



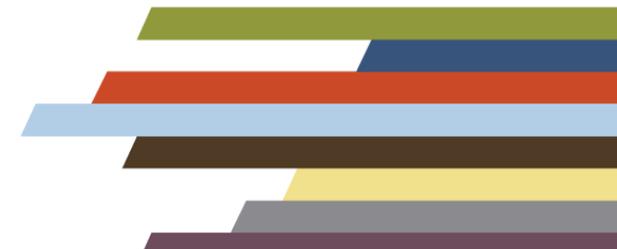
Northeast & Caribbean (HHS Region 2)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# ADOLESCENTS: Development Issues and Behavior

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# SAMHSA Disclaimer

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# Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen*** the ***specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.



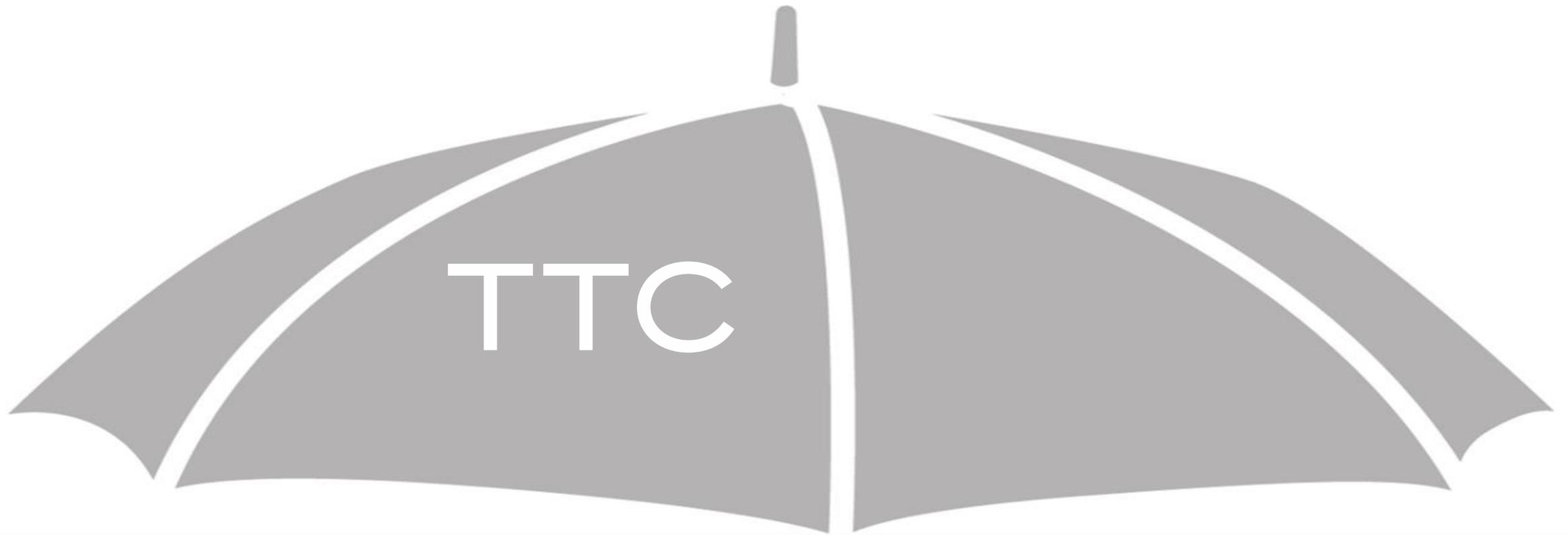
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# HHS Regions

# 10 Regional Centers





ATTC



MHTTC



PTTC



# Goal

Participants will explore and understand fundamentals of:

- 1) Adolescent growth and development tasks
- 2) Behavioral correlates of development stage
- 3) Strategies and tools to identify and address problem behavior
- 4) Support healthy youth development



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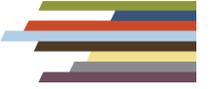


# Five Essentials for Healthy Adolescents

- Positive connections with supportive people
- Safe and secure places to live, learn, and play
- Access to high-quality, teen friendly healthcare
- Opportunities for teens to engage as learners, leaders, team members, and workers
- Coordinated adolescent and family centered services



# Kevin



Kevin is 15 years old and pretty much keeps to himself at home, spending time in his room when he does schoolwork.

One day, he promised to go home directly after school so that he can sit with his younger brother who's nursing a cold, while his mother attends a medical appointment. On the way, Kevin walks by the basketball courts where his friends are watching a game. He greets them and while he lingers talking, he begins to play with some weights the players had on the side court. Kevin at one point is flexing a dumbbell and joking when he turns his face and hits his mouth with the weight, cracking his front tooth.

His friends heard the noise and warned him of the broken tooth, and Kevin couldn't believe what he just did! Worse, how is he going to tell his mother and he's already a half hour late from stopping to say hi to his friends!

# Development Stages

- Early adolescence: 11-13 years
- Middle adolescence: 15-17 years
- Late adolescence: 19-21 years



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# Adolescent Brain Development



# INSIDE THE TEENAGE BRAIN

Adolescents are prone to high-risk behaviour

## Prefrontal Cortex

Its functions include planning and reasoning; grows till 25 years

**Adults** Fully developed

**Teens** Immature, prone to high-risk behaviour

## Amygdala

Emotional core for passion, impulse, fear, aggression.

