

Module 2:  
Adolescent Development and  
Health Care Transition

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About This Module

- ▶ Bright Futures
- ▶ Health Care Transition stages
- ▶ Gradual Release of Responsibility

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Module Learning Objectives

- ▶ Describe adolescent development stages
- ▶ Define health care transition stages
- ▶ Identify YSHCN and their developmental tasks

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Adolescent Development & Health Care  
Transition: Significance

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Transition and Context

- ▶ Educators prepare students for many transitions
- ▶ Overall transition to adulthood
- ▶ Health care transition

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Adolescent Development & Transition Prep

- ▶ Both are processes
- ▶ Build toward independence
- ▶ To youth's fullest abilities

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## Developmental Tasks of Adolescence

- ▶ Demonstrates physical, cognitive, emotional, social, and moral competencies
- ▶ Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- ▶ Forms caring, supportive relationships with family, other adults, and peers
- ▶ Engages in a positive way in the life of the community
- ▶ Displays a sense of self-confidence, hopefulness, and well-being
- ▶ Demonstrates resiliency when confronted with life stressors
- ▶ Demonstrates increasingly responsible and independent decision-making

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## Early Adolescence, 11 – 14 years

Physiological	Onset of puberty, growth spurt, menarche (females)
Psychological	Concrete thought Preoccupation with rapid body changes Sexual identity Questioning independence Parental controls remain strong
Social	Search for same-sex peer affiliation Good parental relationships Other adults as role models Transition to middle school Involvement in extracurricular activities Sensitivity to differences between home culture and culture of others

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## Middle Adolescence, 15 – 17 years

Physiological	Ovulation (females), growth spurt (males)
Psychological	Competence in abstract and future thought Idealism Sense of invincibility or narcissism Sexual identity Beginning of cognitive capacity to provide legal consent
Social	Beginning of emotional emancipation Increased power of peer group Conflicts over parental control Interest in sexual relationships Initiation of driving Risk-taking behavior Transition to high school Reduced involvement in extra-curricular activities Possible cultural conflicts as youth navigates between family's values and values of broader culture/peer culture

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### Middle Adolescence: Decision-making

- ▶ Complex problem-solving
- ▶ Consider multiple elements
  - ▶ Simultaneously
  - ▶ Systematically
  - ▶ Exhaustively

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### Late Adolescence, Ages 18 -21

Physiological	Growth completed
Psychological	Future orientation Emotional independence Unmasking of psychiatric disorders Capacity for empathy, intimacy, and reciprocity in interpersonal relationships Self-identify Recognized as legally capable of providing consent Attainment of legal age for some issues (voting), but not all (drinking)
Social	Individual over peer relationships Interdependence in parent-child relationship Transition out of parents' home Preparation for further education, career, marriage, parenting

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### Health Care Transition Stages

- ▶ Envisioning a Future
  - ▶ Ages 12 -14
- ▶ Age of Responsibility
  - ▶ Ages 15 -17
- ▶ Age of Transition, Early
  - ▶ Ages 17 - 18
- ▶ Age of Transition, Late
  - ▶ Ages 19 - 21

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Stage 1 – Envisioning a Future

- ▶ Ongoing process
- ▶ Moves from general direction to specific goals
- ▶ Recognize that child has a future

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Stage 2 – Age of Responsibility

- ▶ Health care management
- ▶ Medical decisions
- ▶ Personal & household tasks

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Stage 3 - Age of Transition, Early

- ▶ Set goals
- ▶ Make a plan
- ▶ Caregivers support increasing autonomy

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Stage 4 -Age of Transition, Late

- ▶ New legal rights
- ▶ Care transfer
- ▶ Health insurance

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YSHCN: Defined

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Who Are YSHCN?

