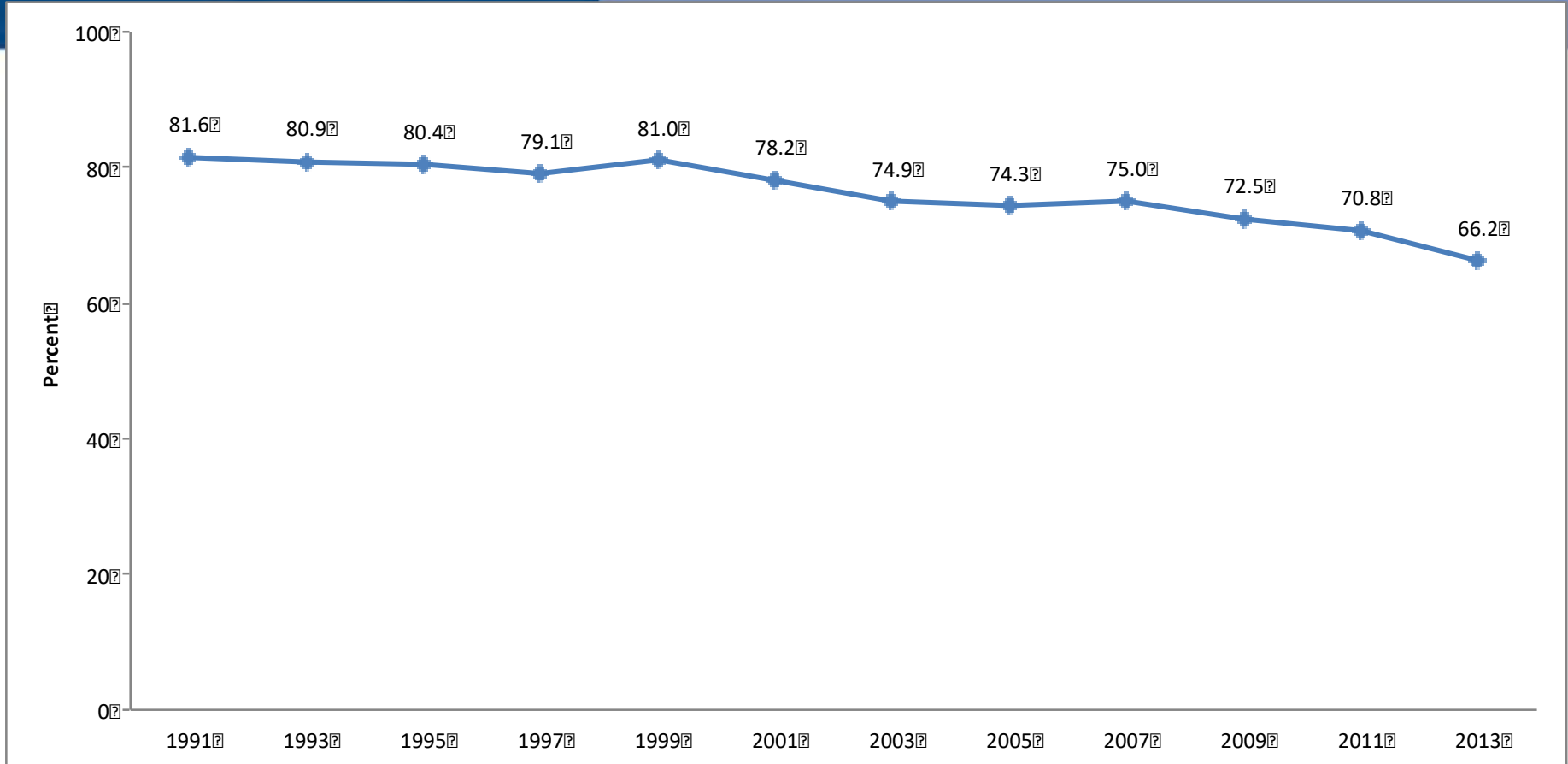


# High Risk Behaviors in Adolescence

- Substance Use
- High-risk sexual behaviors
- Driving-related risks
- Accidental Injury
- Self-Injury, Suicide
- Violence



