

# **Health Professionals, Adolescents and Families**

## *Crossing Biobehavioral Barriers*

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# ADOLESCENT HEALTH ISSUES

Being an informed professional

# Adolescent Health Issues

TRADITIONAL

CONTEMPORARY

# Adolescent Health

## Traditional Issues

- Chronic Illness (diabetes, asthma, seizure disorders)
- Growth/pubertal disorders
- Acne and other skin disorders
- Behavioral Issues
- ADD/Learning Disorders
- Obesity
- Abdominal Pain

# Adolescent Health

## Contemporary Issues

- **Substance Abuse Disorders**
  - Prevention
  - Recreational Use
  - Dependence
  - Medical Complications
- **Contraception**
- **Sexually Transmitted Infections**
- **HIV**
- **Issues Associated with Sexual Lifestyles**
- **Rape and Sexual Abuse**
- **Eating Disorders**
  - A nervosa
  - B nervosa
  - Binge Eating Disorder
- **Chronic Fatigue Syndrome**
- **Sleep Disorders**
- **Metabolic Syndrome**
- **Youth and Violence**
- **Adolescent Depression**
- **Suicide**
- **High Risk Behaviors**

# PUBERTY VS ADOLESCENCE

- Humans have the longest puberty and adolescence of all primates
- Mean length of puberty is 4 years in Western cultures
- Length of adolescence is variable and may last a lifetime

# PUBERTY VS ADOLESCENCE

- Puberty is the biological process of change while adolescence is the psychosocial concomitants
- They are usually interdependent but not always so
- Marketing of clothing, behaviors and activities may precipitate 'prepubescent' adolescence

# PUBERTY VS ADOLESCENCE

- Both puberty and adolescence are periods of rapid change and therefore easily influenced by environmental factors
- adolescence as a 'second birth'

# Influences on Morbidity and Mortality

## BIRTH

### Existence (Biological)

- IUGR
- Prematurity
- Abruptio Placenta
- Intra-partum asphyxia
  
- Birth Trauma
- Malnutrition
- Toxins
- Infections

### Life (Biopsychosocial)

- Family Dysfunction
- Early Emancipation
- Divorce/Death
- Parental  
Enmeshment/Rigid
- Chronic Illness/Disability
- ↵ Values/Beliefs/Social  
Skills
- Media/Drugs/Violence
- STI's/HIV

# Birth Parameters

## Existence

- **Biological Process**
- **Intrauterine Environment**
  - Fetal
  - Amniotic Fluid
- **Obstetrical Issues**
- **Neonatal Period**

## Life

- **Biopsychosocial**
- **Family**
  - Psychosocial 'nutrition'
  - Beliefs, values, connectedness
- **Puberty**
- **Adolescence**

# Protective Factors for Healthy Development

- Individual
  - Social skills (Life skills)
  - Ability to positively engage adults
  - Spirituality
  - positive self-concept and efficacy
    - Successful school completion
    - Athletic (Team) performance
    - Activities positively acknowledged by adults and completed

# Protective Factors for Healthy Development

- Families

- Connectedness to a parent (psychological availability)
- Access to extended family
- Child spacing (> 2 years)
- Having 2 parents
- Parental expectations and values

# Protective Factors for Healthy Development

- Social Ecology
  - Caring non parent adult
  - Connectedness to a social institution
  - Involvement in school
  - Informal support system

