

Understanding Adolescents: An Oxymoron?

Developmental Issues of 16-17 Year Olds

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Basic Statistics

- **97,000** 16-17 year olds in CT
- 15% live in unsafe neighborhoods (14,550)
- 9% have socio-emotional problems requiring intervention (8,730)
- 22% are sexually active
- 63% of teens are unemployed 2004 (61,000)
- 4% are high school drop-outs in 2003
- 9% of parents are high school drop-outs 2004
- 8% not attending school and not working
- 19% speak language other than English 2004
- 29% no parent has full-time year-round employment 2005
- 13% 15-18 in low income working families
- 4.8% teen mothers age 15-19

How to understand adolescent development?

Primary rule to remember:

There are no firm rules.

You can't judge a book by its cover...

Adolescents aren't always what they appear to be.

How to understand adolescent development?

- Development occurs in different domains concurrently, but not at the same rate
 - Physical
 - Cognitive
 - Emotional
 - Social
 - Moral
 - Spiritual
 - Racial/Cultural
 - Sexual



How to understand adolescent development?

Development is variable and ongoing:

- Adolescents demonstrate range of strengths and weaknesses
- Competencies in some areas, deficits in others
- Development is uneven – some 16-year-olds appear to be 21, while others appear to be 12
- Despite our preconceptions, adolescents are still growing and maturing (e.g., cognitive development)

Late Adolescence

- Arguably, the most challenging time in our lifespan
- Time when adolescents “fall through the cracks”
- Systems not currently set up to meet the needs of this population
- Child service systems “write them off”

Transition from Adolescence to Adulthood

- Some adolescents seem to have more difficulties than others.
- Difficulties in childhood can begin a developmental progression leading to difficulties in adolescence and young adulthood.
- Can become lifelong struggles in some cases, in others can be a period of turbulence and turmoil that passes or decreases with time.

Normal Adolescent Development

(AACAP, 2005)

Movement towards independence

- Increased independent functioning
- More cohesive sense of identity
- Examination of inner experiences
- Ability to think ideas through
- Conflict with parents begins to decrease



Normal Adolescent Development

(AACAP, 2005)

Movement towards independence

- Increased ability for delayed gratification and compromise
- Increased emotional stability
- Increased concern for others
- Increased self-reliance
- Peer relationships important and take an appropriate place among other interests

Normal Adolescent Development

(AACAP, 2005)

Future Interests and Cognitive Changes

- Work habits become more defined
- Increased concern for the future
- More importance is placed on one's role in life

Sexuality

- Feelings of love and passion
- Development of more serious relationships
- Firmer sense of sexual identity
- Increased capacity for tender and sensual love

Normal Adolescent Development

(AACAP, 2005)

Morals, Values, and Self-Direction

- Greater capacity for setting goals
- Interest in moral reasoning
- Capacity to use insight
- Increased emphasis on personal dignity and self-esteem
- Social and cultural traditions regain some of their previous importance

When things go wrong...

- Regression
- Somatic manifestations
 - Bodily concerns, aches and pains, illness
- Behavioral difficulties, acting out
 - Delinquency, substance use, unsafe sex
- School difficulties, failure
- Emotional difficulties



Trauma Exposure is High

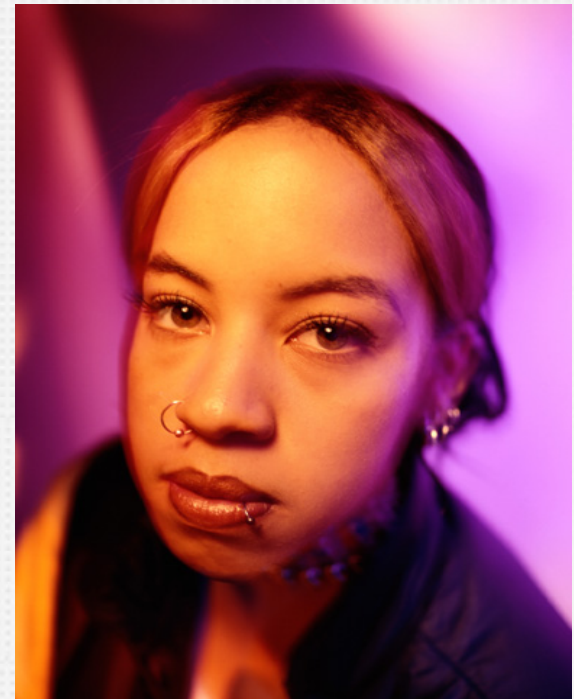
- Approximately **40%** of youth will experience one or more traumatic events in their lifetime (Steiner et al, 1997)
- A longitudinal study of 9-16 year-old youth found:
 - **25%** experienced at least one traumatic event
 - **6%** within the past 3 months (Costello, Erkanli, Fairbank & Angold, 2002).
- Rates much higher in juvenile justice populations (as high as **80-90%** in some studies) (Teplin, et al, 2002)