**Adults** Rely less on this, use prefrontal cortex more

**Teens** More impulsive



## Parietal Lobe

Responsible for touch, sight, language; grows till early 20s

**Adults** Fully developed

**Teens** Do not process information effectively

## Ventral Striatum

Reward centre, not fully developed in teens

**Adults** Fully developed

**Teens** Are more excited by reward than consequence

## Hippocampus

Hub of memory and learning; grows in teens

**Adults** Fully functional; loses neurons with age

**Teens** Tremendous learning curve

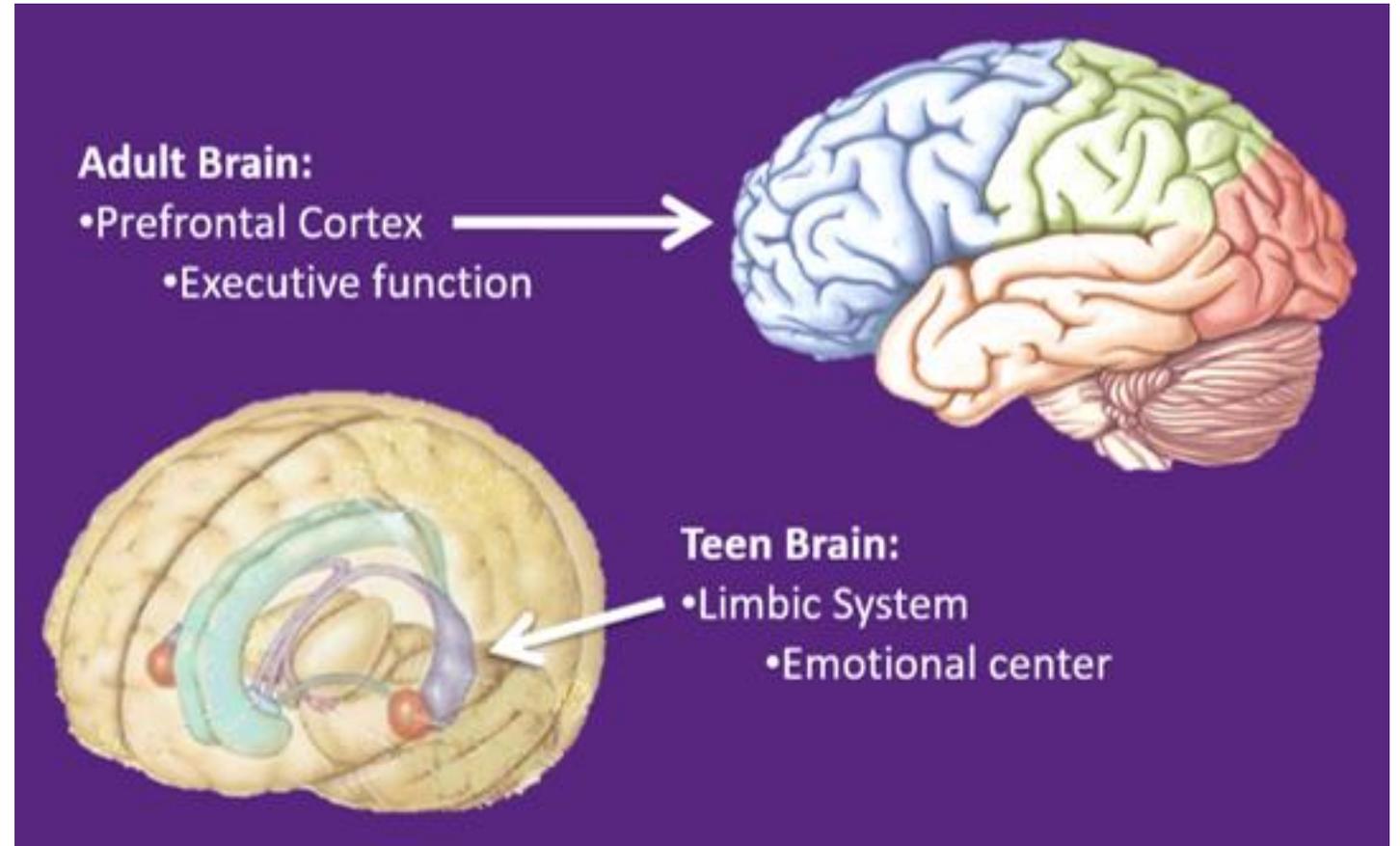
# Adult vs Adolescent

## Adult Limbic system

- Raw emotions are kept “in check” by the prefrontal cortex

## Adolescent limbic system

- Raw emotions can be overwhelming since the prefrontal cortex is not developed and can't mitigate emotional reactions, over reactions, momentary decision making



