

Middle Adolescence (13 – 17 years old)

Developmental Milestones:

Physical:

- 95% of adult height reached
- Less concern about physical changes but increased interest in personal attractiveness
- Excessive physical activity alternating with lethargy
- Secondary sexual characteristics

Emotional/Social:

- Conflict with family predominates due to ambivalence about emerging independence
- Strong peer allegiances – fad behavior
- Experimentation – sex, drugs, friends, jobs, risk-taking behavior
- Struggle with sense of identity
- Moodiness
- Rejection of adult values and ideas
- Risk Taking – “it can’t happen to me”
- Experiment with adult roles
- Testing new values and ideas
- Importance of relationships – may have strongly invested in a single romantic relationship

Intellectual/Cognition:

- Growth in abstract thought reverts to concrete thought under stress
- Cause-effect relationships better understood
- Very self absorbed

Safety Checklist for Caregiver:

- ✓ When you are not at home, who provides supervision? Is there a way for your youth to reach you when you are away from home?
- ✓ How does your youth get to and from school?

- ✓ Do you know where your youth is when s/he is not at school and away from home? Is there a way for your youth to reach you when s/he is away from home?
- ✓ Do you know who your youth's friends are?
- ✓ Is there a list of phone numbers for your doctor, local hospital, police, fire department, poison control center and a friend or neighbor near the phone?
- ✓ Does your youth know what to do in case of an emergency? Does your youth know where smoke alarms and carbon monoxide alarms are located in your home?
- ✓ Did this youth have any serious injuries, either before or since coming into your care?
- ✓ Do you have a First Aid Kit in your home? Does your youth know where it is and how to use it?
- ✓ Does your youth have any chronic health conditions? Do you have the necessary medications, medical equipment, and medical staff support to adequately deal with this condition?
- ✓ Do you feel your youth is able to exhibit good judgment when approached by strangers?
- ✓ Have you explained the concept of date rape to your youth. Have you empowered your youth to resist being pressured or forced into unwanted sexual activity?
- ✓ Have talked with your youth about the health risks of alcohol, tobacco, and drug abuse.

Safety Checklist for Youth:

- ✓ Do you know the address and telephone number at _____'s (caregiver's name) house? What is it?
- ✓ Who provides supervision for you when _____(caregiver's name) is not at home? How do you feel about staying with this person? Do you know how to reach _____(caregiver's name) when they are away from home?

- ✓ Do you feel safe living with _____(caregiver's name)? What are some things that make you feel safe? Are there situations where you feel not safe living with _____(caregiver's name)? What are some of those situations?
- ✓ Do you know what to do in case of an emergency, like a fire? Can you tell me what you would do?
- ✓ Do you know where the first aid kit is kept? Do you know how to use the different items in it?
- ✓ Do you ever stay over at someone else's house? How often do you do this? Do you like this?
- ✓ How do you get to and from school?
- ✓ Does _____(caregiver's name) know where you are when you are away from home and not at school?
- ✓ Do you know what to do if a stranger talks to you on the street or asks you to go somewhere with him or her?

Well-Being Questions for Caregiver:

What is it like for you to care for this youth? What has been the effect on your family of having this youth placed here? What did you expect it to be like?

Describe who this young person is. What about the youth is easiest and most pleasurable? What is the most difficult aspect of caring for this young person?

How has this young person changed since coming here? What do you think about that? How has the youth adjusted to this placement?

What are the goals for this youth and his/her family and what do you think/feel about that? What makes that okay; not okay? What do you think of the family visits with the youth? Does this youth maintain contact with his/her siblings?

What are the services this youth is receiving? What do you think/feel about those? What do you think that this youth needs?

Well-Being Questions for Youth:

Living Arrangements:

How is it for you living at _____'s house?
Who else lives here with you? What do you think about these other people who live here? What is it like living with them?
Do you know why you are living here with _____(caregiver's name)?
How do you feel about _____(caregiver's name)? How do you think that they feel about you?
How do you wake up in the morning?
What do you do in the morning to get ready for school? Does anyone help you? If so, what do they do?
Does anyone make breakfast for you? Who? What are some things that you eat for breakfast?
Do you bring lunch with you to school or do you get lunch at the school cafeteria? What are some things that you eat for lunch?
Who makes you dinner?
Where do you sleep? Do you share a room with anyone? Who? What is it like for you?
Are there things that you can and can't do at _____'s house? What are some these rules? What happens if you break a rule? How often does this happen?

Goal Setting and Planning

Do you feel involved in the development of your service plan?
Do you feel listened to by the adults in your life about your future plans?
Have you been given the opportunity to participate in youth leadership activities?

Special Interests:

How do you like to spend your free time on the weekends? What do you like to do? Who do you do this with?
What are your hobbies?
What sports do you like to play?
Do you like to read? What are your favorite books, magazines?

Education:

What do you like most about school?
What are your favorite subjects? What subjects are difficult for you?

Are you receiving help with these subjects?
Have you thought about what you would like to do after high school?
What types of careers are you interested in?

Employment:

Have you ever worked? What types of jobs have you held?
What types of jobs have you like best?
What part of the job did you enjoy most?

Cultural/Spiritual Awareness:

Do you participate in any cultural activities?
Have there been opportunities for you to participate in activities specific to your cultural heritage? What types of activities?
What are some things you do that nurture your spirit? e.g., art, martial arts, meditation, religious classes, going to church, prayer groups, etc.

Family and Friends:

Who do you call family?
What are the visits with your family like?
Do you maintain regular contact with your siblings?
How is your family helping you prepare for your future?

Do you have a group of friends you feel close to?
If not, how could we help you develop relationships?
Are you involved with someone special?

Do you have someone in your life that you consider your mentor? What are the qualities that person possesses?

Social Skills:

What do you like most about yourself?
Are you comfortable: Meeting new people? Speaking up for yourself at home, school, work, or with friends?
Everyone gets angry from time to time. What kinds of things make you angry? What do you do when you get angry? Do you feel that you have a good handle on controlling your anger?

Health:

How have you been feeling physically?
Have you seen a doctor or dentist recently?

If you are on medication; do you take it regularly and who administers it?
Have you had any physical reactions?
Do you do any physical exercise?
Are you comfortable with you personal appearance?

Life Skills: - Has the agency made life skills groups and instruction available to you?

Do you feel you are able to manage your money?
Do you have a savings account?

Do you do your own laundry?
Do you cook? What do you like to cook?
Do you main

Are you able to get around your city or town?
Are you thinking about taking driver's education and obtaining your driver's license?

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