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# The adolescent brain: different, not deficient

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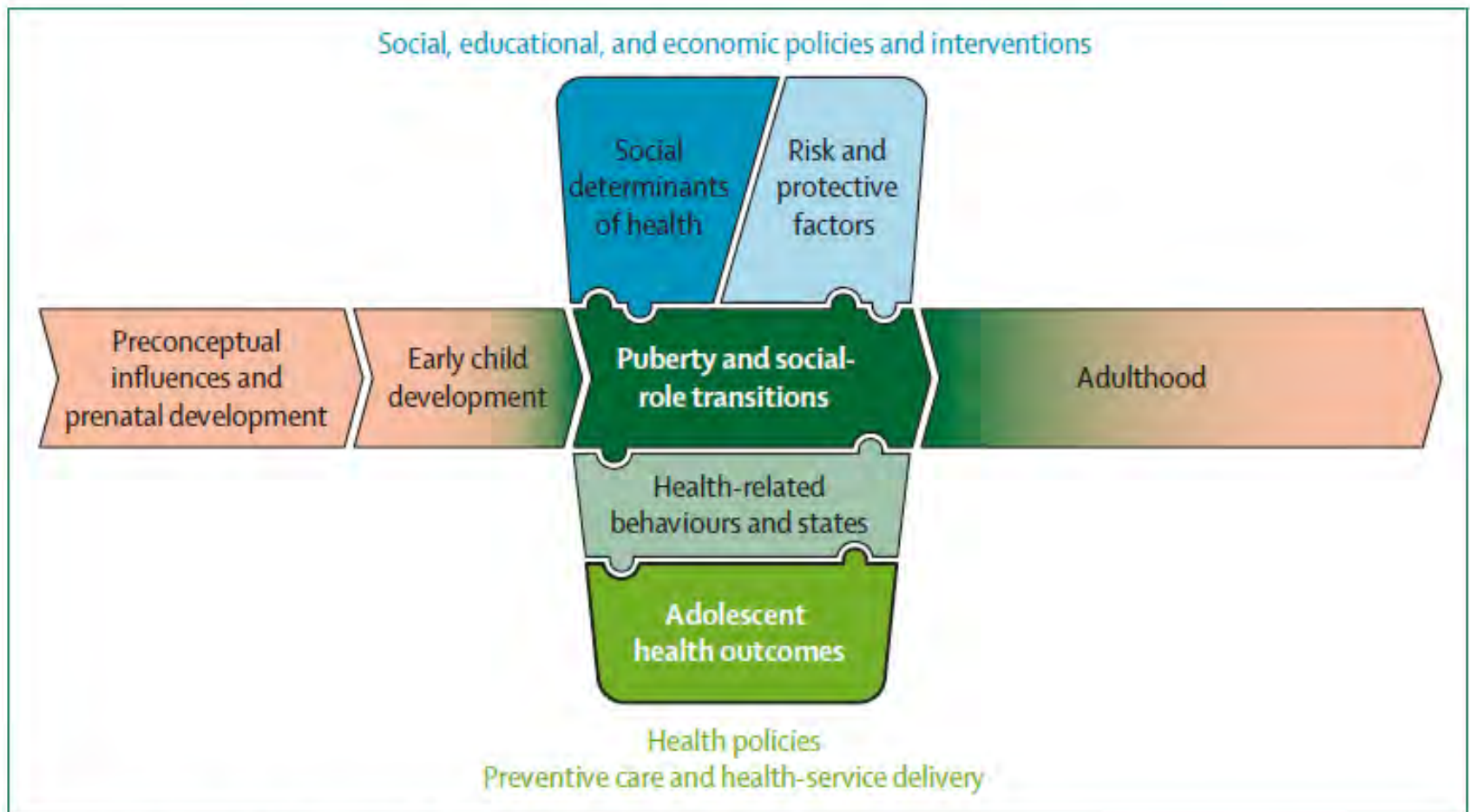