Adult and teen brain, JDeCarli, Pro Consumer Safety, 2009

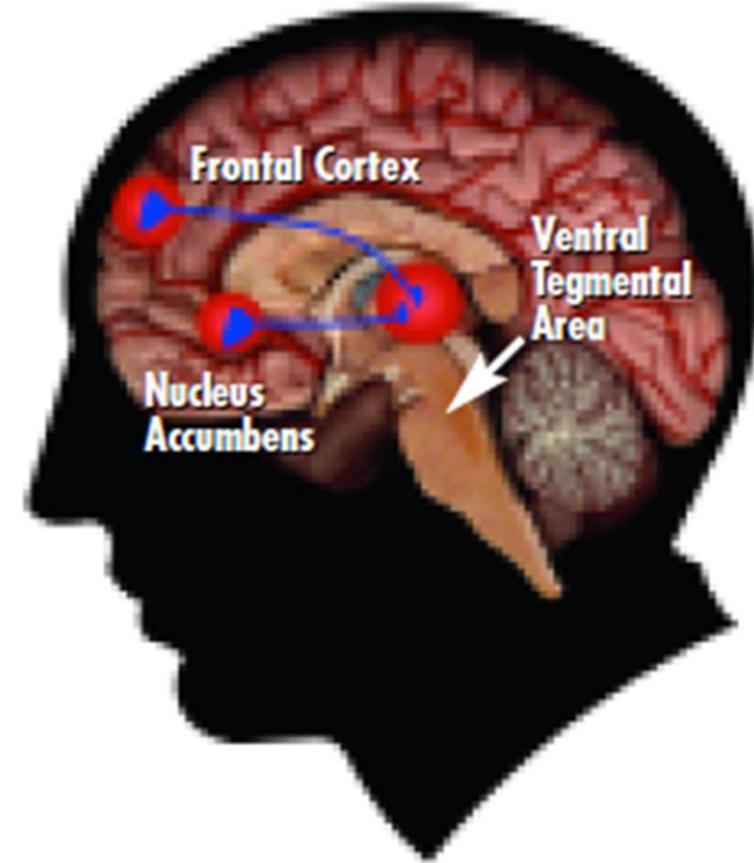
# Reward Pathways

**DOPAMINE** has been thought to be associated with:

- Risky behaviors
- Novelty seeking
- Impulsiveness

This reward pathway is also activated by drugs and alcohol

## Brain reward (dopamine) pathways



These brain circuits are important for natural rewards such as food, music, and sex.

# Development Based Behavior

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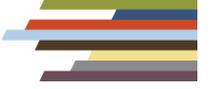
## Adolescents are more likely to:

- 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 behaviors

# Cynthia



16-year-old Cynthia had planned to be “*completely smashed*” at the school dance. She brought alcohol with her despite knowing that she can be suspended if school staff found out. Cynthia was caught with alcohol at the party and was suspended pending investigation.

According to Cynthia, “*it seemed like too much of a fun idea to turn down.*”

## Risk and Reward

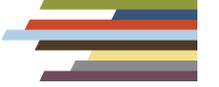


# Genes and Environment

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- Both nature and nurture influence brain development. Hence, genetics plays a role in developmental tasks.
- Events and circumstances during infancy and childhood can also have a powerful impact.
- Genetic predispositions combine with environmental influences impact pathways of risk and resilience.

# Behavioral Characteristics



## Situation

- Dumped by a partner
- Being bullied at school
- At a party everyone seems to be doing it

## Emotion

- Devastation “It’s the end of the world”
- Embarrassment- everyone is looking at me!
- Pressure- everyone is having sex!

## Behavior

- Drink to excess
- Too shy to speak-up for themselves
- Is pressured into having sex by partner

