

Adolescence as a Developmental Phase: A Tutorial

An understanding of normal adolescent development is requisite as a context within which to consider adolescents with language disorders. To develop meaningful educational programs and effective intervention, professionals must have a conceptual framework of the social and academic demands of adolescence and overlay on that framework an understanding of the role that language plays in each of these arenas. Toward that end, this article presents a discussion of peer relationships, family relationships, and the contexts of middle or junior high and high school as experienced by normally developing adolescents and offers implications in each of these areas for adolescents with language disorders. Key words: *adolescents, development, family, language disorders, peer relationships, schools*

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“Specialists ... sometimes have difficulty differentiating problems associated with the special experience of growing up with a disability from those associated with simply growing up.” (Nelson, 1993, p. 401)

Professionals working with adolescents face the challenge of differentiating the student’s personal and academic difficulties from the backdrop of unique social, cognitive, and linguistic patterns typical of the developmental period ranging from 11 to 21 years. Just as knowledge of normal language development is necessary for the accurate identification and remediation of language difficulties in young children, so too is an understanding of normal adolescent development requisite as a context within which to consider adolescents who have special learning needs.

To provide effective and meaningful intervention for adolescents with language disorders, professionals must be knowledgeable of the social and academic demands of normal adolescence and overlay on that framework an understanding of the

role that language plays in each of these arenas. Toward that end, this article provides a tutorial on normal adolescent development. Discussion begins with a general conceptual framework of adolescent development, highlighting its basic characteristics, distinct substages, and fundamental goals. This discussion is followed by information on three critical areas of social and academic growth—peer relationships, family relationships, and the contexts of middle or junior high and high school—as experienced by normally developing adolescents. Finally, implications for adolescents with language disorders are presented in each of these three areas.

FORMING A CONCEPTUAL FRAMEWORK

A period of transition

Adolescence is a time of rapid physiological and psychological changes occurring within the context of sociocultural factors (Larsen & McKinley, 1995). This transition can be “orderly and serene” or “turbulent and unpredictable,” as can be the experience of working with adolescents (Hartzell, 1984). Adults often complain about the defiance, moodiness, and unconventional subculture (for example, clothing, music, and hairstyles) of teens. However, these adult frustrations usually stem from a lack of understanding of the normal developmental events that occur during adolescence and the importance and purpose of these changes.

Historically, adolescence has commonly been characterized as a period of *sturm and drang* (“storm and stress”) (Hall, 1904), disturbance (Offer, Ostrov, & Howard, 1981),

and alienation from parents and society (Coleman, 1961). However, reports from adolescents actually suggest that the majority of them are thriving, healthy beings who feel confident, happy, and self-satisfied (Offer, Ostrov, & Howard, 1981). Often, the behaviors that appear to be signs of turbulence and rebellion are, on closer examination, normal steps toward identity formation, higher-level conceptualizations of society and its institutions, and the establishment of personal values and beliefs (Brown, 1990; Damon, 1983). What some call turmoil and chaos can be redefined in a more positive light as a period of complex cognitive and social growth that makes possible the development of individual potential. The current writings of some social scientists present adolescence as a transitional period of cognitive advances as well as changing societal expectations (Harter, 1990; Keating, 1990). This author has found it helpful to view adolescence as a *bridge* between childhood and adulthood, qualitatively different from the two life stages that it joins, with its own unique set of interdependent cognitive, linguistic, and social developmental goals. The successful attainment of these goals is critical, because they serve as the foundation for a healthy transition to adulthood.

Substages of adolescence

Analysis of the many changes that occur during typical adolescent development has led researchers and educators to divide this developmental stage into substages (Caissey, 1994; Hartzell, 1984; Keating, 1990; Larson & McKinley, 1995; Nelson, 1993). Although paradigms vary in details, it is generally accepted that patterns of develop-

ment can be grouped into early, middle, and later stages of adolescence. Early adolescence, ages 10–13 for girls and 12–15 for boys, is an awkward time marked by concrete problem solving, a yearning for approval of peers, and emotional lability. During middle adolescence, ages 13–16 for girls and 14–17 for boys, adolescents develop an intense interest in their bodies, their thinking becomes more abstract and idealistic, and feelings of rebellion are displayed in dress styles, hairstyles, slang, and fascination with rock music and rock stars. Later adolescence, from age 16 or 17 to the early or mid-20s, brings increased comfort with body maturity, greater reliance on friends than family for social contacts, sexual intimacy, an increased ability to deal with interpersonal complexities, and the ability to make mature and independent judgments.

