

Ch 13

Compare and contrast the four general principles about problems in adolescence.

There are many different problems that can arise throughout adolescence. The four main principles about problems that occur in adolescence are that most problems reflect transitory experimentation, that not all problems begin in adolescence, most problems do not persist into adulthood, and that problems during adolescence are not always caused by adolescence. When talking about how most problems reflect transitory experimentation our book talks about how many adolescents will try to experiment with new activities such as drinking and this could lead to bigger issues like drinking problems but most likely not as a reflection of transitory experimentation. Many adolescents will do something during this span of time that is illegal but will still maintain a clean criminal record. Like making these choices not all problems will begin in adolescence. Many problems occur earlier in development. For example, adolescents that run into problems with law enforcement mostly had trouble with relationships with their family and issues in school at younger ages. Our book also states that children with anxiety are more likely to encounter depression as an adolescent. Unlike these problems forming in childhood, not all problems will continue into adulthood. Many of these problems as stated before are transitory, for example just a part of the discovery of adolescence. By adulthood, many of these issues are resolved. An example of this is an eating disorder. By the time they reach adulthood, many adolescents have received the help that they have needed and do not bring these issues into their adult life. Our book also states that eating disorders are more common around the age range of adolescence. Like the problems that an adolescent encounters in life, many of these problems are problems with mental illness, substance abuse, and the law, most of these problems are not caused by other adolescence. Identity crises and changes in hormones, a result of adolescent development, have no specific research to aid the major change in behaviors. Overall these four principles are all similar but show the basis of the problems that occur in adolescence and why they occur as they do.

Compare and contrast internalizing disorders and externalizing disorders.

Two different types of psychosocial problems that occur during adolescence are internalizing disorders and externalizing disorders. Internalizing disorders are psychosocial problems that are manifested inwards to an individual. An example of this type of disorder would be illnesses such as depression and anxiety where an individual focuses on one's own thoughts. An externalizing disorder is a psychosocial problem that is manifested in words. An example of this would be aggressive or rule-breaking such as delinquency. Externalizing disorders accompany internalizing disorders. As these problems can occur together comorbid, issues that occur together at the same

time can happen. Someone might be acting out with aggression at school, talking back to the teacher, and having poor relationships with their peers. These actions can lead to self-internalizing thoughts such as they are not good enough, a friend might not like them, or they are dispositioning their teacher. This can cause anxiety, pressure, or even issues with self-esteem. A reaction in adolescence to one acting out is portraying oneself as tougher than one really is. This might be a way to hide the internalizing disorders that are occurring, masking them with the outward symptoms of the externalizing disorders. For example, a child might have a lot of anxiety about an upcoming test but will brag to his friend that instead of studying for the test he went to a party because he doesn't care about what grade he gets. In reality, he is anxious about letting himself and others down. Problems can also occur in clusters, simultaneously happening together and a downward effect of issues that leads into more issues. For example, when someone is going through depression they might tend to act aggressively towards those trying to help by refusing advice to get better. Overall these issues go hand in hand with one another. Although they are different individuals can experience one, both, or none as they navigate their way through adolescence.

Discuss how substance abuse relates to internalizing and externalizing disorders -- what outcomes are typically associated with each?

Substance abuse, or the misuse of alcohol or drugs to the point that issues arise in one's life, can relate to both internalizing disorders and externalizing disorders. Although many issues with substance abuse are connected to external behaviors such as acting out, internalized disorders can also occur. Our book talks about how those who are antisocial, an internalizing disorder, will often turn to alcohol and drugs to come out of their shell as it alters their brain. An example of this among adolescents would be social drinking, someone who is shy and keeps to themselves knows they will act more outgoing once they begin to drink. By doing this they can develop a habit that leads them to substance abuse as a result of an internalizing behavior. Someone who is depressed might also use alcohol to numb themselves. For example, drinking themselves to sleep. External disorder and substance abuse, the abuse of substances can heighten external disorders. For example, aggression, and alcohol can make one more aggressive and rowdy. The mixed signal of substances is also something to be cautious of when looking at these disorders. From a young age, adolescents are thought to refrain from these substances as they are bad. Without guidance of how these substances can affect their mental health males and females can encounter different paths. For example females and substance abuse lead to more internalizing issues as males and substance abuse lead to externalizing issues. Gender roles can play a role in how the substance is abused and the effects it will have on the individual. The comorbid, or co-occurrence, of the two different types of disorders, helps predict

the outcomes of issues like depression, antisocial behavior, anxiety, aggression, and many more with the result of substance abuse. Overall substance abuse does relate to internalizing and externalizing disorders.