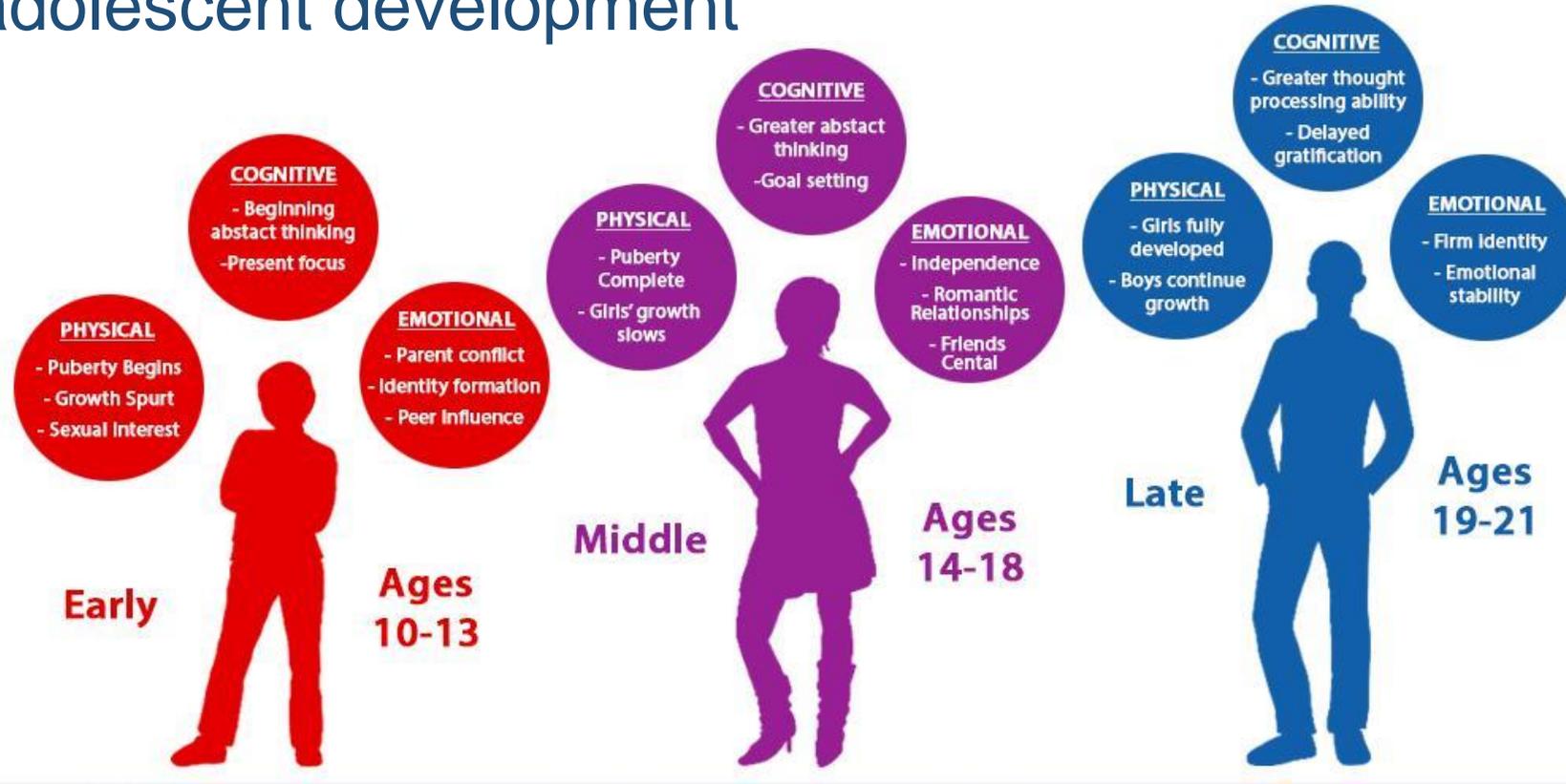


# Stages of Development



# Development Over 3 Stages of Adolescence

Physical, cognitive, and social-emotional changes occur over the 3 stages of adolescent development



CDC STD@CDCSTD, Aug 18, 2015, #DYK adolescents have 3 stages of development? Learn more via #CDCGrandRounds, <http://go.usa.gov/3HtFC@CDCgov>

# Early Adolescence: 10-13 years

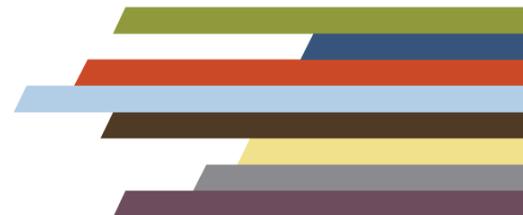
Physical Development	Cognitive Development	Social-Emotional Development
<ul style="list-style-type: none"> <li>• Puberty: grow body hair, increase perspiration and oil production in hair and skin, Girls – breast and hip development, onset of menstruation Boys – growth in testicles and penis, wet dreams, deepening of voice</li> <li>• Tremendous physical growth: gain height and weight</li> <li>• Greater sexual interest</li> </ul>	<ul style="list-style-type: none"> <li>• Growing capacity for abstract thought</li> <li>• Mostly interested in present with limited thought to the future</li> <li>• Intellectual interests expand and become more important</li> <li>• Deeper moral thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Struggle with sense of identity</li> <li>• Feel awkward about one’s self and one’s body; worry about being normal</li> <li>• Realize that parents are not perfect; increased conflict with parents</li> <li>• Increased influence of peer group</li> <li>• Desire for independence</li> <li>• Tendency to return to “childish” behavior, particularly when stressed</li> <li>• Moodiness</li> <li>• Rule- and limit-testing</li> <li>• Greater interest in privacy</li> </ul>

# Gender Differences in Timing of Puberty

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## Psychological Impact

- Early developing males – high rates of self confidence, athleticism, academic achievement compared to later developing males.
- Early development in girls is correlated with lower self esteem and body image concerns

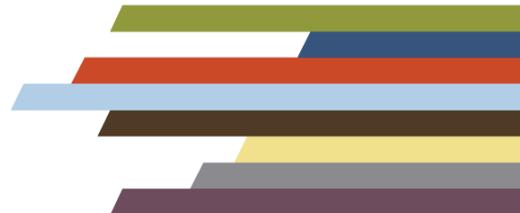


# Need to Sleep



9 to 9 ½ hours of sleep essential to healthy development

- Increased academic demands
- Fatigue, impaired performance in school
- Potential risk of health issues, (i.e. obesity)



# Middle Adolescence: 14-18 years

Physical Development	Cognitive Development	Social-Emotional Development
<ul style="list-style-type: none"> <li>• Puberty is completed</li> <li>• Physical growth slows for girls, continues for boys</li> </ul>	<ul style="list-style-type: none"> <li>• Continued growth of capacity for abstract thought</li> <li>• Greater capacity for setting goals</li> <li>• Interest in moral reasoning</li> <li>• Thinking about the meaning of life</li> </ul>	<ul style="list-style-type: none"> <li>• Intense self-involvement, changing between high expectations and poor self-concept</li> <li>• Continued adjustment to changing body, worries about being normal</li> <li>• Tendency to distance selves from parents, continued drive for independence</li> <li>• Driven to make friends and greater reliance on them, popularity can be an important issue</li> <li>• Feelings of love and passion</li> </ul>

# Development Tasks

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## Social transformations

- Peer, parent-child, sibling, parental influence and control
- Gender roles, media and information sources
- Interpersonal negotiation, social problem solving

