



# Module 2: Adolescent Development & Transition

# Module Learning Objectives

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- ▶ Describe adolescent development stages
- ▶ Define health care transition stages

# About This Module

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- ▶ Bright Futures
- ▶ Transition stages
- ▶ Normative development

# Adolescent Development & Transition: Evidence Base

# Adolescent Development & Transition

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

# Developmental Tasks of Adolescence

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- ▶ 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

# Early Adolescence, 11 – 14 years

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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

# Middle Adolescence, 15 – 17 years

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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



# Middle Adolescence – Decision-making

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- ▶ Complex problem-solving
- ▶ Learning to consider multiple elements
  - ▶ *Simultaneously*
  - ▶ *Systematically*
  - ▶ *Exhaustively*

# Late Adolescence, Ages 18 -21

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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



# Up Next: Video Clip!

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- ▶ Patient interview with Jim
  
- ▶ First of 3 videos in this module



# Developmental Tasks & YSHCN

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# Health Care Transition Stages

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- ▶ Envisioning a Future
  - ▶ Ages 12 -14
- ▶ Age of Responsibility
  - ▶ Ages 15-17
- ▶ Age of Transition
  - ▶ Early phase: Ages 17- 18
  - ▶ Last phase: Ages 19 -21

# Stage 1 – Envisioning a Future

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- ▶ Ongoing process
- ▶ General direction to specific goals
- ▶ Recognize that child has a future

# Stage 2 – Age of Responsibility

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

## Stage 3 - Age of Transition, Early

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



## Stage 4 -Age of Transition, Late

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

# Barriers for YSHCN

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

# Barriers for Caregivers

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

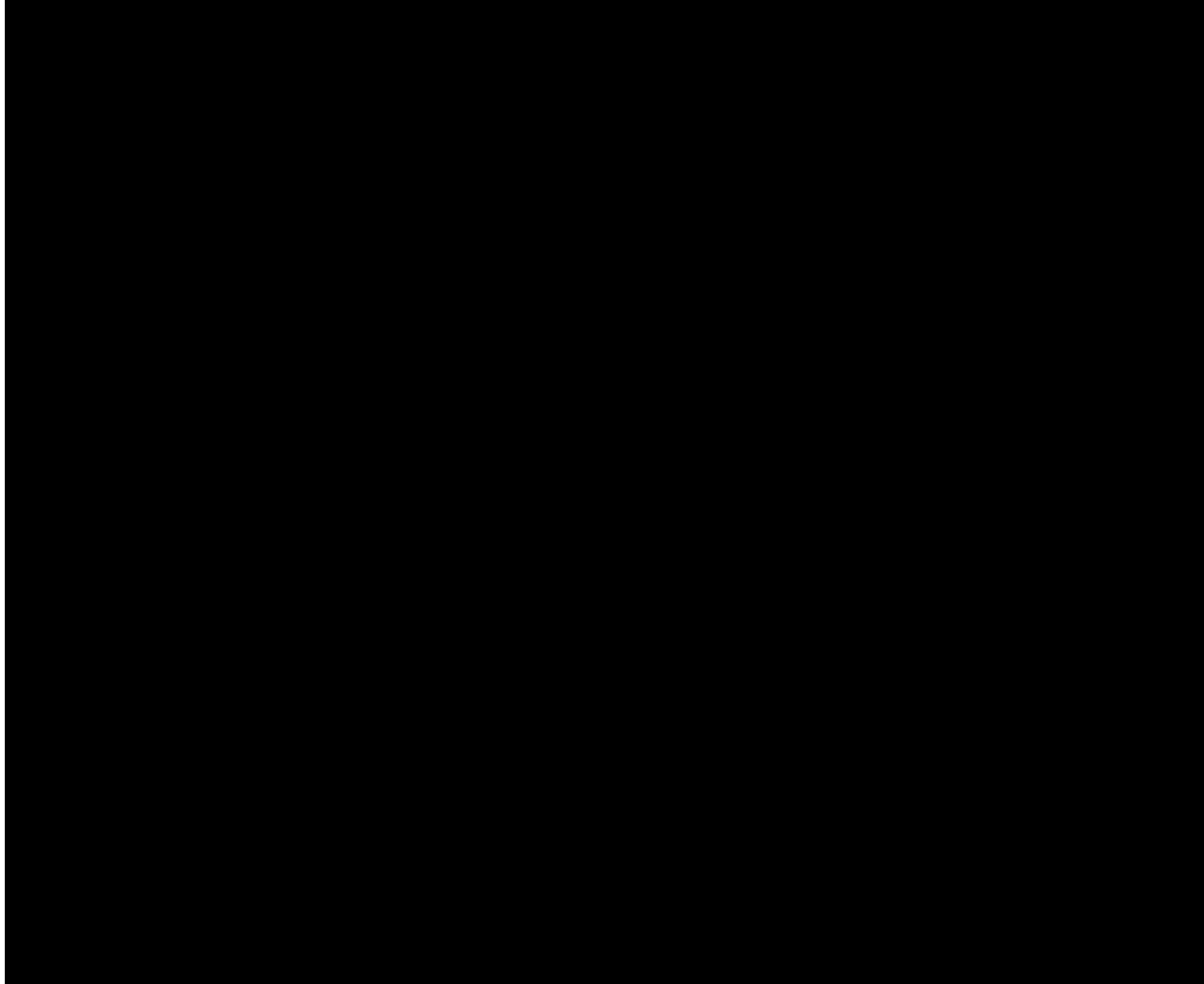
# Up Next: Video Clip!