Discuss the different theoretical perspectives on “problem behavior syndrome.” Give some examples and explain how this applies in real life.

Problem behavior syndrome is the covariation among different types of externalizing disorders believed to be a result of the underlying trait of unconventional. Our book states, “According to many writers, the underlying cause of externalizing problems during adolescence is unconventionality in both the adolescent’s personality and the social environment” (pg 351). Our book follows this statement by saying that these unconventional individuals are deviant in nature and not connected to educational or religious institutions and tend to view politics as more liberal. These individuals tend to partake in more risk-taking behaviors. An example of these behaviors is illegal substances, risky sex, risky driving, and many more. The environment also has an influence on this type of behavior. Those brought up in environments that are hostile can form behavior issues like antisocial behaviors and get involved in risk-taking behaviors as well. This theory starts with the externalizing problems in childhood then how they relate to the academic problems in adolescence then leading to the internalizing problems in adulthood. A real-life example of this would be a young child fighting for the attention of his parents. This child might act out as a way to receive attention from his parents by being very aggressive. In school, this behavior then affects his education experience as he is always getting in trouble and has a very hard time making friends since many of his peers wonder why he is so angry. As a result of this as he transitions into adulthood he has feelings of isolation and depression as he feels the lack of attention from childhood, and his friends, as he navigates this new world by himself. This applies to real life as it shows how aspects of childhood will lead to issues into adulthood. Although it is not the same issue, because of the issue the problem went from an externalized behavior issue to an internalizing problem.

Discuss problem clusters and social control theory. How do these manifest themselves in real life?

Problem clusters and social control theory manifest themselves in real life. Problem clusters are problem behaviors that cluster together because engaging in problematic behaviors leads to others and not because it is a common trait like unconventionality. In problem clusters for example someone might decide to drink alcohol because it will lead them to other individuals. Involvement in one problem behavior might lead to another problem behavior down the road. This is a slope that allows one behavior to become more. For example, the use of alcohol leads to the possible usage of drugs.

Both problem behaviors. The social control theory is a theory of delinquency that links deviance with the absence of bonds to society's main institutions. This theory it explains how those who do not have a strong connection to society's institutions like family relationships, school, or workplace will be more likely to behave unconventionally in many different ways. This theory helps explain why the behavior problems are not clustered but are more common for those who grew up in different environments like those raised in poor cities or those who are minorities. These manifest themselves in real life because these are real life theories that help us understand problem behavior among adolescents. There are certain influences that can promote the increase of problematic behavior as well as certain problem behaviors that can lead to more. In real life, many people get involved in these problem behaviors as a result find the levels involved in internalized disorders and externalized behaviors. Delinquency is one of the behaviors that is manifested outwards in externalizing problems and it can lead to issues in school, defiance, risky sex, academic problems, and violence among peers. Overall these are all a part of our society and help us discover an important aspect of adolescent development.

Discuss some of the major causes of antisocial behavior during adolescence -- why and in what ways do these causes lead to antisocial behaviors?

Antisocial behavior can look different in many different individuals. The first type is authority conflicts where antisocial behavior is defined by stubbornness and rebelliousness. The next type is covert antisocial behavior which is defined as misdeeds just as lying or stealing. The final kind is overt antisocial behavior which is characterized by aggression towards other individuals. One primary form of antisocial behavior is stubbornness and defiance. In these situations for example one might become stubborn with their parents which can lead to issues with authority and then even issues such as running away from home. This is an example of authority antisocial behavior and how it can progress. With covert antisocial behavior, someone might begin to steal from a local store then progress to damaging property and even commit crimes such as burglary. In overt antisocial behavior, one might be a bully of their peers, then engage in gang fights, and even get involved with violent criminal activities. Although those who exhibit these different early stages of antisocial behavior it doesn't mean that they become violent criminals but it does suggest that history can help escape the onset of antisocial behaviors. Antisocial behavior is suggested to most commonly start in childhood and escalate through adolescence like the examples given. Adolescents who are victims of antisocial behaviors are likely to develop posttraumatic stress disorder, depression, sleep deprivation, and academic difficulties. Victims are also more likely to engage in externalizing behaviors and antisocial

