Adolescent Psychosocial Development

Approximate Age	**Early Adolescence** Females 10 - 14 Males 11 - 15	**Middle Adolescence** Females 15 - 17 Males 16 - 18	**Late Adolescence** Females 18 - 25 Males 19 - 25
Cognitive Thinking	***Concrete Thinking:*** Here and now. Appreciate immediate reactions to behavior but no sense of later consequences.	***Early Abstract Thinking:*** Inductive / deductive reasoning. Able to connect separate events, understand later consequences. Very self-absorbed, introspective, lots of daydreaming and rich fantasies.	***Abstract Thinking:*** Adult ability to think abstractly. Philosophical. Intense idealism about love, religion and social problems.
Task Areas 1. Family Independence	Transition from obedient to rebellious May reject parental guidelines Ambivalence about wishes (dependence/independence) Underlying need to please adults Hero worship ("crushes")	Insistence on independence, privacy May have overt rebellion or sulky withdrawal Much testing of limits Role playing of adult roles (but not felt to be "real" – easily abandoned)	Emancipation (leave home) Re-establishment of family ties Assume true adult roles with commitment
2. Peers - Social / Sexual	Same sex "best" friend "Am I normal?" concerns Giggling boy-girl fantasies Sexual experimentation - intercourse not common at this age. Done to counteract fears of worthlessness, obtain friends, humiliate parents, etc.	Dating, intense interest in "opposite sex" Sexual experimentation begins Risk-taking common Unrealistic concept of partner's role Need to please significant peers of either sex. For females, boyfriend alone may be "significant peer"	Partner selection Realistic concept of partner's role Mature friendships True intimacy possible only after own identity is established Need to please self, too ("enlightened self-interest")
3. School & Vocation	Still need structured school setting Goals unrealistic, changing Grades often drop due to priority on socializing with friends.	More class choices in school setting Beginning to identify skills, interests Start part-time job Begin to react to system's expectations: may decide to beat the establishment at its own game (super achievers) or reject the game (drop-out)	Full time work or college Identify realistic career goals Watch for apathy (no future plans) or alienation since lack of goal orientation is correlated with unplanned pregnancy, juvenile crime, etc.

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4. Self-perception Identity Social Responsibility Values	Incapable of true self-awareness while still concrete thinker Losing child's role but don't have adult role, hence low self-esteem Tend to use denial (it can't happen to me) State II Values ("back-scratching" - good behavior in exchange for rewards)	Confusion / flux about self-image Seek group identity Can be very narcissistic Impulsive, impatient Stage III Values (conformity-behavior that meets peer group values)	Realistic, positive self-image Able to consider other's needs, less narcissistic Able to reject group pressure if not in self-interest Stage IV Values (social responsibility – behaviors consistent with laws and duty)
Chief Health Issues (other than acute illness)	Psychosomatic symptoms Fatigue and "growing pains" Concerned about normalcy Screening for growth and development problem	Outcomes of sexual experimentation (STD, teen pregnancy) Health-compromising behaviors (drugs, alcohol, driving) Crisis counseling (runaways, acting out, family conflict)	Health promotion / healthy lifestyles Contraception Self-responsibility for health and health care
Professional Approach To retain sanity, staff should: Like teenagers Understand teen development Be flexible Be patient Keep a sense of humor	Firm direct support Convey limits - simple, concrete choices Do not align with parents, but do be an objective caring adult Encourage transference (hero worship) Sexual decisions – directly encourage to wait Encourage parental presence in clinic but interview teen alone	Be an objective sounding board (but let them solve own problem) Negotiate choices Be a role model Don't get too much history ("grandiose stores") Confront gently – about consequences, responsibilities Consider what gives them status in the eyes of peers? Use peer-group sessions Adapt a systems to crises, walk-ins, impulsiveness, testing Ensure confidentiality Allow teens to seek care independently	Allow mature participation in decisions Act as a resource Idealistic stage, so convey "professional" image Can expect patient to examine underlying wishes, motives (e.g. pregnancy wish if poor compliance with contraception) Older adolescents able to adapt to policies / needs of a clinic system

Source: Roberta K Beach, M.D., Director of Adolescent Ambulatory Services, Denver Department of Health and Hospitals, Denver, CO. Published in *Status of Adolescent Health in Arizona, 1994.* Minor modifications made by Barb Iversen, M.C., Certified Adolescent Health Trainer, 2006.