Riley Hospital for Children  
Indiana University Health

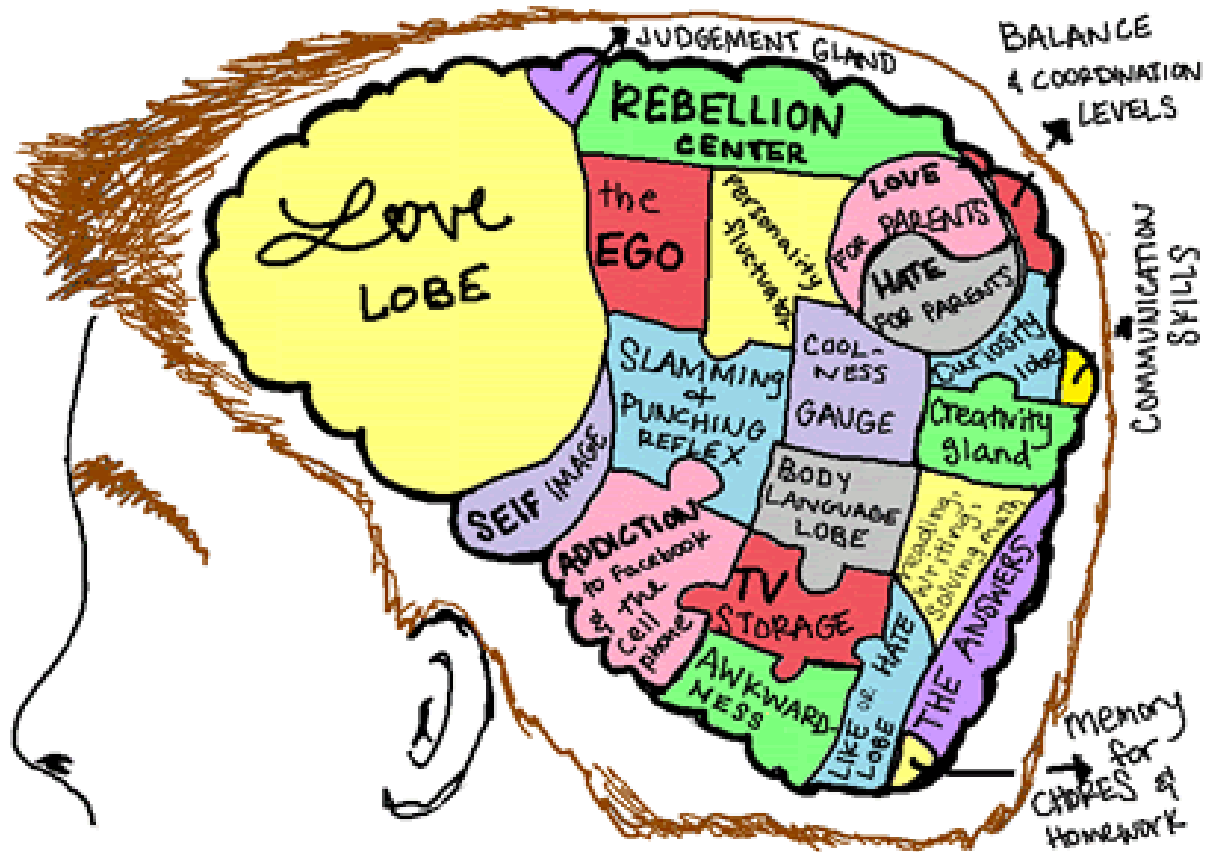


SCHOOL OF MEDICINE  
INDIANA UNIVERSITY

# Conceptual framework for adolescent health



# THE AVERAGE TEENAGE BRAIN



# Adolescence: 11-21 years

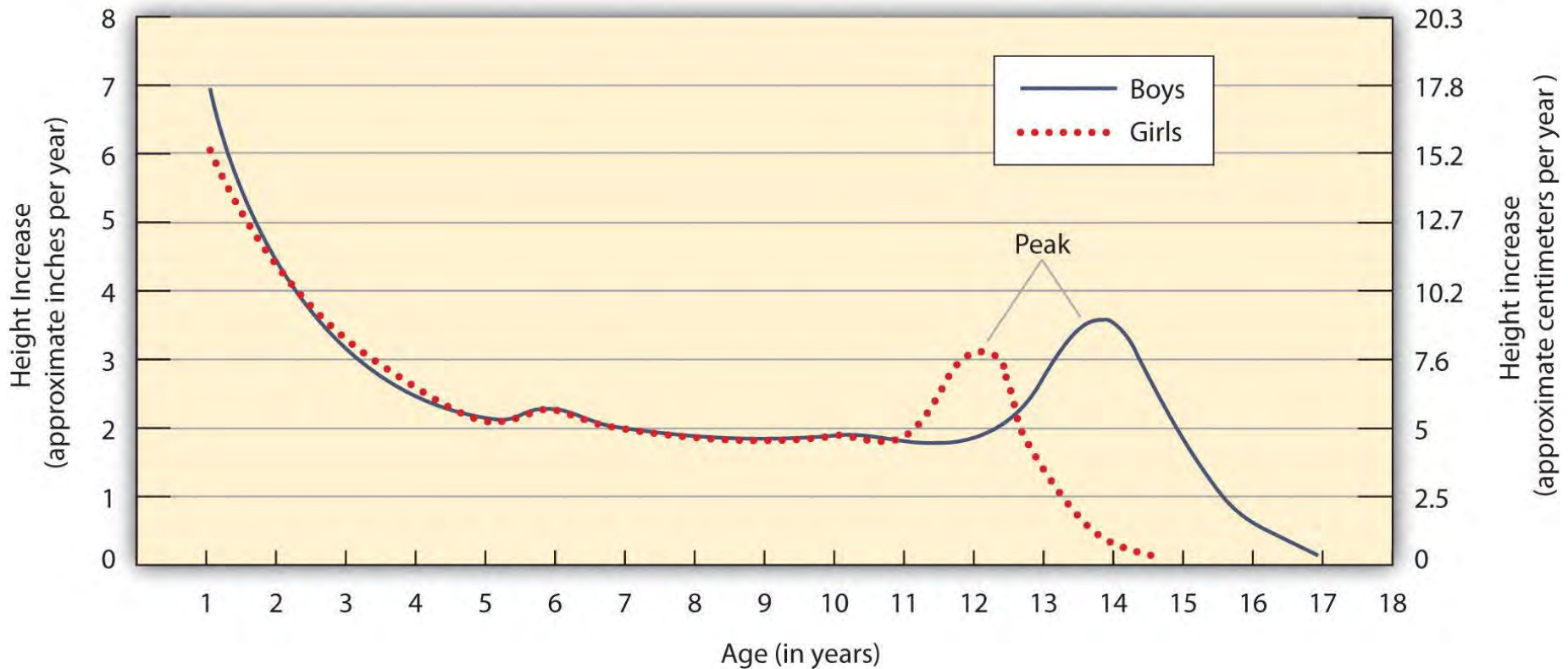


# Physical changes of adolescence



# Puberty occurs early in adolescence

## Growth velocity in children and adolescence



Data from: Ulijaszek, S. J., Johnston, F. E., Preece, M. A., & Tanner, J. (1998). The Cambridge encyclopedia of human growth and development. Cambridge University Press: Cambridge, UK. Image from: [catalog.flatworldknowledge.com/bookhub/reader/12013?e=tye\\_1.0-ch08\\_s02](http://catalog.flatworldknowledge.com/bookhub/reader/12013?e=tye_1.0-ch08_s02).

# Social Transitions

- Less time with family; more time with peers
- High Emotional Turmoil → 5%–15%
- Friendships → closer, intimacy, disclosure, support
- Romantic relationships → normative in middle adolescence, stable & improve social functioning
- Civic involvement → ↑ compassion, interdependence
- College → 39% 18-25 year olds
- Living at home → 56% 18-24 years

# Academic demands of adolescence

Step 1:  $k \div 3 = 4$

Step 2:  $k \div 3 = 4$   
 $\quad \quad \times 3 \quad \quad \times 3$

Step 3:  $k \div 3 = 4 \times 3$   
 $\quad \quad \times 3 \quad \quad 12$

Step 4:  $k = 12$



$$14. \int u \sqrt{a+bu} \, du = \frac{2}{15b^3} (3bu - 2a)(a+bu)^{3/2} + C$$

$$15. \int u^2 \sqrt{a+bu} \, du = \frac{2}{105b^3} (15b^2u^2 - 12abu - 8a^2)(a+bu)^{3/2} + C$$

$$16. \int u^n \sqrt{a+bu} \, du = \frac{2u^n(a+bu)^{3/2}}{b(2n+3)} - \frac{2an}{b(2n+3)} \int u^{n-1} \sqrt{a+bu} \, du$$

$$17. \int \frac{u \, du}{\sqrt{a+bu}} = \frac{2}{3b^2} (bu - 2a) \sqrt{a+bu} + C$$

$$18. \int \frac{u^2 \, du}{\sqrt{a+bu}} = \frac{2}{15b^3} (3b^2u^2 - 4abu - 8a^2) \sqrt{a+bu} + C$$

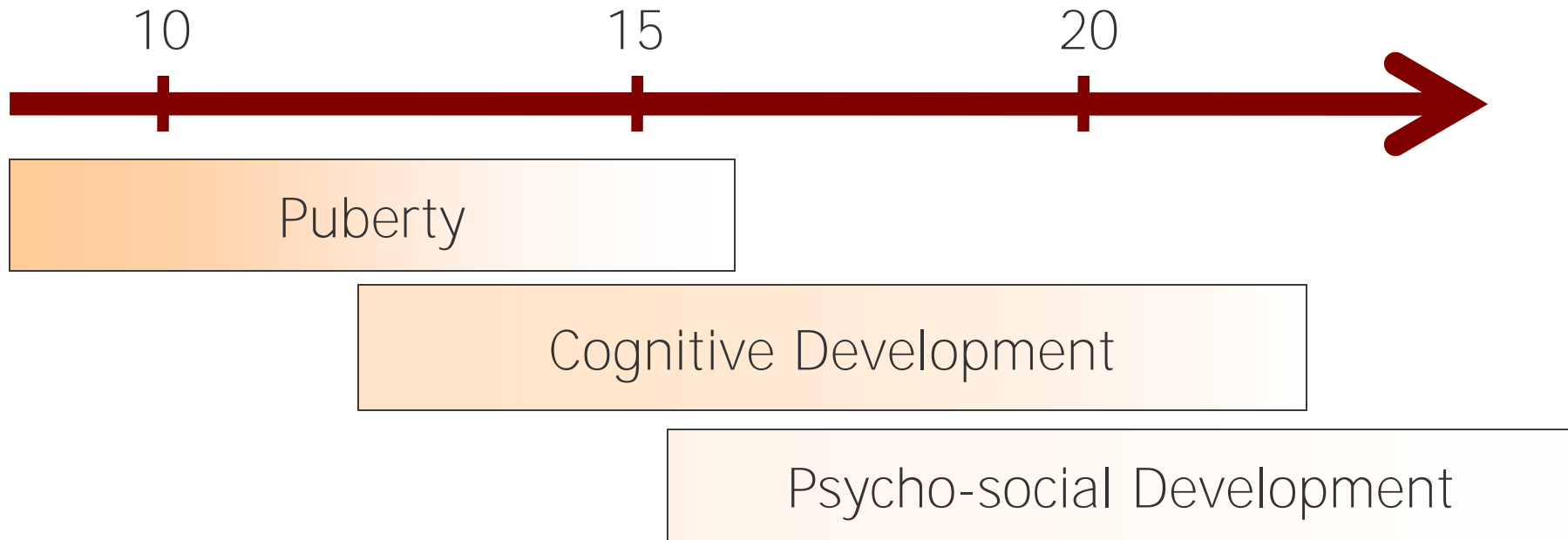
$$19. \int \frac{u^n \, du}{\sqrt{a+bu}} = \frac{2u^n \sqrt{a+bu}}{b(2n+1)} - \frac{2an}{b(2n+1)} \int \frac{u^{n-1} \, du}{\sqrt{a+bu}}$$

$$20. \int \frac{du}{u \sqrt{a+bu}} = \begin{cases} \frac{1}{\sqrt{a}} \ln \left| \frac{\sqrt{a+bu} - \sqrt{a}}{\sqrt{a+bu} + \sqrt{a}} \right| + C & \text{if } a > 0 \\ \frac{2}{\sqrt{-a}} \tan^{-1} \sqrt{\frac{a+bu}{-a}} + C & \text{if } a < 0 \end{cases}$$

$$21. \int \frac{du}{u^n \sqrt{a+bu}} = -\frac{\sqrt{a+bu}}{a(n-1)u^{n-1}} - \frac{b(2n-3)}{2a(n-1)} \int \frac{du}{u^{n-2} \sqrt{a+bu}}$$



# Growth and Development



# Adolescent Decision-Making

TEEN-AGE MOUSE



# Capacity to Consent to Health Research

MacCAT-CR Subscales	Range	Our study of 12-24 yo Mean ( $\pm$ SD)	Studies of Healthy Adults (range)
Understanding	0 - 26	20.9 ( $\pm$ 3.5)	20.2 - 25.8
Appreciation	0 - 6	5.5 ( $\pm$ 0.9)	4.2 - 5.9
Reasoning	0 - 8	6.6 ( $\pm$ 1.9)	4.4 - 7.1
Choice	0 - 2	2 ( $\pm$ 0)	2

# Predictors of Capacity to Consent

- Understanding:

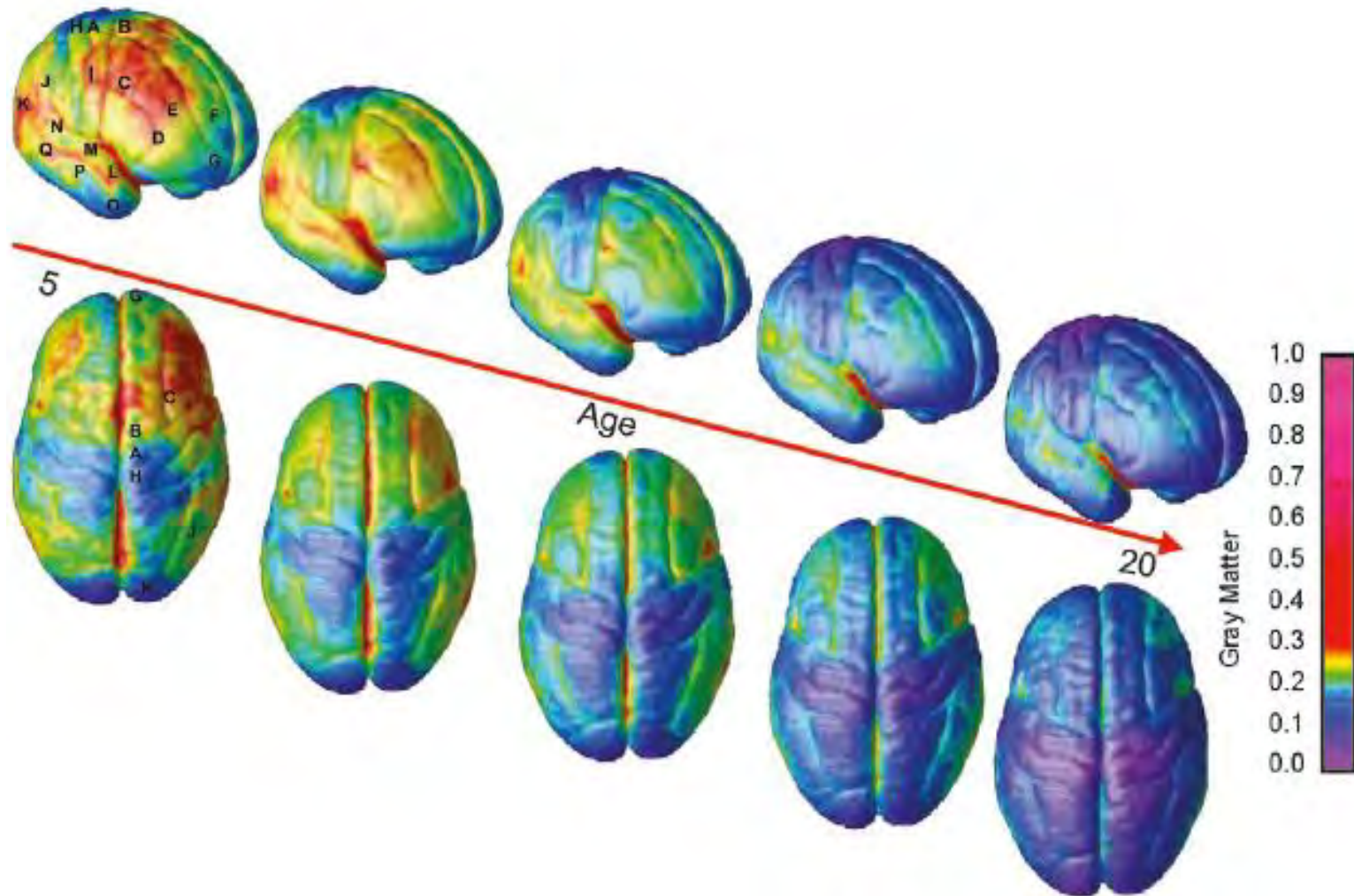
Predictor [1]	Beta (SE)	Std. Beta	t
Health Literacy (REALM)	0.317 (0.046)	0.567	6.91***
Affluence (FASII)	0.517 (0.169)	0.252	3.07**
	R2	.41***	

\*\*p<0.01, \*\*\*p<0.001

[1] Age & chronic illness non-significant & removed

- Reasoning: similarly predicted by health literacy & affluence ( $R^2=0.23$ ,  $p<0.001$ )
- Appreciation: health literacy only ( $R^2=0.69$ ,  $p<0.001$ )

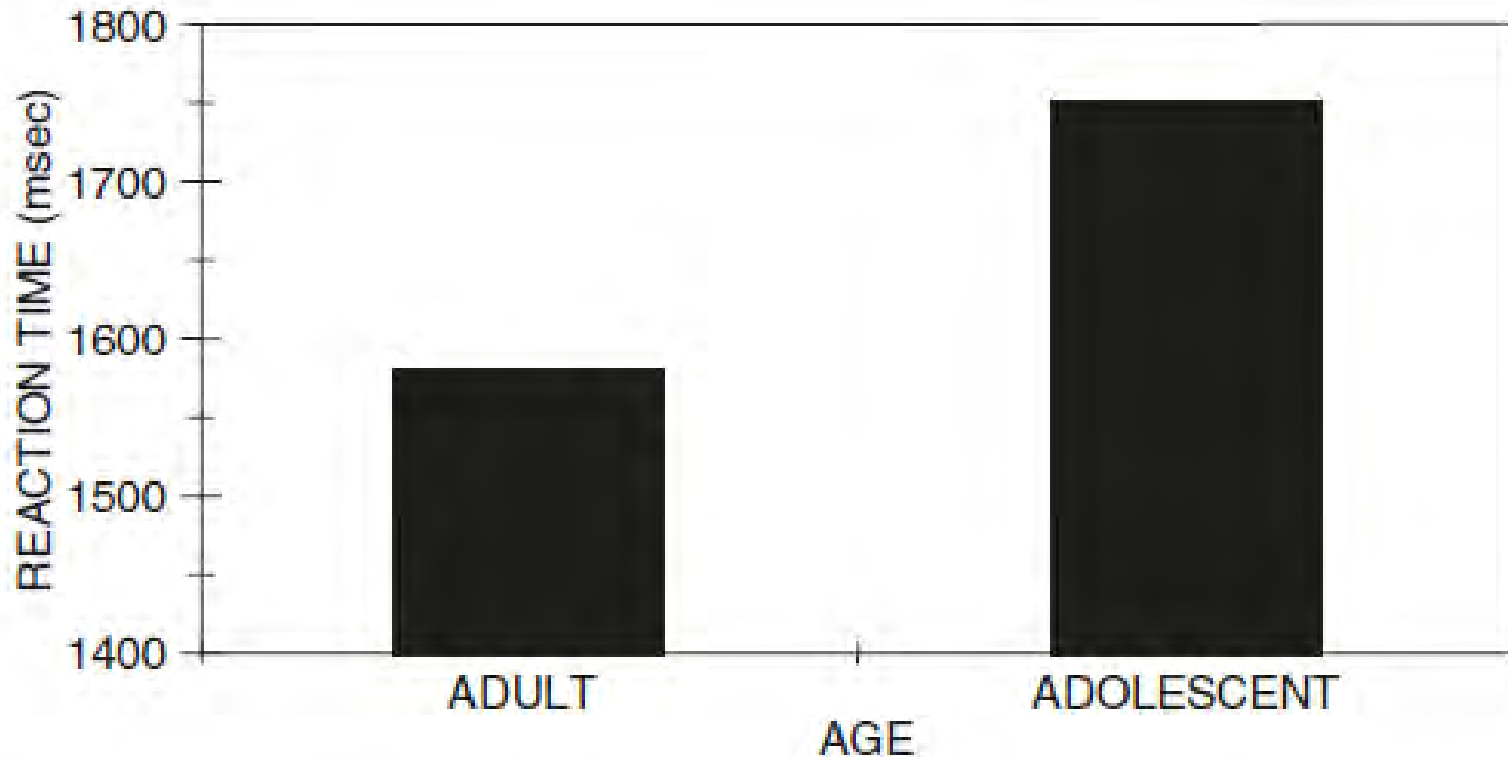
# Synaptic Pruning – Evolved for Learning



Gogtay N, Giedd JN, Lusk L, Hayashi KM, Greenstein D, Vaituzis AC, Nugent TF, Herman DH, Clasen LS, Toga AW, Rapaport JL, Thompson PM. Dynamic Mapping of Human Cortical Development During Childhood Through Early Adulthood. *PNAS* 2004;101(21):8174-9.

# Reaction time among adolescents and adults

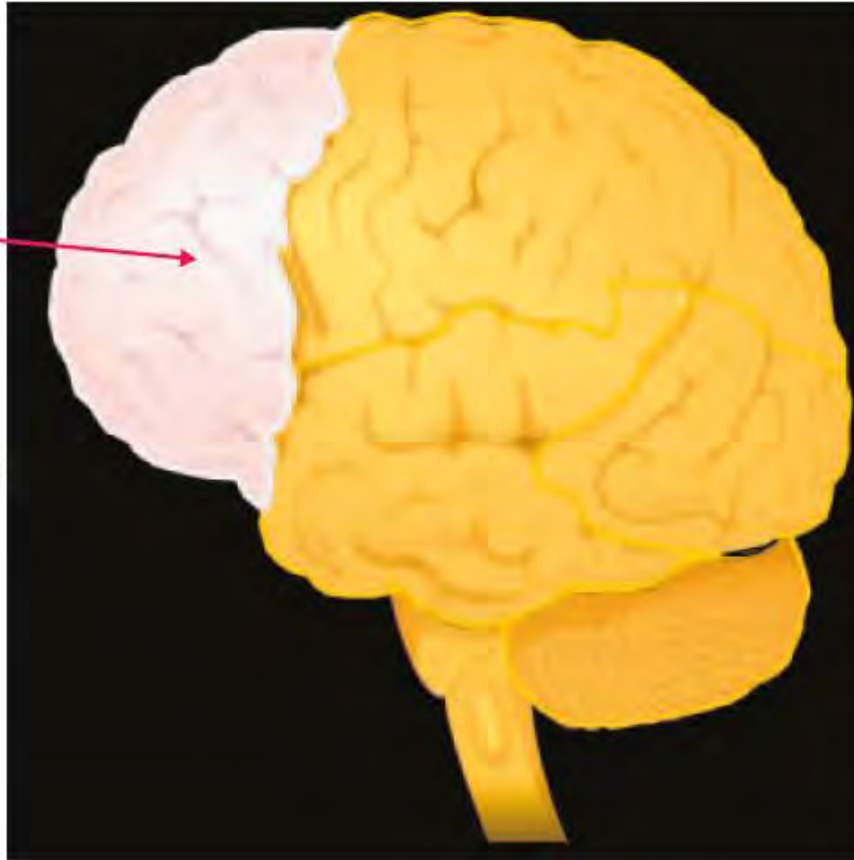
Participants responded to questions such as, “Is it a good idea to set your hair on fire?”, “Is it a good idea to drink a bottle of Drano?”, and “Is it a good idea to swim with sharks?”



