

WISCONSIN YOUTH FUTURES

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The Developing Adolescent: Designing Prevention Programs That Work



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The Developing Adolescent: Designing Prevention Programs That Work

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The changes that occur during adolescence are faster and greater than at any other time of life except infancy. These changes that occur as adolescents mature from childhood into adulthood make adolescence a time of promise, yet also an age of risk. In Youth Futures, we try to build community support for youth that can help tip the scales from risk to promise.

We can work more effectively with youth, and our prevention programs can be more successful, if we take into account the changes that occur in adolescents and in their world. Changes occur in the way adolescents think and in their relationships with parents and peers. In our society, changes have also occurred in the timing of puberty and in how youth are prepared for adult roles. Each of these changes are discussed below, and implications are given for the design and implementation of prevention programs based upon the research of Steinberg, Howard, the Carnegie Council, and others.

While this paper deals with changes that are true for most adolescents, adolescents are clearly as different in their personalities, abilities, and coping skills as adults. Early adolescents (roughly ages 10 to 13) have different needs and concerns than middle adolescents (about ages 14 to 17) or late adolescents (ages 18 to 21); the sequence of changes, however, is roughly the same.

Changes in thinking

- ❖ **Using logic and reason.** When trying to solve problems, adolescents do not guess at random; rather, they can devise several plans to figure out solutions and logically consider the consequences of each.
- ❖ **Thinking abstractly.** While children deal best with things they can see and manipulate, adolescents are able to figure things out in their heads. Adolescents understand abstract concepts like loyalty and honesty; they no longer see things in the simple black and white terms of childhood—mean or nice, smart or stupid. For the adolescent, the world becomes grayer, more uncertain, and open to debate.
- ❖ **Imagining possibilities.** Children's thinking is oriented toward the here and now—to things they can observe directly. Adolescents, on the other hand, can imagine the world different than it is now; for example, adolescents can think what life would be like if their parents, school, or community were different. These advances in thinking prompt questions about their identity as well; adolescents begin to realize that who they are now is only one possibility of who they might be in the future.

Implications for prevention. These changes in thinking begin to emerge at ages 11 or 12, but these new abilities do not jell until much later. Thus, young people have advanced thinking on some topics but not others, on some days but not always. For children

younger than 11 or 12, prevention programs can focus on the immediate, concrete results of being involved in risky behaviors. For example, arguing that smoking makes your teeth yellow and gives you bad breath will work better than arguing that smoking will cause lung cancer 20 years from now. In addition, adolescents older than 13 can role-play risky situations, imagine how they would handle them, and consider alternative responses.

- ❖ **The personal fable.** The personal fable is the tendency of adolescents, and even some adults, to view themselves as unique and special, and, therefore, not as susceptible to risks as everyone else. For example, a teen who can recite statistics about alcohol and fatal automobile accidents, may still drink and drive because he believes he can handle it.

A major frustration of prevention programmers is that information approaches or fear tactics often don't work. Information, in and of itself, may increase knowledge but not change behavior. The personal fable permits adolescents to dismiss what they know is true, by acting as if it does not apply to them.

Implications for prevention. The newest generation of prevention programs has turned to teaching prevention skills such as decision-making, stress management, and refusal techniques. Teaching specific skills is less likely to be undercut by an adolescent's feelings of invulnerability than giving teens information and expecting them to apply it on their own. The more specific the training, the better; refusal skills don't always carry over from one situation to another. For example, students who learn specific techniques for saying no to sexual pressures may find it difficult to apply this information to drinking.

- ❖ **The imaginary audience.** Adolescents acquire the ability to think about what others are thinking. While this new skill can benefit adolescents socially, the early adolescent, in particular, may overcompensate and imagine that everyone is always thinking about him/her. By creating this imaginary audience, adolescents overestimate the pressure to try drugs, the adverse consequences of not doing so, and their peers' involvement in problem behaviors. In fact, adolescents overestimate sexual activity by peers by as much as seven times.

Implications for prevention. Telling adolescents not to care about what their friends think probably won't work; instead, showing them that their friends care less about their behaviors than they imagine may be more effective. Group discussions can reveal to individuals just how imaginary their beliefs may be. For example, we know that adolescents are *not* likely to reject or accept others based solely on alcohol use; adolescents are more apt to believe this when it comes from their peers rather than adults.

Changes in relationships with parents and peers

- ❖ **Peer pressure and parent influence.** Susceptibility to peer influence increases from 3rd to 8th grade, peaks around age 14, and declines during the high school years as adolescents become more self-reliant; susceptibility to the influence of parents, on the other hand, declines during these years. As the influence of peers becomes stronger, it

is easy to overestimate the negative influence of peers. Not all peer pressure is negative, however; adolescents also exert positive pressure on each other to finish high school and to behave responsibly.