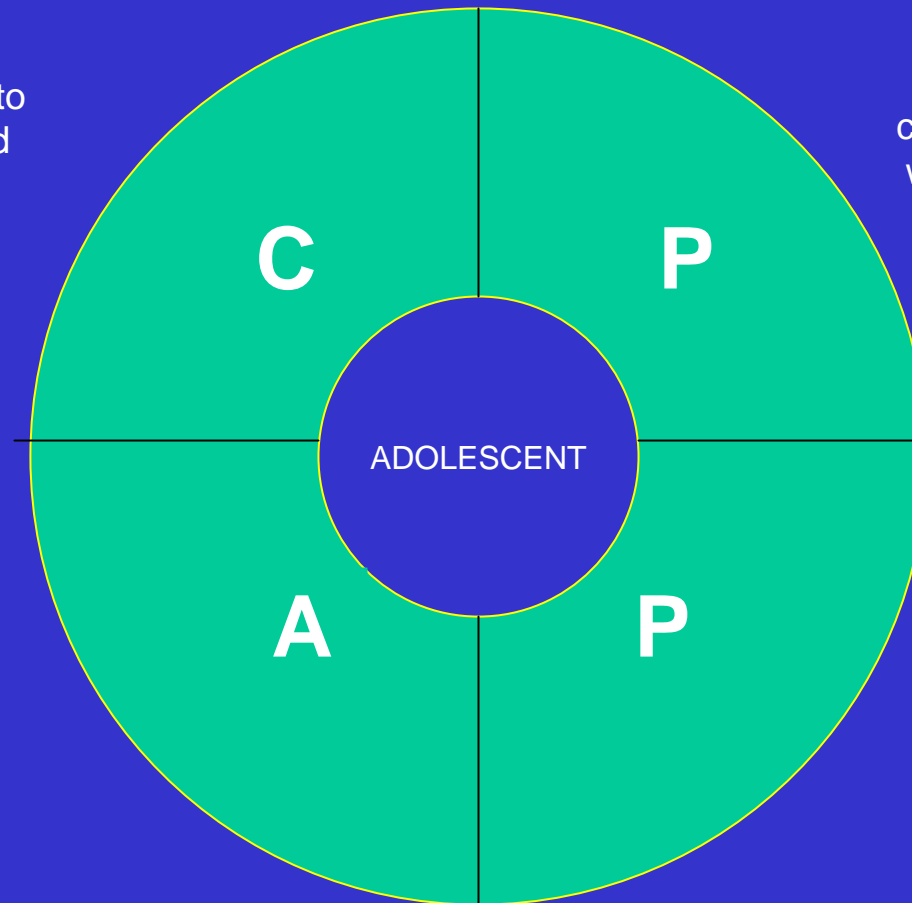
# The CPAP Model of Factors for Healthy Youth Development

## CONTRIBUTION

Opportunity to contribute to family, neighborhood and community activities  
Youth Involvement

## PEOPLE

An adult who cares, who is connected. A network of adults who are involved in the life of the adolescent.



## ACTIVITIES

School and community activities that develop a sense of connectedness and belonging

## PLACES

Places for youth to get together to recreate with adult supervision  
To develop friendships