Primary social and cognitive goals of adolescence

Studies of human development have clearly identified two primary social and cognitive goals of adolescence. First, there is the consolidation of self and personal identity (Broughton, 1978; Harter, 1990; Selman, 1980). This consolidation is accomplished through the establishment of multi-tiered peer relationships and a restructuring of relationships with family members, which makes possible the later establishment of mature, intimate relationships in adulthood and the defining of one's role within society (Brown, 1990; Cotterell, 1996; Laursen & Williams, 1997; Niebrzydowski, 1995). The second goal is the development of cognitive abilities that both shape and reflect the demands of the middle

or junior high school and high school environments (Foltz, 1995; Keating, 1990). The result is the attainment of knowledge, skills, and learning strategies that will serve as tools for lifelong learning. Underlying both of these tasks is the requisite development of more complex cognitive performance that leads to an understanding of self within the context of human relationships (Harter, 1990; Klaczynski, Fauth, & Swanger, 1998; Larson & McKinley, 1995) as well as the accomplishment of increasingly rigorous academic pursuits.

PEER RELATIONSHIPS

Cliques and crowds

The friendships of childhood multiply and intensify during adolescence into new and more elaborate peer relationships (Brown, 1990; Damon, 1983; Selman, 1980). During early adolescence, friendships are viewed as a means of developing mutual intimacy and support. These relationships allow adolescents to share personal problems by placing trust in the stability of exclusive relationships. Dunphy (1963) referred to these close-knit groups of two or more friends as *cliques*, comparing them to families and noting that the small size of cliques is not accidental. According to Dunphy, the clique's similarity in size to the family facilitates the transference of allegiance from family to clique and provides an alternative center of security. Brown (1990) stated that these small "interaction-based entities" allow for regular interaction of all members to ensure that they understand and appreciate one another and serve as the primary base of interaction with peers. Cliques become substitute sources of

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psychological dependence while adolescents strive for autonomy from their parents.

Later in adolescence, the mutual intimacy and support of the clique are extended to a variety of friendship relations of differing significance and intensity. The intimacy initially established in the relatively safe context of the exclusive clique is now extended to individuals from the more widely open teenage *crowds*. With this extension comes the realization that loyalty and intimacy can be attained through a variety of different types of friendships, none of which needs to be exclusive.

The rising importance of peer relationships during adolescence coincides with the transition into middle or junior high school. This new school structure is characterized by a large student body, class schedules that may prevent spending time with former friends, and a number of teachers with whom students may spend only one hour a day. Membership in a peer group can be a way of coping with the depersonalized and complex routine of secondary school (Brown, 1990).

Strategic interactions

Adolescents frequently “stage” social interactions that are intended to enhance their self-esteem in relation to an audience such as their peers. Referred to by social scientists as *strategic interactions*, these interactions are carefully planned to bolster the adolescent’s still-shaky sense of self (El-

kind, 1980). Strategic interactions include phoning and being phoned (or emailing and being emailed), acquiring friends, belonging to selected cliques, dating, being recognized by others in public places, and failing to recognize “low-status” others. Such behaviors are a valuable means of strengthening the self at a time when one must disengage from the family and construct one’s own personal identity as an individual.

Slang

The use of slang is an important aspect of adolescent development (Owens, 1995). Slang distinguishes the adolescent culture from the worlds of both adults and children, setting adolescents apart from these two groups (Cooper & Anderson-Inman, 1988; Henry, Reed, & McAllister, 1995). The use of popular slang by adolescents is an effective and visible way to establish and maintain a sense of self-identity and peer-group identity (Cooper & Anderson-Inman, 1988).

Implications for adolescents with language disorders

Problems with social skills and peer relationships have been well documented for children and adolescents with language disorders. Studies reveal that these students are less liked by their peers (Haager & Vaughn, 1995), attended to less by their peers (Craig & Gallagher, 1986), and perceived by their teachers as having poor social skills (Haager & Vaughn, 1995). Students with language-based learning disabilities have been shown to be less able to provide support or praise (Bergman, 1987), less adaptive to their listener’s need or feelings (Bergman, 1987), less able to deliver tactful messages (Bliss,

1992), more limited in their ability to negotiate (Gallagher, 1993), less able to interpret social cues (Schumaker & Hazel, 1984), and less able to understand jokes, slang, and sarcasm (Donohue & Bryan, 1984).

