Supporting Youth Autonomy in Health Care Settings

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ACT for Youth Webinar
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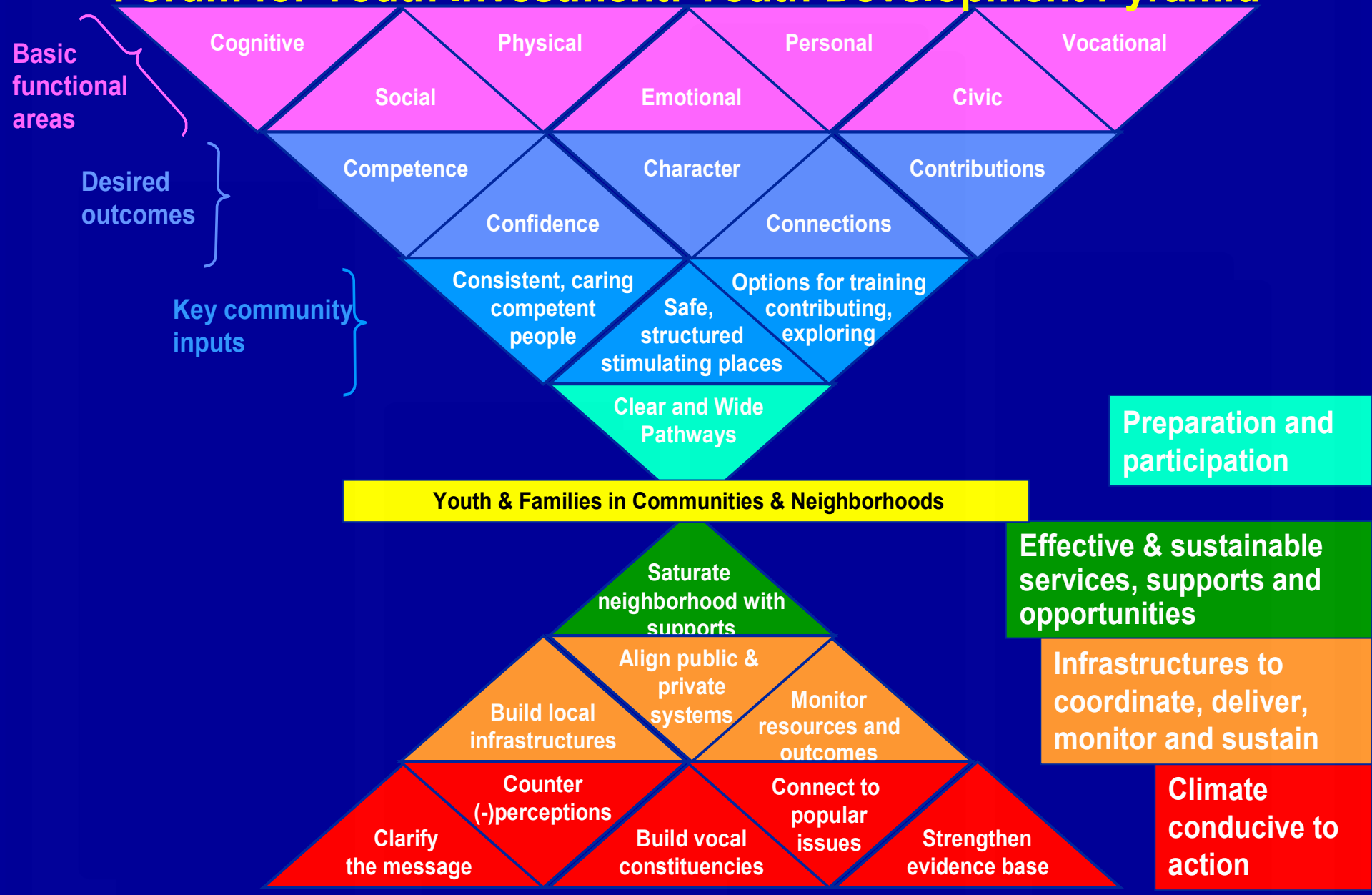
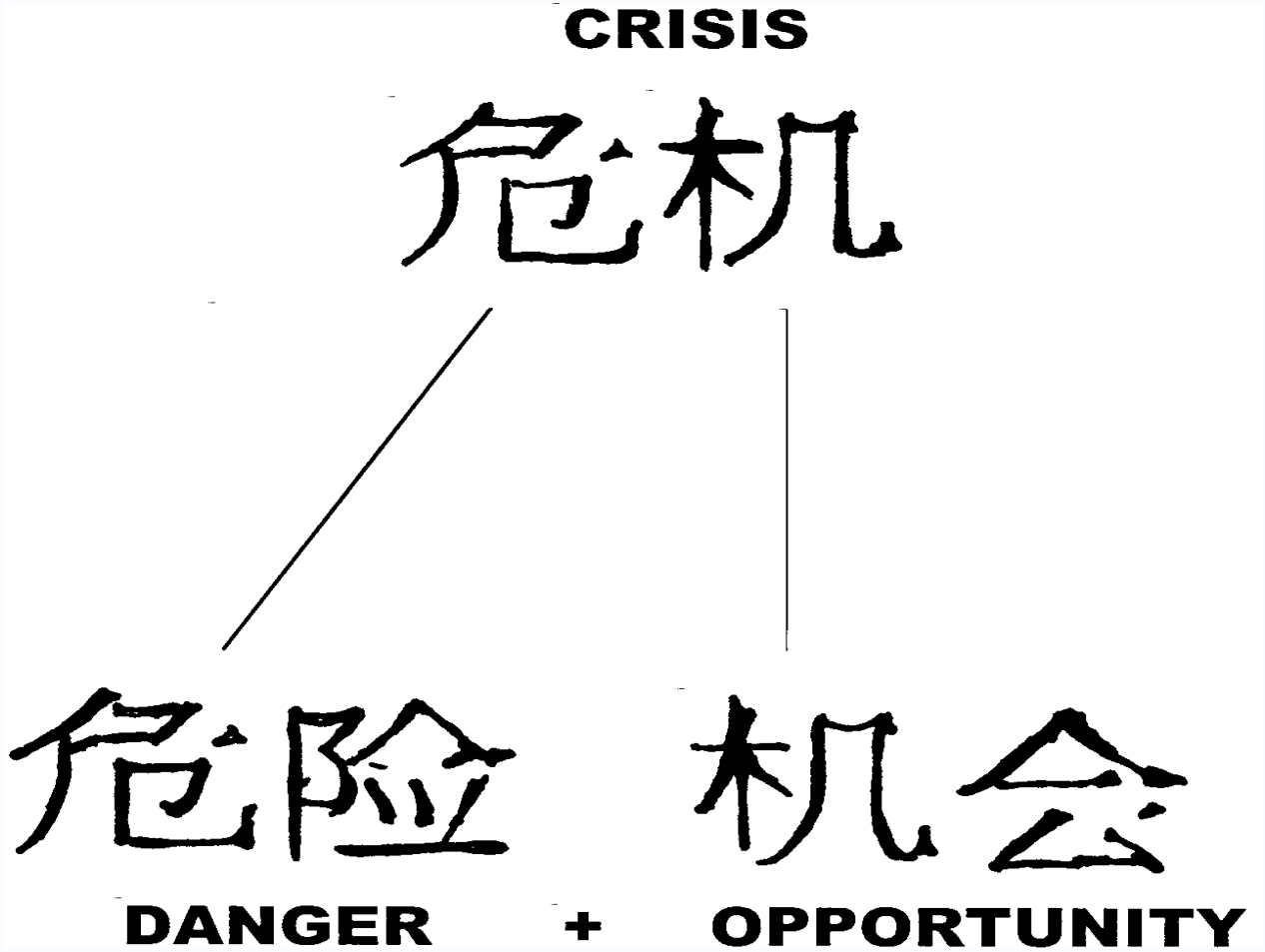
Practical Advice Empowering Youth on…

