

Listening to My Body: The Adolescent and the Young Adult

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Objectives

To become familiar with normal adolescent growth and development

To understand the phases and tasks of adolescence

To understand reproductive health of adolescents and young adults (AYA) and AYA with disabilities

Adolescence

Transition stage between childhood and adulthood

Denotes both teenage years and puberty

A dynamic period of growth and development, second only to infancy in terms of developmental changes within the brain

Phases of Adolescence

Early:
10-13

Late:
17-21

Middle:
14-17

Young
Adult:
18-25

Sherer, Sara, Radzik, M. Psychosocial Development in Normal Adolescents and Young Adults *Adolescent and Young Adult Healthcare 7th Ed*, Katzman, Debra Lippincott Williams & Wilkins 2023

Early Adolescence 10–13 yr

Rapid pubertal changes

- Girls 1–2 years earlier than boys
- Body image concerns

Independence–dependence struggle

- Less interest in parents/search for new people to love in addition to parents
 - emotional void can create behavioral issues

Peer group: same sex

Identity development

- Daydreaming, aspirations,
- abstract reasoning

Middle Adolescence 14-16 yr

Intense feelings, peer group values

Independence:

- Less interest in parents/more peer time
 - More conflict in the home

Peer group

- Dating activities, Extracurricular activities

Identity

- More realistic
- Omnipotence and immortality
 - Risk-taking behaviors

Late Adolescence 17–21 yr

Identity established

Creativity and intellect better expressed

Less concern over body image

- Completed puberty

Less involved with peer/more serious relationship
with one person



Young Adult 21–25 yr

“emerging adulthood”

Formulate own decisions

Gaining financial independence

Accepts responsibility for actions

End of Adolescence

- Less well-defined
 - As opposed to pubertal onset marking the beginning
- Longer in modern societies
 - Due to shifts in economic, educational and social factors



Tasks of Adolescence

- Expanding cognitive development
- Achieving independence
- Accepting one's body image
- Adopting peer codes and lifestyles
- Establishing self, sexual, vocational, social and moral identities

| Phases | Early | Middle | Late |
|------------------------------|--|--|---|
| Task | | | |
| Cognitive Development | Concrete thinking, egocentrism, impulsive behavior | Increased intellectual ability Abstract thinking | Advanced decision-making skills |
| Independence | Increased ability to express self through speech Less interest in parental activities | Peak of parental conflicts | Stronger personal identity Ability to delay gratification and solve problems Reacceptance of parental advice and values |
| Body Image | Preoccupation with self and pubertal changes | Focused on physical appearance to “fit in” | Completion of pubertal growth and development |
| Peers | Intense relationships with peers for support and connection Solitary friendship with same gender | Peak of peer involvement Conformity with peer values | Peer group less important More time spent in sharing intimate relationships |
| Identity | Need for privacy “constantly onstage” yet alone Self-exploration, self-interest and fantasy Idealistic vocational goals | Increased scope of feelings, romantic relationship Feeling of omnipotence Risk-taking behavior Self-discovery Individuation | Practical, realistic, vocational goals and financial independence Refinement of moral, religious, sexual values Ability to compromise and to set limits Clearer sexual and gender identity |

Puberty

biological, cognitive,
and behavioral
maturation

increase in sex
hormones – estrogen,
progesterone, and
testosterone

cortical and subcortical
gray matter and white
matter brain maturation

Sleep is important

Secondary Sexual Characteristics (Puberty)

| | Girls | Boys |
|------------------------------|----------------|-----------------|
| Commencement | 8 years old | 10 years old |
| Average length to completion | 4 years | 3 years |
| Duration | 8-16 years old | 10-15 years old |