Considering these deficits within the framework of the developmental role of peer relationships highlights their serious implications and elevates the need for intervention beyond the relatively low priority that it typically receives in the schools. The poor communication skills of these students interfere with their successful use of slang and their ability to engage in strategic interactions. As a result, they are relegated to a lower status among their peers and are frequently publicly shunned. Their lack of friends leaves them without the emotional support critical for disengaging from their families and developing their own sense of personal identity. They are denied the close relationships typical of cliques and, later, crowds, and are thus deprived of the experiences that develop the interpersonal skills needed in adulthood to establish intimate relationships based on mutual trust and acceptance.

Clearly, the consequences go beyond the isolation and sadness experienced by these adolescents and lead to social incompetence and maladjustment in adulthood. Longitudinal studies have demonstrated a significant relationship between how well children and adolescents get along with their peers and how well adjusted they are later in life (Kimmel & Weiner, 1995). There is little doubt that positive peer relationships foster adaptive social and emotional development, whereas young people who get along poorly with their peers are at risk for subsequent psychological difficulties (Kimmel & Weiner, 1995).

Jaimie: a case study of success

Jaimie was a gawky teenager when his mother moved their household from the city to a large suburb. As a 6'2", 14-year-old seventh grader with academic difficulties and awkward social skills, Jaimie was an oddity among his new classmates. He appeared self-conscious and uncomfortable and shied away from social contact with his peers.

At his former school placement, Jaimie's academic problems had never been linked to a possible underlying language disorder. Members of the Building Resource Team in his new school had worked closely enough with the building's speech-language pathologist (SLP) to understand the relationships among language, academic performance, and social skills, and a referral was made for a complete speech-language diagnostic assessment. Based on the results of speech-language and psychological testing suggesting above-average non-verbal abilities co-existing with below-average language skills, the Committee on Special Education determined that Jaimie had a language-learning disability and scheduled him for resource room support five times per week and speech-language services two times per week.

Initially, Jaimie was resistant to the special education classification and services, fearing that this would make him even more "different" from his peers. The SLP spent time with Jaimie explaining the test findings in detail, so Jaimie could gain a sense of pride in his strengths in the non-verbal area while understanding why his areas of need made school so difficult for him. The SLP and resource room teacher were careful to approach Jaimie as a partner in his intervention, enlisting his input in setting goals and specifying objectives. Intervention was planned around his academic program to provide strategies that would effectively support his learning.

Although the efforts of the SLP and resource room teacher were successful in getting Jaimie to accept special education services that could enhance his academic performance, these services did not resolve the issue of his poor peer relationships. The SLP sought to identify extra-curricular activities that Jaimie could become involved in as a means of broadening his experi-

ences of success within the school setting. His size made basketball the obvious choice; however, Jaimie had never played basketball and was reluctant to try it because of his physical awkwardness. At the request of the SLP, the basketball coach gave Jaimie some "private lessons" to develop basic skills to the point where Jaimie could become a member of the school team. Between the coach's strategic use of Jaimie, and Jaimie's size, it was not long into the season before Jaimie became a valuable member of the team and a force to be reckoned with on the court. His contributions to the team's success gave him an important role within the school's culture, elevating him to a position of status within a student body that held athletics in high regard. He became a student whom peers wanted to acknowledge, rather than shun, as a means of raising their own status in the school's social structure. He also established friendships with other team members, providing him with a clique and giving him entrance to a larger crowd of acquaintances.

The SLP's awareness of the structure and function of peer relationships and the importance of one's role or identity within the social structure allowed her to provide Jaimie with access to peers that would not otherwise have been possible. Her advocacy for Jaimie, based on her understanding of adolescent peer relationships, reaped benefits far beyond those obtained through traditional social skills training in small-group role playing and simulations. This broader conceptualization of social development was needed for effective intervention.

FAMILY RELATIONSHIPS

Rebelliousness or harmony?