# Percentage of High School Students Who Ever Had at Least One Drink of Alcohol,\* 1991-2013†

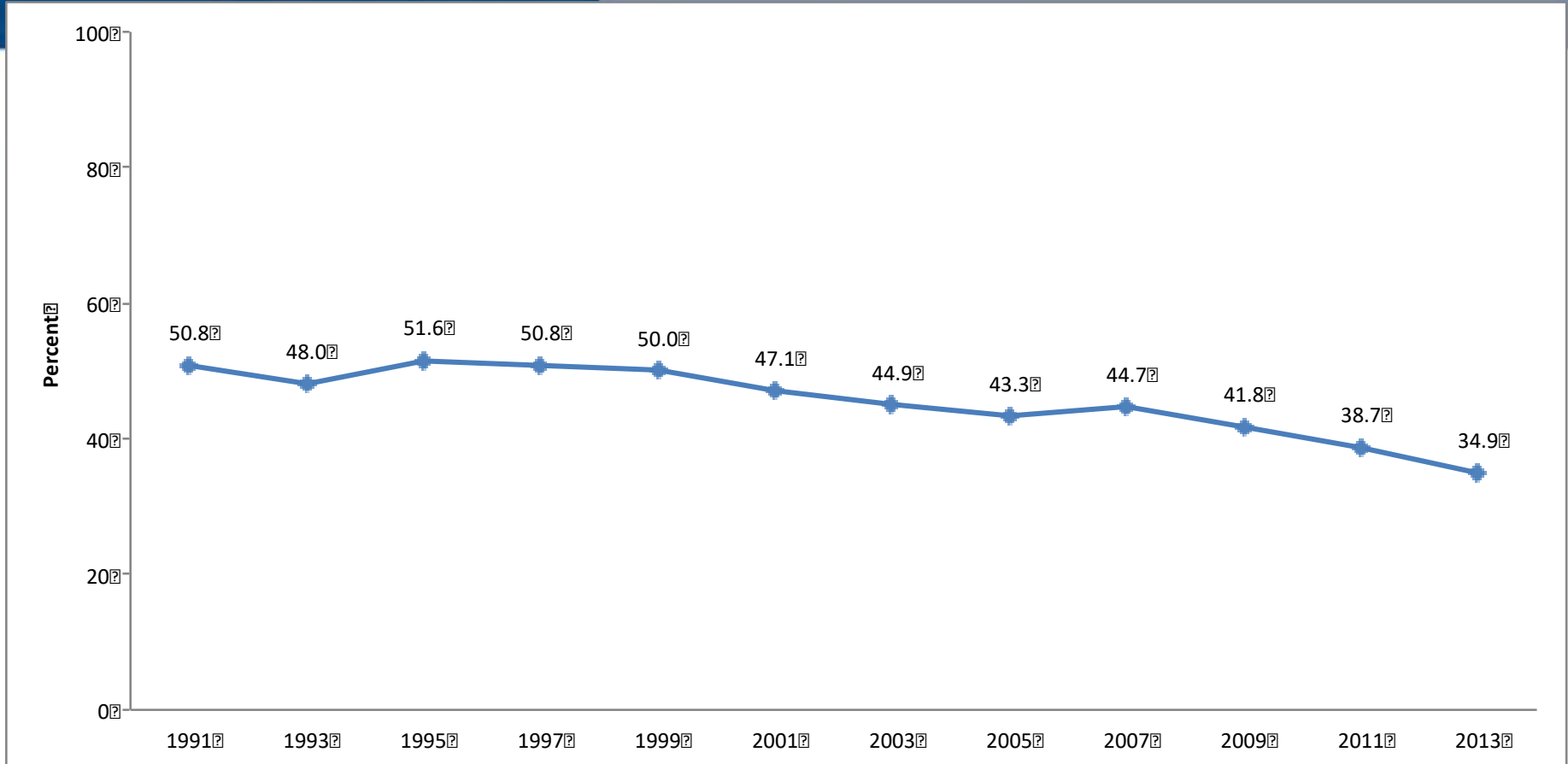


\*On at least 1 day during their life.

†Decreased 1991-2013, no change 1991-1999, decreased 1999-2013 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]



# Percentage of High School Students Who Currently Drank Alcohol,\* 1991-2013†



\*At least one drink of alcohol on at least 1 day during the 30 days before the survey.

†Decreased 1991-2013, no change 1991-1999, decreased 1999-2013 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]



- Adolescent brain responds to alcohol differently than the adult brain
- Adolescents are more sensitive than adults to alcohol's memory-impairing effects
- Alcohol exposure (esp binge drinking) during adolescence affects brain function during adulthood





## Alcohol, Drugs, & Trauma

- For many adolescents (45-66%), substance use disorders precede the onset of trauma exposure.
- There is a direct link between alcohol use and engaging in risky behaviors in which adolescents may get hurt.



## Alcohol, Drugs, & Trauma

- Teens with substance abuse disorders are significantly more likely than their non-substance abusing peers to experience traumas that result from risky behaviors.



## Case Study #1



- 15 yo male
- Found outside airport, unk length of time.
- Feels “cold to touch”
- Bruising to back with pain



## Case Study #1



- Witnessed jump/fall off Metro platform (approx. 30 feet)
- Per EMS, pt unresponsive, then awake, “slurring words.” Told police he drank approx 20 beers earlier.