Physical Changes

Time of rapid growth and development physically and psychosocially

AYA with disabilities and peers have the same important health priorities

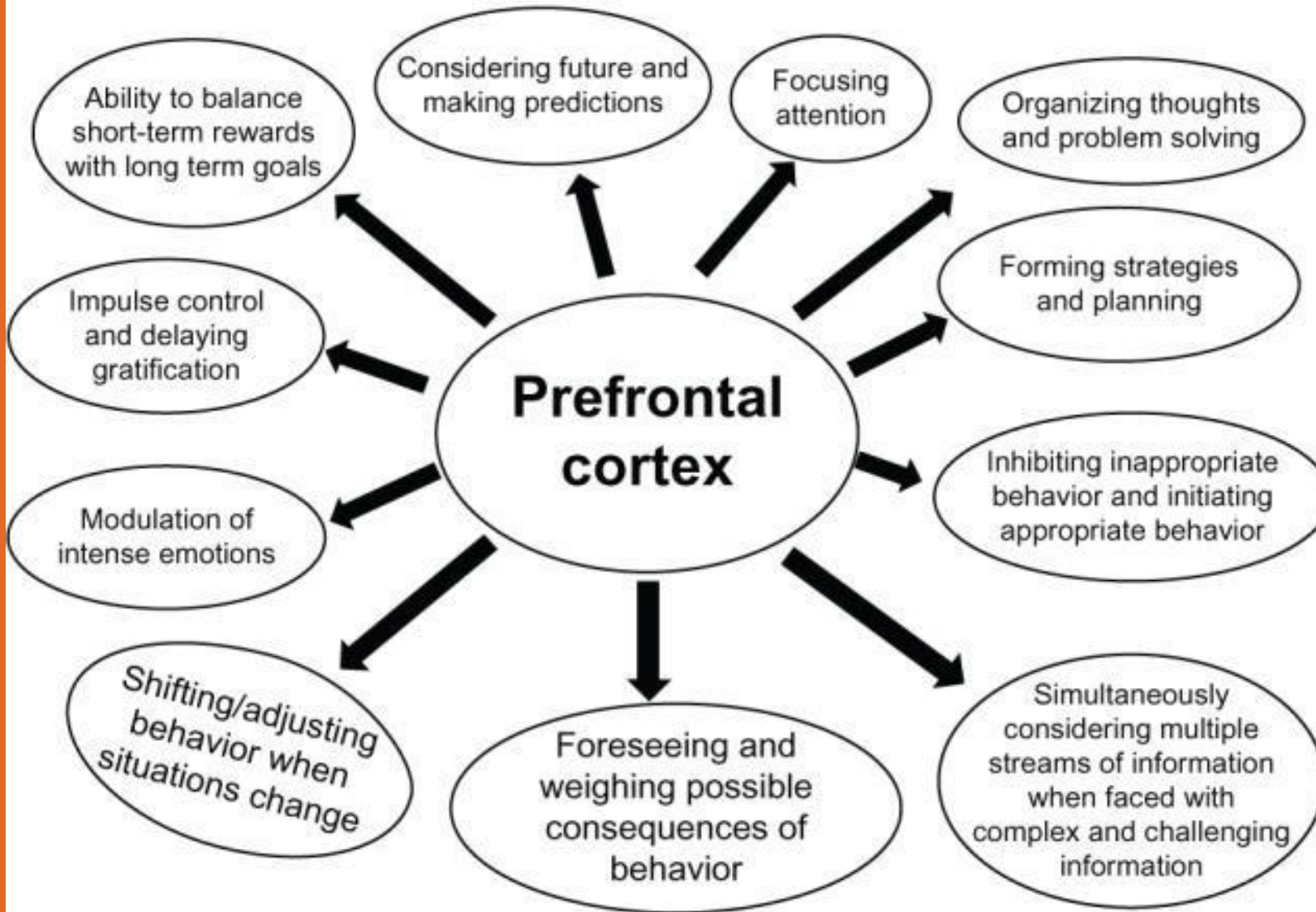
Sexual health is a priority in all adolescents along with mental health and primary care



Adolescent Brain Development

- A highly coordinated sequence of both cell growth and pruning
- White matter volume increases
- Corresponding, drastic changes in physiological processes and body composition during puberty.