Popular myths abound regarding the rebelliousness or alienation of adolescents. Despite these notions, research indicates that relationships with family members continue to be of critical importance to adolescents. Most adolescents report that they remain close to their parents, communicate well with them on all issues, and continue to

have a strong and positive home life (Damon, 1983). Investigations have found that the majority of adolescents respect their parents, want to be like them, and maintain harmonious relationships with them and with other adults (Kimmel & Weiner, 1995). Overall, relationships between adolescents and adults consist typically of harmony rather than strife, affection rather than alienation, and commitment to rather than rejection of family life. Throughout adolescence, parents are used as important sources of knowledge, values, and emotional support, particularly on issues such as educational choices and career matters (Brown, 1990).

Although positive parent-child relationships continue into adolescence, the nature of those relationships changes. Adolescents gradually see themselves more and more as equals to their parents (Damon, 1983). Over time, the relationship becomes more reciprocal, as adolescents become able to make independent judgments about social issues and to develop their own ideas. Obedience to the parent and family regulations is still considered necessary but is seen as more voluntary and becomes subject to negotiation and compromise rather than inflexible submission.

Reciprocity of peer relationships and family relationships

Some investigators have identified a reciprocal manner in which early relationships with peers and family members help to shape later changes in those relationships (Brown, 1990; Damon, 1983; Niebrzydowski, 1995; Youniss, 1980). The principles of complementarity and mutual respect that adolescents learned earlier in peer interactions begin to be applied to the evolu-

ing relationships with their parents, increasing the sense of equality between parent and child. At the same time, the emotional support and open communication regarding personal matters that characterized family relationships become part of the peer interactions of cliques and eventually crowds. In this way, successful peer relationships pave the way for later transitions toward equality in family relationships, while the lessons learned in family relationships serve as the foundation for the later deepening of peer relationships. Both of these transformations contribute to the adolescent's ongoing development toward independence as an adult.

Peers versus parents?

The increasing importance of peer relationships, as well as the changes in attitudes and value orientations that adolescents frequently express, led some social scientists to posit that the importance of family relationships diminishes during adolescence (Blos, 1962, 1970; Coleman, 1961). However, this perception that peer influence replaces parental influence has been challenged. Rutter (1980) reported that adolescents actually hold a kind of dual orientation to parents and peers in which peer and parental influences overlap in many respects. When there are differences, parental advice is typically followed on important life issues such as career goals and future plans, while peer norms may be favored on issues such as dress styles and social habits (Damon, 1983). Although adolescents spend less time with family members and more time with peers, this shift is not accompanied by an analogous shift in influence (Entwisle, 1990; Laursen & Williams, 1997).

Implications for adolescents with language disorders

A review of the literature reveals a surprising lack of data regarding the relationships between adolescents with language disorders and their parents, pointing out a need for research in this area. The studies that do address parental roles with children with language difficulties focus on training the parents to carry out therapy goals in the home setting, rather than examining the effects of a language disorder on the relationship between the child and his or her parents. However, clinical experience and anecdotal information, such as the case study below, coupled with knowledge of the role of family relationships in normal development, suggest that these critical relationships are vulnerable to stresses and rifts resulting from communication difficulties. In particular, the following five characteristics of family relationships with normally developing adolescents are potential sources of family strife or developmental problems for adolescents with language disorders:

1. *Most adolescents remain close to their parents and continue to communicate well with them.* Communication regulates cohesion and adaptability in a family (Lane & Molyneaux, 1992). The interpersonal communication problems of adolescents with language disorders, as outlined in the section on peer relationships, have serious consequences for their family relationships as well. At this time in life when communication between teen and parent is essential, these language deficits create breakdowns in communication.
2. *Throughout adolescence, parents are*

used as important sources of knowledge and emotional support regarding issues such as educational choices and career matters. Parents of a child with a disability are typically not certain what the future holds for their child in terms of educational and vocational options. They cannot apply their personal experiences and those of their normally developing children to the situations faced by the adolescent who has a language disorder. Thus, they are not available to provide the same level of guidance, support, and advice needed by their child when making these important life decisions.