Gender as a Risk Factor

Studies consistently find that among those who are exposed to trauma, females are more likely than males to develop mental health problems

(Cauffman et al., 1998; Giaconia et al., 1995)

- Substance use/abuse
- Involvement in violent activity
- Relational impairments
- Developmental lags
- Subsequent victimization
- Aggressive behavior
- Poor academic performance
- Numbness; desensitization to threat
- Recklessness and re-enacting behavior
- Delinquency and adult offending



Suicide Risk is High

- 16-17 year olds are in the highest risk category
- Rates of suicide attempts have doubled in recent years.
- Rates even higher for jj youth.
- In Connecticut:
 - 16 % of youth seriously considered
 - 13.5% of youth made a plan
 - 10% actually attempted
 - 3 % required medical attention

Substance Abuse is High

- Estimated that between **15,000-28,000** adolescents in CT require substance abuse treatment
- Only approximately **10%** of these youth receive services
- Marijuana and alcohol use the highest
- Other substances including narcotics on the rise
- Almost 20% present with other related behavioral difficulties
- Substance abuse correlated with juvenile justice involvement

Adolescent Development

A different perspective

Understanding Adolescents: The Positive Development Approach

(Treating & Preventing Adolescent Mental
Health Disorders, Evans et al, 2005)

To be happy, adolescents engage in:

- 1) Pursuit of pleasure
- 2) Pursuit of engagement
- 3) Pursuit of meaning

Positive Youth Development

(Commission on Positive Youth Development, 2004)

- Focuses on youth's talents, strengths, interests and future potential
- Traditional models focus on deficits
- Criminal justice models focus on punishment over prevention and rehabilitation
- Positive youth development recognizes adversities
- Builds upon strengths and resiliencies
- Emphasizes ecological approach

Core Ideas of Positive Youth Development

- Adolescents can overcome adversity and thrive by building upon resiliencies and strengths
- Resiliency alone is not enough – Adolescents are not impervious to unrelenting adversity
- Youth that thrive must have both positive individual characteristics *and* positive characteristics of their families, schools and communities

Primary Goals of Positive Youth Development

1. Promote bonding and positive, pro-social relationships
2. Foster resiliency and coping strategies
3. Promote competencies, build upon strengths
4. Promote competence in multiple domains
 - Emotional, cognitive, behavioral, & moral
5. Encourage self-determination and responsibility
6. Foster spirituality

Primary Goals of Positive Youth Development

7. Develop self-efficacy
8. Nurture a clear and positive identity
9. Foster a belief in the future
10. Recognize and support positive behavior
11. Provide opportunities for pro-social involvement
12. Establish and promote pro-social norms

What are the characteristics of programs that support positive youth development?

(From meta-analysis published in 2005)

1. Comprehensive, time-intensive
2. Earliest possible intervention
3. Timing is important
4. High structure is better
5. Fidelity to model is key to effectiveness

Characteristics of programs that support positive youth development

6. Need adult involvement
7. Active, skills-oriented programs are more effective
8. Programs that target multiple systems are most effective
9. Programs that are sensitive to the individual's community and culture are best
10. Programs based on strong theoretical constructs and proven effective by evidence are best

What do we mean by resiliency and risk?

Resiliency

Focuses on healthy development despite risk exposure. Factors which contribute to some adolescents being more able to cope with exposure to potentially negative influences and avoid negative developmental trajectories.

Risk

Those factors (both internal and external) which contribute to potentially negative outcomes for adolescents.

Types of Risk Factors

- Family Risk
- Peer Risk
- VIP Risk
- Individual Factors
- Genetic/Biological Factors
- Social Factors

(Beam, Gil-Rivas, Greenberger & Chen, 2002)

Common Risk Factors for Mental/Behavioral Health Issues and Substance Abuse

- Poverty
- Race
- Violence & Trauma Exposure
- Compromised Health
- Family History and Current Functioning
- Genetic Factors
- Previous Mental Health and Behavioral Problems
- School Drop-out
- Low IQ
- Poor Support & Coping Systems
- Unavailable Parental Monitoring or Support
- Juvenile Justice Involvement

Models of Resiliency

- Compensatory
- Protective
- Challenge

Models of Resiliency

Compensatory

When a positive factor functions to either counterbalance or oppose a risk factor.

Example: Adult monitoring of child behavior can be a compensatory resiliency factor for exposure to poverty that can lead to violent behavior.

Models of Resiliency

Protective

When assets or resources serve to modulate the effects of a risk factor.

Example: High levels of parental support can moderate the effects of poverty on violent behavior.

Models of Resiliency

Challenge

Exposure to moderate levels of the risk factor (vs. high or low) can actually serve to inoculate the adolescent against the potential impact of the risk.

Example: A moderate level of family conflict may equip the youth with coping mechanisms to deal with future conflict.

Resiliency Factors

Resiliency factors differ from adolescent to adolescent and are mediated by a range of contextual issues.

Different resiliency factors have been observed for different problems, however many commonalities are evident.

