

The Adolescent World

Unlocking the Pieces



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Adolescence



- Adolescence is a period in which several transitions occur. There are biological, psychological, social, and economical changes.

There are 3 stages of adolescence

Early (10 – 13 yrs. old)

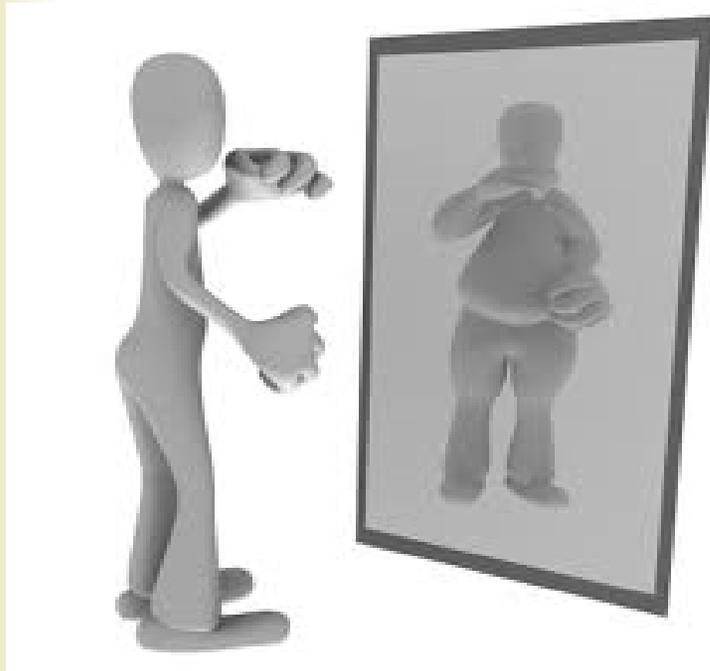
Middle (14 – 17 yrs. old)

Late (18 – 21 yrs. old)

Biological Changes



- Puberty:
 - Changes in physical appearances, rapid growth in height and weight, the ability to conceive, and hormonal changes.
- Self-Image:
 - Physical and sexual maturation affects how adolescents view themselves and are viewed by others.
- Eating Disorders:
 - Obesity: The rate of obesity has more than tripled since the 1970's.
 - Body Image: Anorexia Nervosa and Bulimia more common amongst girls



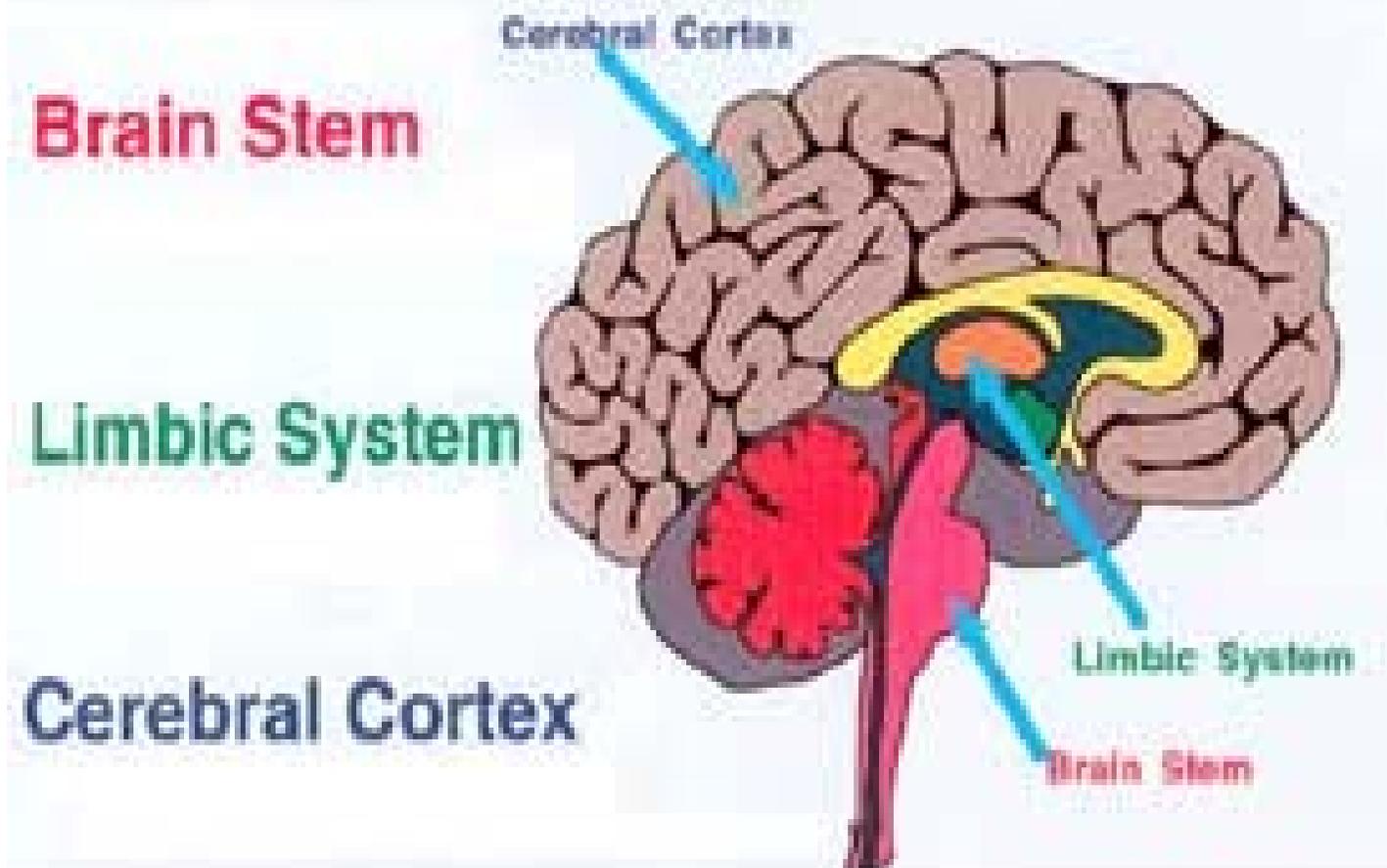
Normal changes in puberty might cause some adolescent to develop negative body image and often leads to low self-esteem. Family, friends, and media can influence this self-perception.