3. *The parent-child relationship becomes more reciprocal over time, as the adolescent becomes able to make independent judgments about social issues and to develop his or her own ideas.* The social and cognitive difficulties faced by adolescents with language disorders interfere with their progress toward independence. These difficulties can create conflict for both the parents and the adolescent, who are prepared to move toward more reciprocity based on chronological age, but who find that such a qualitative change in the relationship is premature based on the adolescent's delayed development of independent thinking and judgment.
4. *As the parent-child relationship becomes more reciprocal, obedience to family regulations becomes subject to negotiation and compromise.* The reciprocity of the parent-child relationship is further delayed in a direct manner by the limited communication abilities of the adolescent with a lan-

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guage disorder. Normally developing adolescents typically resort to negotiation skills to begin to carve out more independence and responsibility. However, negotiation skills are typically an area of weakness in adolescents with language problems (Galagher, 1993).

5. *The open communication that characterizes family relationships becomes part of the interactions of cliques and crowds, serving as the foundation for deepening peer relationships.* The reciprocity of peer and family relationships discussed above creates a cycle of difficulties for the adolescent with language disorders, because deficits in one area lead to shortcomings in another. If the close and open communication of the family is weakened by language problems, then the foundation for later peer relationships is also compromised. This lack of foundation in turn diminishes the ability to enter into mature relationships as adults.

Patty: a case study in unmet needs

It was evident from the time that she was very young that something was wrong with Patty, but no one seemed able to pinpoint the source of her problems. The ear infections that were finally diagnosed at age 5 were blamed for the delayed speech and language development, and it was

assumed that her frustration at not having adequate expressive language was responsible for her behavioral outbursts. Her parents struggled with unresolved issues regarding why this had happened (was it the minor car accident or the medication during her mother's pregnancy) and how she should be handled. Years later, they admitted that their divorce when Patty was 12 was a result of the years of continuous conflicts and disputes over her discipline and management.

Family tensions mounted as Patty moved through adolescence. Academic failure and social isolation resulted in feelings of frustration, discouragement, and poor self-image for Patty. These feelings were often vented in emotional outbursts both at home and at school. As Patty's two younger siblings entered adolescence, she painfully watched them accomplish those milestones typical of adolescence that she had not attained—a driver's license, dates to the prom, membership in the National Honor Society, participation in varsity sports, after-school jobs, and eventually applications and acceptances to colleges.

Although Patty's parents were able to guide their two younger children through decisions regarding educational and career opportunities, they were at a loss in terms of Patty's future. Her academic limitations precluded a college education, and her social interactional problems were a barrier to job placements stemming from the basic vocational training she received in high school. At age 21, she graduated from high school and found herself without a job or friends, at home with a family that had exhausted its resources in attempting to cope with her disability.

Patty and her family were left unprepared for her future as an adult. The prior school-based services, with their focus on basic academic skills and behavior management, had ignored the family relationship needs caused by Patty's communication difficulties. Home life had been marred by disputes and frustrations for all family members for years, and there was no resolution in sight. The parent-child relationship could not develop the reciprocity naturally desired by Patty and her parents as she reached her 20s, because of her lack of independent thinking and

judgment and her poor communication skills regarding negotiation and compromise. Patty's parents, well-educated professionals, were unable to draw on their own experiences to provide Patty with the support and guidance she needed to make vocational decisions that were realistic in light of her limitations. The strained family relationships had failed to provide the foundation Patty had needed for successful peer relationships, and thus she was unable to enter into a mature relationship as an adult.

SCHOOL CONTEXTS

“The junior high and high school are an age-segregated society of persons who are nearly all between the ages of 13 and 19. Only a few people are of a different age—usually between 25 and 65; except for a few volunteers, these older people are paid to be there as teachers, administrators, or staff. Parents, young children, and other adults are ordinarily excluded except on special occasions. There are other odd characteristics of this social setting, as well. Bells ring periodically. Public address announcements are made from time to time, occasionally in the middle of an interesting discussion. The day is divided into periods, and often something that happens in one period has no relationship to the next period. There are rules and regulations about all kinds of things, some enforced by adults and some by one's peers. Learning to cope with all of this is another important latent function of schools. One might question whether this odd social environment teaches coping skills that are relevant to adult life, or whether it simply teaches adolescents to respond passively to an environment over which they have little control.” (Kimmel & Weiner, 1995, p. 187)

The changes in expectations from elementary school to the junior high and high school levels are well documented. Although elementary classrooms can be generally characterized as “student-centered,” high schools are more “subject-centered,” with middle or junior high schools offering various classroom configurations that serve

as transitions between the two levels (Kellough & Kellough, 1996). In addition, this move from a supportive neighborhood elementary school environment, with its self-contained and personalized classrooms, to a new, larger, more impersonal milieu of many teachers and hundreds of classmates, occurs at the same time that many students are struggling with the physical and psychological changes of puberty (Entwisle, 1990).