# Late Adolescence: 19-21 years

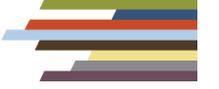
Physical Development	Cognitive Development	Social-Emotional Development
<ul style="list-style-type: none"> <li>• Young women, typically, are fully developed</li> <li>• Young men continue to gain height, weight, muscle mass, and body hair</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to think ideas through</li> <li>• Ability to delay gratification</li> <li>• Examination of inner experiences</li> <li>• Increased concern for future</li> <li>• Continued interest in moral reasoning</li> </ul>	<ul style="list-style-type: none"> <li>• Firmer sense of identity</li> <li>• Increased emotional stability</li> <li>• Increased concern for others</li> <li>• Increased independence and self-reliance</li> <li>• Peer relationships remain important</li> <li>• Development of more serious relationships</li> <li>• Social and cultural traditions regain some of their importance</li> </ul>

# Adolescent Challenges of Risk Taking

- Sexual risk-taking
- Substance use
- Illegal behavior
- Risky driving



# David



14-year-old David was coming home late from school almost every day for the last several weeks. He seemed moody and distracted and his parents have a difficult time engaging him in conversations. He has begun to do poorly at school and eats very little. When his mother found a cigarette in his jacket, she knew there was a problem.





# Developmental Challenges



# Cognitive Delays

- Can affect a child's intellectual functioning
- Interfere with awareness and causing learning difficulties
- Children with cognitive delays may also have difficulty communicating and playing with others

# Motor Delays

- Delays in motor skills interfere with a child's ability to coordinate large muscle groups, such as those in the arms and legs, and smaller muscles, such as those in the hands.
- Some motor delays result from genetic conditions which causes shortening of the limbs, and conditions that affect the muscles, such as cerebral palsy or muscular dystrophy.

# Speech Delays

- Some speech delays are receptive language disorders, in which a child has difficulty understanding words or concepts.
- Children may have speech delays due to physiological causes, such as brain damage, genetic syndromes, or hearing loss.
- Other speech delays are caused by environmental factors, such as a lack of stimulation.

# Social, Emotional, and Behavioral Delays

- Neurobehavioral disorders such as autism spectrum disorder and attention deficit hyperactivity disorder, often also have social, emotional, or behavioral delays, impacting ability to learn, communicate, and interact with others.
- Social and emotional skills can result in difficulty understanding social cues, initiating communication with others, or carrying on two-way conversations.

# Cultural Influences on Adolescent Behavior

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- Peer
- Sex in Popular Culture
- Family Cultural Traditions
- Violence in Television and Film
- Bullying Versus Teasing
- Social Influence
- Cyberbullying
- Gender and Sexuality

