ADOLESCENCE

✓ marked by **physiological signs and surging sexual hormones of puberty**
  o period of **maturation** between childhood and adulthood
✓ transition period
✓ largely a time of exploration and making choices
✓ gradual process of working toward an integrated concept of self
✓ “works in progress”

NORMAL ADOLESCENCE

Refers to the degree of psychological adaptation that is achieved while navigating the hurdles and meeting the milestones characteristic of this period of growth

✓ Erik Erikson: **identity versus role confusion**
  o **ego identity**
  o **moratorium** – interim period between the concrete thinking of childhood and a more evolved complex ethical development
  o **identity crisis** – pursue alternative behaviors, and mold these experiences into a solid identity
  o failure to do so result in **identity diffusion**, in which the adolescent lacks cohesive and confident sense of identity

STAGES OF ADOLESCENCE

Early Adolescence

• 12 – 14 years of age
• most striking initial changes noticed
• growth spurt (boys), rapid growth for 1-2 years (girls)
• criticize usual family habits
• spend time with peers with less supervision
• greater awareness of style & appearance
• question previously accepted family values
• display new awareness of sexuality
• increased modesty and embarrassment with their current physical development
• growing desire for autonomy
• make new friends and modify their image
• most maintain (+) connections with family
• a time of overwhelming turmoil
• dramatic rejection of family, friends and lifestyle ➞ alienation

Middle Adolescence

• ages 14 – 16
• independence
• abilities to combine abstract reasoning with realistic decision-making and application of social judgement is put to test
• sexual behavior intensifies
• romantic relationships more complicated
• self-esteem becomes pivotal
• identify with a group of peers
• sense of “omnipotence”

Late Adolescence

• ages 17 – 19
• greater definition of self
• sense of belonging to certain subcultures within mainstream society
• aware of their “identities”

COMPONENTS OF ADOLESCENCE

Physical Development

✓ **puberty** = process by which adolescents develop;
  o physical maturity
  o sexual maturity
  o reproductive ability
✓ 10 yrs: **first sign of puberty**
  o **increase in growth** (weight & height)
✓ 11-12 yrs: height of girls > boys
✓ 13 yrs: girls’ menarche, developing breasts and pubic hair

Sexual Maturity Rating (SMR)

✓ **Tanner Stages**
✓ SMR 1 (prepuberty) to SMR 5 (adult)
✓ stages of genital maturity in boys and girls
✓ primary female sex characteristic: ovulation
✓ primary male sex characteristic: development of sperm by testes
<table>
<thead>
<tr>
<th>SMR</th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
</table>
| **Stage 1** | Preadolescent, papilla elevated
No pubic hair                                                   | Penis, testes, scrotum preadolescent
No pubic hair                                                   |
| **Stage 2** | Breast bud, small mound; areola diameter increased
Sparse long pubic hair, mainly along labia                      | Penis size same, testes and scrotum enlarged, with scrotal skin redened
Sparse long pubic hair, mainly at the base of penis               |
| **Stage 3** | Breast and areola larger; no separation of contours
Pubic hair darker and coarser; spread over pubic area           | Penis elongated, with increased size of testes and scrotum
Pubic hair darker and coarser; spread over pubic area           |
| **Stage 4** | Breast size increased
Areola and papilla raised
Pubic hair coarse and thickened; covers less area than in adults, does not extend to thighs | Penis increased in length and width
Testes and scrotum larger
Pubic hair coarse and thickened; covers less area than in adults, does not extend to thighs |
| **Stage 5** | Breast resembles adult female breast; areola has recessed to breast contour
Pubic hair increased in density; area extends to thighs          | Penis, testes, scrotum appears mature
Pubic hair increased in density; area extends to thighs          |

**Cognitive Maturation**

- ✓ social cognition
- ✓ executive function of brain
- ✓ concrete thinking $\rightarrow$ abstract thinking
- ✓ increased ability to draw logical conclusions in scientific pursuits, with peer interactions and social situations
- ✓ self observation and regulation
- ✓ awareness of skills, talent and abilities
- ✓ Jean Piaget:
  - o concrete operational thinking to formal operational thinking (abstract)
  - o gradual process
  - o adaptation to stimuli, make a hypothetical response
  - o response to adolescent’s expanded abilities to provide generalizations from specific situations
- ✓ uses an omnipotent belief system
  - o reinforces their sense of immunity from danger
- ✓ identify pursuits that seem to match adolescent’s cognitive strengths, in academic courses and in thinking about future aspirations
- ✓ influenced by social relations

**Socialization**

- ✓ sense of belonging, conformity
- ✓ competence = self-esteem
- ✓ peer influences are powerful
- ✓ loyalty to friends > family
- ✓ friendships become more individualized
- ✓ personal secrets shared to friends > family
- ✓ group may “stick together”
- ✓ Two social modes:
  - o small “cliques” arise
  - o competition and jealousy regarding which dyads are preferred or higher ranked within the clique
- ✓ later, peer group solidifies leading to inc. stability in friendships & greater mutuality in actions