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- ▶ Patient interview
- ▶ 2<sup>nd</sup> of 3 clips in this module

# Transition Stages: Patient Perspective

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# Adolescent Development & Transition: In Practice

# Pediatric Care of Adolescents

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

# Provider's Role

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- ▶ Prepare youth for adult health care
- ▶ Address the developmental tasks
- ▶ Encourage assertive communication



# Ounce of Prevention vs. Pound of Cure

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# YSHCN

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

# Social Skills

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- ▶ Affect later independence
- ▶ Affect success of transition
- ▶ Counterbalance impairments

# Self-Efficacy - Defined

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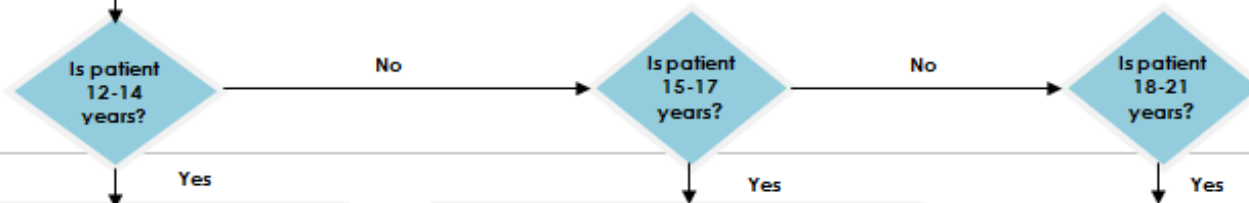
The belief in one's capabilities to organize and execute the courses of action required to manage prospective situations



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# Health Care Transition Preparation for Youth and Young Adults with Special Health Care Needs in Florida

Incorporate transition planning in chronic care management. Coordinate with CMS Nurse if patient is enrolled in [CMS](#).



