

# BIOPSYCHOSOCIAL DEVELOPMENT IN ADOLESCENCE AND YOUTH

An approach from integrality to promote social and  
emotional well-being

## SOS CHILDREN'S VILLAGES LAAM



SOS CHILDREN'S  
VILLAGES  
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## KEY USERS

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## RELATED POLICIES

<b>Fundamental policy:</b>	Policy Program
<b>Central policy:</b>	Child Protection Policy Gender Equality Policy Formal Education Policy Policy on the Inclusion of Children with Disabilities
<b>Quality standards:</b>	Manual for the SOS Children's Village Organisation Family Strengthening Programmes Manual

## DOCUMENTS, TOOLS, RELATED SYSTEMS

Fascicle I Adolescents and Young People in LAAM: Youth Approach
Support Document to Achieve Gender Equality
Causes and risks of Losing Family Care in Latin America & the Caribbean
Code of Conduct
Human Resources Manual

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## 1. Presentation

Just as it has been described in the Fascicle 1 “Youths Approach. A Human Rights-Based Approach: Diversity and Development of Adolescents and Young People”, the adolescence is more than an age referent, more than the denomination of a diverse group of population that is within an specific age and more than socio-cultural construct. Furthermore, it is a life’s phase with specific features plus notable changes converting it in a key moment within the continuous human development of people.

Undoubtedly, adolescence is one of the moments of people’s life in which, in an interrelated manner, and in an intense, deeply and rapidly way, simultaneously occur many changes in multiple dimensions of growth and human development (physical, neurological, cognitive, moral, psychosocial and psychosexual)<sup>1</sup>.

The simultaneity, the speed and the depth of these changes are, in themselves, a challenge for the integration that each adolescent has to do in his/her development and for which he/she supports in the resources and fortresses that has attained to develop in the previous stages of his/her life: as well as, in the resources and supports that the surroundings facilitate to him/her (family, auxiliary adult figures, pairs, school or school, other organizations of which he/she forms part, etc.).

Even, it is necessary to point out that, although the biological, psychological and social transformation in the person that crosses the adolescence, there exists a social reaction of the surroundings that can facilitate or hinder the development process.

For this reason, in this fascicle there are reviewed the most important changes that live the adolescent people in their neurological, physical and psychosocial dimensions, which represent challenges of subjective and personal integration that impact their behavior and their lifestyles during this vital phase, at the same time that, represent notable milestones that modify their relations with the surroundings and with those who surround them besides that generate new looks and relations from the social, adult and institutional world.

## 2. The biological and neurological development in the adolescence: the impact in their identity and their relation with the world

Although it has been defined, for statistical, juridical and politicians effects and depending on the organization or the country in question, an age of start of the adolescence (for example the 10 years for the Organization of the United Nations, or the 12/13 years for the juridical and national political frames of the region of Latin America and The Caribbean)<sup>2</sup>, exists an agreement between the studious people of the adolescence regarding that the same initiates with the incidence of the first signs of the pubescence process, which unchains a series of biochemical and physiological processes that carries them to reach their reproductive sexual maturity, designated puberty<sup>3</sup>.

According to the World Health Organization (WHO) (2017), the adolescence is “the period of growth and human development that produces after the childhood and before the adulthood, between the 10 and the 19 years (...) and that characterizes by an accelerated rhythm of growth and of changes, surpassed only by the one that the nursing babies experience”<sup>4</sup>.

At the same time, beside these changes, the most recent neurological researches have showed, that in the adolescence, the brain continues developing and modifying, which explains behavioral and psychosocial changes that hereby must be specified<sup>5</sup>.

## 2.1. Pubescence and puberty: accelerated changes and the challenge of the integration of a new body schema

Although our body never ceases to grow and modify along all our life, during the adolescence occur multiple, diverse and deep biochemical changes, as well as, physiological and corporal ones, in a period relatively short.