**Moral Development**

- ✓ morality is a set of values and beliefs about codes of behavior that conform to those shared by others in society
- ✓ imitation of the people they admire
- ✓ Piaget: a gradual process parallel to cognitive development
  - o expanded abilities in differentiating the best interests for society from those of individuals
- ✓ recognize rules in terms of what is good for the society at large
- ✓ Lawrence Kolhberg: 3 major levels of morality
  1. Preconventional morality – punishment and obedience to parent
  2. Morality of conventional role-conformity – children try to conform to gain approval and to maintain good relationships with others
  3. Self-accepted moral principles – children voluntarily comply with rules on the basis of ethical principles
- ✓ Kolhberg & Piaget: unified theory of cognitive maturation for both sexes
- ✓ Carol Gilligan: social context of moral development leading to divergent patterns
Women: compassion and ethics
Men: perception of justice, rationality and sense of fairness

Self-Esteem

- measure of one’s sense of self-worth based on perceived success and achievements, as well as perception of how much one is valued by peers, family, teachers and society in general
- most important correlates: one’s perception of (+) physical appearance and high value to peers & family
- secondary: academic achievement, athletic abilities, and special talents
- mediated by (+) feedback from peers
- seek out to a peer group for acceptance
- Problem maintaining self-esteem: girls > boys
- girls have lower self-esteem

CURRENT ENVIRONMENTAL INFLUENCES AND ADOLESCENCE

Adolescent Sexual Behavior

- begins with fantasy and masturbation
- noncoital genital touching with opposite sex
- same-sex partners, oral sex with partners, sexual intercourse
- Median age of 1st intercourse:
  - 16.9 for boys
  - 17.4 for girls
- boys have more sexual partners

Factors that Influence Sexual Behavior

- personality traits
  - higher levels of impulsivity
- gender
- cultural and religious background
- race
- family attitudes
- sexual education
- prevention programs

Pregnancy

- teenage pregnancy
  - plethora to both mother and child
  - premature or low BW
  - less likely to receive prenatal care, to take multivitamins
  - more likely to smoke, drink, use drugs

Abortion

- 4 out of 10 teen pregnancies end in abortion
- unwed mothers from low social-economic grp
- 61% teens elect abortion w/ consent
- Holland: free contraceptives in school → low teenage pregnancy rate

Risk-Taking Behavior

- necessary endeavor in adolescence, confidence in forming new relationships and in sports and social situations
- high risk = serious (-) consequence

Drug Use

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>First try alcohol: 11 (boys) and (13) girls Ave. age for drinking: 15.9 years Age 18-25: highest prevalence of binge and heavy drinking Alcohol dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine</td>
<td>1 in 5 students smoke cigarettes 1 in 3 will die in smoking-related disease Cigarettes, cigars, smokeless tobacco, pipes</td>
</tr>
<tr>
<td>Cannabis</td>
<td>Marijuana: most popular illicit drug 14.6 million people use it, 2/3 under 18 Truancy, crime, depression</td>
</tr>
<tr>
<td>Cocaine</td>
<td>Phencyclidine (PCP) Crystal methamphetamine (ice)</td>
</tr>
<tr>
<td>Opiods</td>
<td>Prescription pain relievers OxyContin and Vicodin</td>
</tr>
<tr>
<td>Heroin</td>
<td>Prevalence less than cocaine Nasal route (snorting): most common method</td>
</tr>
</tbody>
</table>

Violence

- homicides: 2nd leading cause of death among persons aged 15 to 25
- accidents: 1st, suicides: 3rd
- most important factor for developing violence: growing up in household without a father or father surrogate
### Bullying
- **Use of strength to intimidate, injure or humiliate another person**
  - **Physical** – physical injury/threat
  - **Verbal** – teasing, insulting
  - **Social** – use of peer rejection

### Gangs
- Boys > Girls

### Weapons
- Knife, gun, club, firearms, handgun

### School Violence
- Middle school and High school
- Inherited: impulsivity, learning difficulties, low IQ, fearlessness
- Witnessing violent acts => involvement in violence
- Warning signs of school violence

### Sexual Offense
- Adolescent male perpetrators
- Two types of juvenile sex offenders (based on age between victim and target);
  - Those who target children
  - Those who offend against peers or adults
- **Etiological factors**: maltreatment experiences, exposure to porn, substance abuse, exposure to aggressive role models
- **Psychosocial deficits**: low self-esteem, few social skills, minimal assertive skills, poor academic performance
- **Psychiatric diagnosis**: conduct disorder, adjustment disorder, ADHD, phobia, mood disorders
- Sex offenders
  - Male: paraphilias and antisocial behavior
  - Female: mood disorders and self-mutilation

### Prostitution
- Ave. age of new recruit: 13
- Come from broken homes
- Many were victims of rape

### Tattoos and Body Piercing
- 10 to 13% of population have tattoos
- Common in girls > boys
- More likely to endorse gateway drugs (marijuana, cigarettes, alcohol) as well as experience with hard drugs (cocaine, ice, ecstasy)
- Female: history of suicidal ideation or behaviors
- Physical fights, weapon-carrying, body injury, sexual activity

---

**Source:**
Kaplan & Sadock’s Synopsis of Psychiatry 10th Ed