Ages & Stages: The Teen Years

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Key Questions

- What do children need from their primary caregiver at this age range to reach their developmental potential?
- How are those needs different for girls and boys in that age range?
- For this age group, what child outcomes from parent-child interventions do you think are of highest priority given the HIV context?
Definition of Adolescence

- A person who is no longer a child and not yet an adult
- The period in between the beginning of puberty and adulthood
- Stages of Adolescence
  - Early adolescence (10-13 years)
  - Mid-adolescence (14-16 years)
  - Late adolescence (>17 years)

Adolescent Development Period

- Physical and sexual maturation
- Movement toward social and economic independence
- Development of identity
- The acquisition of skills needed to carry out adult relationships and roles
- The capacity for abstract reasoning. Considerable risk during which social contexts exert powerful influences.
- Pressures to engage in high risk behavior
- Not fully capable of understanding complex concepts, or the relationship between behavior and consequences, or the degree of control they have or can have over health decision making including that related to sexual behavior.
- This inability may make them particularly vulnerable to sexual exploitation and high-risk behaviors.
- Family and community are key supports
Physical Development

- Growth of pubic hair and arm pit hair
- Profuse sweating and body odor
- Acne on the face
- Physical attraction to others

Boys
- Deepening of voice
- Muscle development
- Wet dreams
- Growth of facial hair

Girls
- Enlargement of breasts
- Menstruation begins (menarche)
- Widening of hips

Emotional Development

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Early</td>
<td>Wide mood swings, Intense feelings, Low impulse control</td>
</tr>
<tr>
<td>Mid</td>
<td>Sense of invulnerability: risk-taking behavior peaks</td>
</tr>
<tr>
<td>Late</td>
<td>Sense of responsibility for one’s health, increasing sense of vulnerability, able to think of others and suppress one’s needs, less risk-taking</td>
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# Cognitive Development

<table>
<thead>
<tr>
<th>Stage</th>
<th>Development</th>
</tr>
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<tbody>
<tr>
<td>Early (10-13 years)</td>
<td>Concrete thinking&lt;br&gt;Little ability to anticipate long term consequences of their actions&lt;br&gt;Literal interpretation of ideas</td>
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<tr>
<td>Mid (14-16 years)</td>
<td>Able to conceptualize abstract ideas such as love, justice, truth and spirituality</td>
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<tr>
<td>Late (≥ 17 years)</td>
<td>Formal operational thought. Decision-making tree can be made. Essential to understanding the consequences of various actions. Ability to understand and set limits. Can understand other’s thoughts and feelings</td>
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# Relationship with Peers

<table>
<thead>
<tr>
<th>Stage</th>
<th>Development</th>
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</thead>
<tbody>
<tr>
<td>Early Adolescence (10-13 years)</td>
<td>Increased importance and intensity of same sex relationships</td>
</tr>
<tr>
<td>Mid-Adolescence (14-16 years)</td>
<td>Peak of peer conformity&lt;br&gt;Increased sexual relations</td>
</tr>
<tr>
<td>Late Adolescence (≥ 17 years)</td>
<td>Peers decrease in importance&lt;br&gt;Begin to develop mutually supportive, mature, intimate relationships</td>
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Relationship with Family

<table>
<thead>
<tr>
<th>Age Period</th>
<th>Description</th>
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<tbody>
<tr>
<td>Early Adolescence</td>
<td>May be strained&lt;br&gt;Increased desire for privacy/independence</td>
</tr>
<tr>
<td>(10-13 years)</td>
<td></td>
</tr>
<tr>
<td>Mid-Adolescence</td>
<td>Peak of parental conflict&lt;br&gt;Possible rejection of parental values as adolescent searches for her own values and identity</td>
</tr>
<tr>
<td>(14-16 years)</td>
<td></td>
</tr>
<tr>
<td>Late adolescence</td>
<td>Improved communication&lt;br&gt;Acceptance of parental values</td>
</tr>
<tr>
<td>(≥ 17 years)</td>
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Special Considerations for Adolescents Living with HIV

- Possible delayed achievement of developmental milestones (especially if perinatally infected)---at a time when peer comparison is highest
- Possible increased psychiatric disorders (most commonly cited are anxiety, depression, attention disorders)
- Increased risk of non-compliance to medication
- Increased likelihood of additional responsibility and caretaking at home with additional stressors in the home.
Living with HIV

- VIDEO

Example: Counseling and Psychosocial Support
**Pediatric Counseling and Psychosocial Support**

- AIDSRelief developed a TOT for counseling of children and adolescents affected by HIV.
- Rolled out in 10+ countries and continues to be used by many agencies today.
- Endorsed by the Ministry of Health in Zambia as a national curriculum.
- Focuses on individual and family support to children and adolescents living with HIV and those affected by HIV.