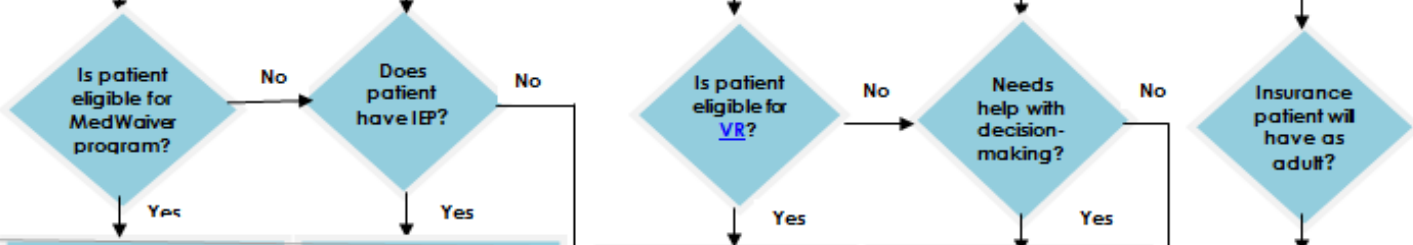
Age Ranges

**Step 1**  
 Provide age-appropriate counseling and [transition materials](#) to youth and family. Identify APD eligibility and education needs. See local [2-1-1 Helpline](#) for other social services.

**Step 2**  
 Ensure Step 1. Assess transition readiness ([TRAQ](#) or other tool). Explore post-high school options; identify decision-making needs. Establish timeline for transfer to adult primary and subspecialty care.

**Step 3**  
 Ensure Steps 1 and 2. Identify insurance coverage, adult service and employment needs. Transfer to adult primary and subspecialty care.

Action Steps for Specific Age Ranges



Determination of Services Needed

See [handout](#) on Medicaid Waiver programs. For patients with I/DD, [APD](#) does intake; send all patient documents to APD. Patient is put on waiting list for APD's [Home and Community-Based Medicaid Waiver](#). Patient may come off waiting list if urgent/emergent.

Help identify [health-related activities](#) to support patient's education plan. Contact [Project 10](#) regional rep for assistance with transition IEP, starting at 14 years. Refer to [Project 10 Resource Directory](#) for local services/ programs.

Starting at age 15, send referral with patient information. VR sends information to correct geographic area for placement with VR counselor. Patient must be looking for work to receive services. Patient may be put on waiting list ([handout](#))

Assist with age of majority issues before patient's 18<sup>th</sup> birthday (advance directive, levels of [guardianship](#), voting, other legal needs). Refer youth/family to [Florida Legal Services](#) for legal aid. Refer patient to local [Center for Independent Living](#) for additional guidance. ([handout](#))

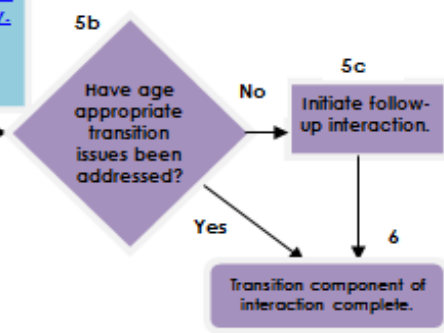
Discuss SSI/private and public insurance options with youth/family. Provide [411 Insurance Guide](#) (or [handout](#)) and local contact information. Help find providers for patients; see [Young Adult Health Services Directory](#). Call physician offices to see whether they will accept patient.

Care Coordination Support

**Glossary:**

- APD: [Agency for Persons with Disabilities](#)
- CMS: [Children's Medical Services, Department of Health](#)
- I/DD: Individuals with intellectual or developmental disabilities
- IEP: [Individual Educational Plan](#)
- TRAQ-5.0 [Transition Readiness Questionnaire 5.0](#) (or use other [checklists](#))
- VR: [Vocational Rehabilitation Program](#)


\*Handouts are available in English, Spanish and Haitian Creole at [www.FloridaHATS.org](http://www.FloridaHATS.org)



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# Self-Efficacy – Provider Resource!



Welcome to the NASP-Fishful Thinking partnership website, dedicated to helping parents and educators raise optimistic kids who can achieve their best at school, at home, and in life.