- Scene EMS
  - IVs placed
  - Given IV fluids
  - C-Collar
  - Backboard



- Arrives to SLCH at 0639 via EMS
- Initial vitals:
  - P 118, R 34, BP 94/38, SPO2 95% on NRB  
Pain-10/10, GCS: 14 (4/4/6), Temp: 35.7



- Primary & Secondary Assessment:
  - Decreased breath sounds on the right.  
Right chest wall tenderness
  - Skin cool, mottled
  - Pelvis tender to palpation
  - Abrasions and contusions noted to left arm and back



- Patient warmed
- Chest x-ray done
  - Right pneumothorax
  - Chest tube placed at 0654, close to 600ml of bloody output
- 0655-more fluids and packed red blood cells rapidly infused





- Pt sedated, pain control
- 0710-To CT
- Parents arrive, in CT, updated by ED attending
- BP dropping while in CT
- 0730-MTP initiated by ED attending
- 0750 to PICU from CT



# INJURIES

- Right lung hemo-pneumothorax
- Right lung contusion
- Multiple right-sided rib fractures (ribs 1-12)
- Left clavicle fracture
- Pelvic fractures
- Grade 2 Liver laceration
- Right elbow fracture
- T 6-8 transverse process fractures



- PICU x2 days
- Antibiotics, pain control, bacitracin to abrasions, ortho, neurosurgery, pain service consults, OR for elbow fx.
- Floor x 11 days
- Psychology eval and follow up



- Family hx of addiction to narcotics
- Pt hx of use as well—vicodin, ecstasy, marijuana, had stopped approx 2 months before injury



- ETOH-98 mg/dl (nml 0-10 mg/dl)
- Pt hx of experimenting with drugs and alcohol, parents had been drug testing him. He reports a desire to stop using drugs.
- Hx of ER for alcohol poisoning





- Recent positive changes
- Had taken metrolink that night because he knew he shouldn't drive with someone who had been drinking
- SW provided intervention and resources



- **S**creening,
- **B**rief
- **I**ntervention and
- **R**eferral to
- **T**reatment



- “Trauma centers can **use the teachable moment generated by the injury to implement an effective prevention strategy**...it is vital that trauma centers have a mechanism to identify patients who are problem drinkers. Such mechanisms are **essential in Level I** and **Level II** trauma centers...”



## Screening age 12 and above?

- Average age of initiating drinking:
  - 1965: 17 ½ years
  - 2003: 14 years
  - 2015: 13 years
- SAMHSA study 2011
  - 10.2 % of patients admitted for substance abuse treatment first contact with substance use at age 11 or younger. 29.7% were age 12-14 (primary substance marijuana for younger ages, 15-17 first substance was alcohol)
- The likelihood of a child becoming alcohol dependent, being in a MVC due to alcohol consumption, and being in a physical altercation after drinking all increase in children who begin drinking before 15 years old.



# CRAFFT

- Riding in a **C**AR with someone under the influence
- Use drugs or alcohol to **R**ELAX
- Use drugs or alcohol **A**LONE
- **F**ORGETS things they did while using drugs or alcohol
- Have **F**RRIENDS told you that you should cut back on drinking or drug use
- Gotten into **T**ROUBLE while using alcohol or drugs

Two Yes answers = Positive CRAFFT





- Research project on inpatient surgical unit-transitioning ownership of CRAFFT screening to bedside nurse to increase number of patients receiving the screening.
- Requirement is only injured patients, but decision made to screen all.



- In 2018, the CRAFFT screening will transition to ALL patients age 12 and older regardless of reason for admission or floor of admission



[Subst Abus.](#) 2017 Jul-Sep;38(3):257-260. doi: 10.1080/08897077.2016.1275926. Epub 2016 Dec 27.

## Screening and brief intervention in high schools: School nurses' practices and attitudes in Massachusetts.

[Lunstead J](#)<sup>1</sup>, [Weitzman ER](#)<sup>2,3</sup>, [Kaye D](#)<sup>1</sup>, [Levy S](#)<sup>1,2</sup>.

### Author information

#### Abstract

**BACKGROUND:** Screening, brief intervention, and referral to treatment (SBIRT) is recommended as a strategy to prevent or reduce adolescent substance use. Offering SBIRT in schools may provide an opportunity to reach adolescents not accessing primary care. The

- June 2017
- 77% in favor of universal alcohol screening in schools
- None were screening on a regular basis
- 64% screened when they suspected alcohol use—only 17.9% used a validated screening tool



Format: Abstract

Send to

NASN Sch Nurse. 2014 Nov;29(6):310-4.

## Substance abuse prevention: the role of the school nurse across the continuum of care.

Patestos C, Patterson K, Fitzsimons V.