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**Holistic Response: Applying a Socio-Ecological Framework**

- Recognition that individuals are part of a larger system
- Addressing child/adolescent-caregiver relationships requires attention on all of these levels
- Vital to address not only the child and/or caregiver but also larger social/cultural norms, laws, etc.
Example:
Adolescent Girls in Ethiopia

Social Opportunity:
Transforming Gatekeepers

- Engage multiple levels of stakeholders
- Plan for gradual change
- Adapt exist structures
- Use complimentary strategies e.g., community conversations and role models

Abushu Gudeta
### Project Results

<table>
<thead>
<tr>
<th>Percentage of Girls Who...</th>
<th>Baseline</th>
<th>Evaluation</th>
</tr>
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<tbody>
<tr>
<td>Enrolled in school</td>
<td>72</td>
<td>85</td>
</tr>
<tr>
<td>Used fuel-efficient stoves</td>
<td>11</td>
<td>47</td>
</tr>
<tr>
<td>Performed household work for more than 4 hours per day</td>
<td>100</td>
<td>39</td>
</tr>
<tr>
<td>Had a source of income</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Had personal savings</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>Understand laws around who is entitled to make marriage decisions for a girl</td>
<td>19</td>
<td>58</td>
</tr>
<tr>
<td>Families who had asked girls opinions on decisions to be made regarding girls lives</td>
<td>39</td>
<td>47</td>
</tr>
<tr>
<td>Felt they had equal chance to express their opinions with boys</td>
<td>50</td>
<td>76</td>
</tr>
<tr>
<td>Participated in community forums and plans</td>
<td>2</td>
<td>7</td>
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Family Strengthening

- Builds on the premise that communities’ values are a factor in development.

- Culturally sensitive program designed to strengthen family relationships—initially designed for HIV prevention as The Faithful House under PEPFAR, but now expanded to focus on family strengthening.

- Groups of 10-15 couples complete sessions together & as couples in 3-days
  - Drama, role plays, pictures to evoke discussion
  - Provides skills building activities, positive peer mentoring, safe environment for couples dialogue
  - Couples invited to participate in support groups
  - Parents are coached on how to talk to their children about issues adolescents are facing (e.g. sex, gender roles, etc.)

- Reached > 81,000 beneficiaries in 11 Sub-Saharan countries

Comfort level in discussing sexual matters with adolescent children
Strengthening Child-Caregiver Relationships: Linking Evidence and Practice

% IPV in the Past 3 Months

Importance: modeling and establishing norms

Example:
SILC in Zimbabwe

(N=435) Uganda
(N=307) Ethiopia
(N=484) Ethiopia
(N=292) Uganda

F/U Ethiopia =9M , Uganda =6M
Study Purpose

To assess whether adolescent participation in savings and lending groups affects key psychological variables, namely **self-esteem**, **self-efficacy**, and **hope** in rural Zimbabwe.

- **Self-esteem**
  - A person’s overall sense of self-worth and personal value.

- **Self-efficacy**
  - A person’s judgment or belief of her ability to succeed in accomplishing a task.

- **Hope**
  - An overall perception that one’s goals can be met.

Savings and Internal Lending Community

- 5-10 self-selected members
- Meet regularly to save, borrow & repay
- The “Box”
- User-owned and self-managed
- Independent of rigid structures/outside investments
- Participants also received standardized Life Skills Education curriculum (Journey of Life)
Results: Respondent Characteristics

- 160 adolescents (average age 15)
- Average household size: 7 members
- Who decides how money is spent?
  - SILC Monies
    • 33% adolescents decided
    • 45% caregivers decided
  - General household income
    • 75% caregivers decided
- Hope scale scores positively correlated with increased spending decision power

Results: Psychological Variables

- As compared to the control group, SILC members reported higher:
  - Self-efficacy (p<.001)
  - Self-esteem (p<.01)
  - Hope (p<.01)
Results: Additional Successes?

- Helped girls stay in school; reinforced math skills
- Important platform for other services
- Improved problem solving skills
  - Complemented education in school
  - Youth successfully managed finances during periods of hyperinflation in Zimbabwe

Other Noteworthy Efforts Underway

- Family strengthening curriculum is currently being evaluated in order to further assess the impact of the intervention to reduce the level of child and adolescent exposure to IPV and direct physical violence inflicted by parents.
- Zambia study (PEPFAR) with Futures on the impact of SILC on the wellbeing of caregivers and OVC.
- Zambia study with JHU (NIH) on Trauma-Focused CBT compared to AIDSRelief Psychosocial Counseling Curriculum.
Other Noteworthy Efforts
Underway: THRIVE

• THRIVE: 3 country (Kenya, Malawi, and Tanzania) ECD project funded by Hilton Foundation
  – Focus on early childhood development
  – Developed a standardized curriculum that can be adapted to cultural contexts
  – Will be further developed this fiscal year in Nigeria under SMILE to also look at parenting of adolescents

THRIVE

• Sample results from one country sample’s baseline (average age of child was 20 months; sample was 0-36 months):
• Interaction with the child (caregiver self-reported):
  – 57% of households reported having home-made toys at home
  – 51% of HHs said no one told stories to the child and 37.8% reported no one named, counted or drew things with or for the child.
  – 52.6% of caregivers sang to the child and 42% played with the child.
Sample continued

• Behavior management (caregiver self-reported):
  – 41.3% took away privileges for something, while 50% explained why the child’s behavior was wrong. 42% used redirection and gave the child something else to do.
  – 31.3% shook the child, 42% shouted or screamed at child, 19% called the child names, 46% spanked or hit the child on the bottom with their bare hand
  – 25.6% hit the child with some object (belt, hairbrush, stick), 14% hit the child above the shoulders (face, head, ears), 40% hit or slapped child on the extremities, and 7.5% beat the child (hit the child over and over as hard as one could).

Sample continued

• 60% of caregivers kissed or cuddled the child during the visit.
• 94.4% of caregivers were in the poor social support range on standardized measure (Oslo).
• 57.9% of respondents had elevated anxiety levels, and 66.1% had elevated depression on HSCL-25.
• Importance for adolescents: modeling, social and family norms. Important to use this data to shape our adaptations of parenting curricula for adolescents, so caregivers also understand how their actions shape the beliefs of their adolescents, who often are taking care of younger siblings when parents are not available.
Thank you