## About Fishful Thinking

- [What Is Fishful Thinking?](#)
- [About the NASP-Fishful Thinking Partnership](#)
- [About Dr. Karen Reivich, developer of Fishful Thinking](#)
- [What the Research Says](#)

## Resources and Articles

- [Self-Efficacy: Helping Children Believe They Can Succeed](#)
- [Building Resilience in Youth: The Penn Resiliency Program](#)
- [The Seven Ingredients of Resilience: Information for Parents](#)
- [Resiliency Techniques in School Practice](#)
- [The Goldfish Guide to Raising Optimistic Kids](#)
- [Optimism and Well-Being](#)
- [Optimism: A Key Ingredient to Happiness](#)
- [Fishful Thinking: Cultivating Gratitude in Youth](#)
- [Linking Gratitude Strategies to School Priorities](#)
- [Fostering an Attitude of Gratitude: Tips for Parents](#)
- [Gratitude Works in Schools](#)

## Strategies and Activities Center

- [Optimism](#)
- [Resilience](#)
- [Goal Setting](#)
- [Empowerment](#)
- [Emotional Awareness](#)



# Up Next: Video Clip!

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- ▶ Patient interview – more from Jim

# Supporting Self-Efficacy with Patients

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Adolescent Development & Transition:  
Discuss with Patients and Families

# Anticipatory Guidance: Early Adolescence

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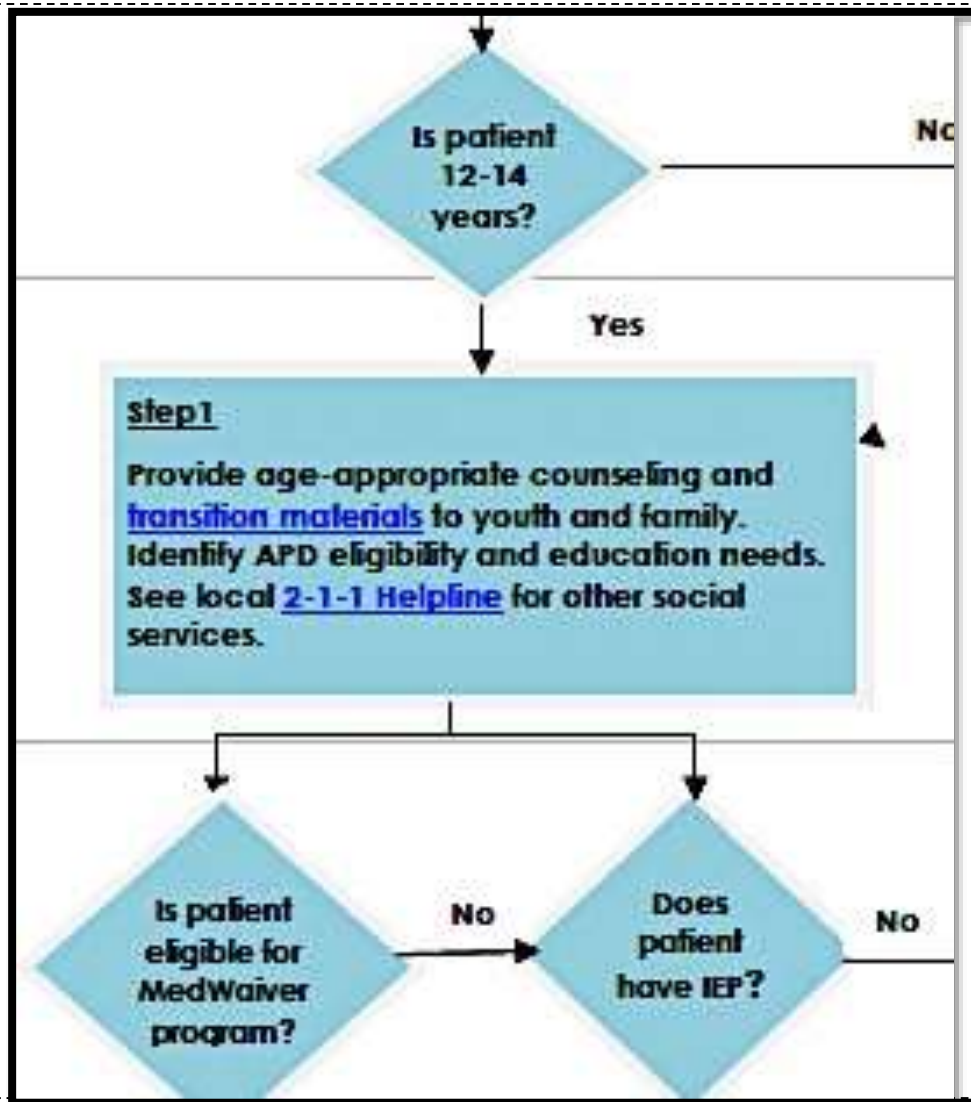
**Observation of Parent-Youth Interaction:** How comfortably do youth and parent interact? Who asks and answers most questions? Does youth express interest in managing his own health?