Executive human brain functions



Piaget's Cognitive Development



Logical reasoning only applied to objects that are real or can be seen



Individual can think logically about potential events or abstract ideas; advanced reasoning

THE IDEALIST VS. THE PRAGMATIST

DUUDE, I HAVE SOOO MANY IDEAS THAT WOULD REVOLUTIONIZE LIFE ON EARTH AND BRING AWESOMENESS TO MANKIND.



HOW 'BOUT YOU JUST TAKE OUT THE GARBAGE AND DO THE DISHES FOR ONCE??



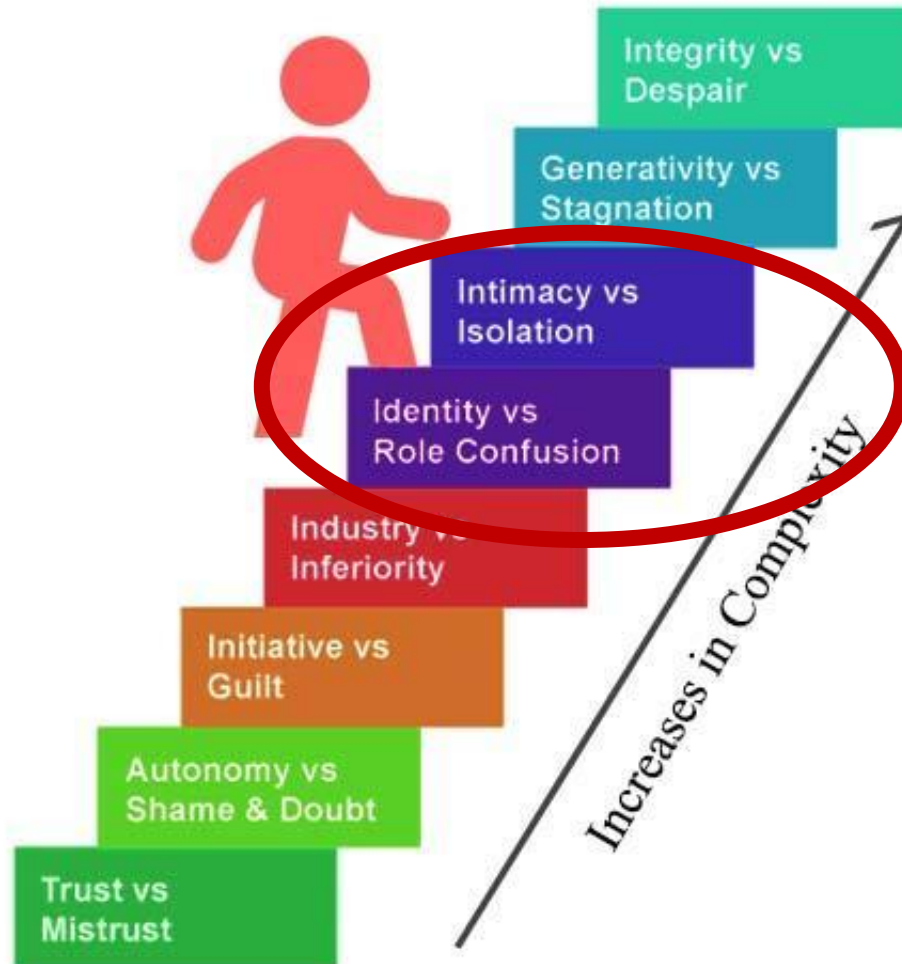
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Erikson's 8 Stages of Psychosocial Development

- Infant
- Toddler
- Pre-Schooler
- Grade-schooler
- Teenager
- Young Adult
- Middle-age Adult
- Older Adult



Proposed by Erik Erikson

Identity vs. Role Confusion - Adolescence

Differentiation and becoming independent.

Begin to look at the future (comes with ability to think in the abstract).

Begin to form their own identity based upon the outcome of their explorations.