The following environmental variables have been identified as factors that help explain why the transition to junior high is so difficult for many students:

- There is more emphasis on control and discipline, less personal relationship between teacher and student, and fewer opportunities for individual choice and self-management.
- Junior high classes involve more situations where one can compare one's performance with others, thus leading to a decline in motivation for all but the best students.
- Class work tends to require lower level cognitive skills than was the case during the last year of elementary school.
- Junior high teachers use higher standards for judging students' performance, resulting in a decline in grades (Kimmel & Weiner, 1995).

Overall, students seem to experience less opportunity for autonomy and self-control rather than the increasing opportunities that they feel they deserve because of their increasing maturity.

In general, the descriptions of middle schools, junior high, and high schools that have been compiled by various investigators cluster around two general categories: (1) characteristics of the instructional set-

ting, and (2) academic performance expectations placed on students (Chall, 1983; Ehren, 1994; Nelson, 1993; Nippold, 1998; Scott, 1988). These categories include the elements listed in the box.

Implications for adolescents with language disorders

Adolescents with language disorders experience myriad difficulties accommodating to the expectations of middle school or junior high and high school. For them, challenges exist in terms of both the instructional setting and academic demands, which are outlined in the box. Ehren (1994) presented the following comprehensive list of classroom performance characteristics typical of an adolescent with language learning disabilities:

- Does not meet minimum performance standards for the class
- Exhibits a negative approach to learning
- Does not seem to listen to teacher-directed lessons or participate in lessons
- Does not follow directions, within academic ability, without further prompting
- Does not participate appropriately in other instructional settings such as physical education or elective classes
- Does not organize and express ideas in a logical order
- Does not recall information presented to the group during a lesson
- Asks irrelevant questions on content
- Defines words poorly or uses them inappropriately
- Fails to learn from questions asked by other students (for example, asks a question just answered)

Descriptions of Middle School or Junior High and High School

Instructional setting

- Increasingly demanding curriculum, in terms of both breadth and depth of content area knowledge
- Uniform standards allowing less flexibility in adapting the curriculum for students with special needs
- Scheduling that encompasses a multitude of classrooms and teachers, each with differing styles and expectations
- Lecture-style classroom communication
- Increasingly complex instructional discourse regarding syntax, lexical meanings, and figurative language and a more rapid pace
- Increasing importance of print material, resulting in higher demands for competent reading and writing

Academic expectations

- Ability to consider more than one point of view and to reconcile divergent points of view
- Independent mastery of content area knowledge
- The use of writing to demonstrate attainment of knowledge
- Effective organization of time and materials
- Efficient and effective note taking
- Completion of assignments outside of class

- Does not complete work without repetition or delay
- Gives answers that are irrelevant to questions asked
- Has difficulty demonstrating knowledge on written tests
- Does not work independently in class
- Completes class assignments late, if at all
- Does not organize work and materials
- Does not come prepared to class (with materials and homework)
- Does not participate in group discussions
- Relates poorly to authority figures
- Gets along poorly with other students
- Interacts in an irrelevant way in

conversations with peers and adults

- Does not use the social rules of conversation (turn taking, entry, and exit). (Ehren, 1994, p. 398)

The juxtaposition of these difficulties and the academic and instructional demands listed above clearly demonstrates the challenges facing adolescents with language disorders who are expected to function suc-

Adolescents with language disorders experience myriad difficulties accommodating to the expectations of junior high and high school.

cessfully and independently in school settings. When viewed in this light, it becomes obvious that intervention must go beyond a concern with discrete linguistic skills and must instead offer students more comprehensive strategies and skills needed to respond to the expectations of their instructional setting.