**Surveillance of Development:**

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



# Transition Discussions – Stage 1



# Questions for Envisioning a Future

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

# Anticipatory Guidance: Middle Adolescence

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**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:**

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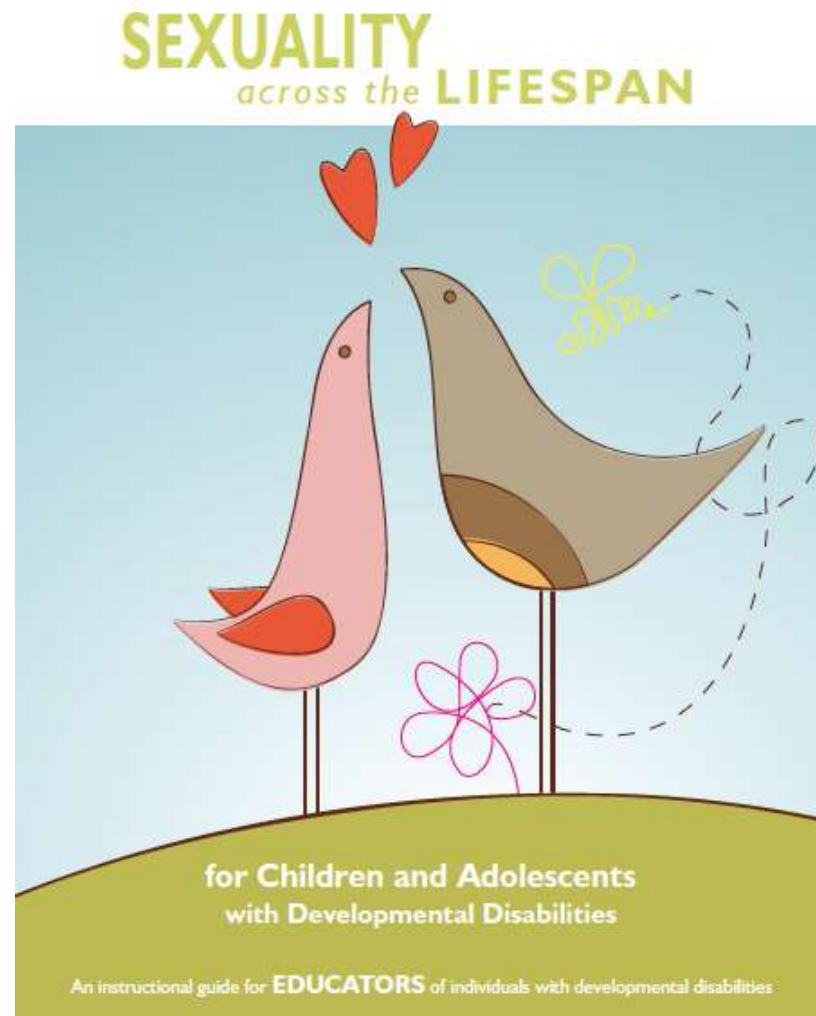
# YSHCN and Sexual Health