### Abstract

As a health care provider, health educator, and school/family/community liaison, the school nurse is in a unique position to act as a change

List of Episodes / Teaching Alcohol Responsibility to Teens



**NASN Radio- National Association of School Nurses**

BAM RADIO NETWORK - K-12

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Episodes

Stats

Reviews

## Teaching Alcohol Responsibility to Teens

Underage drinking at the elementary, middle-school and high school levels is a concern for parents and educators. In this segment we discuss the latest statistics and research. Finally, we point to educational resources created specifically for school nurses and school staff. Follow: @schoolnurses @bamradionetwork Shirley Schwartz has been Director of Nursing Education at NASN for the last 11 years. She has extensive experience in children's health and school health. Ralph Blackman is President and CEO of the Foundation for Advancing Alcohol Responsibility. The Foundation has transformed countless lives through programs that contributed to significant reductions in drunk driving and underage drinking. Funded for more than 23 years by the nation's leading distillers, they bring individuals, families and communities together to guide a lifetime of conversations around alcohol responsibility.

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00:00 | 12:40 | Download

- Motor Vehicle Crashes are the leading cause of death among American teens.
- The risk of Motor Vehicle Crashes is higher among 16-19 year olds than among any other age group.





# Leading Causes of Teen Crashes

- Driver inexperience
- Driving with teen passengers
- Nighttime driving
- Not using seatbelts
- Distracted driving
- Drowsy driving
- Reckless driving
- Impaired driving



- Distracted Driving
  - Texting while driving
  - Snapchatting while driving
  - Internet use while driving



# Teen posted Snapchat video of him smoking drugs, then killed 2 in York County wreck



BY ANDREW DYS

[adys@heraldonline.com](mailto:adys@heraldonline.com)



OCTOBER 17, 2017 3:33 PM

> US News

> US

## Teen Driver Accused of Using Snapchat Seconds Before Killing Bicyclist

By [Epoch Newsroom](#)

October 20, 2017 10:24 am Last Updated: October 20, 2017 11:16 am



## Inattention Comparison at 60mph

<b>Time</b>	<b>Total Feet</b>	<b>Basketball courts</b>	<b>Soccer Fields</b>	<b>Football Fields</b>
<b>2 sec.</b>	<b>176</b>	<b>1.9</b>	<b>0.59</b>	<b>0.49</b>
<b>6 sec.</b>	<b>528</b>	<b>5.6</b>	<b>1.76</b>	<b>1.5</b>
<b>15 sec.</b>	<b>1,320</b>	<b>14</b>	<b>4.4</b>	<b>3.7</b>



HMU

TBH

RDH **FOMO** LOL

IDK

ILYSM





# Fear of Missing Out





# TEENS' "FEAR OF MISSING OUT" (FoMO) IS PROVING TO BE DANGEROUS.

## TEENS' "ALWAYS ON" LIFESTYLE MAY LEAD TO DROWSY AND DISTRACTED DRIVING

### LACK OF SLEEP HURTING TEENS

**52%** get less than 6 hours of sleep per night during the week

**56%** have fallen asleep or nearly fallen asleep at the wheel

**51%** of parents attribute lack of sleep to looking at texts or app notifications

### TOP REASONS TEENS ARE FALLING ASLEEP BEHIND THE WHEEL



**DROWSY DRIVING**  
**100,000 crashes AND 1,550 fatalities** occur annually as a result of driver fatigue\*

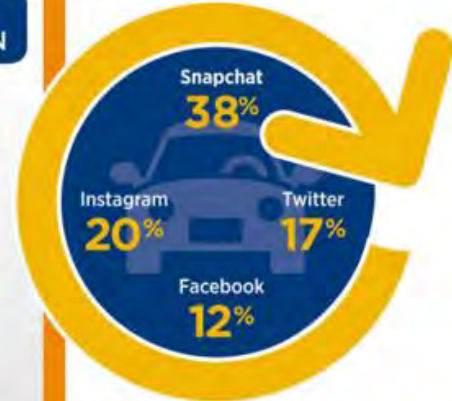
### TEENS CAN'T PUT THE PHONE DOWN

**48%** text MORE when alone in the car

**55%** text while driving to update their parents

**88%** of self-identified "safe drivers" still admit to using apps while driving

### TOP APPS THAT DISTRACT TEENS



**DISTRACTED DRIVING**  
**Nearly 3,000 fatal crashes** annually are distracted drivers; **10% of those are teens\***



For more information, visit [www.libertymutual.com/teen-driving](http://www.libertymutual.com/teen-driving)

\*Source: National Highway Traffic Safety Administration  
Data from 2014 Liberty Mutual Insurance and SADD (Students Against Destructive Decisions) survey of 1,622 teens and 1,000 parents across the country



**Liberty Mutual.**  
INSURANCE

AUTO | HOME | LIFE

# What can we do?







**Why You Shouldn't Be Allowed to Drive**



**Google's Autonomous Cars Will Now Be Considered 'Real' Drivers**



**Google to Ask Congress to Help Put Self-Driving Cars on the Road**

## What can we do?

- Prevention!!!!
- Parent/Caregiver involvement
- Repetition-talk about things over and over and over!
  - Frontal lobe—prospective memory





## NEVER TEXT AND DRIVE. PROTECT YOURSELF. PROTECT YOUR FAMILY.

Your family is important to our family! The Trauma Team at St. Louis Children's Hospital is spreading the word about the dangers of distracted driving. To help remind you to not text and drive, we're giving you two thumb bands with the message "It Can W8."