Intimacy vs Isolation – Young Adulthood

**Share ourselves
more intimately
with others.**

**Relationships
leading toward
longer term
commitments**

**Establishing care
within a
relationship**

David Elkind – Pyschosocial

Adolescent Egocentrism

Adolescents are overly concerned with their own thoughts and feelings

Imaginary Audience

Adolescents believe that others are watching them constantly

Personal Fable

Adolescents believe that their experiences and feelings are unique

Illusion of Invulnerability

Adolescents think that misfortune happens only to others

WHAT IS EGOCENTRISM?



Sexual Health and Education



Sexual Behavior of Adolescent and Young Adult (AYA) with Disabilities

are thought to be

- innocent and child-like
- Socially isolated
- Limited normal sexual experimentation and social development
- Short life-span

Now are living longer and have successfully become adults

Sexual Behavior of AYA with disabilities

No differences between AYA with disabilities and peers

- Ever having sex
- Age of sexual debut
- Pregnancy
- Contraceptive use pattern
- Sexual orientation

Those with disabilities more likely to have been sexually abused

Sexual Activity and other High risk behaviors in AYA with disabilities

Adolescents with disabilities have a higher chance of risk-taking behaviors based on these factors:

- self-esteem,
- decreased peer acceptance
- late maturity in boys and
- increased life stress

AYA with disabilities – Sexual Health

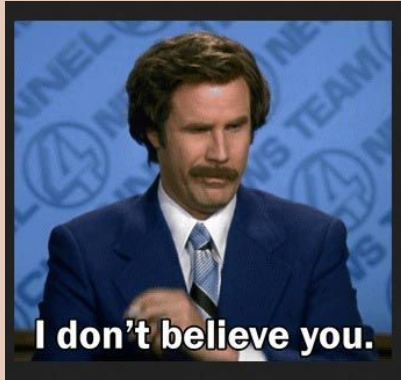
Special consideration for support and guidance tailored to unique needs and abilities

Barriers to reproductive health care

- Limited experience of provider,
- Limited access of patient
- Caregivers' access and understanding

Need same medical care as peers

Factors that Increase Vulnerability to Abuse



**Belief that
victim won't
tell or won't
be believed**



**Intense desire
to be
accepted +
gullibility +
lack of
experience**



**Over-
protection**

Adolescent Health Care

Young men's and young women's health discussions may be approached at different times

- Pubertal changes should serve an impetus during doctor visits
- Menses may be more obvious and be discussed while male reproductive changes less obvious and more awkward

Adolescent Health Care

Menstrual management for adolescents with physical and developmental disabilities

- Depo Medroxy Progesterone Acetate (DMPA) shot
- Long-acting Reversible Contraceptives [LARCs: Intrauterine Device (IUD)]

Sexually Transmitted Infections may be underdiagnosed or be mistaken for Urinary Tract Infections (UTI)

General Recommendations to Parents of Teens

- Listen and show interest and concern to the adolescent's activities
- Treat comments seriously
- Avoid power struggles
- Remain flexible
- Spend time together
- Demonstrate trust
- Make resources available to the adolescent
- Ensure that standards and expectation are clear but have flexibility
- Avoid minimizing problems/don't overreact based on limited information

Conclusion

AYA with disabilities and peers have the same important health priorities while going through puberty and adolescence

Sexual health is a top health priority in all adolescents along with mental health and primary care





Resources

Sexual Health Equity for Individuals with Intellectual and Developmental Disabilities (SHEIDD)

<https://www.ohsu.edu/university-center-excellence-development-disability/sexual-health-resources>

Menstrual Issues for girls with IDD

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4917628/>

<https://www.pcdh19info.org/single-post/developmental-disabilities-and-menstruation>

Sex education resources for individuals with IDD

<https://www.respectability.org/resources/sexual-education-resources/>



Resources

Society for Adolescent Health and Medicine—Resources for Adolescent and Parents—<https://www.adolescenthealth.org/Resources/Resources-for-Adolescents-and-Parents.aspx>

Bright Futures—Family Centered Care Resource—<https://brightfutures.aap.org/families/Pages/default.aspx>

American Academy of Family Physician—Informational Medical Website for Families—<https://familydoctor.org>



Presentation slides