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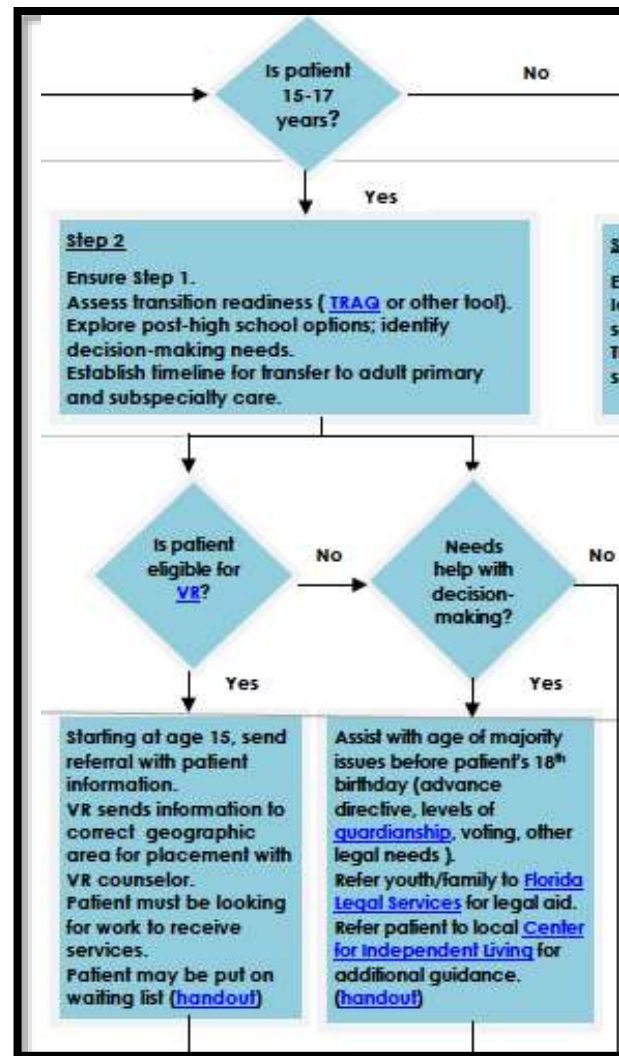
- ▶ Sexual abuse of YSHCN
  - ▶ **Abusers: service providers, care attendants, romantic partners**
- ▶ Sexual abuse **by** YSHCN
  - ▶ **Education: properly acting on urges**
- ▶ Talk to patients and parents!

# Sexual Health: Resource

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# Transition Discussions – Stage 2





# Age of Responsibility

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- ▶ Asking at least one question during a health care visit
- ▶ Telling caregiver when refill of prescriptions is needed
- ▶ Establishing emotional distance

# Self-Efficacy: Resource for Caregivers

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**Self-efficacy** is the belief that you are capable of performing a task or managing a situation. A child with high self-efficacy believes they have the skills to help them steer through life and reach their goals. Perhaps most importantly, self-efficacy is about learning how to persevere during a challenge or setback.

There are many ways parents can help nurture self-efficacy in a child.

## **Help your child to fail again and fail better**

One of the biggest mistakes adults make is preventing a child from experiencing failure. Well-intentioned parents want to protect their child from experiencing disappointment. But a child who never learns to face setbacks does not learn how to rely on internal strategies to cope with them. As a result, you weaken your child's ability to handle life's disappointments.

Instead, teach your child how to fail better. A child learns persistence when, after experiencing a setback, they continue try again. When facing a setback, tell your child each failed attempt is a learning experience. It is a 'step' to get to where they want. This helps redirect focus from the failed result to a more constructive question, like "What can I do differently next time I study for this test?" This way your child learns to adapt to failure or disappointment, not succumb to it.