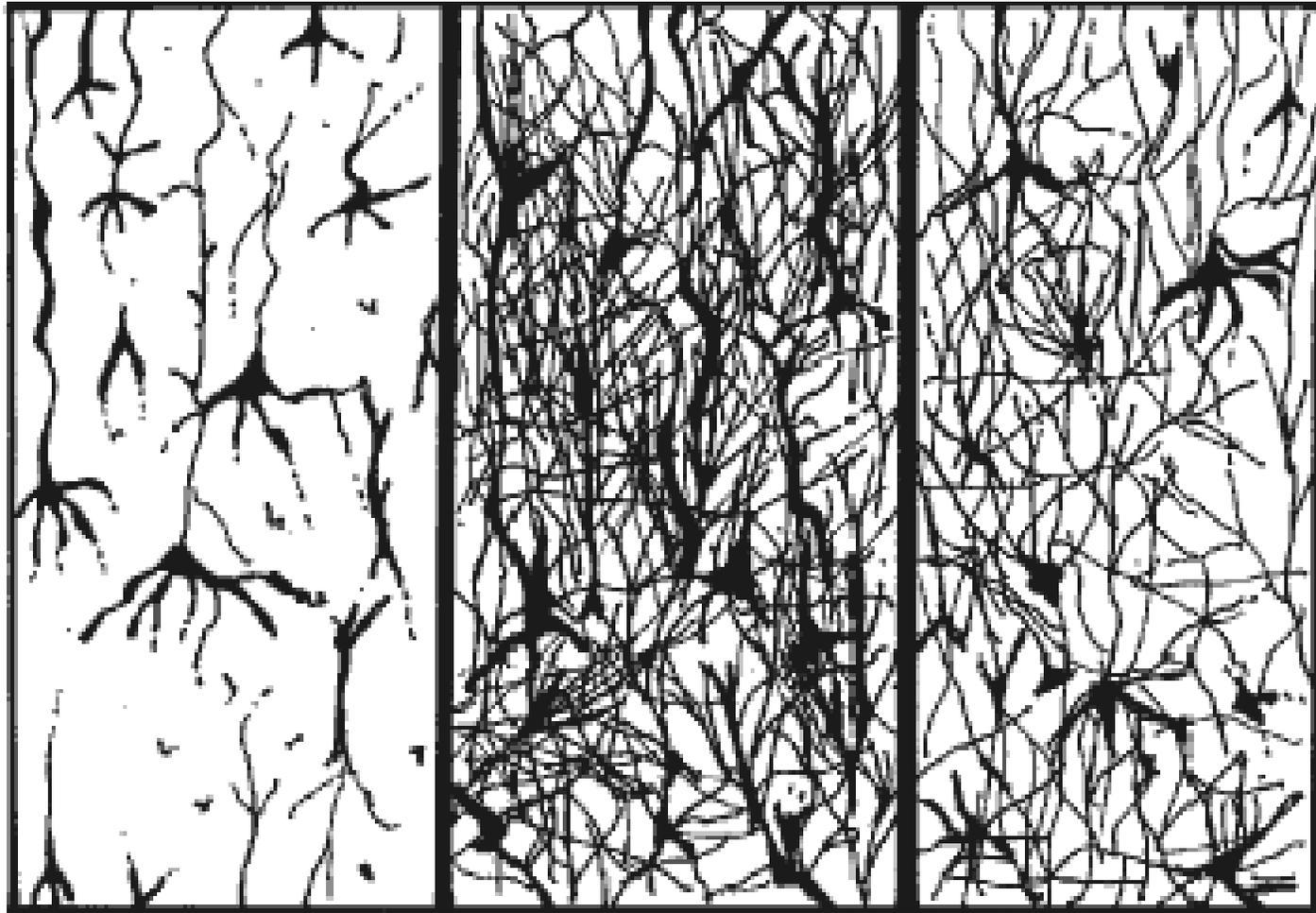
Cognitive Changes



- More sophisticated thinking
- Better understanding of abstract concepts
- More argumentative
- Is able to resolve moral dilemmas.
- Brain Development:
 - The Prefrontal Cortex – helps with planning, thinking ahead, controlling impulses, and evaluate risk/rewards.
 - The Limbic System – processes emotional experiences, social information, and consequences.

The Large Scale Structure of the Brain





at a child's birth

at 7 years of age

at 15 years of age

Image: <http://breitlinks.com/earlyliteracy>



Just Like Pruning Your Garden

Social Changes



- Society's view changes in how they see the adolescent.
- Rights and responsibilities changes: the right to marry, work, family roles changes.
- Society's views influences identity, autonomy, intimacy, sexuality, and achievement.
- Psychosocial development and concerns.

Psychosocial Development



- Identity – The development of sense of who the adolescent is, self-concept, and self-esteem.
- Autonomy – The search for independence and individuality, how the adolescent expresses his or her identity.
- Intimacy – The development of intimate relationships. From forming relationships, maintaining them, and ending relationships.