- Self-Advocacy
- Communication
- Decision-making skills…

- **Based on Integrating Changes in…**
- Puberty
- Autonomy
- Identity
- Brain development

Forum for Youth Investment: Youth Development Pyramid





Adolescence: Danger or Opportunity????

Major Events of Puberty

- Growth Spurt (Peak Height Velocity)
- Body composition Δ (↑ Fat F; ↑ Lean M)
- Organ Δ (↓ lymhpoid; CNS organization)
- Sex organ changes (reproductive capacity)
- Secondary sex characteristics
- Hormone changes

Normal Stages & Tasks of Adolescence

	Puberty	*Autonomy*	*Identity*	*Thinking*
Early ***9-14yo***	Onset and tempo variable	Ambivalence	Am I normal?	Concrete operational
Middle ***15-16yo***	F advanced more than M	Limit-testing, experimental behavior	Who am I?	Transitional
Late ***17+yo***	Adult appearance	Ambivalence	Who am I in relation to others?	Formal operational (75%)

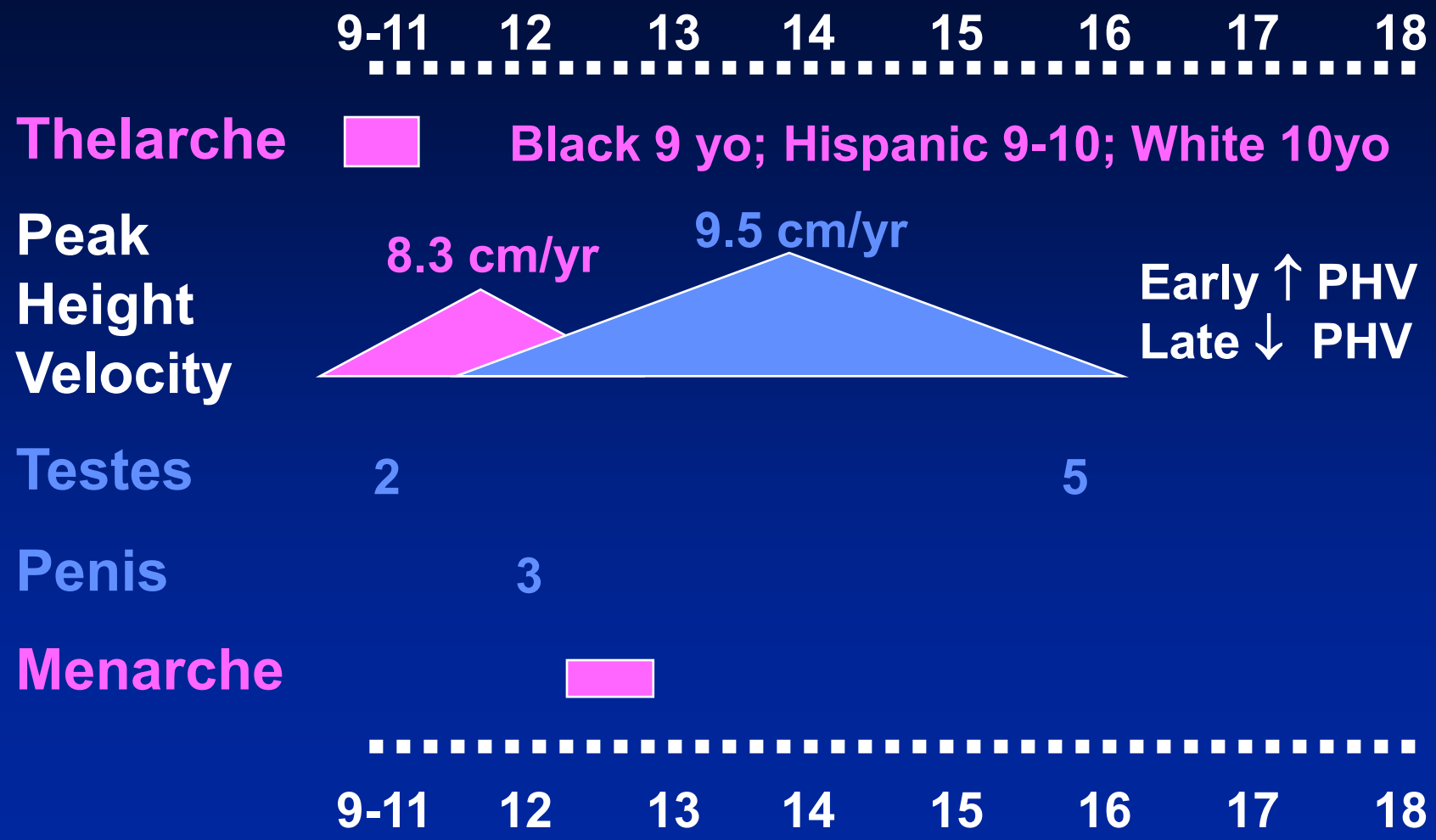
Sequence of Puberty - Girls

- Breast buds
- Pubic hair
- Growth spurt (Peak Height Velocity)
- Axillary hair
- First menstrual period
- Adult height