# Adolescent Brain

## Frontal Lobe

- Executive Function
- Planning
- Reasoning
- Impulse Control

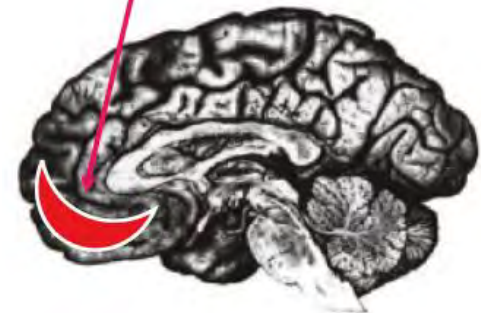


## Dorsolateral



Thinking ahead and inhibition of impulsive responses

## Ventromedial



Regulation of emotions; learning from experience; weighing risks and rewards

Reyna VF, Farley F. Risk and rationality in adolescent decision making: implications for theory, practice, and public policy. *Psychol Sci Public Interest* 2006;7(1):1-44.

# ‘Hot’ and ‘Cold’ Decision-Making

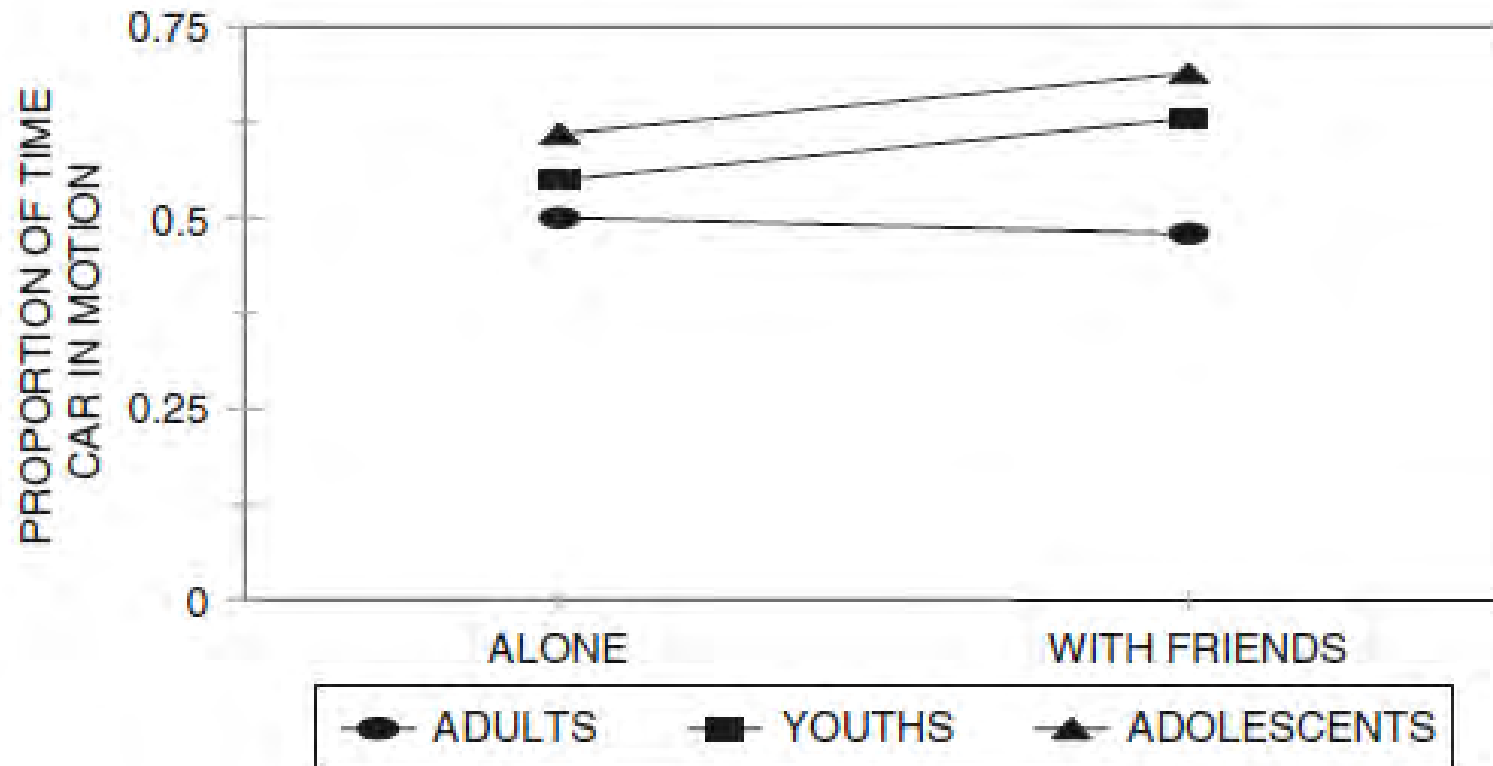
- “Cold” – controlled situation, low emotion  
→ Adolescents similar to adults
- “Hot” - high emotion, distraction  
→ Adolescents different types of responses, riskier decisions