At the same time, it is easy to underrate the influence of parents. Peers become more influential on some matters such as clothing, alcohol use, and the time spent on homework. Yet parents remain the major influence on their children in other areas—occupational plans, educational aspirations, and religious beliefs.

Thinking of peer influence separately from parent influence is wrong, according to recent studies. Young people clearly do best when they have the support of both parents and peers; young people who find neither group supportive do much worse. Even though peers have a stronger effect on the use of marijuana or hard liquor, for example, parents still influence this decision. Furthermore, when adolescents feel close to their parents, they are more apt to choose friends whose values and attitudes are similar to those in their family.

Implications for prevention. These findings explain why adolescents teaching their younger peers how to say no to alcohol or sex has been one of the most effective prevention programs. Peer approaches appear particularly effective during the years of 6th to 8th or 9th grade when peer pressure reaches its peak. Most peer programs, however, focus on increasing the youngster's ability to resist negative peer pressure and pay little attention to the school and community in which the adolescent lives. Peer approaches could be strengthened with school and community campaigns to reduce the amount of negative peer pressure the adolescent faces, while, at the same time, building ways adolescents can influence each other to behave responsibly. Peer programs could also be more effective in preventing problem behaviors if accompanied by programs for parents on their role in prevention. Similarly, prevention programs aimed at parents, without attempts to marshall negative peer pressure, are less apt to be successful.

Changes in the timing of physical maturity

❖ **Declining age of puberty.** The age at which young people can reproduce has dropped 3 months every 10 years during the last century. Today the average age of puberty for girls is about 12½, but some girls begin as early as 9 years of age and others as late as 16. For boys, the average age of puberty is 13½, but ranges from 10 to 17. Today's young people go through puberty earlier and stay in school longer; this has resulted in the longest separation in human history between when adolescents are able to reproduce and when they assume adult roles and responsibilities. Thus, young people become fertile several years before they become mentally, socially, and morally mature.

Similarly, recent studies indicate a disturbing decline in the age of first use of alcohol and other drugs; the percentage of 6th graders using drugs has tripled in the last 10 years.

Implications for prevention. Discussing problem behaviors with children needs to begin early. If we start our prevention programs too late, some of these behaviors have already begun to crystallize and become more difficult to change. Even our most successful

prevention programs do not work after adolescents begin drinking or become sexually active. Furthermore, our preventive efforts must be consistent with how early adolescents think as well as their level of social and moral maturity.

Changes in social roles and status

- ❖ **Unclear adult status.** Are adolescents adults or kids? This question has no clear-cut answer. Legally, adolescents can work at 14, drive at 16, marry at 18, and drink at 21. In addition, we have few formal ceremonies marking the transition from childhood into adolescence or from adolescence into adulthood. This vague sense of when and how adolescents become adults may make adolescence a more difficult time than if the transition were more clearly marked. Adolescents may substitute symbols of adulthood, such as drinking or sexual activity, to show their maturity.
- ❖ **Limited preparation for adult roles.** Young people today are given little direct preparation for their adult roles as workers, parents, and citizens; few opportunities exist to pursue meaningful roles in the community. Using drugs and alcohol could be one of the only tastes of adulthood available to young people. When young people enter responsible roles, such as work and family commitments, they usually cut back on their use of alcohol and other drugs. Young people, who are working toward important future goals, cite more reasons for limiting their involvement in problem behaviors than youngsters who see few opportunities.

Implications for prevention. Communities could provide "markers" of increasing maturity such as celebrating the entry into or exit from middle school or junior high with a community picnic or by granting kids extra privileges. Communities could also provide more meaningful opportunities for kids: volunteering in hospitals, nursing homes, or child care centers; serving as tutors or mentors to younger children; teaching slightly younger peers how to say no to alcohol or sex; and giving youth increasing responsibility and decision-making power. Families, schools, organizations, and communities can engage youth in meaningful roles by providing opportunities for involvement, the skills necessary to be successful, and recognition for their accomplishments.

Summary

Adolescents have basic human needs that must be met if they are to safely negotiate the passage from childhood to adulthood. Among these needs are to

- ❖ try out their new thinking abilities, discuss possibilities, disagree, and practice stating and defending viewpoints;
- ❖ be a valued member of a constructive peer group;
- ❖ experience caring relationships with parents and other adults in the community;
- ❖ receive training and experience in the adult roles of worker, parent, and citizen; and
- ❖ believe in a promising future with real opportunities.

Prevention programs that work take into account the needs of the growing adolescent. Adolescents are more apt to make a successful transition into adulthood when supported

by a loving family, close friends, good schools, and caring communities. Building these supports through programs like Youth Futures can tip the scales from adolescence as a time of risk to an age of promise.

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