Youth who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally

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### Special Health Care Needs

- ▶ Medical care
- ▶ Mental health care
- ▶ Educational services
- ▶ Prescription drugs
- ▶ Specialized therapies
  - ▶ OT, PT, Speech
- ▶ Emotional or developmental treatment

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### Keys to Definition

- ▶ **More than is usual**
  - ▶ For most children
  - ▶ Of the same age
- ▶ **Prevented from doing things**
  - ▶ Most children
  - ▶ Of the same age
  - ▶ Able to do

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### Identifying YSHCN

- ▶ At least one of the health care needs
- ▶ Due to a health condition
- ▶ For 12 months or longer

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Categorical Areas for Special Education

- ▶ Blind-visually impaired
- ▶ Deaf and hard of hearing
- ▶ Pervasive developmental disabilities- autism
- ▶ Specific learning disabilities
- ▶ Developmental - cognitive delay
- ▶ Emotional behavior disorder
- ▶ Other health disabilities
- ▶ Speech or language impairments
- ▶ Physically impaired
- ▶ Traumatic brain injury

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Examples

- ▶ 14-year-old who visited ER three times in July for asthma emergencies
- ▶ 11-year-old who sees a developmental behavioral pediatrician every month
- ▶ A teenager who uses a wheelchair and has a 504 plan

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Knowledge about YSHCN

- ▶ National survey every ten years
- ▶ Census of how many YSHCN
- ▶ Interviews about common experiences

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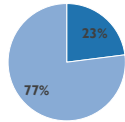
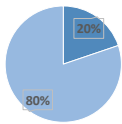
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### How Many YSHCN Are There?

- ▶ Children 0-17
- ▶ Households with Children



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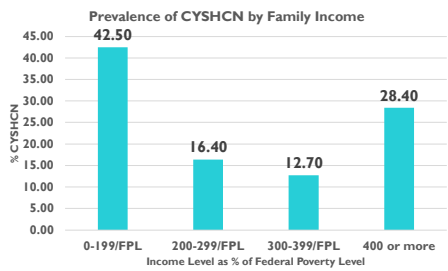
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### Prevalence by Socio-Economic Status



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### Prevalence of Specific Conditions

Condition	% of YSHCN with condition
Cerebral Palsy	1.9%
Diabetes	2.0%
Down Syndrome	1.2%
Muscular Dystrophy	0.4%
Cystic Fibrosis	0.4%

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### Prevalence of Less Severe Conditions

Condition	% of YSHCN with condition
Allergies	52.5%
Asthma	42.6%
ADHD	33.7%
Depression, anxiety or other emotional problems	52.2%
Migraine or frequent headaches	11.6%
Intellectual disability	7.1%

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### Prevalence of Specific Conditions

Condition	% of YSHCN with Condition
Autism Spectrum Disorders	10.3%
Joint problems	3.5%
Seizure disorder	4.8%
Heart problems	5.4%
Blood problems	4.2%

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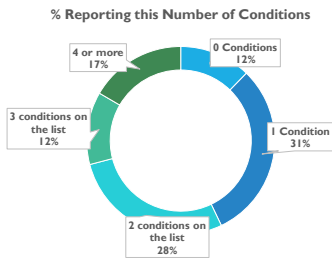
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### YSHCN with Multiple Conditions



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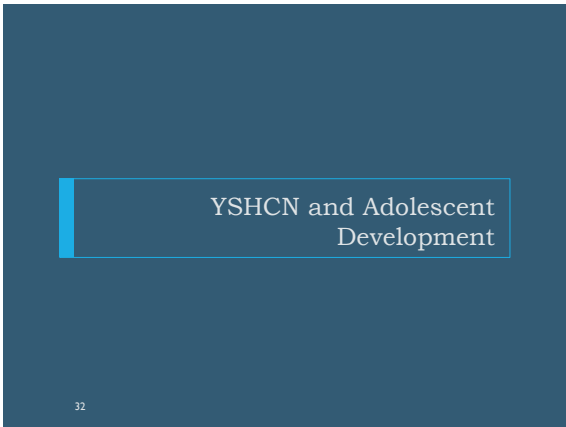
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### YSHCN

- ▶ Growing knowledge of chronic condition
- ▶ Learning to stay healthy
- ▶ Condition management tasks

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Barriers for YSHCN

- ▶ Fitting in
- ▶ Affect of chronic condition
- ▶ Developing self-efficacy

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Barriers for Caregivers

- ▶ Letting go
- ▶ New role = coach
- ▶ Adolescent development = some rejection of home life

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Adolescent Development & Transition:  
In School