## **Help your child set realistic, short-term goals**

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# Anticipatory Guidance: Late Adolescence

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## **Observation of Parent-Young Adult Interaction:**

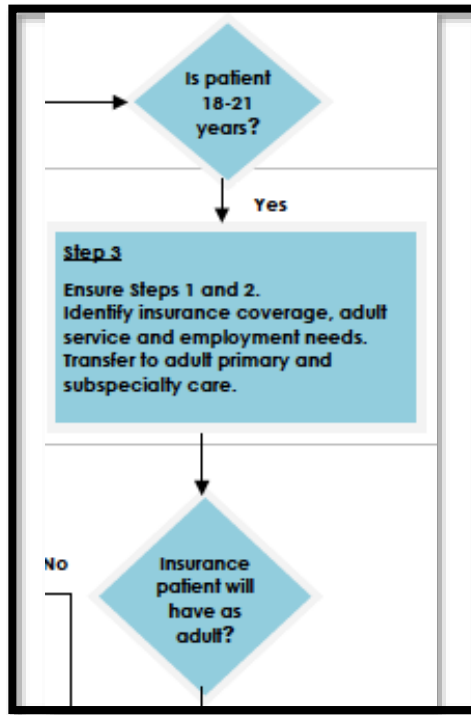
How comfortably do young adult and parent, if present, interact? Is young adult appropriately encouraged to manage own health?

## **Surveillance of Development:**

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

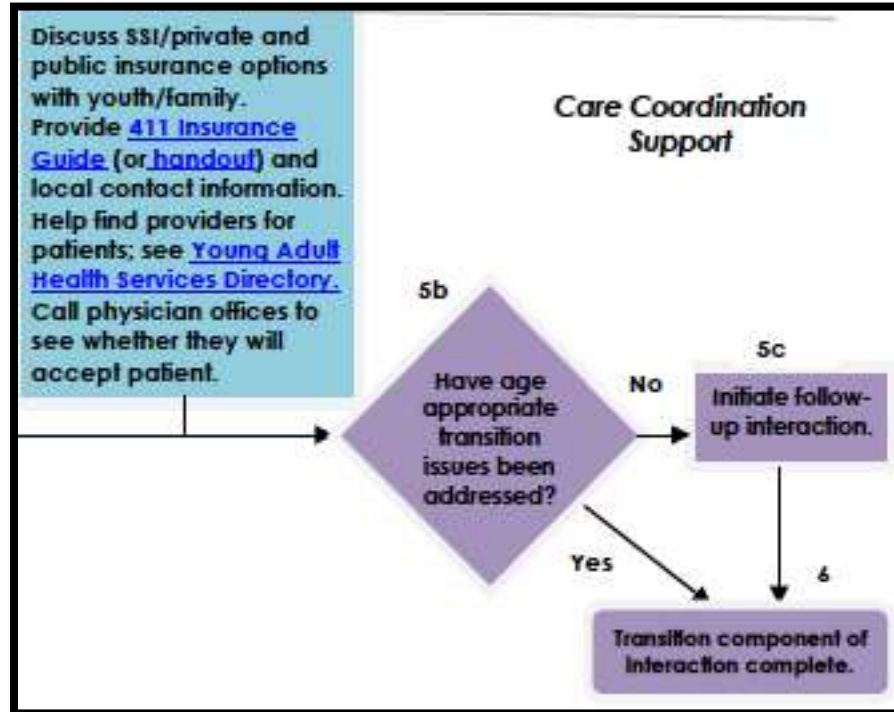
# Discussing .... Stage 3

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# Discussing .... Stage 4

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# Interactive Question

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How will you integrate discussions of the transition stages into your anticipatory guidance with adolescent patients?

Slide will automatically advance in 1 minute!



# Adolescent Development & Transition: Resources

# Bright Futures Pocket Guide

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## BRIGHT FUTURES

Guidelines for Health Supervision of  
Infants, Children, and Adolescents

THIRD EDITION

POCKET GUIDE

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**FUNDED BY**

US Department of Health and Human Services  
Health Resources and Services Administration  
Maternal and Child Health Bureau

**PUBLISHED BY**

The American Academy of Pediatrics





# Bright Futures Visit Planner & Forms

[AAP Home](#) > [Bright Futures Home](#) > Clinical Practice

## Spanish for Pediatric Medicine **NEW!**

### A Practical Communication



**Guide** Easy-to-use pocket guide, optimized for use with Bright Futures, includes an all-new audio

program to help you communicate with Spanish-speaking patients and parents more effectively. For more information or to order, [visit the AAP Bookstore](#).