Carole: a case study with a promising future

When Carole was transferred to the Alternative High School (AHS) Program, the prognosis for success was grim. She came with a long history of academic failure, serious behavioral problems, and truancy. She displayed anger and defiance, had frequent verbal outbursts filled with obscenities, and sexually propositioned all of the male staff members. When the staff brought her mother to school for an initial conference, they were faced with a woman who appeared to have rather limited cognitive abilities and who expressed hopelessness and defeat regarding her inability to control her daughter. During the conversation, staff learned that Carole had an academically achieving twin who was a popular cheerleader.

Carole's difficulties had always been addressed from a behavioral perspective. As the AHS staff became familiar with her case, the psychologist suspected that her problems might be due in part to a language disorder. A speech-language diagnostic evaluation was requested, and results confirmed expressive and receptive language problems, in conjunction with above-average non-verbal skills. Although Carole's intervention plan continued to focus on emotional and behavioral issues, a speech-language component was added to address both academic and social needs. This shift in perspective helped staff members redefine Carole as a bright young woman struggling with frustration and confusion stemming from unmet communication needs.

Carole was taught to use a computer and worked her way through a software program on vocabulary development that she found challenging and motivating. The SLP worked with

Carole on her writing skills, implementing a process approach that incorporated graphic organizers as part of the prewriting stage. These organizers were also used as a study strategy to increase Carole's reading comprehension. Such visual aides proved so effective for Carole that a graphic schema was developed for her to outline a problem-solving and decision-making process that she could use for resolving interpersonal conflicts. These graphic models, for both academic and social uses, were shared with staff members who included them in Carole's classroom work and counseling sessions. Collaborative school-wide use of these models not only improved Carole's performance, but also contributed to a sense of continuity and consistency across classes and teachers. A significant breakthrough occurred when Carole began to apply these strategies independently to various academic assignments and social situations.

Carole also received assistance with organization of her materials and assignments and with time management. Staff helped Carole organize her locker and book bag, set up an assignment notebook, and plan ahead for major projects.

As Carole's academic and social performance improved, plans were made for her to attend a local vocational program in cosmetology, a program in which she had expressed a strong interest. Her attendance in the cosmetology classes was made dependent on acceptable performance in her academic program.

The academic and social successes that Carole was experiencing, and the reward of participating in the vocational program, were highly motivating for her. As a result, several positive outcomes were realized:

- She became actively engaged in her school program, assuming responsibility for her own learning and her actions.
- She identified learning strategies that were effective for her and applied them to various academic and social situations.
- She was able to impose organization on her materials and her assignments.
- She interacted in an acceptable manner with a number of teachers and staff members across classroom contexts.

In other words, Carole had been given the

tools she needed to become an independent learner and to succeed in an educational setting.



The effect of a language disorder on the life of an adolescent cannot be fully understood or appreciated without an understanding of the issues that are key to normal development during this period. Decisions regarding educational programs for adolescents with language disorders must be informed by knowledge of normal adolescent development and an understanding of the

goals that must be attained during the teen years to provide a solid foundation for healthy adult functioning. It is only when the individual student is considered within this context that intervention will have truly meaningful and long-term results. The information presented in this article on peer relationships, family relationships, and school contexts can help shape effective intervention programs by serving as a basis for a broad perspective of adolescent needs in social and educational contexts and can provide direction for future research particularly in the area of family relationships.

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Adolescence as a Developmental Phase 9. assumed that her frustration at not having ad-equate expressive language was responsible for her behavioral outbursts. Her parents struggled with unresolved issues regarding why this had happened (was it the minor car accident or the medication during her mother's pregnancy) and how she should be handled. Adolescence is a socially constructed concept. In pre-industrial society, children were considered adults when they reached physical maturity; however, today we have an extended time between childhood and adulthood known as adolescence. Adolescence is the period of development that begins at puberty and ends at emerging adulthood; the typical age range is from 12 to 18 years, and this stage of development has some predictable physical milestones. Adolescence (from Latin *adolescere* 'to grow up') is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of majority). Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier and end later. For example, puberty now typically begins during preadolescence, particularly in females. Physical growth (particularly in males) and cognitive Adolescence is also a distinct developmental period during which the incidence of many psychiatric illnesses rises dramatically; according to the National Comorbidity Survey Rep^Â Introduction: Adolescence is characterized by a rapid phase of growth and development during which the requirement of nutrition and micronutrients is relatively high. Although there is a decreasing trend in the prevalence of undernutrition among adolescents, the current prevalence of undernutrition is still very high (41.9%).