Protect yourself and your passengers:

- Wear your thumb bands as a reminder to NEVER text or make a call while driving.
- Turn your cell phone OFF when in a vehicle.
- Put your cell phone in the trunk – no temptation to respond to a text!







# TRAUMA AWARENESS MONTH

## **DISTRACTED DRIVING**

During May, the Trauma Team will be spreading the word about Distracted Driving by encouraging our staff, patients and families to take the pledge to never text and drive. It Can W8 thumb bands can serve as a reminder about the dangers of distracted driving.

### **Get involved!**

- Visit us in the cafeteria on **May 5, 6 and 8** to learn more about distracted driving and pick up a thumb band.
- Look for our "roving carts" on the floors. We'll have more information along with chances for staff to register and win concert tickets, Cardinals tickets and more!

**Join the fight to end texting and driving. It Can W8!**  
**Questions? Contact Trauma Services at 314.454.2082.**



The General Surgery Team says, "It Can W8!"



# Parent-Teen Driving Agreement







## PARENT-TEEN DRIVING AGREEMENT

I, \_\_\_\_\_, will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times.

### I PROMISE.

**I promise that I will obey all the rules of the road.**

- Always wear a seat belt and make all my passengers buckle up
- Obey all traffic lights, stop signs, other street signs, and road markings
- Stay within the speed limit and drive safely
- Never use the car to race or to try to impress others
- Never give rides to hitchhikers

**I promise that I will make sure I can stay focused on driving.**

- Never text while driving (writing, reading or sending messages)
- Never talk on the cell phone — including handfree devices or speakerphone — while driving
- Drive with both hands on the wheel
- Never eat or drink while driving
- Drive only when I am alert and in emotional control
- Call my parents for a ride home if I am impaired in any way that interferes with my ability to drive safely, or if my driver is impaired in any way
- Never use headphones or earbuds to listen to music while I drive

**I promise that I will respect laws about drugs and alcohol.**

- Drive only when I am alcohol and drug free
- Never allow any alcohol or illegal drugs in the car
- Be a passenger only with drivers who are alcohol and drug free

**I promise that I will be a responsible driver.**

- Drive only when I have permission to use the car and I will not let anyone else drive the car unless I have permission
- Drive someone else's car only if I have parental permission
- Pay for all traffic citations or parking tickets
- Complete my family responsibilities and maintain good grades at school as listed here: \_\_\_\_\_
- Contribute to the costs of gasoline, maintenance, and insurance as listed here: \_\_\_\_\_

### RESTRICTIONS:

I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experience and demonstrate that I am a responsible driver.

- For the next \_\_\_\_\_ months, I will not drive after \_\_\_\_\_ pm.
- For the next \_\_\_\_\_ months, I will not transport more than \_\_\_\_\_ teen passengers (unless I am supervised by a responsible adult).
- For the next \_\_\_\_\_ months, I won't adjust the stereo, electronic devices, or air conditioning/heater while the car is moving.
- For the next \_\_\_\_\_ months, I will not drive in bad weather.
- I understand that I am not permitted to drive to off limit locations or on roads and highways as listed here: \_\_\_\_\_
- Additional restrictions: \_\_\_\_\_

### PENALTIES FOR AGREEMENT VIOLATIONS

- Drove while texting (composed, read or sent message or email with phone).  
NO DRIVING FOR \_\_\_\_\_ MONTHS
- Drove while talking on the cell phone (including handsfree or speakerphone).  
NO DRIVING FOR \_\_\_\_\_ MONTHS
- Drove after drinking alcohol or using drugs.  
NO DRIVING FOR \_\_\_\_\_ MONTHS
- Got ticket for speeding or moving violation.  
NO DRIVING FOR \_\_\_\_\_ MONTHS
- Drove after night driving curfew.  
NO DRIVING FOR \_\_\_\_\_ WEEKS/MONTHS
- Drove too many passengers.  
NO DRIVING FOR \_\_\_\_\_ WEEKS/MONTHS
- Broke promise about seat belts (self and others).  
NO DRIVING FOR \_\_\_\_\_ WEEKS/MONTHS
- Drove on a road or to an area that is off limits.  
NO DRIVING FOR \_\_\_\_\_ WEEKS/MONTHS

I agree to follow all the rules and restrictions in this agreement. I understand that my parents will impose penalties, including removal of my driving privileges, if I violate the agreement. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.

