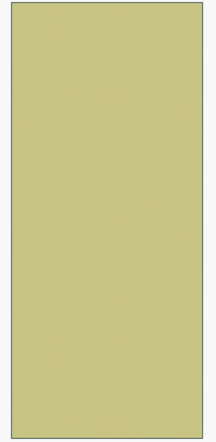



ADOLESCENT DEVELOPMENT

JOSEPHINE S. LAU, MD, MPH
ADOLESCENT MEDICINE SPECIALIST
KAISER PERMANENTE SAN LEANDRO
MEDICAL CENTER



2017 Quality Parenting Initiative California Statewide
Conference

CASE

- 14 year-old male brought in by mother for routine physical
- In juvenile detention for 2 months last year
- Failing school “all the teachers don’t care” “they don’t want to help” “some just faking to be nice to get money”
- Constantly arguing with mom during the visit
- Confidential portion:
 - Just started having sex with a female partner—no condoms
 - Taking cough syrup once a week to feel good

GROWTH AND DEVELOPMENT

- Physical
- Cognitive
- Emotional
- Social/Moral
- Summary & Key Points

ENDPOINTS OF POSITIVE YOUTH DEVELOPMENT

- Competence in academic, social and vocational areas
 - Confidence or a positive self-identity
 - Connections to family, peers, school community
 - Character or positive values, integrity & moral commitment
 - Caring and compassion
- **NOT JUST PROBLEM FREE BUT FULLY PREPARED!!!**

TYPICAL ADOLESCENT DEVELOPMENT

- Each teenager is an individual
- Every teen faces a series of developmental tasks
- All adolescents display wide variability in biological & emotional growth
- Adolescence is not a continuous uniform process - rather, it's a constant process of change with progress and falling back

STAGES OF ADOLESCENT DEVELOPMENT

- Early Adolescence
 - Females: 9 - 13 years
 - Males: 11 - 15
- Middle Adolescence
 - Females: 13 - 16
 - Males: 14 - 17
- Late Adolescence
 - Females: 16 - 21+
 - Males: 17 - 21+



EARLY ADOLESCENCE



EARLY ADOLESCENCE: PHYSICAL DEVELOPMENT

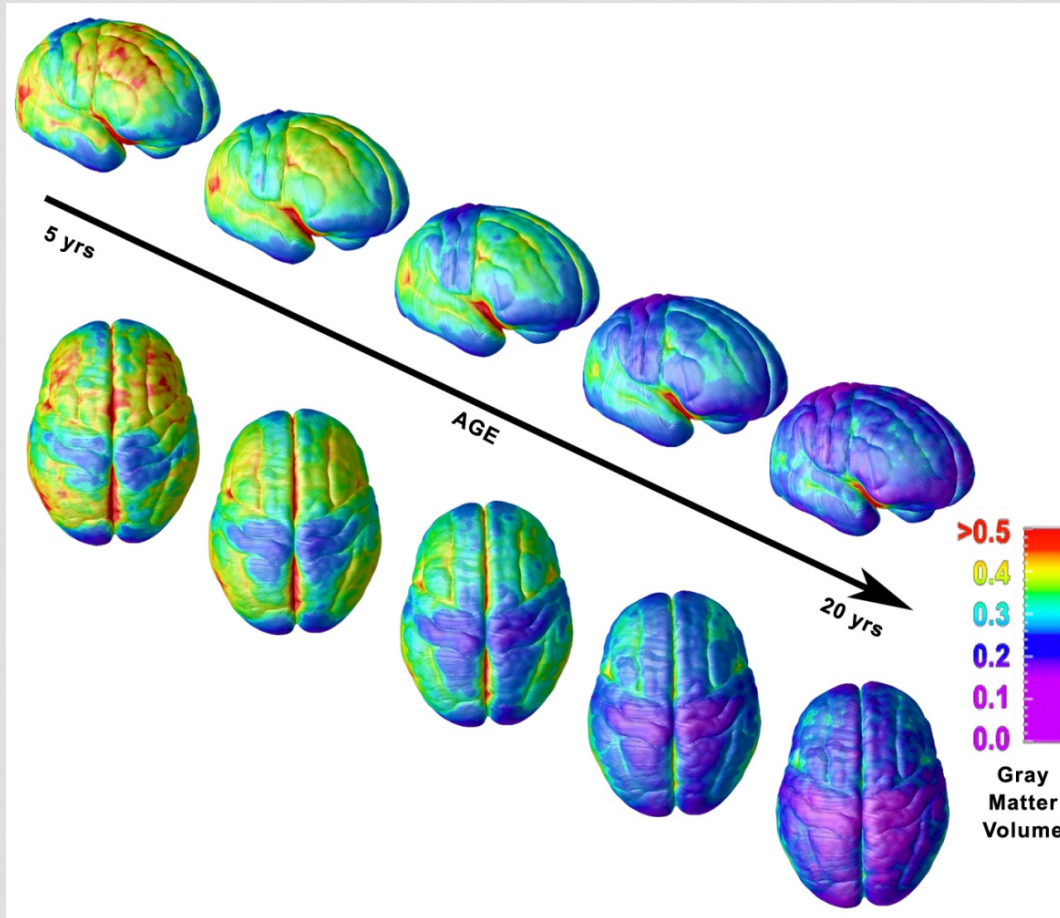
- Peak of pubertal changes in girls
- Onset of pubertal changes in boys
- Disruption of former body image