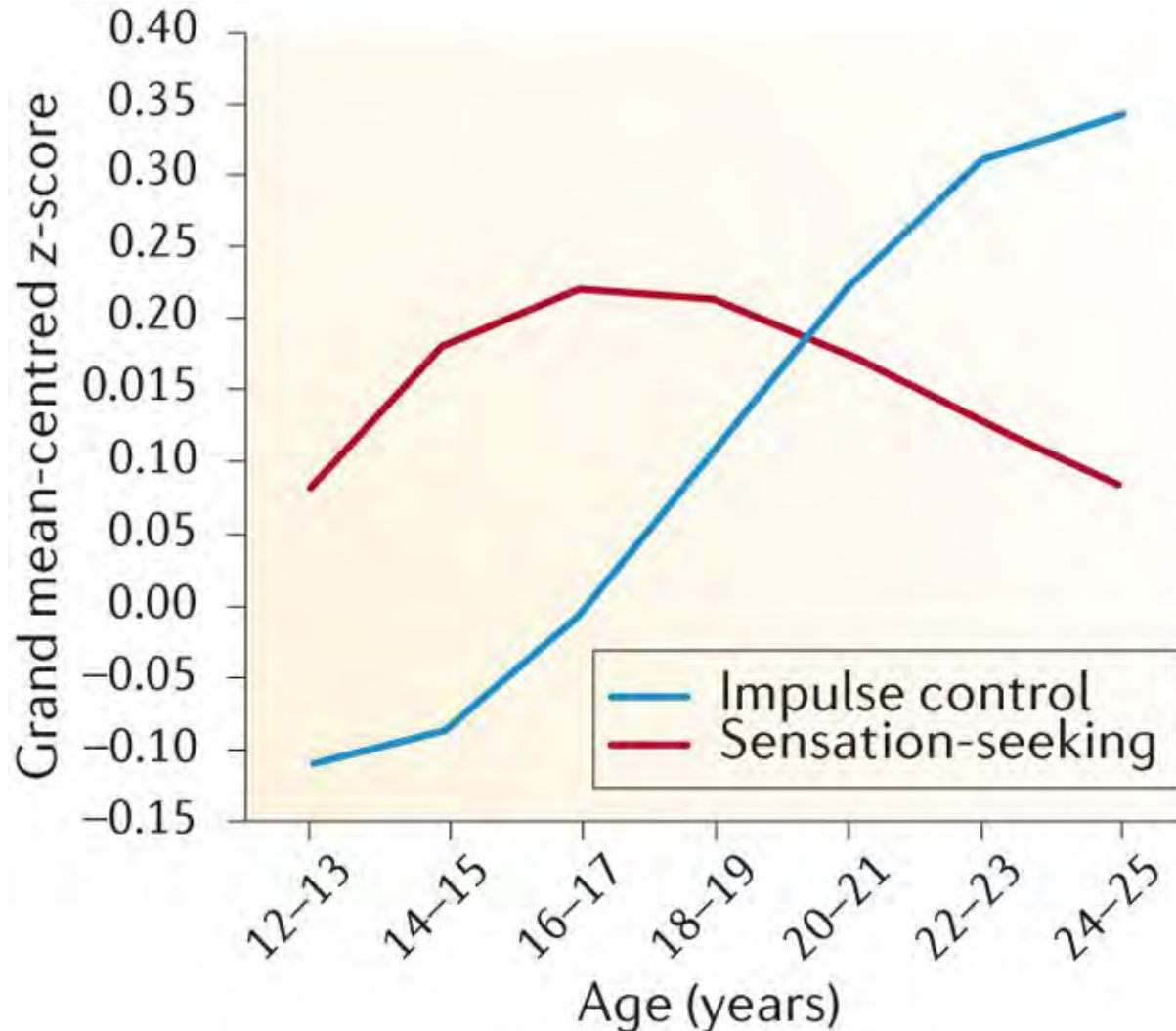
# Influence of Peers

## Simulated Driving Task

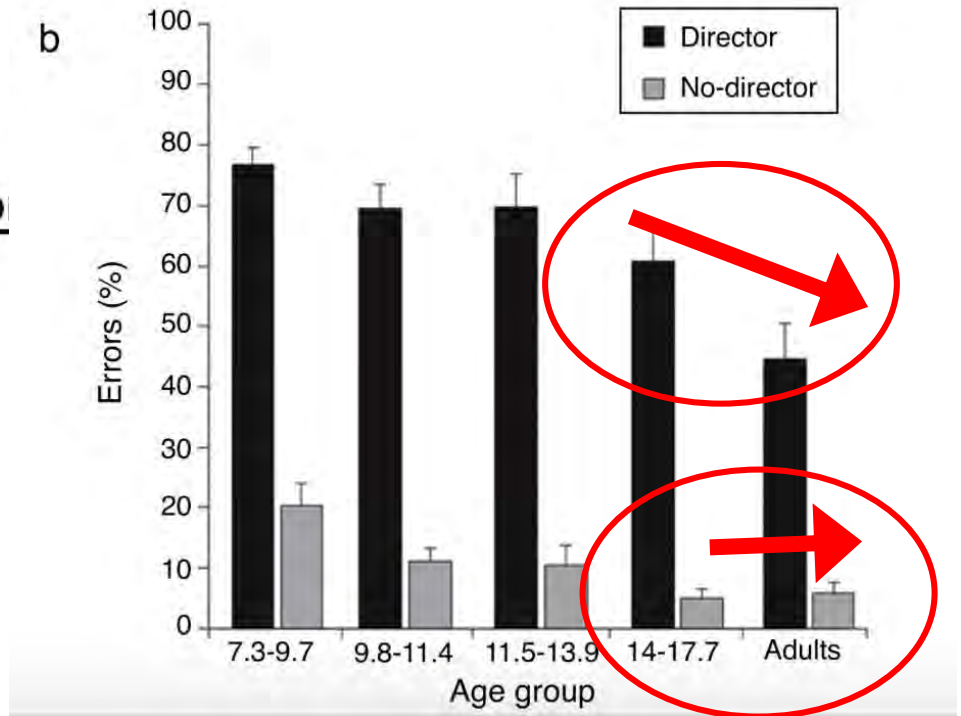
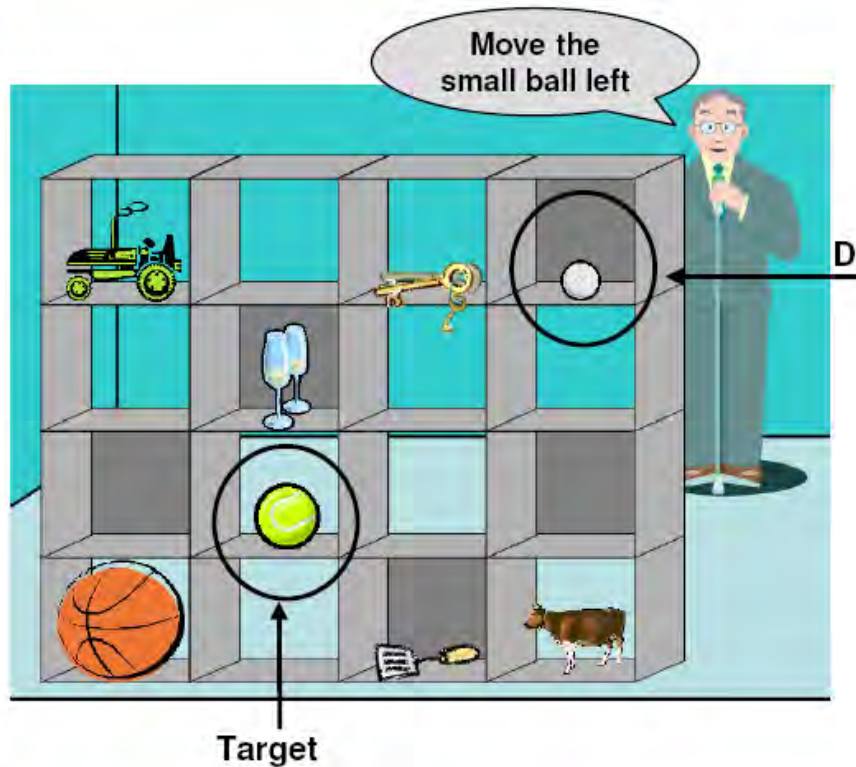
Proportion deciding to run a yellow light



# Dual Systems: Sensation Seeking & Impulse Control

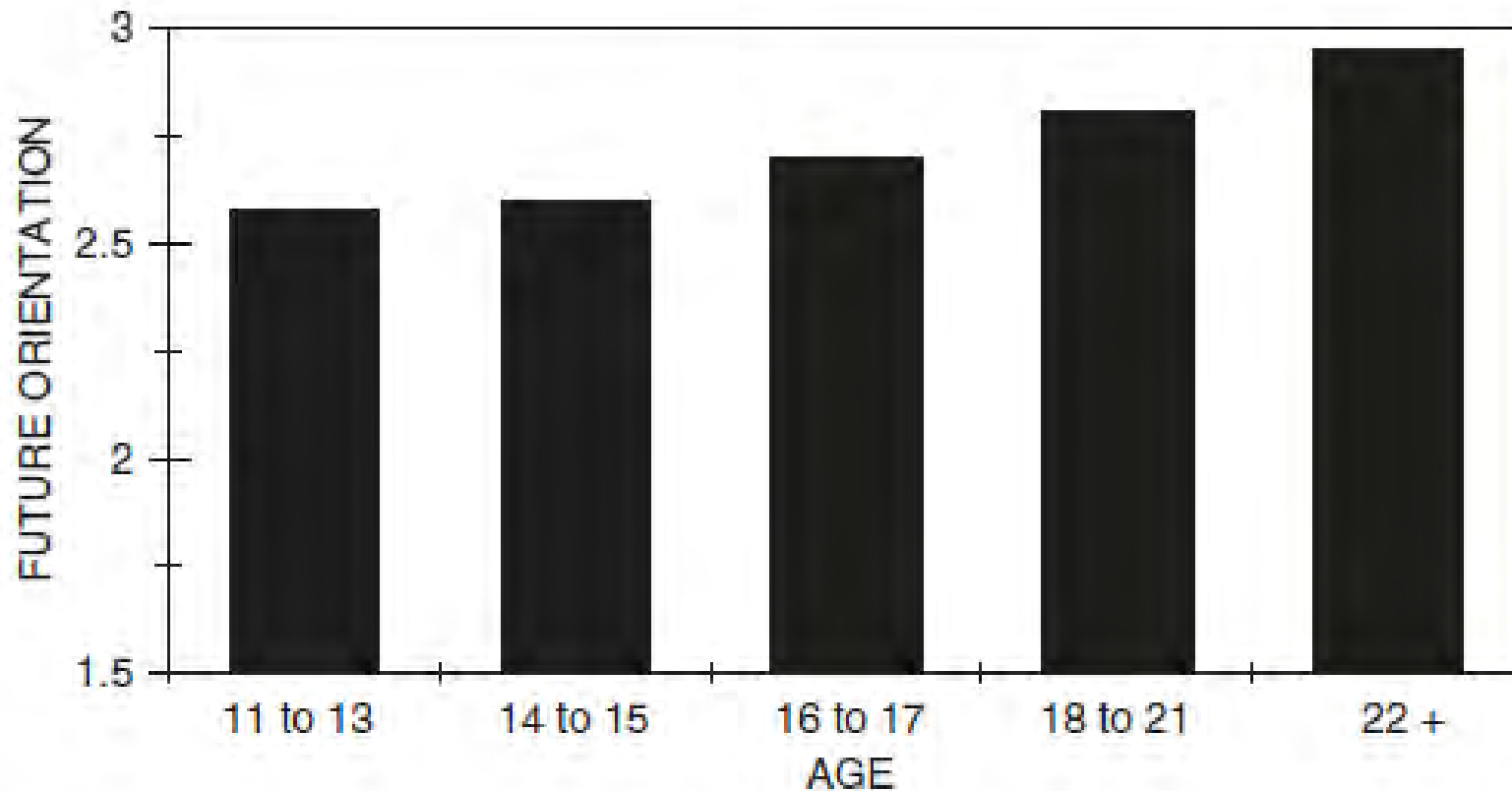


# Perspective Taking



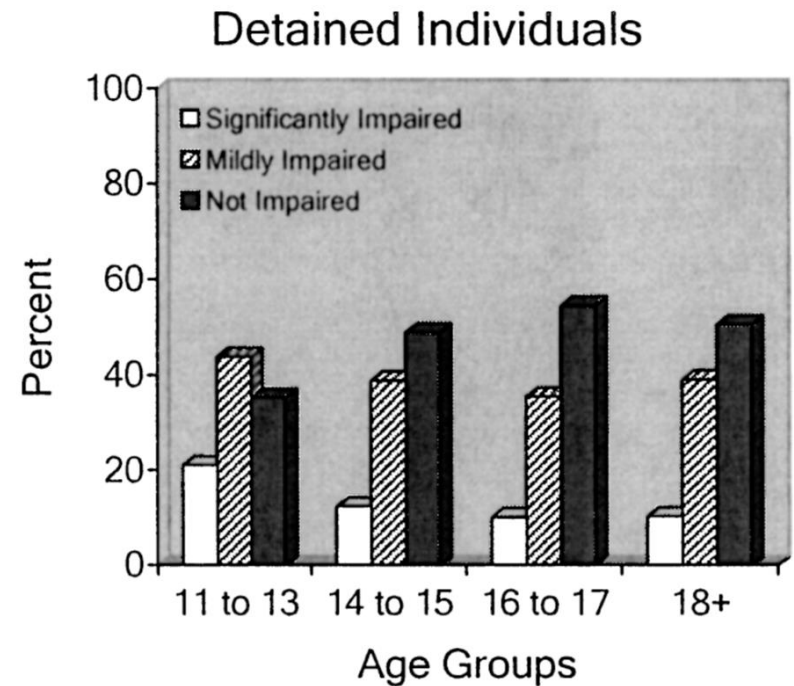
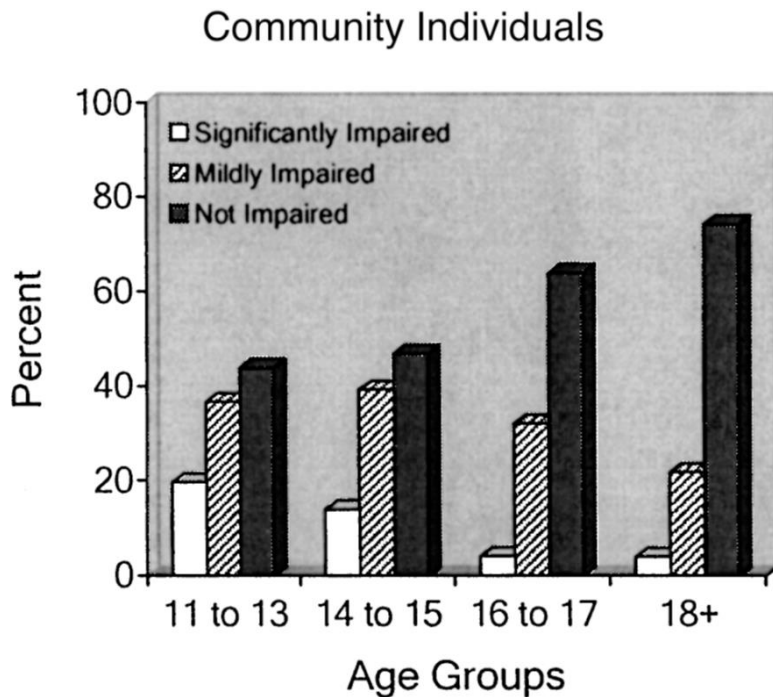
# Future orientation at different ages