This speed combined with the magnitude of the changes, represents a challenge for the adolescent person since his/her body schema changes completely, which generates multiple anxieties and panics associated so much to the lived experienced of “normality/abnormality” of this growth, to the “command” of this new body, to the internal impulses referred to the sexual maturation and to the assessments and external representations (social) on this new body. Therefore, although the growth and development in this physical and biological dimension of the adolescent people represents an intrinsic and predictable characteristic of the evolution of the human species, with which psychological, social, cultural and even economic aspects are interrelated, which mark a variability and differences in the quality of the occurrence and the vivency of those changes.<sup>6</sup>

The own changes of the pubescence originate from hormonal changes, which are possible by two processes linked and successive that take between 3 and 4 years: the adrenarche and the gonadarche.<sup>7</sup>

<b>Adrenarche</b>	Maturation of the adrenal glands, which produce gradually greater levels of androgens, even, surpassing in 10 times lower the amount of people younger than 4 years.
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Androgen hormones, in addition to acting as precursors of other hormones that play an important and powerful role in the process of the pubescence (like the testosterone and the dehidrotosterone), produce in the adolescent people diverse physical demonstrations such as: growth of the axillary and pubic hair, development of corporal smell, increase of the sebum (fat in the skin) and in the women it also produces a small acceleration of the prepuberal growth and acceleration of the osseous age.<sup>8</sup>

<b>Gonadarche</b>	Maturation of the sexual organs involved directly in the possibility of the human reproduction, which also makes possible an increase in the segregation of other powerful hormones that make possible the development of the more specific primary and secondary sexual characteristics in man and women.
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The hormones produced during the gonadarche, make possible in the women the growth of the ovarian follicle (that contains the ovule and it is inside the ovary) and the production of estrogens, as well as, the spermatogenesis in the men (sperm cells formation). Furthermore, it makes possible the initiation of the ovulation in the women. In the men, it stimulates some cells inside the testicles (cells of Leyding) for the production of testosterone<sup>9</sup>.

With the gonadarche and by action of new hormone concentrations, develop the primary sexual characteristics (sexual organs that participate direct and necessarily in the reproduction), as well as, the secondary sexual characteristics (physiological signs of the sexual maduration that do not involve directly the sexual organs), as it is shown in the Table 1.

**Table 1: PHYSIOLOGICAL CHANGES IN THE ADOLESCENCE**

Sex	Changes and primary sexual characteristics	Changes and secondary sexual characteristics
Woman	Growth and maturation of the ovaries	Mammary growth
	Growth of the fallopian tubes, uterus, clitoris and vagina	Growth of pubic hair
		Change in the voice
	Menarche(First menstruation)	Appearance and growth of axillary hair
		Increase in the secretion of sebaceous and sweat glands (can cause acne)
Changes in the texture of the skin		
Man	Growth and maturation of the testicles	Growth of pubic hair
	Growth of the penis, the scrotum, the seminal vesicles and prostatic gland	Change in the voice
		Spermache (First ejaculation)
		Increase in the secretion of sebaceous and sweat glands (can cause acne)
		Changes in the texture of the skin

Source: Own Preparation of Papalia, D.; Olds, S. And Feldman, R. (2005). Psychology of the Development. Mexico D.F: McGraw-Hill/ Inter-American Editors, SA

Although, previously only the most important hormones involved in the process of sexual maturation were mentioned, there is a lot of other hormones that participate in all the process of growth and physical and muscular development of the adolescents, even for the modification of the osseous system, the accumulation of fat and the known “pubertal growth spurt”. The last one, takes places first in the women and takes between 2 and 2,5 years and represents a growth between 5 and 11 cm in women, 6 and 13 cm in men. Besides these, there are other modifications in the body such as the enlargement of the shoulders in men and in the women the enlargement of the hips and the pelvis.<sup>10 11</sup>

There is a wide variability between men and women in the development and pace of this process and the changes it implies, but it is also possible that exist a disproportionate appearance in the body of the adolescents for some time and this have an impact in the precision with which they “handle” and “move” their body in the space, which is sometimes pointed out as “clumsiness”.