# Talking with Adolescents: Do's & Don'ts



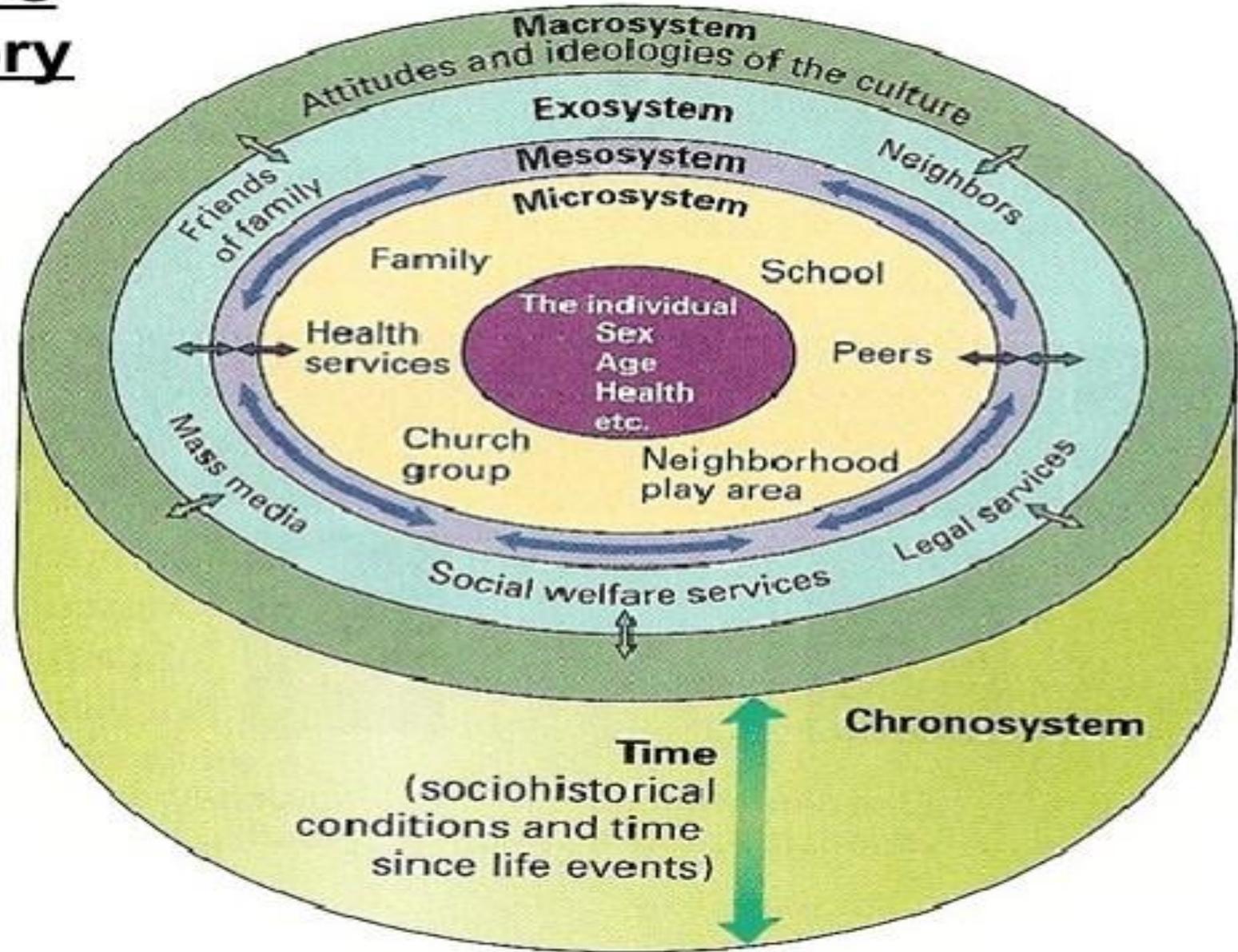
## Do's

- Talk with them, not at them
- Be a good listener
- Respect their privacy
- Autonomy
- Respect their feelings and perspectives
- Apologize when you're wrong

## Don'ts

- Avoid lecturing, nagging, guilt trips
- Don't reveal confidences
- Reframe questions

# Bronfenbrenner's Ecological Theory





# Risk Factors



# Adverse Childhood Events (ACE) Study

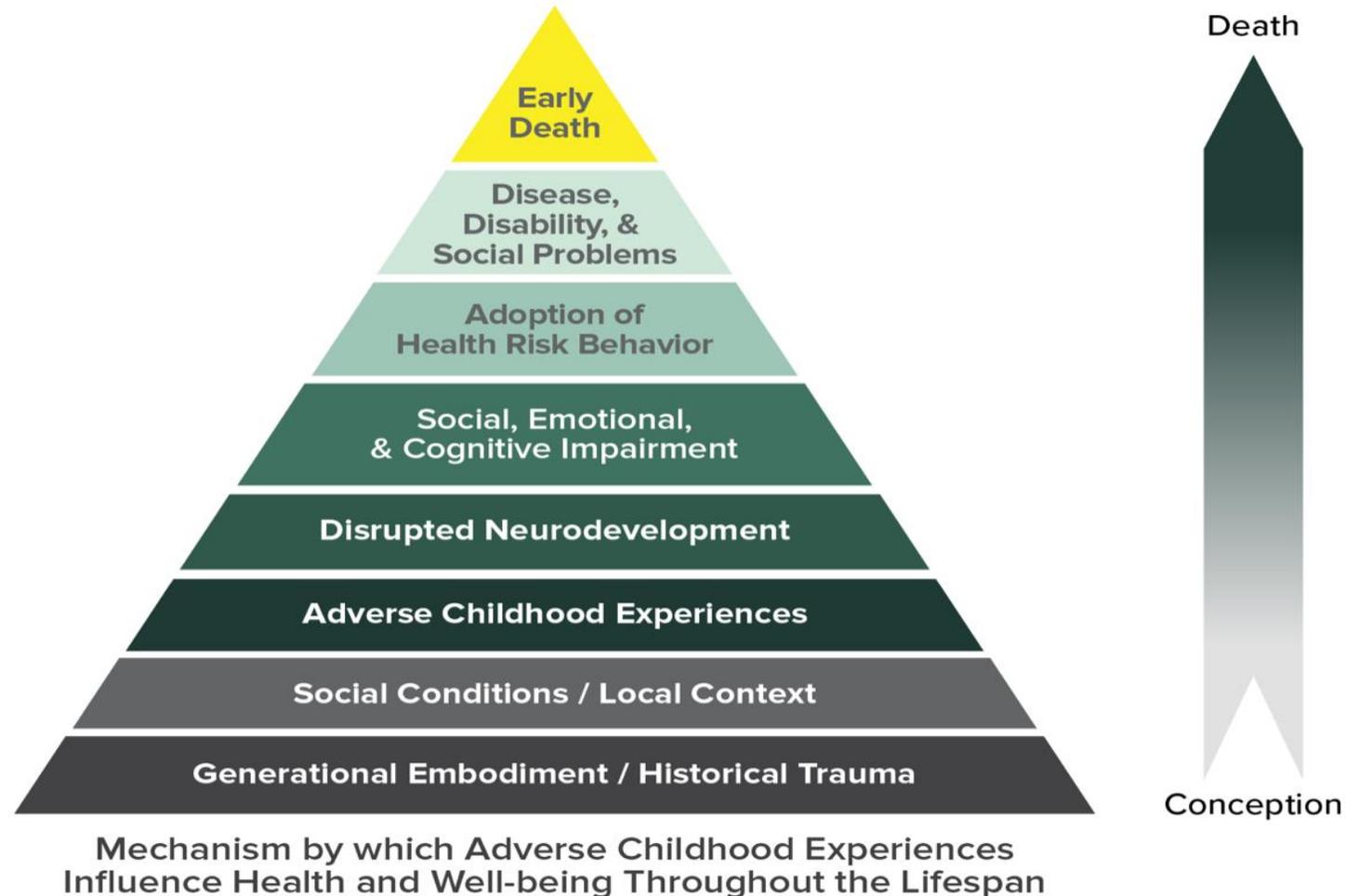
- This study examined the impact of a person's health and social effects throughout the lifespan.
- The study followed 17,421 people who were members of the Kaiser Health Plan in San Diego County.