Participants rated responses to the item, “I would rather save my money for a rainy day then spend it on something fun.”



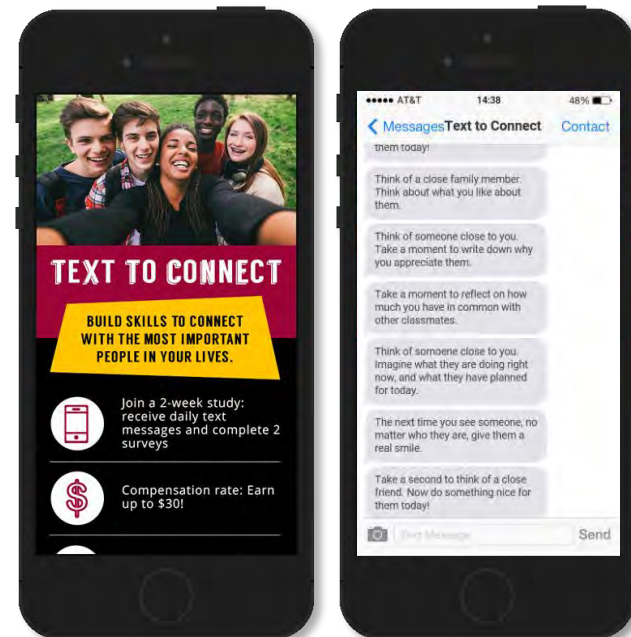
# Environmental influences on Cognition

## Impairment in decision-making community vs. system involvement



# Teaching Empathy

- “Text to connect” messages targeting cognitive/emotional empathy and prosocial behaviors sent to 555 teens 1 to 5 times a day.
- Qualitative responses
  - *I love the way that every time I got a text, no matter what it was that I was doing, I would look at my phone, and for a minute, I would be able to think about things that matter deeply to me. [male, age 18]*
- Behavioral results
  - Increased minutes helping others
  - Increased giving support in relationships
- Psychological results
  - Increased prosocial motivations
  - More emotional empathy in scenarios
  - Less aggressive beliefs



# Summary – Adolescent Brain

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- Logical decisions in controlled (‘cold’) contexts
- Specific vulnerabilities, particularly in ‘hot’ contexts
  - Distraction
  - Emotion
  - Perspective taking
- Specific strengths
  - “Hardwired” for learning
  - Positive risks
- Environments matter

# Ideal Program

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- Allows development of decision-making capacity
- Focus on learning
- Supportive environment

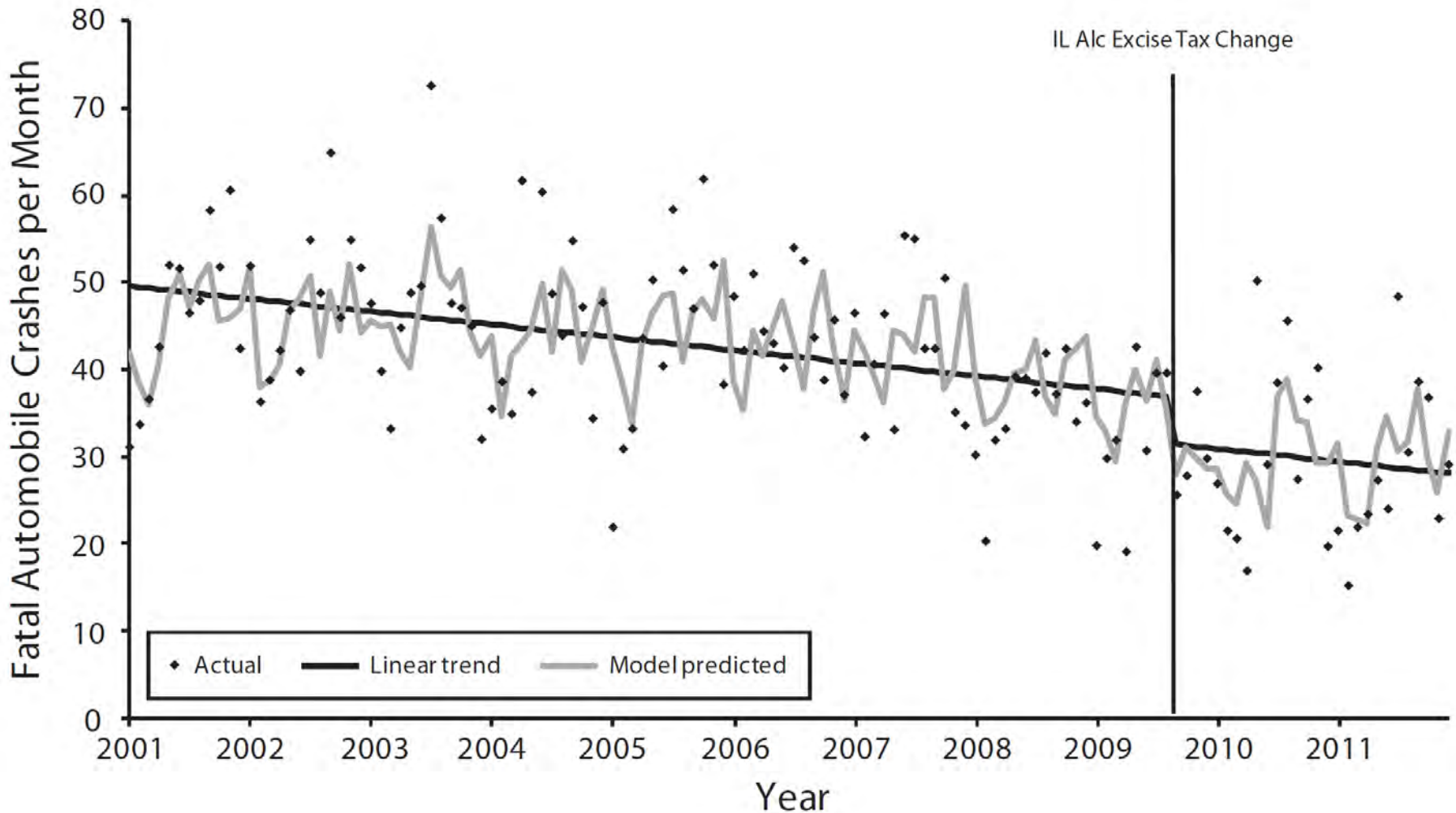


# Interventions that Work

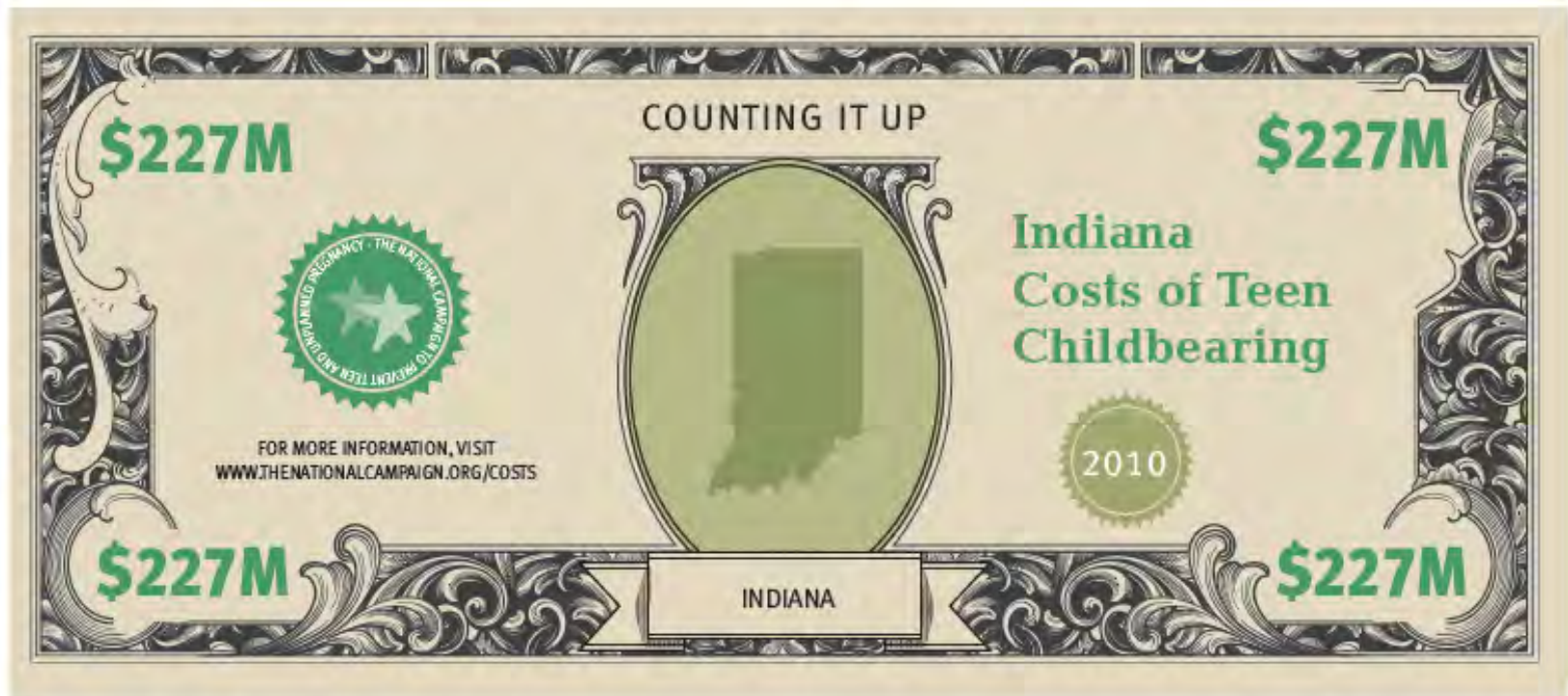
# Policies addressing structural risks: graduated drivers' licensing