It is worth pointing out that, **from the ecological perspective of the development of the adolescence, it is understood that the variability depends not only of appearances referred to the genetic inheritance, but also of the influences of the physical, social and cultural environment in which the adolescents develop.** Therefore, the nutritional status of the adolescents, the type of feeding, the hygiene habits, the type and quantity of physical activity that they do, among others elements determine somehow the rhythm and magnitude of the changes people live during the adolescence phase. These factors, besides, will be associated to socioeconomic and educational aspects of the adolescents and their families.<sup>12</sup>

The described changes happened in an accelerated, deep and even in a disharmonious way; the worry about their body, and its changes, occupies a central place in the anxieties and fears suffered by the adolescents. There are those who are concerned about their growth and physical development “advance” or “delay” in relation with their equals, unsure concerning their physical appearance and anxious by not fitting with the existent cultural stereotypes on the body and the tastes of their equals.<sup>13</sup>

In general terms, it can be stated that as the growth advances and the puberty is surpassed, the integration of the new body schema will be resolved successfully and the anxieties and fears about the body will be reduced by giving a step to a greater acceptance of the own body and the comfort with it. To the half adolescence (between the 14-15 and the 16-17 years) the adolescents are used to abandon the concern over the changes, to devote more time to experience with their appearance and try to make their body more attractive.<sup>14</sup>

However, it should be noted that in accordance with what was known about the relationship among acceptance, satisfaction and comfort with the body and self-esteem, new research has indicated that body image is based on eating disorders and, although it has reached the men, dissatisfaction with one's body is widespread among western adolescent women.<sup>15</sup>

Thus, the objectification of the body and the socio-cultural aspects of physical beauty so pervasive in our culture standards, have a serious and worrying impact on adolescents and particularly adolescent women, who are often perceived from the perspective of an object to be evaluated by others, they are more likely to compare themselves with others, living a permanent dissatisfaction with their figure and may even develop unhealthy eating habits.<sup>16</sup>

## 2.2. Neurological changes and their impact on the behavior of adolescents and young people.

Recent research in the field of neurology, which is made possible due to technological innovations and development, have shown that the brain continues to develop after infancy.<sup>17</sup>

Three phenomena characterize brain development during childhood: **synaptogenesis (or arborization), synaptic pruning and myelination**. To explain simply, the brain first generates a lot of connections between neurons, and then eliminates those that are not used and strengthen the connections that remain by coating the axons of neurons with myelin, in order to increase speed and efficiency of electrical impulses between neurons.



During a long time, it was thought that with these changes, the brain architecture was entirely defined and developed at the end of the infancy, new evidences of investigation allow to affirm now that there are **relevant neurological changes during the adolescence that even explain some of the behaviors and emotional changes** of the people that go through this phase of life and were explained earlier from hormonal changes or from strictly psychosocial processes.

These findings demonstrate, on one hand, that the pre-frontal\* cortex undergoes important changes after the puberty (grows and develops ), and on the other, that progressively improves the connection between the frontal lobule and some limbic structures such as the amygdala, the hippocampus and the caudate nucleus, structures involved in the automatic emotional responses (impulsiveness).<sup>18</sup>

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\* Brain structure of which depend the executive faculties of the brain: control of impulses, taking of decisions, planning, anticipation of the future, control atencional, capacity to make multiple tasks at the same time, temporary organisation of the behaviour, empathic capacity and the sense of the responsibility to same and the other people (Oliva, 2007).

Thus, in the adolescence, as the prefrontal cortex develops and improves the connection between it and the brain structures linked to impulsive behavior and emotions, **cerebral executive functions<sup>†</sup> are progressively improved in the self-regulation of the behavior and the emotions, as well as in decision-making processes based on a better assessment of risks and of future consequences.** Current research has also found that there is a significant number of factors that influence the development of these executive functions such as parenting styles, socioeconomic status and cultural contexts<sup>19</sup>.