- Sexuality – The development and expressions of the adolescent's sexual feelings.
- Achievement – Changes in the adolescent's educational and vocational plan and behaviors based on their sense of competence/abilities, their aspirations and expectations for the future.

Influences on Psychosocial Development



- Families and Parenting Style:
 - Authoritarian, Authoritative, Indulgent, Indifferent Parents
- Peer Group:
 - Peer pressure, Peer Rejection, Bullying, LGBTQ
- School:
 - Intellectual Activities, Committed Teachers, Involved Parents and Communities.
- Media:
 - Vast exposure to mass media that can greatly impact the adolescent's view of oneself and his or her behaviors.

Psychosocial Problems



Depression



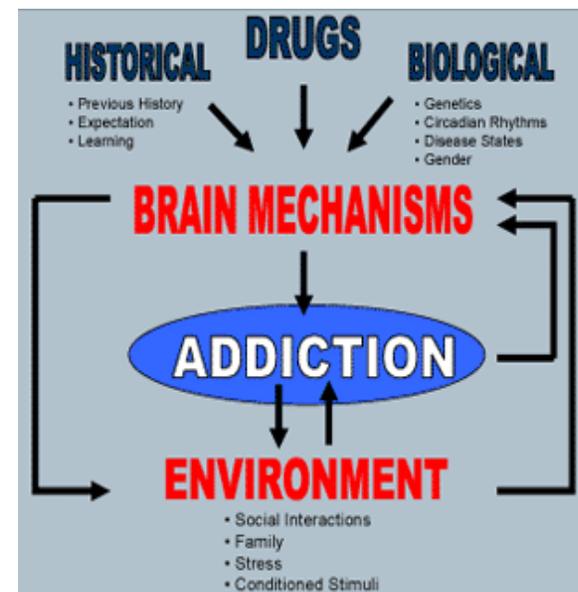
- Depression – most common psychological issue among adolescents.
 - Sadness, hopelessness, feelings of worthlessness
 - Irritability, anger, hostility, restlessness, or agitation
 - Tearfulness or frequent crying
 - Lack of motivation or loss of interest in activities
 - Fatigue or lack of energy
 - Changes in eating and sleeping habits
 - Difficulty focusing on school work
 - Suicidal thoughts or attempts