Sequence of Puberty - Boys

- Enlargement of testes
- Pubic hair
- Growth of penis
- Axillary hair
- Nocturnal emissions
- Growth spurt
- Facial hair
- Adult height

Average Pubertal Events



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Original article

Neighborhood Racial and Economic Privilege and Timing of Pubertal Onset in Girls

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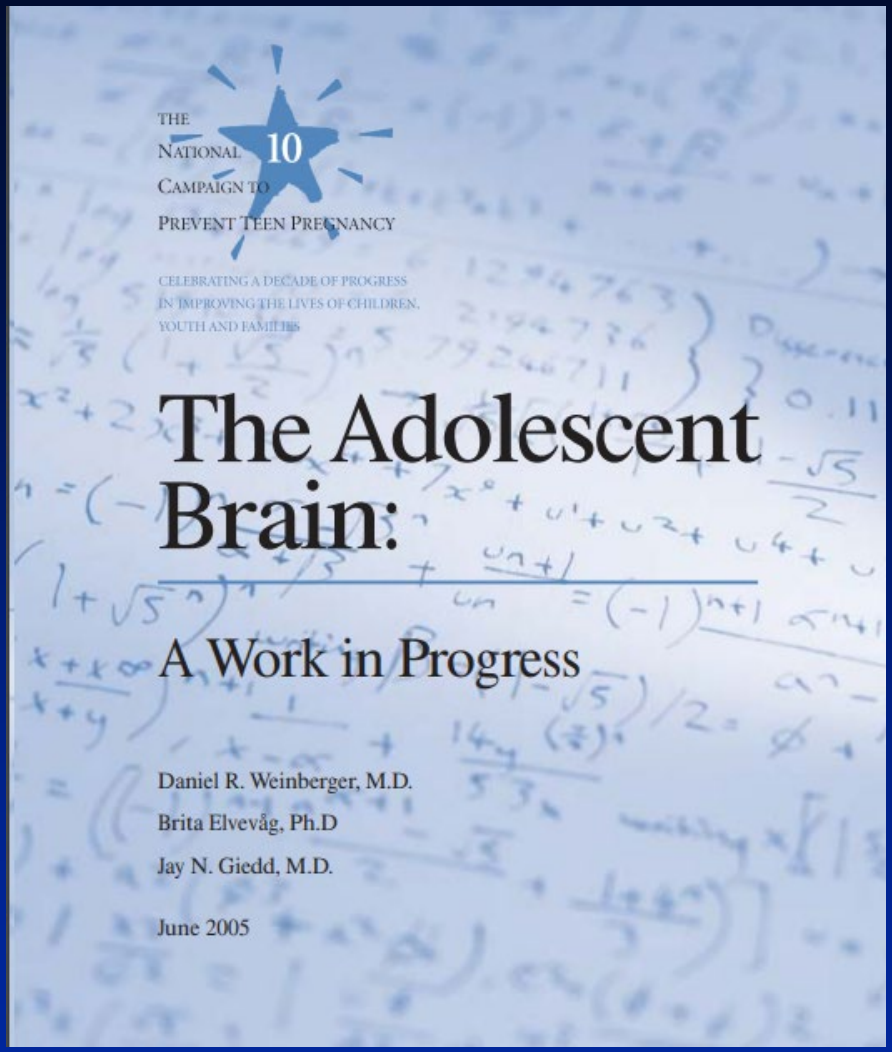
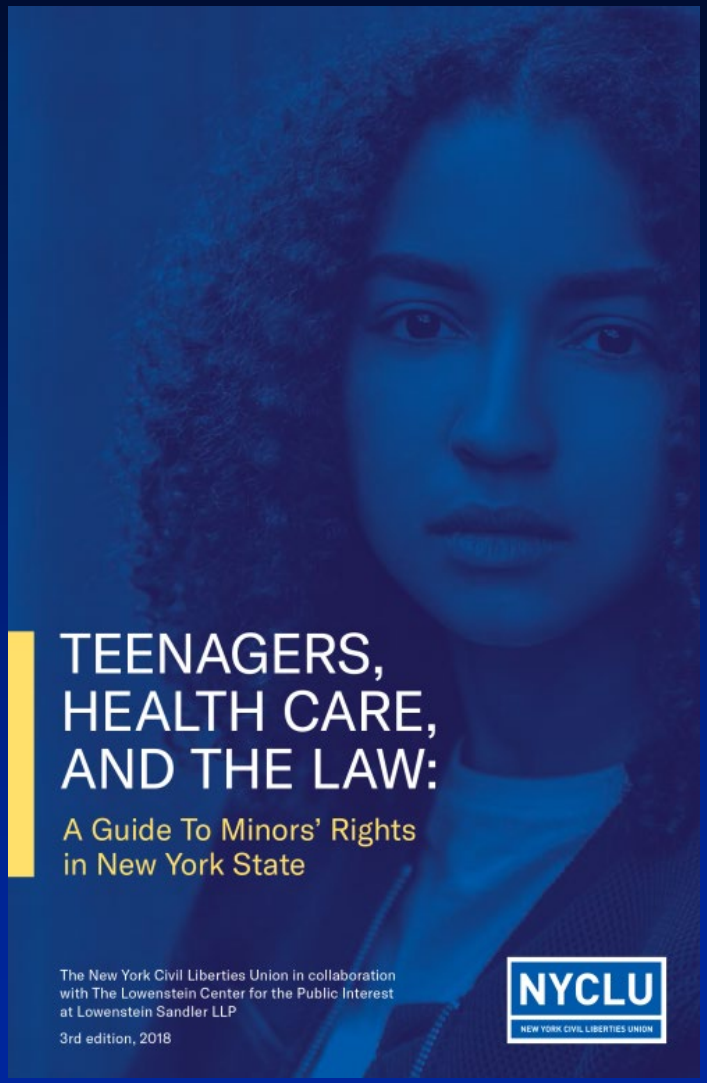