## Outcome

- The more adverse childhood experiences, the more likely they will suffer a range of negative health and social outcomes during adulthood.
- These include depression, substance use, smoking, suicide, lung disease, injuries, HIV/STD, and impaired work performance.



# Adverse Childhood Experiences (ACEs)



# Trauma Impacts on Child Development

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- Trauma causes brain to adapt in ways that contributed to their survival (i.e. constant fight/flight/freeze).
- These adaptations can look like behavior problems in “normal” contexts, such as school or family environments.
- The normal developmental process is interrupted, and teens may exhibit internalizing or externalizing symptoms and behaviors.

# Developmental and Behavioral Health Screening Tools

- Bright Futures Pocket Guide
- CES-DC
- CRAFFT Screening - English / Spanish
- Adolescent Supplemental Questionnaire (ASQ)
- Bright Futures ASQ 15-17yr
  - Bright Futures ASQ 18-21
  - Bright Futures ASQ Early Adolescent
  - Bright Futures ASQ Older Child
- Developmental & Behavioral Screening
- Edinburgh Postnatal Depression Scale
- M-CHAT Screening - English / Spanish / Scoring
- Guidelines for Adolescent Preventative Services (GAPS)
  - Younger Adolescent Questionnaire
  - Middle-Older Adolescent Questionnaire – English / Spanish
  - Parent/Guardian Questionnaire – English / Spanish
- Pediatric Intake Form
- Patient health Questionnaire (PHQ-9)
  - PHQ-9 Instructions
  - PHQ-9 Pocket Guide
  - PHQ-9 Teen Brochure
  - PHQ-9 Teen Screen
  - PHQ-9 English / Spanish
- Pediatric Symptom Checklist (PSC-17) – Scale / English / Spanish
- Screen for Child Anxiety Related Disorders (SCARED)
- Strengths and Difficulties Questionnaire (SDQ)
- NICHQ Vanderbilt Assessment Scale – Parent / Teacher

[https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH\\_ScreeningChart.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf)

