

Supporting Youth Autonomy in Health Care Settings

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UNIVERSITY of
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MEDICAL CENTER

ACT
for
youth



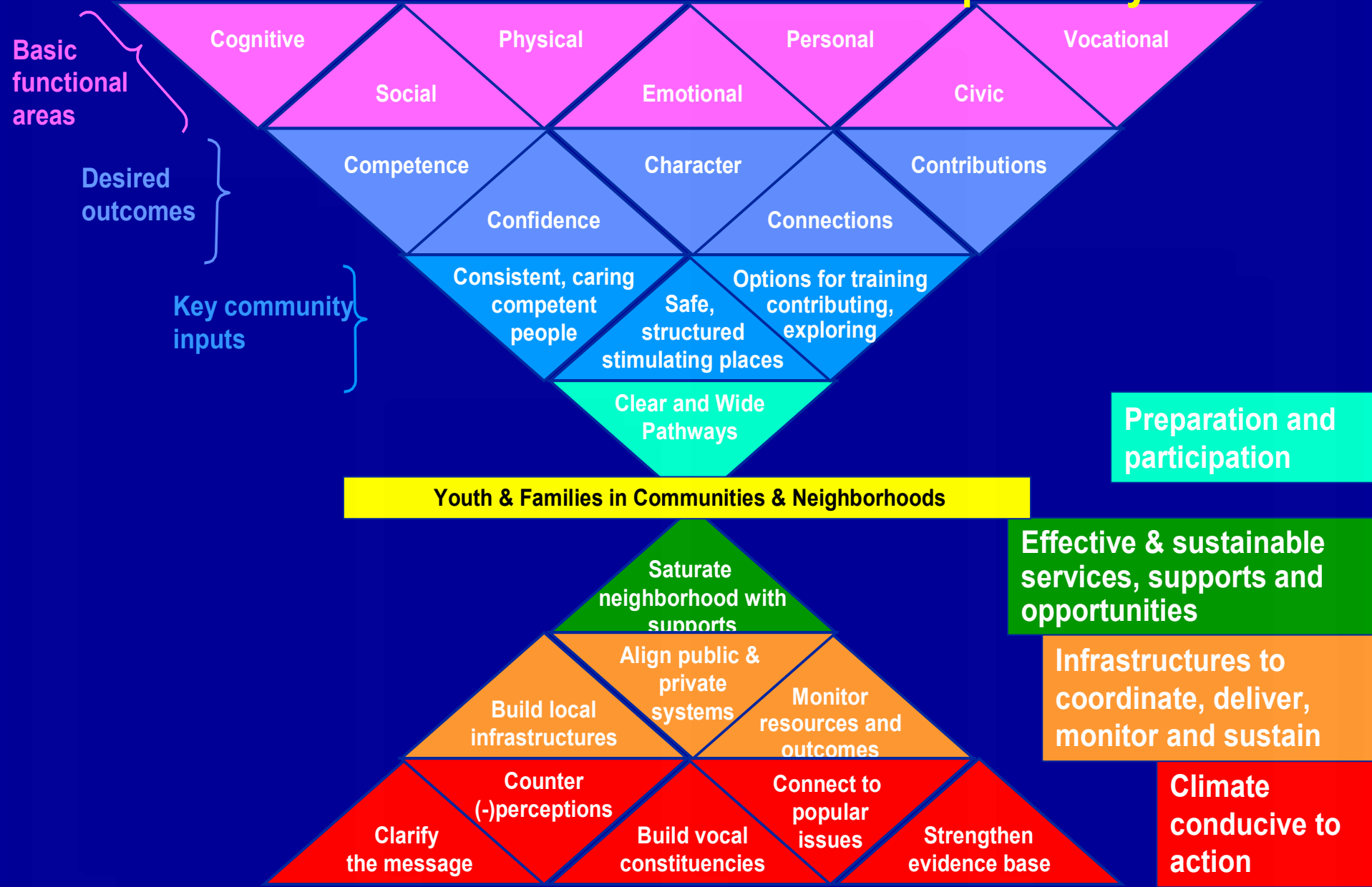
Bronfenbrenner Center
for Translational Research

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



CRISIS

危机

危险 机会

DANGER + OPPORTUNITY

Adolescence: Danger or Opportunity????