Along with this transformation that has relevant effect in the reduction of risk behaviors and interpersonal behavior, recent studies have shown that during adolescence important changes are generated in the balance between the mesolimbic system and the cognitive prefrontal circuit. The mesolimbic system is altered due to hormonal changes associated to the puberty while the cognitive prefrontal circuit develops more slowly. **This imbalance causes a motivation in adolescent people to repeat activities that causes them pleasure with difficulty to assess if these activities put them at risk.**

Balance is accomplished as the adolescence advances, thus it is expected that by the end of the adolescence there will be a lower tendency to engage in behaviors in pursuit of pleasure without the corresponding assessment of risks.<sup>20</sup> In this way, it could be stated that “many of the problems related with certain risk behaviors in adolescence could be related with the late maturation of certain brain functions”<sup>21</sup>.

On the other hand, the development of the prefrontal cortex is precisely what enables the development of cognitive skills. In this way, logical and abstract reasoning skills are developed in adolescents reaching levels observed in adults as of mid-adolescence<sup>22</sup>. Hence, the adolescents leaves the concrete thinking that predominates at the beginning of the adolescence and limits to the things that he/she knows and with which he/she has direct contact, to go deeply **in the field of abstract concepts and the world of ideas, from where he/she can, through more advanced and complex reasoning skills, imagine and think on things and situations that has not been seen or experienced.**<sup>23</sup>

These more advanced and complex reasoning skills include, among others, the capacity to comprise the multiple causality of the phenomena, the ability to think in all the possibilities of a situation and that of hypothetical-deductive reasoning. These skills allow the adolescents to increase their capacity to solve problems by exploring, systematically and logically, a wide range of alternativesolutions, as well as of the deduction of its possible consequences.<sup>24</sup>

With the development of the prefrontal cortex and its better connection with the mesolimbic system, as well as with the acquisition of the abstract thinking and the strengthening of more complex and advanced reasoning skills, towards the end of the adolescence is usually reached a more effective decision-making and problem solving process, along with other skills that allow them to face new personal, social, academic and work challenges.

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<sup>†</sup> The executive functions correspond to complex processes of the brainoperation, between which stand out the self-supervision, the memory of work, organization, planning, the solution of problems and the flexibility of thought (Flores-Lazaro, J.C., Castle-Esteemed, R.And; & Jimenez-Miramonte, N.To; 2014).



### 3. The psychosocial development: reconstruction of the identity and a new place in the world

From a perspective of diversities and variability in the development, it should be emphasized that a single psychosocial development scheme can not be applied to every adolescent; so each characteristic, rhythms or scopes of the development in the adolescence in this field, are the result of the interaction between the achievements of the development reached in previous stages of the life cycle, the biological/neurological changes that occur in this stage and the influence of multiple sociocultural determinants.<sup>25 26</sup>

Meanwhile the adolescents get in contact with new contexts and social interactions, they will require new skills and competitions that will be developed and strengthened throughout their psychosocial development process.<sup>27</sup> In fact, during their adolescence, people face, from the development of new ways of thinking, the strengthening of social networks and the task of review and construct identity.<sup>28</sup>

Although identity is an experience and an awareness that has been integrated since the first years of life of people, **it is in adolescence that with greater awareness and greater intensity is reviewed and built a more autonomous identity and less derived from the significant figures that have accompanied child development.** It is for this reason that the adolescence constitutes a stage of key development for the consolidation of the person, their beliefs, life sense, values and personal strengths.

In this way, physical transformations are accompanied by alterations in the psychosocial sphere, among which can mention by relevance: separation and individuation in the search for independence, integration in the peer group (friends or equals) and the development of the identity.<sup>29</sup>

These transformations are taken for granted in the context of a family or care environments, a community and a society to which the person belongs, which means that there are several factors that influence psychosocial development, its characteristics, rhythm, speed and intensity of the processes involved. Among the most relevant factors pointed out in the Psychosocial Theory of Erikson\*\*, can be mentioned<sup>30</sup>:

- ① The **personal evolutionary period**: each person has their own rhythm and evolutionary period that will depend as much on biological, psychological and social factors.
- ① **Psychohistorical aspects**: psychosocial development is marked by the historical moment that each person has to live, so for example, is not the same to develop in times of peace that in times of conflicts and wars.
- ① The **community dimension**: each person builds from what they have found in their community to develop, that is: they part from what is given to them (phenotype, temperament, talent, socioeconomic conditions, vulnerabilities, dynamic, values, opportunities) for decisions-making

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\*\* Erik Erikson (1902-1994): American psychoanalyst of German origin who made big and recognized contributions to the psychology of the development, when building a Psychosocial Theory that explained the development of the personality as the progressive transformation of operational structures as a whole to a greater internal differentiation, complexity, flexibility and stability. According to his theory, this development passes through eight stages that occur along the life cycle and that are called psychosocial stages and in which it was proposed confronted conflicts between strengths oriented to the development (syntonic) and strengths oriented to the vulnerability and the regression (dystonic).

or individual choices (option of study, of work, ethical values, friendships, sexual encounters) within cultural and historical guidelines.

- ④ The **personal history**: the different situations that each person has experienced in their development have an influence on the construction of their identity, for example, stressful situations such as the forced migration during the infancy or the adolescence, the loss of a referent person in life, important economic difficulties, experiences of abuse, exploitation or abandonment, can have a negative influence in the construction of identity.
- ④ The **models received**: all the people are built with the support and reference of parental and family models and later community, institutional and social models. No person is built in isolation.
- ④ The **dynamics of conflict**: in the tension between syntonic strengths (oriented to the development) and the dystonic strengths (oriented to the stagnation), the adolescent presents contradictory feelings, going from exacerbated feelings of vulnerability to great individual perspectives of power and capacity.

Despite the variability that has been pointed out at the beginning of this section, the psychosocial development in the adolescence presents in general common characteristics and a progressive pattern of 3 phases that, following the most generalized tendencies in the literature on development of adolescence, are hereby designated as: early adolescence (from the beginning of pubescence from 10 years to 13-14 years), mid adolescence (from 14-15 to 16-17 years) and the late adolescence (from 17-18 years and beyond until the psychosocial adjustments that result in psychological and economic autonomy are completed).<sup>31</sup>

Below is presented in Table 2, a synthesis of the most relevant elements within the psychosocial development for each one of these phases, which represents a didactic guide of central aspects of the development that although they are expected in certain moments of the adolescent phase, they must always be evaluated, observed and considered in a flexible way from the singularity and variability that occurs between people due to the particular influences exerted by the factors mentioned above (personal evolutionary period, psychohistorical aspects, the community environment, the personal history, the received models and the conflict dynamics) and their interrelation.

TABLE 2: PSYCHOSOCIAL CHANGES IN THE ADOLESCENCE		
Early adolescence	Mid adolescence	Late adolescence
<ul style="list-style-type: none"> <li>- Central worry by the corporal changes.</li> <li>- Emotional lability: fast and wide fluctuations of the mood and behavior, a tendency to magnify the personal situation, lack of impulses control, need of immediate gratification and privacy.</li> <li>- Attention and worries focused in their own behavior, visions, needs and interests.</li> <li>- Development of the “imaginary audience” and the “personal fable”, which are based in the belief, consideration or need of being the center of attention of others, especially their pairs, those who are focus in their appearance and behavior and who are critics or admirers for being a unique person (thoughts, feelings, beliefs,</li> </ul>	<ul style="list-style-type: none"> <li>- The central fact is the distancing from the family and the approach to the peer group that constitute a powerful influence in their development.</li> <li>- Deep reorientation in interpersonal relationships.</li> <li>- Intense involvement of adolescents in the peer subculture: adoption of dress codes, behavior, codes and values of the group.</li> <li>- The sense of individuality continues to increase, although the self-image continues to significantly depend on the opinion of third parties.</li> <li>- Their increasing reasoning skills about their own person and others leads them to be very critical of their</li> </ul>	<ul style="list-style-type: none"> <li>- Their identity and autonomy are consolidated if the possibilities for this have existed (including the presence of a family, a safe and protective care environment and a group of supportive peers).</li> <li>- Self-image is usually not defined by pairs anymore, but depends on the adolescent.</li> <li>- Interests are more stable and exists greater awareness of personal limits and limitations.</li> <li>- Greater aptitude for independent decision-making, for the establishment of limits and the future planning.</li> <li>- Greater integration of personality and therefore greater tranquility and emotional stability.</li> </ul>