- Graduated driver licensing (GDL): gradually introducing higher risk driving situations to new drivers
- Systematic review of 21 GDL programs and 2 analyses of >40 US states
- ALL studies showed reductions in crash rates in ALL jurisdictions and for ALL crash types
- For 16 year old drivers: median decrease per population adjusted overall crash rates during year 1=16%
- Decrease in per population adjusted injury crash rates: median decrease=21% (range: 2-46% decrease)
- Stronger GDL programs correlated with greater fatality reduction

# Policies addressing structural risks: alcohol tax



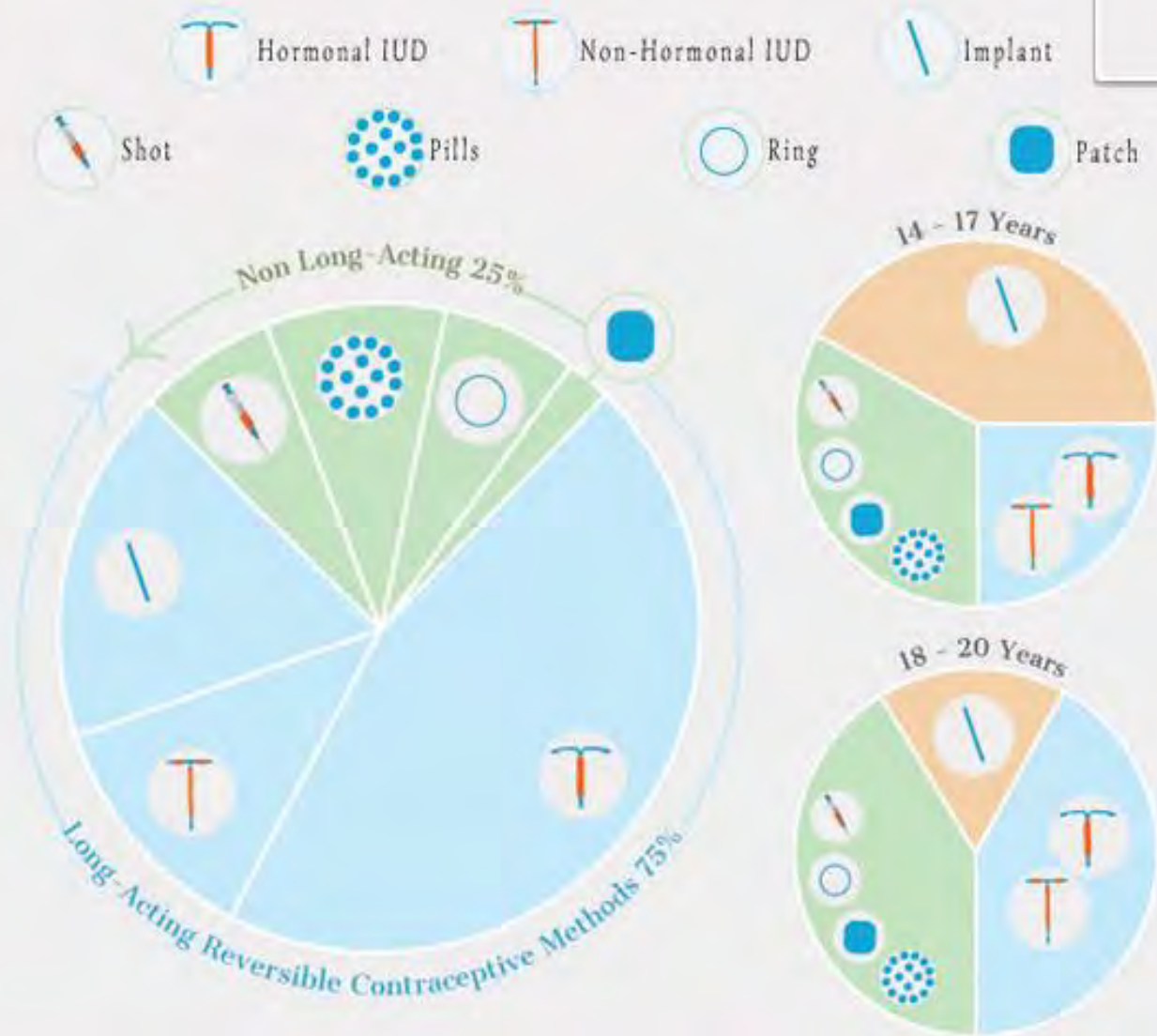
# Public Costs of Teen Childbearing Indiana (2010)



## Their Choice

When our participants were counseled about all methods of birth control, 75% of the 9,256 women chose a Long-Acting Reversible Contraceptive method (LARC: IUD or Implant).

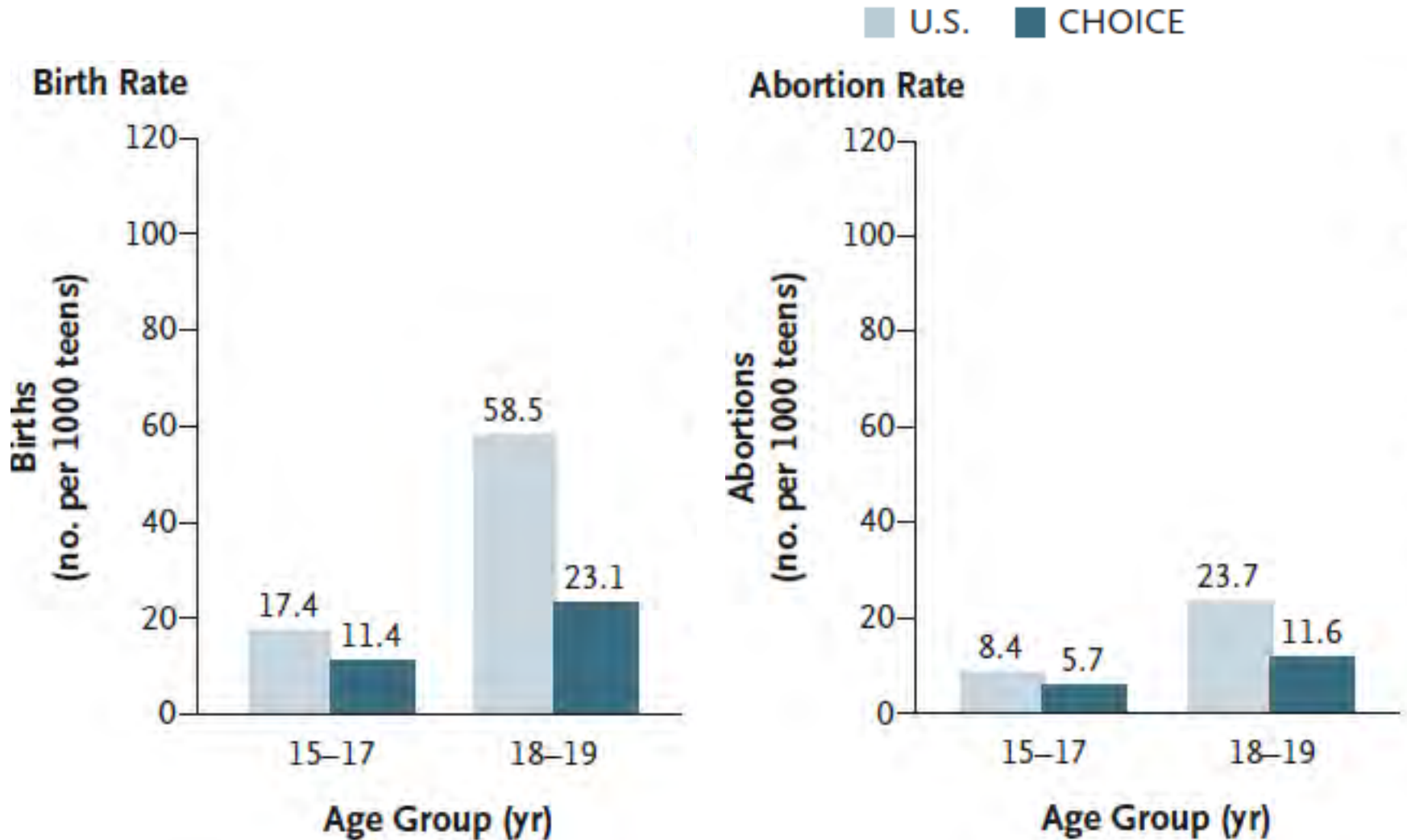
Young women under the age of 21 were also interested in the IUD and implant. Over 40% of teens of young women 14-17 years chose the implant, and over 40% of young women 18-20 years chose an IUD.