Children within the same family, exposed to the same or highly similar stressors, may have very different outcomes due to differences in resiliency.

Risk and Resiliency Factors

Examples for Common Problems

- Problem Behaviors and Depressed Mood
- Substance Abuse
- Sexual Behavior
- Post-Traumatic Stress Disorder

Problem Behaviors and Depressed Mood

- **Risk Factors**

Family Structure
Parent Education
Disrupted Families
Poverty
Stressful Life Events
Exposure to Violence or Conflict
Exposure to Trauma or Loss
Depressed Parents or Family Members
Peer Difficulties
Gender

- **Resiliency Factors**

Supportive Caregivers & Adults
Supportive, Pro-social Peers
Loving, Warm Environment
Moderate Levels of Stress
Distance from Family
Adaptive Coping Skills
Involvement in athletics and extracurricular activities
Pro-social Community Involvement
Religious Involvement

Substance Abuse

- **Risk Factors**

- Family and Community Exposure to Substance Abuse
- Genetic/Family History
- Stressful/Negative Life Events
- Trauma Exposure
- Negative Influence of Peers/Peer Pressure
- Depressed Mood
- Low Self-Esteem
- Delinquent Behavior
- Disrupted Family Environments
- Lack of Coping Resources

- **Resiliency Factors**

- Positive Self-Esteem
- Family Connectedness
- Internal Locus of Control
- Positive Mood
- Religious Involvement
- Academic Achievement
- Future Orientation
- Participation in Extracurricular Activities and Athletics

Sexual Behavior

- **Risk Factors**

- Substance Use
- Peer Pressure
- Lack of Education and Awareness
- Low School Achievement
- Poverty
- Low Self-esteem
- Mental Health Concerns

- **Resiliency Factors**

- Positive Self-Esteem
- Participation in Extracurricular Activities
- School Achievement
- STD Knowledge and Awareness
- Positive Attitudes Toward Condom Use
- Religiosity
- Peer Norms
- Parental Support

Post-traumatic reactions

Link between Trauma Exposure and:

- Substance Abuse
- Reckless Behavior
- High-Risk Sexual Behavior
- Gang Participation
- Disturbances in Academic Functioning

Family Factors that Promote Resiliency

(National Resilience Resource Center)

- Parent and family connectedness
- Parent/Adolescent activities
- Parental presence
- Parental school expectations
- Parents involvement and awareness of sexual behaviors
- Limit access to substances and weapons
- Limit exposure to trauma
- Know child and identify and seek help early
- Seek help for parental and familial problems/concerns
- Seek support from other parents
- Know community resources

School Factors that Impact Resiliency

(National Resilience Resource Center)

- School connectedness
- Student prejudice
- School attendance and dropout
- Active parent-teacher organizations
- Level of teacher education
- Proportion of students who are college-bound
- School policies governing violence, cigarette use and drugs (focus on policies that keep kids in schools)

Individual Factors that Impact Resiliency

(National Resilience Resource Center)

- Self-esteem
- Academic achievement
- Coping resources
- Religious identity and involvement
- Orientation toward future
- Participation in work and extracurricular activities
- Sexuality
- Physical appearance

What can we do once problems emerge?

- Develop strength-based models that build on resiliency factors
- Select interventions that target risk factors

What can we do once problems emerge?

- Early identification, screening and assessment of at risk populations
- Treatment that focuses on target areas and is based on evidence-based approaches
- Services that maintain adolescents in their homes and communities
- Services that help adolescents maintain and develop strengths, coping resources and life skills.

Meeting the Need

- Development of strong and healthy relationships amongst parents/caregivers and adolescents, family members and peers must be a priority.
- Prevention and intervention efforts must focus not only at the individual level, but also on environmental change.
- Models must work with all systems in which the child lives

Meeting the Need

When developing programs...

- Build on systemic strengths and existing resources
- Do not create “new silos”
- Utilize proven, evidence-based approaches
- Establish benchmarks and collect outcome data

Summary: Meeting the Need

Programs should:

- be evidence-based
- build upon strengths
- target problem behaviors
- intervene with multiple systems including community, law enforcement, home and school
- develop positive life skills
- address evident concerns of:
 - conduct problems
 - academic achievement / job skills
 - trauma history
 - substance abuse
 - suicide risk

Opportunities

- To improve, enhance and sustain the services we already provide (take what we do well and do it even better)
- Implement and sustain new effective models of treatment for this age group
- Collect baseline, implementation and outcome data to measure impact of our programs and services

Evidence-Based Programs for 16-17 year olds

- Big Brothers, Big Sisters of America (Model)
- Multisystemic Therapy (Model)
- Functional Family Therapy (Model)
- Brief Strategic Family Therapy (BSFT)
- Multidimensional Treatment Foster Care (Model)
- Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Olweus Bullying Prevention Program (Model)
- Project Towards No Drug Abuse (Model)
- School Transitional Environmental Program (STEP)
- Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) (Promising)

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