EARLY ADOLESCENCE: COGNITIVE DEVELOPMENT

- Highly active period of brain development
- Transitional thinking: Biological basis
 - Concrete thinking transitioning to abstract thinking



BRAIN DEVELOPMENT 5-20



PREFRONTAL LOBE

- “CEO of brain”: reasoning ability, goal setting/priorities
- Planning and decision-making, impulse control
 - last part of brain to myelinate

CHARACTERISTICS OF CONCRETE THINKING

- Present orientation
- Seeing is believing/my (my friend's) experience is what counts
- Ability to project into future limited
- Cannot perceive long-range implications of current decisions



CHARACTERISTICS OF ABSTRACT THINKING

- Ability to:
 - Envision alternatives
 - Evaluate alternatives
 - Engage in perspective taking
 - Reason about chance and probability
 - **PRIORITIZE!**



EARLY ADOLESCENCE: EMOTIONAL DEVELOPMENT

- Wide mood swings common
- Intense daydreaming
- Preoccupation with “normalcy” - particularly as relates to physical development/compares to peers

EARLY ADOLESCENCE: SOCIAL DEVELOPMENT

- Increased interest in peers: seeks peer affiliation to counter instability
- Close idealized friendships with same-sex peers
- Strong desire to remain dependent on parents while simultaneously trying to detach
- Increase in “mild conflict” (bickering and squabbling) with parents

EARLY ADOLESCENCE: MORAL DEVELOPMENT

- Conventional morality
 - oriented toward approval/pleasing others
 - doing one's duty and respecting authority

MIDDLE ADOLESCENCE



MIDDLE ADOLESCENCE PHYSICAL DEVELOPMENT

- Deceleration of growth
- Pubertal development almost completed
- Preoccupation with appearance and health issues which affect appearance
 - "Am I attractive?"

MIDDLE ADOLESCENCE COGNITIVE DEVELOPMENT

- Need assistance applying general concepts to own context/behavior
- Increased abstract thinking ability, but difficulty applying information to decision-making
- More realistic about future plans/ personal goals

MIDDLE ADOLESCENCE EMOTIONAL DEVELOPMENT

- Experimentation as a process to develop self-conceptions (pre-identity work)
 - Risk taking
- Development of ideals & selection of role models
- Significant mental health issues emerge (depression)

MIDDLE ADOLESCENCE SOCIAL DEVELOPMENT

- Greater independence and rejection of parental authority
- Strong desire for parental input and involvement, but in a less directive manner
- Emergence of peers (gender mixed) as primary affiliation
- Experimentation with relationships & sexual behaviors

MIDDLE ADOLESCENCE MORAL DEVELOPMENT

- Principled morality
 - social contract/majority will and welfare
 - highly sensitive to “fairness”

LATE ADOLESCENCE



LATE ADOLESCENCE PHYSICAL DEVELOPMENT

- Pubertal process is complete/physically mature
- Acceptance of appearance vs.
“extreme” behaviors to alter appearance

LATE ADOLESCENCE COGNITIVE DEVELOPMENT

- Approaching cognitive maturity with established abstract thought and reasoning
- Future orientation with ability to act on long-range options
- Sense of perspective, abilities to delay, compromise and set limits

BRAIN DEVELOPMENT DOESN'T END AT 18 (OR EVEN 21) !

- The part of the prefrontal lobe linked to the ability to inhibit impulses, weigh consequences, prioritize and strategize does not reach full development until the mid-to-late 20's



LATE ADOLESCENCE EMOTIONAL DEVELOPMENT

- Identity consolidation
- More constancy of emotions
- Sexual orientation solidifies

LATE ADOLESCENCE SOCIAL DEVELOPMENT

- Emancipation completed or progressing with separation from family
- Stable dyadic relationships take precedence over group
- Beginning shift from parent-child to adult-adult model in family relationships

LATE ADOLESCENCE MORAL DEVELOPMENT

- Post-conventional morality
 - concept of conditionality/extenuating circumstances
 - balancing of standards of society and rights of the individual

ENDPOINTS OF POSITIVE YOUTH DEVELOPMENT

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SUMMARY

- Biological basis to their behaviors
 - Maturation of the brain
 - Reaction to environment while attaining developmental tasks

KEY POINTS WORKING WITH ADOLESCENTS

- Building resilience helps
 - Self-respect
 - Social skills
 - Optimistic thinking
 - Self-confident and capable to get things done

KEY POINTS WORKING WITH ADOLESCENTS

- Every interaction contributes to their development
- No matter how brief each interaction is...
 - Be a good role model
 - Stay calm
 - Let them know that you care and you are here to help

CASE

- Social history
 - Mandated to live with paternal grandparents
- Family history
 - multiple family members have addiction problems, including bio mom and dad
- Mental health
 - diagnosed with ODD and ADHD, currently receiving wrap around services. Feels connected with therapist

CASE

- Drug use counseling
 - Makes him feel good, but illegal to obtain
 - Gave feedback that he's at higher risk of developing addiction problem due to his family history
 - Asked him to try to quit cough syrup
- Safe sex counseling
 - "doesn't want to be a father" "has no idea what he would do"
 - Couldn't afford condoms
 - Would return for more condoms and may bring his girlfriend for contraception