Substance Use and Abuse



The Impact

The Influences



Substance Use and Abuse



- Often used to cover up depression, family problems, or other undiagnosed problems.
- Adolescent use drugs and alcohol to fit in, their friends might also be users themselves.
- The risk for severe physical consequences and addiction greatly increases when the age of first use is younger than age 14.
- Substance abuse is a major risk factor that can influence suicidal behaviors among adolescents.
- 96 percent of adolescent drug related suicide involves prescription drugs.
- Affects the ability of the adolescent to function at home, school, work, and can lead to legal problems.

Suicide



- The third leading cause of death among children and teens ages 10 to 14, and the second leading cause of death for individuals ages 15 to 24 (also ages 25 - 34).

COMMON TRIGGERS

DEPRESSION

FAMILY PROBLEMS

PEER PRESSURE

PEER REJECTIONS

NEGATIVE BODY IMAGE

Warning Signs and Red Flags



- Making comments such as, “I wish I was dead or I wish I hadn’t been born.” Suicidal thoughts or attempts.
- Withdraws from friends and family, with no interest in past activities they used to enjoy.
- Continuous anger and an overwhelming sense of sadness, irritability, and hopelessness.
- Giving away personal things and changes in appetite, sleep pattern, or weight.
- Bad mood, anxiety, and moodiness that last longer than just a few days.

Remember!



- Sensitive Topic
- Most children who are suicidal have already thought about suicide.
- Talking does not make it more likely to happen.
- You can help by asking direct questions
- These questions are difficult to ask (practice)
 - “Are you thinking about suicide?”
 - “Have you thought about how you would hurt or kill yourself?”
 - “Have you thought about when you would kill yourself?”

Talking to Your Child About Suicide



- Make sure child has your undivided attention and that you remain calm.
- Not only ask questions but also listen to your child. Do not control the conversation. Let your child talk without interrupting, yelling, threatening, or criticizing.
- If the conversation becomes heated, take a break, calm down, and then try again. This is too important of a conversation to ignore or to let slide.
- Remove self and focus on being present and available. How you move forward with this conversation will impact how your child will handle tough conversations with you in the future.
- If it makes your child uncomfortable to talk with you about the way they are feeling, simply reassure them that you will find a professional they can talk to and trust to help them.

Tips for Parents



- Offer Support – Let the adolescent know that you will always be there for him or her. Let the adolescent talk and try not to ask a lot of questions.
- Be Gentle and Persistent – Be respectful of the way your adolescent feels, while still letting them know your concerns and your willingness to be there for them. Don't give up if he or she is not ready to talk.
- Listen Without Lecturing – Do not criticize or pass judgment. Let your adolescent talk without offering advice or ultimatums.
- Validate Their Feelings – Remember these are the feelings of your adolescent, acknowledge their sadness and pain.

www.helpguide.org/mental/depression_teen.htm

The Next Step



- Keep eye on your child but do not hover, as this will only increase the child's anxiety and fears.
- DO NOT make promises to keep this a secret. DO NOT criticize your child for feeling suicidal. REASSURE them that you will do everything possible to keep them safe.
- Get help, either by calling 911 or taking your child to the nearest emergency room.
- Remove dangerous items (guns and medications) or lock them in a safe place.
- Reassure them that they are not alone and that you care. Follow through with your promises to be there and to get help.

Emergency Numbers



- 911
- National Suicide Prevention Lifeline - 1800-273-8255
(Available 24/7)
- <https://twitter.com/800273TALK>
- National Suicide Hotline: 1-800-SUICIDE (784-2433)
- National Alliance of the Mentally Ill: 1-800-950-6264
- [National Youth Crisis Hotline - crisistextline.org](http://crisistextline.org)
- Safe Place: 1-888-290-7233
- The Trevor Project: 866-4-U-TREVOR



References



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- American Association of Suicidology. www.suicidology.org
- Center for Disease Control. www.cdc.gov
- <http://breitlinks.com/earlyliteracy>
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- The National Institute of Mental Health. www.nimh.nih.gov
- www.helpguide.org/mental/depression_teen.htm

Contact Information



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