**I PLEDGE!**

### SIGNATURES

Driver: \_\_\_\_\_ Date: \_\_\_\_\_

Parent promise: I also agree to drive safely and to be an excellent role model.

Parent (or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

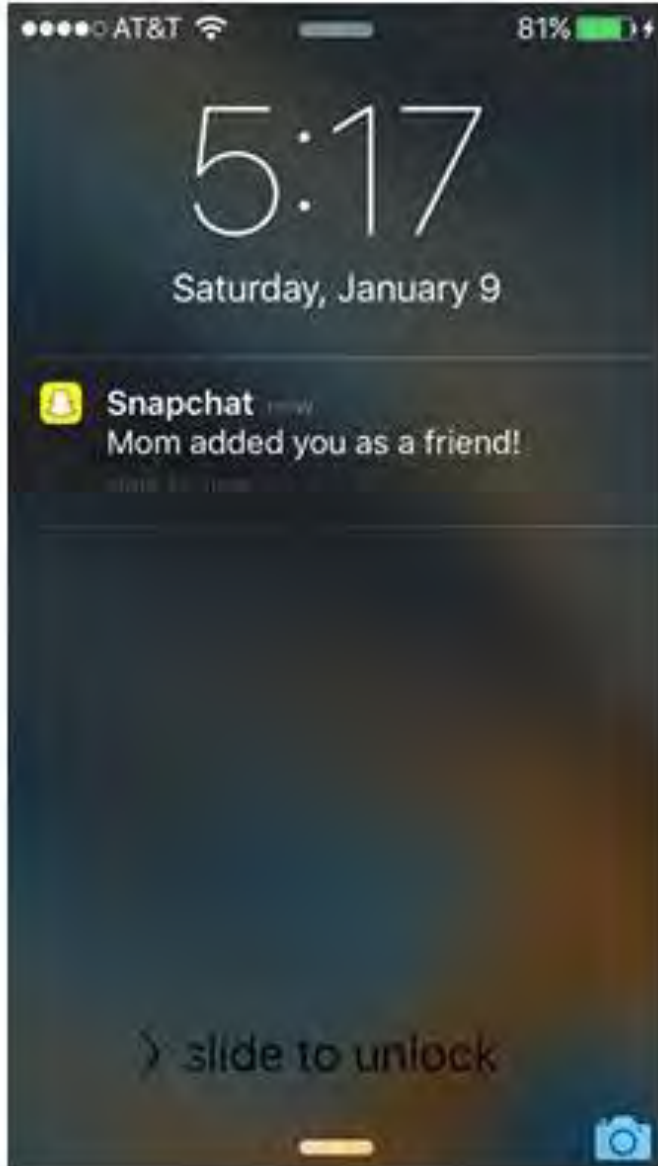
Parent (or guardian): \_\_\_\_\_ Date: \_\_\_\_\_



Mitchell Herndon

January 9 - 🌐

Oh joy







# Case Study-High Speed MVC





- Loss of control, collision with a tree



4 Teens total in vehicle

- Teen Passenger 1 (no seatbelt)
  - Unresponsive at scene
  - Transferred via helicopter
  - Multiple face fractures (LeFort 2, orbit, bilateral mandible), left forearm fracture, ulna fracture, 10 cm occiput laceration, facial laceration, concussion



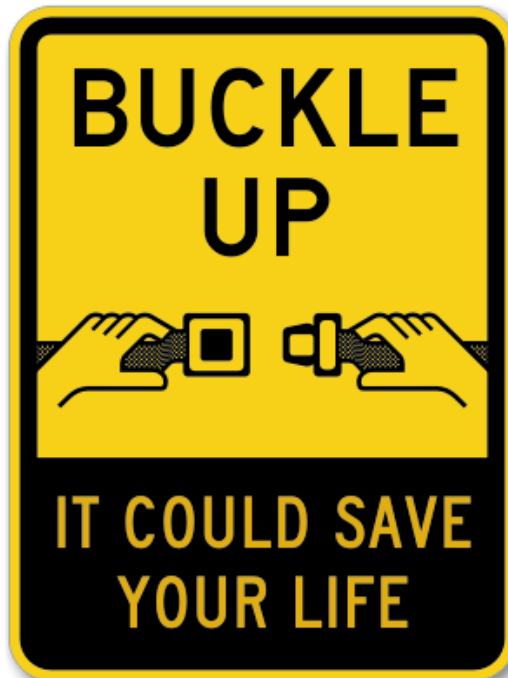
- Teen Passenger 2 (no seatbelt)
  - Flew from back seat to front
  - Questionable LOC at scene
  - Abrasions, puncture wounds to extremity



- Teen Driver (no seatbelt)
  - Ejected from vehicle
  - Facial lacerations
  - Tibia fx.
  - D/C to home from ER



- Teen Passenger 3 (SEATBELT)
  - **No injuries**



# Other teen fads leading to injury seen in the media





# The Choking Game

## The "Choking Game"



It's a story some medical experts say should be on the radar of every parent, teacher, counselor, and coach. Kids choking themselves to get a rush.