Overall Transition of Adolescents

- ▶ Support autonomy
- ▶ Promote self-efficacy
- ▶ Facilitate interdependence

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Social Skills

- ▶ Affect later independence
- ▶ Affect success of health care transition
- ▶ Counterbalance cognitive & motor impairments

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Educator's Role in HCT

- ▶ Prepare youth for adult health care
- ▶ Address the developmental tasks
- ▶ Incorporate into IHPs/Section 504 plans/IEPs

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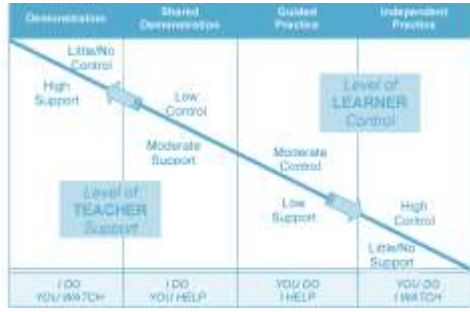
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### How Special Educators Teach Skills



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### Interactive Question

How is health care transition similar to other transitions you prepare students for?

How does health care transition fit in with the IEP and section 504 goals your students already create?

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### Medical Provider's Role in HCT

- ▶ Coordinate care
- ▶ Assess needs & develop skills
  - ▶ Integrate with IHP/504/IEP goals & activities
- ▶ Facilitate transfer to adult-oriented care

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### Self-Efficacy - Defined

The belief in one's capabilities to organize and execute the courses of action required to manage prospective situations

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### Self-Efficacy – Resource!



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### Ounce of Prevention vs. Pound of Cure



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### Supporting Self-Efficacy with Students



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### Development & Transition: Discuss with Students and Families

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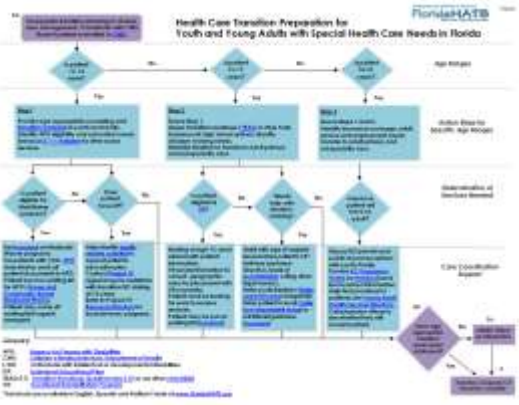
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## Early Adolescence

Observation of Parent-Youth Interactions: How can family do youth and parent better? Who asks and answers most questions? Does youth expect interest in increasing his own health?

**Significance of Development:**

- Physical, cognitive, emotional, social, and moral development
- Transition that contribute to a healthy lifestyle
- Family, supportive relationship with family, other adults, and peers
- Reduce engagement with community
- Self-confidence, hopefulness, well-being, and resiliency when confronted with life stressors
- Transition responsible and independent decision making

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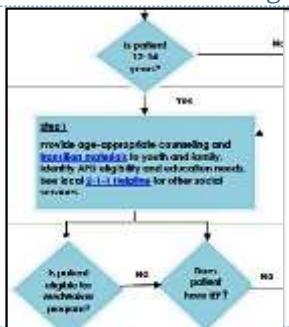
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## Transition Discussions – Stage 1



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## Questions for Envisioning a Future

- ▶ Where will student live?
- ▶ Who will they live with?
- ▶ Will student have their own family?
- ▶ What kind of job will they have?
- ▶ Will they be financially independent?

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### Middle Adolescence

Observation of Parent-Youth Interaction: How comfortably do youth and parent interact? Who asks and answers most questions? Does youth express interest in managing his own health?

**Surveillance of Development**

- Physical, cognitive, emotional, social, and moral competencies
- Behaviors that contribute to a healthy lifestyle
- Family, supportive relationships with family, friends, adults, and peers
- Positive engagement with community
- Self-efficacy, hopefulness, well-being, and resiliency when confronted with life stresses
- Increasingly responsible and independent decision making

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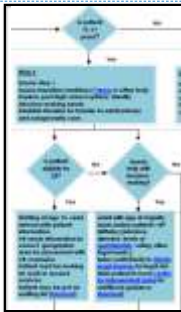
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### Transition Discussions – Stage 2



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### Age of Responsibility

- Ask a question during a health care visit
- Tell caregiver when prescription runs out
- Establish emotional distance

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Self-Efficacy - Resource for Caregivers



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YSHCN and Sexual Health

- ▶ Sexual abuse of YSHCN
  - ▶ Abusers: service providers, care attendants, romantic partners
- ▶ Sexual abuse **by** YSHCN
  - ▶ Require education about properly acting on urges
- ▶ Talk to students and parents!