Implement Bright Futures  
in Your Practice  
Using a Proven  
Systems Approach **NEW!**

## Bright Futures Tool and Resource Kit

This new tool and resource kit provides materials for health supervision care from infancy through adolescence. It is designed to accompany and support *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. The tools contained in the kit were developed, reviewed, and piloted by multidisciplinary teams of pediatric health professionals. The tool and resource kit includes forms to streamline health supervision visits, documentation forms to reflect the richness of a Bright Futures visit and document work done, practice management tools, and additional tools designed to aid in screening and developing community linkages. Patient and parent handouts are also included to help the practitioner reinforce important topics discussed during the visit and deliver additional information.



The following Bright Futures Tool and Resource Kit materials are available for download for review and reference purposes. To incorporate forms into an Electronic Medical Record System or to make multiple copies of specific items, please contact [aapsales@aap.org](mailto:aapsales@aap.org).

# Key Points

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

# Summary of Tools

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## Module 2. Adolescent Development

1. [Bright Futures 3rd Edition Pocket Guide](http://brightfutures.aap.org/pdfs/BF3%20pocket%20guide_final.pdf)  
[http://brightfutures.aap.org/pdfs/BF3%20pocket%20guide\\_final.pdf](http://brightfutures.aap.org/pdfs/BF3%20pocket%20guide_final.pdf)
2. [Bright Futures 3rd Edition Visit Planner & Visit Forms](http://brightfutures.aap.org/tool_and_resource_kit.html)  
[http://brightfutures.aap.org/tool\\_and\\_resource\\_kit.html](http://brightfutures.aap.org/tool_and_resource_kit.html)
3. [Self-Efficacy Tip Sheet - Providers](http://www.nasponline.org/families/fishful/)  
<http://www.nasponline.org/families/fishful/>
4. [Self-Efficacy Guidance - Caregivers](http://www.aboutkidshealth.ca/En/HealthAZ/FamilyandPeerRelations/life-skills/Pages/Self-efficacy-How-foster-children.aspx)  
<http://www.aboutkidshealth.ca/En/HealthAZ/FamilyandPeerRelations/life-skills/Pages/Self-efficacy-How-foster-children.aspx>
5. [Sexuality Across the Lifespan for Children and Adolescents with Developmental Disabilities](http://flfcic.fmhi.usf.edu/docs/Educator_LowRes_English.pdf)  
[http://flfcic.fmhi.usf.edu/docs/Educator\\_LowRes\\_English.pdf](http://flfcic.fmhi.usf.edu/docs/Educator_LowRes_English.pdf)

# Citations

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1. Hagan JF, Shaw JS, Duncan P, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition. Pocket Guide.* Elk Grove Village, IL: American Academy of Pediatrics.
2. *Self-efficacy in children.* <http://www.aboutkidshealth.ca/En/HealthAZ/FamilyandPeerRelations/life-skills/Pages/Self-efficacy-children.aspx>. Published 8/30/2012. Accessed 4/5/2014.
3. *Self-efficacy: Helping children believe they can succeed.* [http://www.nasponline.org/publications/cq/39/3/pdf/V39N3\\_FT\\_Self-Efficacy.pdf](http://www.nasponline.org/publications/cq/39/3/pdf/V39N3_FT_Self-Efficacy.pdf). *Communiqué.* 2010; Vol 39: No 3. Accessed 5/23/2014.
4. *Self-efficacy: How to foster in children.* <http://www.aboutkidshealth.ca/En/HealthAZ/FamilyandPeerRelations/life-skills/Pages/Self-efficacy-How-foster-children.aspx>. Published 8/30/2012. Accessed 4/5/2014.
5. Baxley D and Zendell A. 2005. *Sexuality across the lifespan for children and adolescents with developmental disabilities – An instructional guide for educators of individuals with developmental disabilities.* Florida Center for Inclusive Communities.