behavior. Violence and aggression among young children are linked to poverty and the increase in exposure to certain antisocial behaviors and violent crime. Ways that lead to antisocial behavior are adverse context, exposure to harsh parenting early on, poor school readiness, conduct problems, school failure, low parental monitoring, deviant peer activity, and adolescent violence. Overall there are many different causes and types of antisocial behavior and they are linked to more issues that affect others. Juvenile offending among adolescents suggests different types of antisocial behavior and how it relates to others.

Compare and contrast the most prevalent mental health issues during adolescence (e.g., depression, suicidal ideation, non-suicidal self-injury) - which are more prevalent and harmful over time? What happens if they are left unnoticed, untreated, or mishandled?

Throughout adolescence, many individuals will encounter different mental health issues. Some of the most common forms of mental illness among adolescents are depression and anxiety. Both of these are internalizing disorders where thoughts are manifested inwards. In these cases, individuals have lower self-esteem and are harder on themselves which can lead to suicidal ideation and nonsuicidal self-injury. The onset of depression and other types of internalizing problems like anxiety is likely to be a result of interacting with environmental conditions and individual predispositions. These internalized disorders can lead to suicidal ideation where one thinks about ending one's life. 1/3 of suicide attempts according to our book on page 375 ends up needing critical care from their suicide attempt. Those who have thoughts of depression, seek emotional support, loneliness, and hopelessness, and are worthless are twice as likely to have suicide ideation than actually attempting suicide. As well those who have those thoughts are likely to partake in non-suicidal self-injury or deliberate attempts to hurt themselves in nonethical ways. An example of this would be cutting and burning. If left unnoticed the chance of using increases even more. 25% of adolescents have partaken in nonsuicidal self-injury to reduce feelings of tension, anger, anxiety, and depression, and promote feeling. There are also family risk factors when looking into the internalizing factors. If left unnoticed, untreated, or mishandled these situations can escalate and lead to suicide itself or worsening of ideation, depression, or NSSI activities. Suicide contagion is also common, those who lose someone to suicide are more likely to attempt it themselves. Media also has an impact on suicide and suicide contagion as how the media portrays one who took their life has an influence on if an adolescent will try to copy their behavior. Adolescents are more susceptible to this than adults. This is something that has to be taken very seriously to avoid actual suicide taking place.

Discuss the typical strategies adolescents use to cope with stress -- discuss positive and negative coping strategies and the outcomes associated with positive and negative coping strategies.

There are many different strategies that adolescents can use to cope with stress. The first main strategy is the primary control strategy where an individual attempts to change the stressor. The next strategy is the secondary control strategies where it involves attempts by the individual to adapt to the stressor. An example of a primary control strategy would be to get with your friends to study for your upcoming exam, if you were to use the secondary control strategy you would maybe take a bath instead and go to bed early to try to relax and prepare for the exam. When one uses these strategies they tend to be better adjusted and handle their stress better. They are less likely to experience depression and engage in behavioral problems. Those who turn to disengagement, avoidance, or deviance for coping with stress tend to have poor coping strategies and resulting in higher levels of stress. Positive strategies would be the primary control and secondary control strategies that promote better health versus turning to negative coping strategies like alcohol and drugs to ease stress. Healthy positive coping strategies are healthier for detrimental health consequences. Negative coping strategies tend to lead to two negative behaviors. Primary control strategies are recommended to be the best option although secondary control strategies are also effective. Uncontrollable situations such as illness and divorce, when one distracts themselves instead of trying to gain control tend to be healthier on the individual. Our book also talks about selective serotonin reuptake inhibitors or SSRIs which are antidepressant medications that help those suffering from internalizing problems like depression and even anxiety. Therapy and specific types of therapy generated towards stress and anxiety are also positive coping strategies for stress. Partaking in positive coping strategies promotes better health versus partaking in negative coping strategies tends to lead to worsening symptoms.