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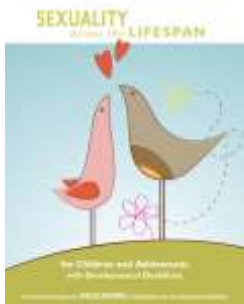
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Sexual Health: Resource



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### Late Adolescence

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**Characteristics of Late Adolescent Development**  
Physical development is complete by the end of adolescence, and the brain continues to mature and develop into early 20s.

**Source: Fowler of Adolescence**  
• Physical development is complete by the end of adolescence.  
• Cognitive development is still in progress.  
• The social and emotional development is still in progress.  
• The personality development is still in progress.  
• The adolescent development is still in progress.  
• The adolescent development is still in progress.

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### Discussing ... Stage 3

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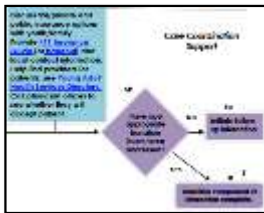
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### Discussing ... Stage 4

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## Adolescent Development & Transition: Resources

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### Bright Futures Pocket Guide

# BRIGHT FUTURES

Guidelines for Health Supervision of  
Infants, Children, and Adolescents

THIRD EDITION  
POCKET GUIDE

**Editors**

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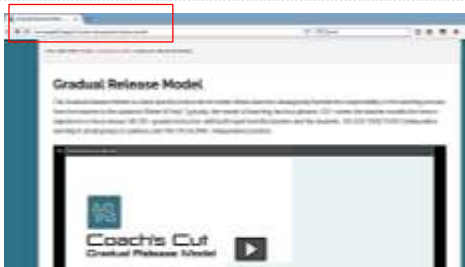
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### Gradual Release of Responsibility



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## Key Points

- ▶ Developmental processes
- ▶ Transition stages
- ▶ Support self-efficacy

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## Summary of Tools

Module 1: Adolescent Development & Health Care Transitions

1. [Bright Futures: 3rd Edition Pocket Guide](http://brightfutures.aap.org/PocketGuide/3rdEdition_Final.pdf)  
[http://brightfutures.aap.org/PocketGuide/3rdEdition\\_Final.pdf](http://brightfutures.aap.org/PocketGuide/3rdEdition_Final.pdf)
2. [Demarcus Parandjani's Path Health website - "Medical Freedom" page](http://archfamily.org/parent/medical)  
<http://archfamily.org/parent/medical>
3. [Self-Efficacy Tip Sheet - Families](http://www.responsible.org/fosters/linked)  
<http://www.responsible.org/fosters/linked>
4. [Self-Efficacy Subtitle - Longevity](http://www.abouthkidshhealth.ca/En/HealthAZ/FamilyandPeerRelations/life-skills/Pages/Self-efficacy-How-foster-children.aspx)  
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5. [Sexuality Across the Lifespan for Children and Adolescents with Developmental Disabilities](http://files.adaa.ca/edu/Injury/Educator_LowRes_English.pdf)  
[http://files.adaa.ca/edu/Injury/Educator\\_LowRes\\_English.pdf](http://files.adaa.ca/edu/Injury/Educator_LowRes_English.pdf)
6. [A Gradual Release of Coaching Model](http://www.acpsk12.org/jk/coachs-cuts/gradual-release-model)  
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4. *Self-efficacy: Helping children believe they can succeed*. [http://www.responsible.org/publications/cq/39/3/pdf/V39N3\\_FT\\_Self-Efficacy.pdf](http://www.responsible.org/publications/cq/39/3/pdf/V39N3_FT_Self-Efficacy.pdf). *Communiqué*. 2010; Vol 39: No 3. Accessed 5/23/2014.
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