<http://www.ccwjc.com/behavioralhealthscreeningtools.asp>

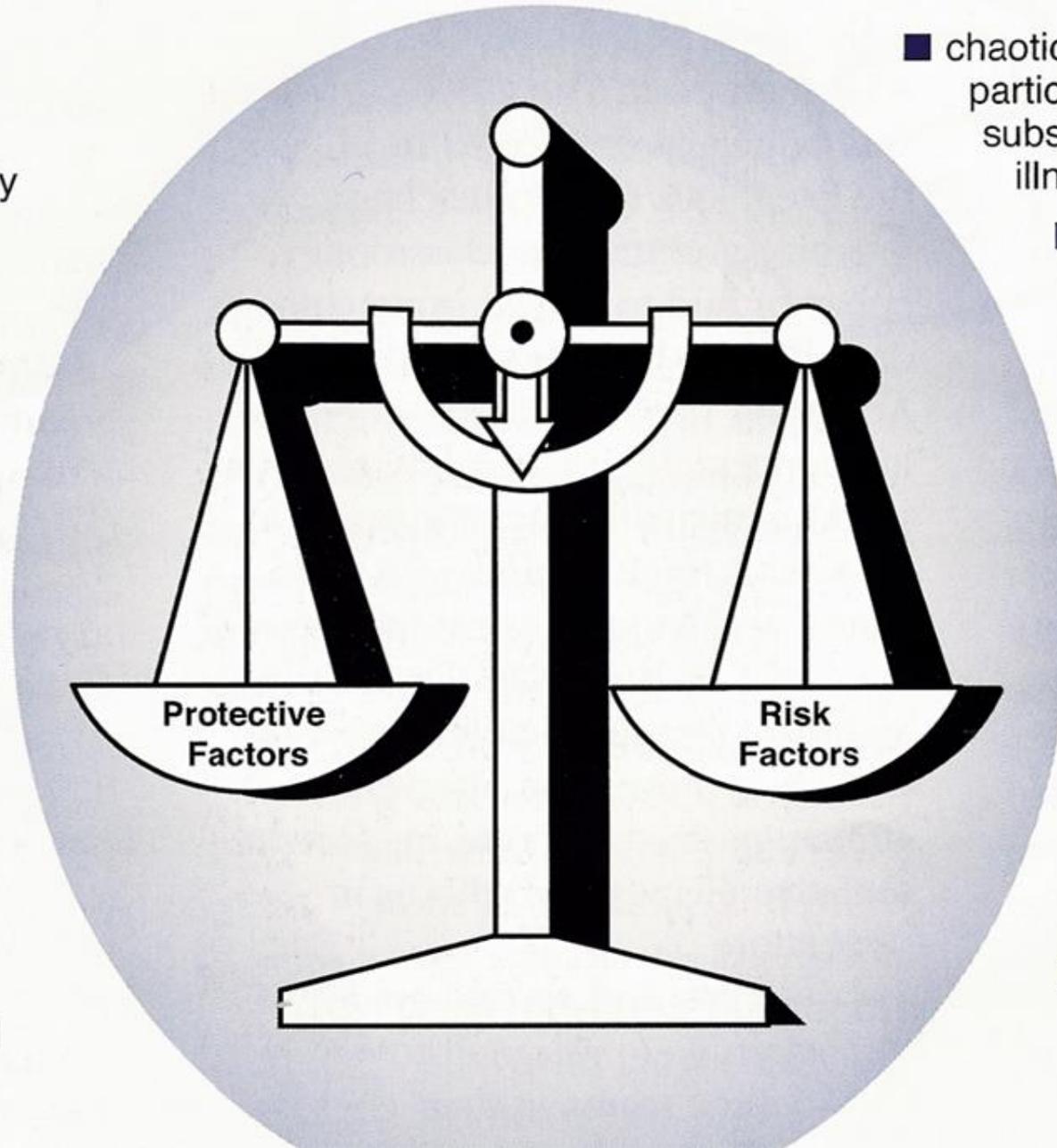


# Risk and Resiliency



## Protective factors:

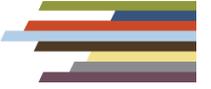
- strong and positive family bonds;
- parental monitoring of children's activities and peers;
- clear rules of conduct that are consistently enforced within the family;
- involvement of parents in the lives of their children;
- success in school performance; strong bonds with institutions, such as school and religious organizations; and
- adoption of conventional norms about drug use.



## Risk factors:

- chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses;
- ineffective parenting, especially with children with difficult temperaments or conduct disorders;
- lack of parent-child attachments and nurturing;
- inappropriately shy or aggressive behavior in the classroom;
- failure in school performance;
- poor social coping skills;
- affiliations with peers displaying deviant behaviors; and
- perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments.

# Risk Scenario – Protective Approach



## Risk factor example

A 16-year-old adolescent who drives recklessly with a group of joyriding friends because they were all drinking and all agreed to move the party elsewhere

## Protective factor example

This same teen may decide to be more careful and not drive, calling a taxi when with friends who disapprove of unsafe driving, in part because youth are highly sensitive to their image among peers, and the acceptance of these peers is also important



# Risk Scenario – Protective Approach *(cont.)*

## Risk factor example

A 14-year-old adolescent spends a lot of time with the neighborhood teens who aren't going to school and often smoke marijuana and maybe other drugs, mimicking what they are doing in efforts to be part of the crew, to be accepted. It's also possible that there's no positive role model at home or in the family (uncle, older cousin, etc.)

## Protective factor example

This same teen may participate in different activities if he/she is engaged in after school initiatives, sports, school clubs, and hobbies. This is more likely if he/she interacts with other teens whose interests are also in extracurricular activities. They may have a positive role model at home, parental/provider support that can promote and help them access these experiences.





# Evidence and Strength Based Strategies



# How Can Providers Help?

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- Practitioners should be trained in adolescent development and dysfunction specifics, multiple systems of influence, and adolescent drug abuse treatments
- Know how to take a comprehensive drug history, understand how to do integrative therapy that addresses mental health and drug use
- Understand that the foundation of treatment is the therapeutic alliance with the teen and/or parent

# Part of Healthy Development

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- Need for autonomy
- Desire for privacy
- Greater investment in their peers
- Need to try on different identities
- Huge physiological changes

# Promote Youth Health

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- Reducing obesity risk for children in ECE facilities.
- Improving healthy food options and nutrition education in school.
- Improving physical education and physical activity opportunities in school.
- Preventing use of all tobacco products.
- Helping children and adolescents manage their chronic health conditions in school.
- Promoting the use of dental sealants to prevent cavities.
- Promoting adequate sleep.

# Nine Key Elements of Effective Adolescent Treatment *(1 to 3)*

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## **1. Assessment and Treatment Matching**

Screening and assessment to explore the many interrelated factors that affected the teen's life.

## **2. A Comprehensive & Integrated Treatment Approach**

More than half of all adolescents in treatment have co-occurring disorders.

## **3. Family Involvement in Treatment**

Engaging parents-family increases the likelihood that a teen will remain in treatment and that treatment gains will be sustained after treatment has ended.

# Nine Key Elements of Effective Adolescent Treatment *(4 to 6)*



## **4. Developmentally Appropriate Program**

Adolescent programs can't just be adult programs "massaged" for kids.

## **5. Effective Strategies to Engage and Retain Teens in Treatment**

Most teens that begin treatment do not complete the process, 3 of 4 in outpatient and 2 of 5 in residential do not complete 90 days of treatment.

## **6. Qualified Staff**

Professional staff who recognize psychiatric problems, understand adolescent development and are able to effectively work with families are critically important to treatment success.

# Nine Key Elements of Effective Adolescent Treatment *(7 to 9)*

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## **7. Gender and Cultural Competence**

Gender and cultural competence is essential in developing a successful therapeutic alliance between the teen and the counselor.

## **8. Continuing Care**

Three in four adolescents relapse in the first three months following treatment.

## **9. Treatment Outcomes**

At present, very few programs conduct evaluations of any kind  
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# Youth and Young Adult Resources

- [Effectively Employing Young Adult Peer Providers: A Toolkit from University of Massachusetts Medical School](#) helps users conceptualize and structure young adult peer roles. It also offers tips on how to establish a supportive organizational culture; how to recruit, hire, train, and supervise peers; and addressing challenges.
- [A Guide to Youth Recruitment at Youth M.O.V.E. National – 2016 \(PDF | 386 KB\)](#) provides step-by-step guidance for encouraging youth to take action and join your group.
- [Youth Advocate to Advocate for Youth: The Next Transition at the Research and Training Center for Pathways to Positive Futures – 2013 \(PDF | 516 KB\)](#) helps young people use lived experience to promote change through seven stages of guidance.