http://www.kvccdocs.com/KVCC/2013-Spring/PSY215-02/content/L-19/The%20Adolescent%20Brain-A%20Work%20in%20Progress.pdf



https://www.nyclu.org/uploads/2018/10/thl.pdf

› Pediatrics. 2020 Aug;146(Suppl 1):S18-S24. doi: 10.1542/peds.2020-0818F.

Adolescent Brain Development and Medical Decision-making

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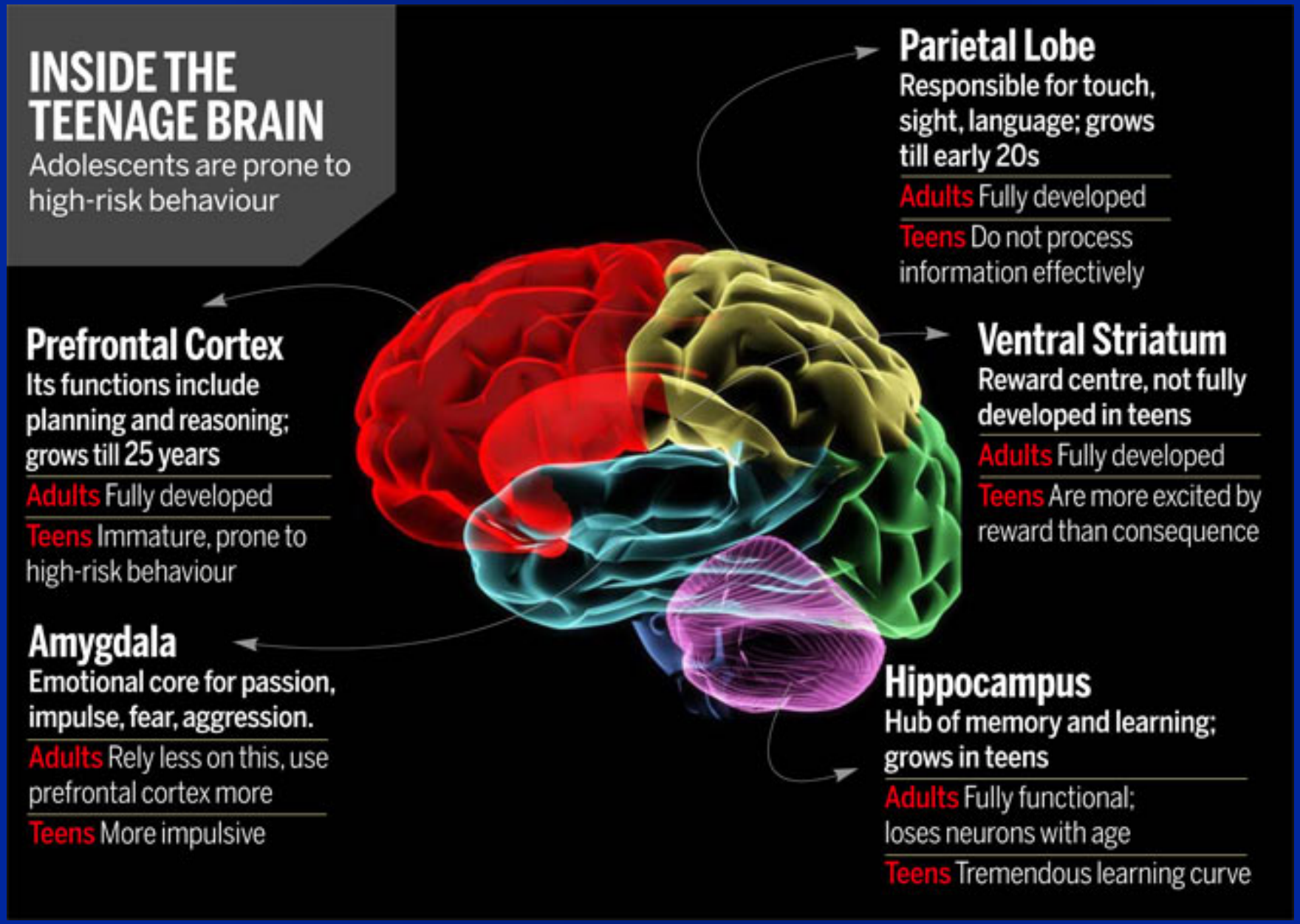
Abstract

With a few notable exceptions, adolescents do not possess the legal authority to provide consent for or refuse medical interventions. However, in some situations, the question arises regarding whether a mature minor should be permitted to make a life-altering medical decision that would be challenged if made by the minor's parent. In this article, I explore what we currently know about the adolescent brain and how that knowledge should frame our understanding of adolescent decision-making. The prevailing approach to determining when adolescents should have their decisions respected in the medical and legal context, an approach that is focused on establishing capacity under a traditional informed consent model, will be reviewed and critiqued. I will suggest that the traditional model is insufficient and explore the implications for the adolescent role in health care decision-making.

https://pubmed.ncbi.nlm.nih.gov/32737228/

Development and Medical Decision-Making

- Legal: *Emancipation*: married, self-supporting & not living at home, armed services; *Conditions*: Dx and Tx of STDs, pregnancy, substance abuse; *Mature minor...*
- Capacity: able to communicate choice; understand information/facts relevant to the choice; appreciate situation and consequences of decision; able to assess information rationally.
- Two systems of brain development: socioemotional system composed largely of limbic and paralimbic structures; cognitive-control system composed of prefrontal and parietal cortical structures



https://www.sexualhealthtayside.org/lessons/the-adolescent-brain/

Brain Development and Decision-Making

- Limbic and Paralimbic: rapid, automatic processing (often reactive), intuitive, unconscious, picking up patterns before being consciously aware of them; behaviors triggered by feelings and autonomic responses.

- Prefrontal and Parietal Cortex: conscious control, voluntary, intentional, deliberate, reasoned, analytic, and reflective: requires time and conscious effort

Discussion: Applying this information as you work with a youth in her/his/their community as part of *ACT for Youth*