<http://www.choiceproject.wustl.edu>

Secura GM, Madden T, McNicholas C, Mullersman J, Buckel CM, Zhao Q, Peipert JF. Provision of no-cost, long-acting contraception and teenage pregnancy. *N Engl J Med* 2014; 371: 1316-23.

# Birth and abortion rates in young women in US compared to CHOICE



Secura GM, Madden T, McNicholas C, Mullersman J, Buckel CM, Zhao Q, Peipert JF. Provision of no-cost, long-acting contraception and teenage pregnancy. *N Engl J Med* 2014; 371: 1316-23.

# Colorado Family Planning Initiative

- Colorado Department of Public Health and Environment (CDPHE)
- Program (partnered with Title X)
  - Reduced cost for IUDs and contraceptive implants
  - Provider education, training
- Results– 2009-2013
  - >30,000 women chose LARCs
  - Birth rate declined 39% 15-19 year olds; 9% for 20-24 year olds.
  - Abortion declined 42% 15-19 year olds; 18% for 20-24 year olds.

# Cost-Savings of LARCs

**\$1** Invested in the LARC program = **\$5.85** Costs to Medicaid avoided

For every \$1.00 invested in the LARC program an estimated average of \$5.85 was avoided by the Colorado Medicaid program over a three year period.

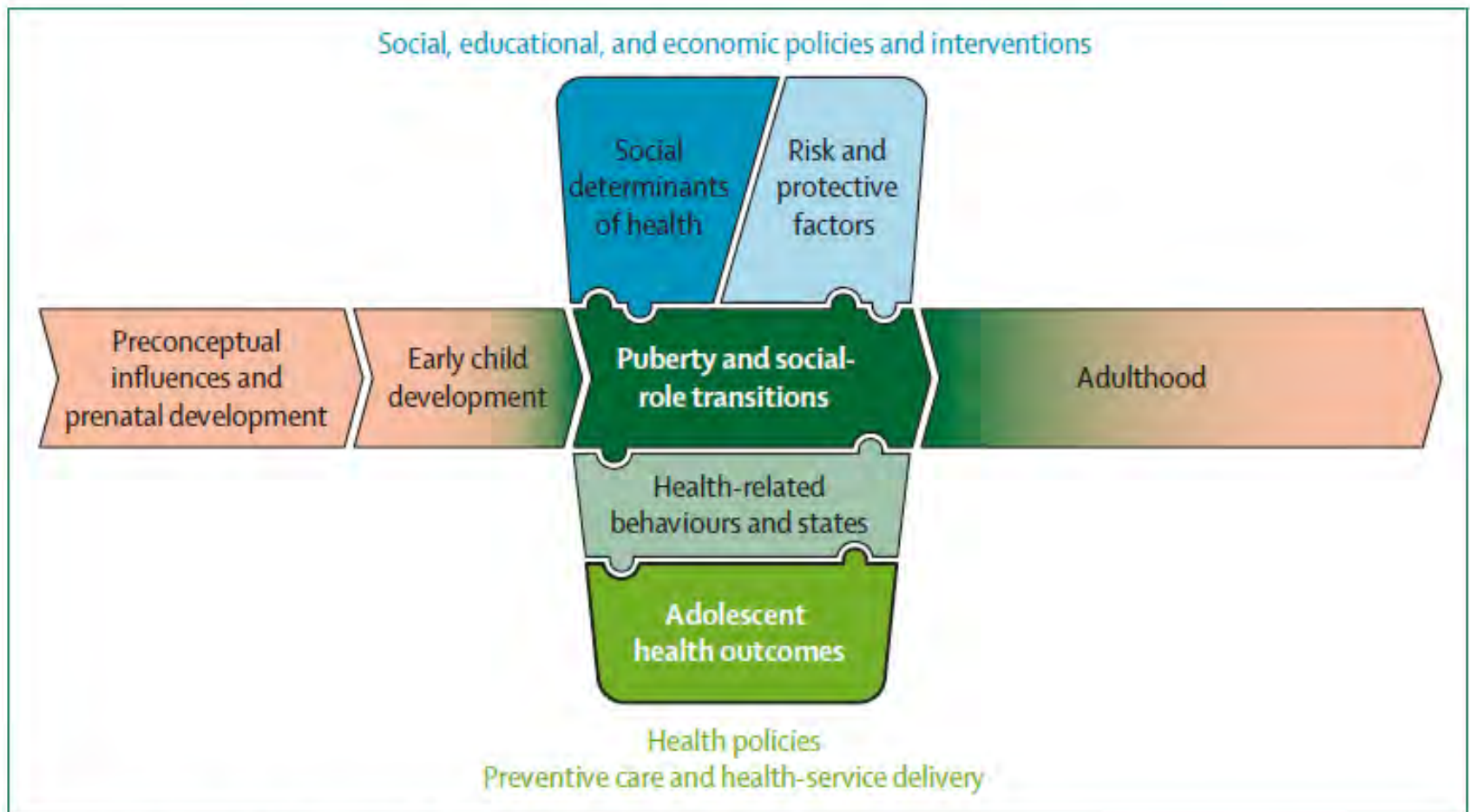
CDPHE Colorado Family Planning Initiative



# Juvenile Detention Alternatives Initiative

- Juvenile Detention Alternatives Initiative (JDAI): diversion program where low-risk youth are diverted from detention to community-oriented options (<http://www.in.gov/idoc/dys/2407.htm>)
- Indiana leading the nation in JDAI efforts
  - 50+% reductions in juvenile detentions
  - DOC commitments down 37% in 2013
  - Millions of dollars saved previously used for incarceration
- Best approaches
  - Involvement of family
  - Multisystemic therapy (Tippecanoe County)

# Conceptual framework for adolescent health



# Nurse-family partnership program effects on adolescent girls

- Study design: Randomized trial (N=310 youth from 400 families enrolled in the Elmira NFP program)
- Intervention: 9 home visits (range, 0-16) during pregnancy and 23 (range, 0-59) from birth through 2<sup>nd</sup> birthday
- Benefit to adolescent GIRLS of women in the pregnancy/infancy nurse-visited group, compared to control group
  - FEWER arrests (10% vs. 30%)
  - FEWER convictions (4% vs 20%)
- Girls born to unmarried and low-income mothers, compared to comparison group counterparts
  - FEWER children (11% vs. 30%)
  - LESS Medicaid use (18% vs. 45%)

# Early childhood education: Abecedarian Project

- Study design: Randomized controlled trial; N=111 young people from predominantly low-income families
- Intervention: full-day, year-round child care given 5 days a week for 5 years (from age 0–5 years with a structured curriculum)
- Results:
  - LESS teenage parenthood (26% vs 45%)
  - MORE years of education by age 21 years (12.2 vs 11.6 years)
  - MORE likely to be enrolled in a 4 year college (35.9% vs 13.7%)
  - MORE likely to be in school at age 21 years (42% vs 20%)
  - MORE likely to hold a better job (47% vs 27%)
  - LESS likely to report past-month marijuana (18% vs 39%)

# Early childhood education: Chicago Child-Parent Center program

- Study design: Quasi-experimental design; N=1539 young people
- Intervention: early childhood program including half-day preschool for children aged 3–4 years, half or full-day kindergarten, and full-day services for children aged 6–9 years
- Results at age 20:
  - MORE high school completion (50% vs 38%)
  - FEWER arrests (17% vs 25%) and violent arrests (9% vs 15%)
  - LOWER school dropout rates (47% vs 55%)

# Early childhood education: Chicago Child-Parent Center program

- Study design: Quasi-experimental design; N=1539 young people
- Intervention: early childhood program including half-day preschool for children aged 3–4 years, half or full-day kindergarten, and full-day services for children aged 6–9 years
- Results at age 24:
  - MORE school completion (71% vs 64%)
  - MORE attendance in 4 year colleges (15% vs 10%)
  - FEWER felony arrests (16% vs 21%), felony convictions (16% vs 20%), and incarceration rates (21% vs 26%)

# Early childhood education: Chicago Child-Parent Center program

- Study design: Quasi-experimental design; N=1539 young people
- Intervention: early childhood program including half-day preschool for children aged 3–4 years, half or full-day kindergarten, and full-day services for children aged 6–9 years
- Results at age 28:
  - HIGHER income (US\$11,582 vs \$10,796), occupational prestige (28% vs 21%)
  - LESS substance abuse (14% vs 19%), drug and alcohol abuse (16% vs 23%), arrests (48% vs 54%), felony arrests (19% vs 25%), and incarceration rates (15% vs 21%)

# ~~Big problem~~ Huge opportunity

This generation of adolescents and young adults can transform all of our futures; there is no more pressing task in global health than ensuring they have the resources to do so.

What 1 800 000 000 adolescents are facing in the world today:



Youth unemployment



Armed conflict



Promotion of unhealthy lifestyles



Less stable families



Environmental degradation



Mass migration