Major Events of Puberty

- **Growth Spurt (Peak Height Velocity)**
- **Body composition Δ (\uparrow Fat F; \uparrow Lean M)**
- **Organ Δ (\downarrow lymphoid; CNS organization)**
- **Sex organ changes (reproductive capacity)**
- **Secondary sex characteristics**
- **Hormone changes**

Normal Stages & Tasks of Adolescence

	<i>Puberty</i>	<i>Autonomy</i>	<i>Identity</i>	<i>Thinking</i>
<i>Early</i> 9-14yo	Onset and tempo variable	Ambivalence	Am I normal?	Concrete operational
<i>Middle</i> 15-16yo	F advanced more than M	Limit-testing, experimental behavior	Who am I?	Transitional
<i>Late</i> 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

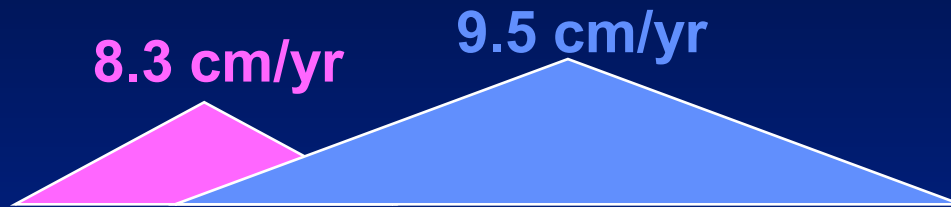
- **Enlargement of testes**
- **Pubic hair**
- **Growth of penis**
- **Axillary hair**
- **Nocturnal emissions**
- **Growth spurt**
- **Facial hair**
- **Adult height**

Average Pubertal Events

9-11 12 13 14 15 16 17 18

Thelarche ■ Black 9 yo; Hispanic 9-10; White 10yo

**Peak
Height
Velocity**



Early ↑ PHV
Late ↓ PHV

Testes

2

5

Penis

3

Menarche

9-11 12 13 14 15 16 17 18



ELSEVIER



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Original article

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

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THE
NATIONAL **10**
CAMPAIGN TO
PREVENT TEEN PREGNANCY

CELEBRATING A DECADE OF PROGRESS
IN IMPROVING THE LIVES OF CHILDREN,
YOUTH AND FAMILIES

The Adolescent Brain:

A Work in Progress

Daniel R. Weinberger, M.D.

Brita Elvevåg, Ph.D

Jay N. Giedd, M.D.

June 2005

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



TEENAGERS, HEALTH CARE, AND THE LAW:

A Guide To Minors' Rights
in New York State

The New York Civil Liberties Union in collaboration
with The Lowenstein Center for the Public Interest
at Lowenstein Sandler LLP

3rd edition, 2018



<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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Affiliations + expand

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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

INSIDE THE TEENAGE BRAIN

Adolescents are prone to high-risk behaviour

Prefrontal Cortex

Its functions include planning and reasoning; grows till 25 years

Adults Fully developed

Teens Immature, prone to high-risk behaviour

Amygdala

Emotional core for passion, impulse, fear, aggression.

Adults Rely less on this, use prefrontal cortex more

Teens More impulsive



Parietal Lobe

Responsible for touch, sight, language; grows till early 20s

Adults Fully developed

Teens Do not process information effectively

Ventral Striatum

Reward centre, not fully developed in teens

Adults Fully developed

Teens Are more excited by reward than consequence

Hippocampus

Hub of memory and learning; grows in teens

Adults Fully functional; loses neurons with age

Teens Tremendous learning curve

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*