Kay Quinn, KSDK 11:32 p.m. CST November 12, 2015



# The Choking Game

- “Gasp,” “pass out game,” “fainting game,” “Flatliner,” “Airplaning,” etc.
- Seeing a resurgence because of YouTube
- More kids doing it alone
- Can be high-achieving teens or pre-teens, way to experience a rush without getting in trouble



# The Choking Game

- Warning Signs
  - Increased need for secrecy
  - Finding belts and ties laying out or tied to bed
  - Ligature marks on neck
  - Bloodshot eyes
  - Confusion, headaches, dizziness



- Risk Factors
  - Substance misuse
  - Risky sexual behaviours
  - Poor mental health
  - Poor dietary behaviours
  - Engagement in risky sports
  - Previous experience of violence
  - Tendency towards impulsivity, thrill-seeking
  - Lower school achievement



# The Fire Challenge

- Pouring a flammable liquid onto self, then igniting. Often done in shower.

*When we asked the teenager what he thought would happen when he set himself on fire, he said, "I **don't** know, I wasn't thinking really."*





Status Photo Check In



KSDK NewsChannel 5

1 hr · 🌐

It seems teenagers will do anything these days, especially for a shot at fame.



Banana Peel Challenge becomes the Internet's latest fad

ksdk.com

👍👎👏 8

11 Comments · 11 Shares

👍 Like

💬 Comment

➦ Share



Second te  
Mountain l

ing fuel mixed with



# Salt and Ice Challenge

By RYAN JASLOW / CBS NEWS / July 2, 2012, 6:05 PM

## "Ice and salt challenge" leaves 12-year-old Pittsburgh boy with second-degree burns

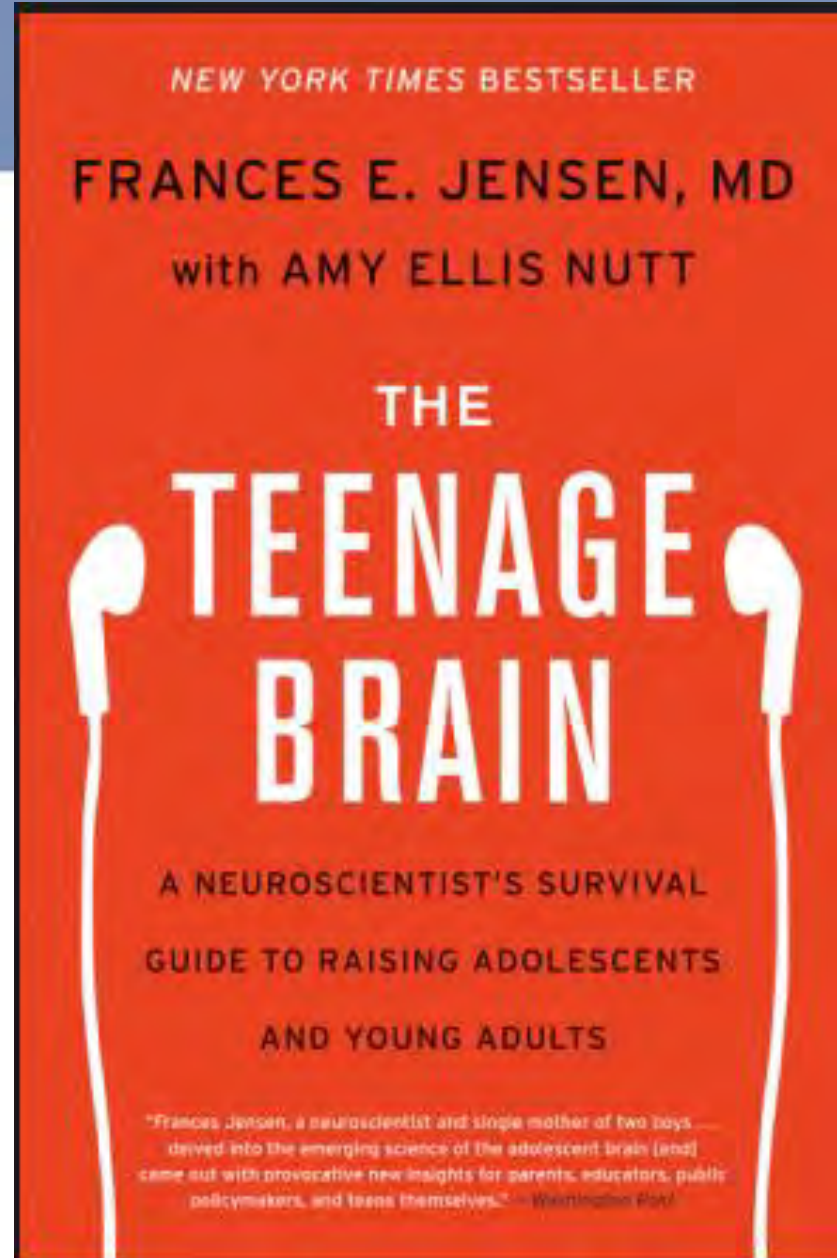


This screengrab shows second-degree burns suffered by a 12-year-old Pittsburgh boy after taking the "ice and salt challenge." CBS NEWS

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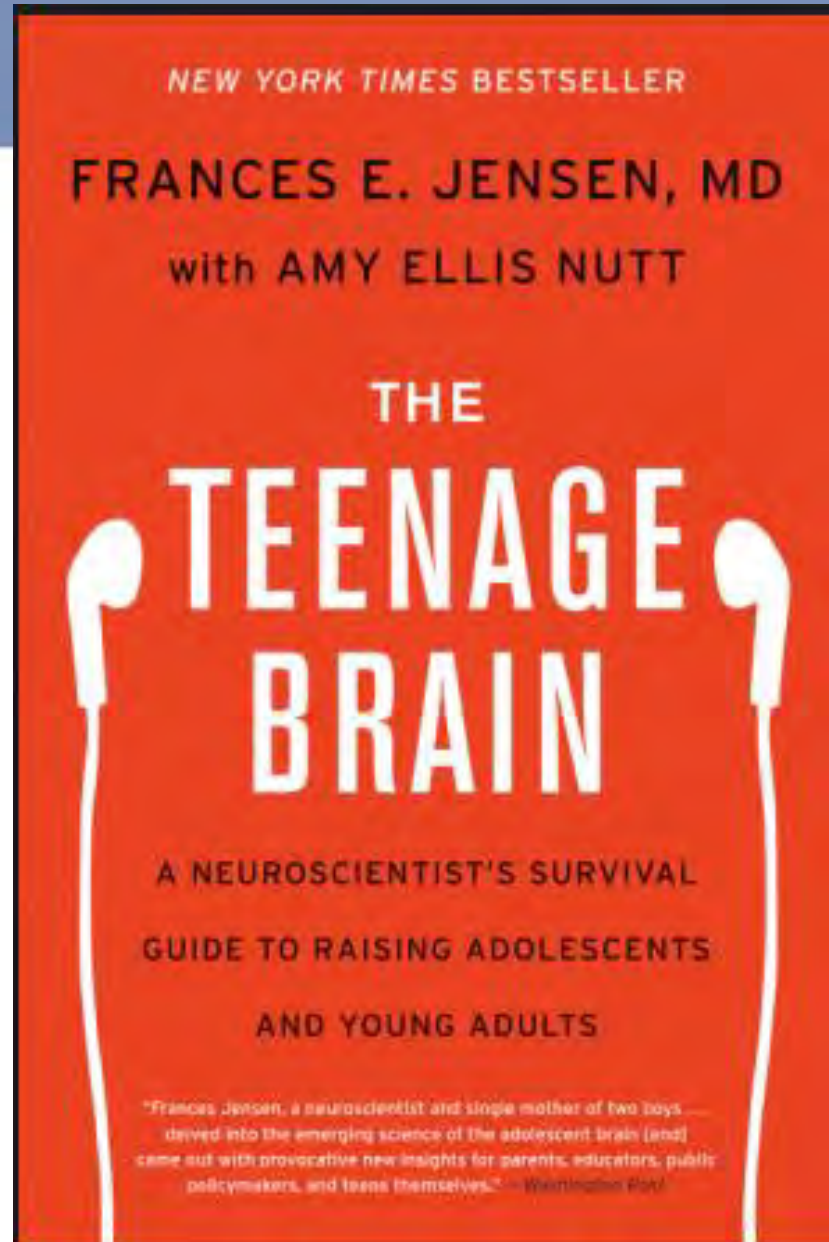


Dr. Frances Jensen  
Department of Neurology at  
the Perelman School of  
Medicine, University of  
Pennsylvania.  
Former Professor Neurology  
at Harvard Medical School,  
Director of Translational  
Neuroscience and Director  
of Epilepsy Research at  
Boston Children's Hospital



“...take the lead, take control, and try to think for your teenage sons and daughters until their own brains are ready to take over the job.”

—Dr. Frances E. Jensen







Me with my  
teenagers  
(and my 9 year old)

