

PSYCHOLOGY OF ADOLESCENCE

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Annotation Adolescent psychology refers to the unique mental health needs of adolescents (defined as individuals between 10 and 19 years of age). Many people have an idea of what traditional <u>talk therapy</u> looks like with adults, and they might have an idea of what <u>play</u> therapy looks like with young children. Adolescents are a distinct group, no longer children but not yet adults, and as such have unique needs. Working in adolescent psychology means considering the specific needs of someone whose brain has developed past the childhood stage but has not fully matured into adulthood.

Key words: adulthood, adolescents, period, therapy

Main part Specifically, decades of research have shown that adolescents undergo significant brain development, impacting their behavior and functioning during this phase.³ As a result, some key psychologists developed theories about adolescent development and the specific psychological needs of this age group.

Jean Piaget was a child psychologist who studied child and adolescent psychological development and provided insight into adolescent psychology. According to Piaget, adolescents transition from the "concrete operational stage" to the "formal operational stage." In the concrete operational stage, children understand logical thinking and understand that their perspective is not necessarily the only perspective. During the formal operational stage, understanding of abstract thoughts develops, and the individual can grasp symbolism and develop and test hypotheses about the world around them. However, not everyone can reach this stage: Piaget determined that only about one-third of adults are fully in the formal operational stage.

Erik Erikson also studied lifespan development, though his work emphasized ongoing development through adolescence and adulthood occurring in eight phases. Each phase seeks a healthy balance (or "competence") in handling specific tasks in each phase.

Adolescence overlaps with three of Erikson's phases:

• **Industry vs. Inferiority:** Until approximately age 12, individuals develop their ability to overcome challenges and learn new skills.

• **Identity vs. Role Confusion:** This occurs approximately between ages 12 and 18. This phase includes significant identity development and understanding one's sense of self, including gender identity, sexual orientation, political leanings, and religious beliefs. During this phase, many teens begin to question what they were taught by their parents, leading to challenges in the parent-child relationship as the teen develops a sense of autonomy.

• **Intimacy vs. Isolation:** Starting at approximately age 18 and lasting into adulthood, individuals in this phase develop intimate relationships to avoid feelings of isolation.



Because adolescent brains are different than adult brains, therapy with adolescents does not look the same as therapy with adults.

Things parents can keep in mind if their adolescent is in therapy include:

• **Relationship is key.** The most important part of any therapeutic relationship is trust and rapport with the therapist, and this is especially true for adolescents. This means that the teen must have a therapist that they can trust and with whom they get along.

• **Privacy and confidentiality are essential.**⁷ Many parents want to know what happens in their teen's therapy sessions. Curiosity is understandable; however, demanding that the teen or therapist disclose information from sessions will often do more harm than good. Laws vary by state, but parents might have the right to this information. In this case, letting the adolescent know that their parent will respect their privacy can allow them to engage and benefit from their sessions.

• The therapist will address safety concerns. Therapists are mandated reporters, meaning they are required to report child abuse. Therapists also disclose if a client is actively suicidal or plans to hurt someone else. It can be helpful to have a joint session at the start of therapy to address the limits to confidentiality and determine exactly what information will or will not be shared with parents.

• Therapy with adolescents is different than therapy with adults. Parents might be concerned that their adolescent is "just chatting" or "making small talk" with the therapist. Because therapeutic relationship is key, any topic that is important to the adolescent is important in their session. Therefore, there is no such thing as "just chatting." Giving teenagers the freedom to choose the topics discussed often lays the groundwork to "go deeper" later because they feel safe with their therapist. Similarly, depending on the adolescent's developmental level, they might build relationships by playing games in their sessions. This is all appropriate and therapeutic.

• **If your teen needs therapy, it is OK.** A parent cannot control everything that happens to their child, and no parent is perfect. Recognizing that the adolescent needs therapy and support from adults other than the parents is part of good parenting and does not indicate that the parent has somehow "failed" their child.

Conclusion

Adolescents have needs that differ from both younger children and adults. When determining their psychological needs and providing appropriate care, it is important to understand their unique phase of life and meet them where they are.

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