# ADOLESCENT HEALTH ISSUES

Being the 'good' professional

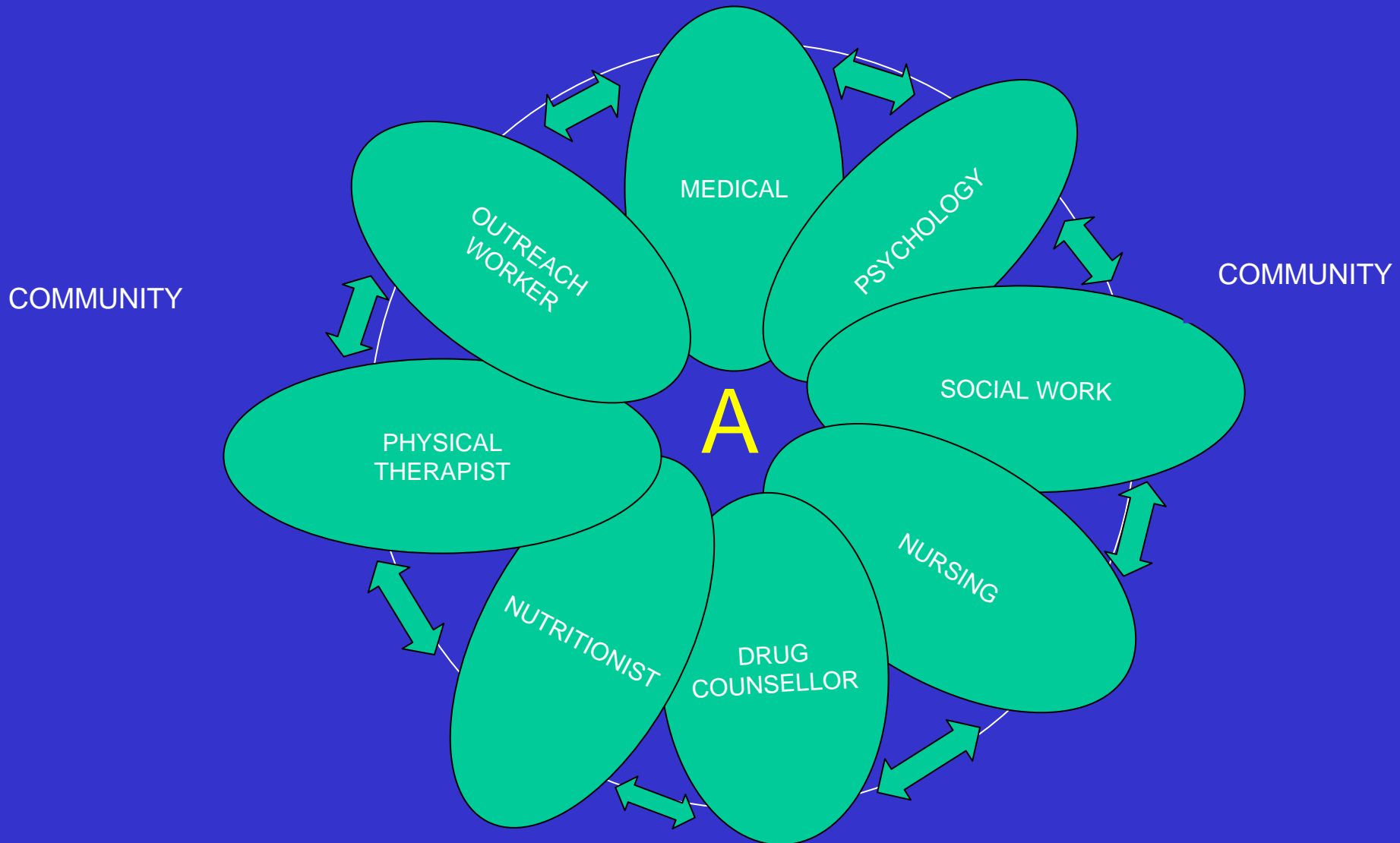
# Professionals

- Awareness of self
- Ability for personal growth and change
- Respect for the adolescent and his/her experience

# Professionals

- Willingness to broaden view of the 'human dilemma' to include biobehavioral and psychosocial issues
- Ability to function in an interdisciplinary fashion

# Centralizing the Adolescent



# THE FAMILY

A roadmap

# What is a Healthy Family?

- Family members enjoy each other.
- Mutual respect for each other, their experience and views.
- Negotiation rather than power is used to solve problems.

# What is a Healthy Family?

- Community Involvement
- Leadership is shared by parents.
- Personal autonomy in siblings is encouraged.
- Open expression of feelings.

# What should adolescents gain from being in the family ?

- A feeling of personal competence.
- Feeling significant and not diminished.
- An awareness of personal power or ability to control their own life experience

# What should adolescents gain from being in the family ?

- Skills to deal with personal crises.
- Ability to establish relationships - social skills.
- Develop a sense of cause and effect.
- Develop responsibility, adaptability
- and flexibility.
- Learn how to make judgments.

# What is in it for Parent(s)?

- Sense of satisfaction and accomplishment.
- the contentment of having created, contributed to and influenced a life.
- Joy and happiness.

# What's in it for Parent(s)?

- Personal growth and validation and sense of well-being.
- Perpetuity and security of family.
- Creating happy memories.

# R.O.L.E. Of Family

## Contributing to Adolescent Dysfunction

R - Rigidity

O - Over protectiveness

L - Lack of conflict resolution

E - Enmeshment

# Family Intervention

- As the adolescent with the problem improves within the family – the ‘real patient’ will worsen

# Family Intervention

- The likelihood that education alone will help a family function is inversely proportional to the degree of dysfunction

# Family Intervention

- Families in general are not bad, but just ineffective and need to change to become more effective

# Family Intervention

- Even Rolls-Royces need tune ups

“The reason teenagers get along so well with their grandparents is that they share a common enemy”

—W. Rogers