<p>ideal and experiences are unique and special, and the other people no always are able to understand them). This phenomenon increases and feeds by the logic established by the social networks and new communicational references.</p> <ul style="list-style-type: none"> <li>- Increase of demands and academic expectations.</li> <li>- Start the separation- individualization process by moving attention, interests and activities out of the family.</li> <li>- Increase of desire for independence and decrease the interest in family activities.</li> <li>- In moral development, there is a greater concern to satisfy social expectations and conventions and strongly wishes to mantain, support and justify the existing social order.</li> </ul>	<p>parental and of authority figures, as well as with the society in general.</p> <ul style="list-style-type: none"> <li>- Social expectations referred to their academic achievements and preparation for the future.</li> <li>- In moral development, they generally adapt professively to the rules and social conventions that they consider fair, logical and coherent (as most adults also do), but not before going through a period in which they do not accept the norm if they do not find or satisfy the reason of it, its foundation and its justification, which is often interpreted as rebellion against the authority.</li> </ul>	<ul style="list-style-type: none"> <li>- Greater willingness and orientation to the assumption of commitments and tasks of adulthood if their development has evolved satisfactorily, otherwise there may be problems with the increasing independence and responsibilities of the young adulthood, such as depression or other emotional disorders.</li> <li>- Greater interest in the development of plans for the future, the exploration of possible directions of vocation, life, worldview and love, supported by their interests, capacities and opportunities.</li> <li>- Greater development of their agency capacity to give direction to future trajectories and possible strategies to face the uncertainty.</li> <li>- Their moral development approaches them to autonomous and universal principles that transcend even the existent laws.</li> </ul>
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Source: own Preparation from: Gaetea, V. (2015) and Churches, D. (2013).

It is important to point out that, although usually the neurological changes, the processes of cognitive and moral development, along with the needs and attempts of separation-individuation are usually perceived by the adult and institutional world like negative and reproachables characteristics of the adolescents, these **changes and processes are not only necessary for the processes of identity building and strengthening of autonomy, but they are expected in function of the development of skills and resources that allow them to consolidate their identity and their postion in the face of the challenges that the environment and the adulthood establishes.**

Thus, theserespected and adequately accompanied processes in safe and protective care and development environments will enable the expected evolutionary achievements.

### 3.1 The identity

It can be affirmed that, such as multiple studios and researchers of the development in the adolescence have done, that the challenge, milestone or target more important of this phase of the vital cycle is the development or construction of the identity.

<p><b>Identity</b></p>	<p>It is the coherent conception of the I formed by goals, values and beliefs, which to criteria of Erikson was solved in the resolution of the adolescent phase with the adoption of values, the development of the satisfactory sexual identity (election of couple) and the election of a vocation and occupation<sup>32</sup>. It is the internal experience of same selfness, to be yourself in a coherent and continuous way in spite of the internal and external changes<sup>33</sup>.</p>
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The identity answers to the question: who am I? and from this answer each person represents themselves, new dimensions of being and the environment are explored, problems are solved, decisions are made, important aspects of life are recreated and constructed a sense of orientation towards the future.

**Every adolescent needs to know who is as an individual and autonomous being, transcending the identity derived from the family or the adults of their environment, integrating the partial**

**identifications that they have appropriated from the models and references with which they have grown.**

To accomplish this development, the adolescents need to separate a bit from their affective figures to develop a greater intimacy, which not only generates a subjective tension between their needs of independence and dependency, but conflicts that achieve it apogee in the mid adolescence may arise, to be reduce as it achieves greater integration, greater independence and maturity in late adolescence, wich can "return" even to the values and closeness to their family without feeling that their independence and individuality are threatened.<sup>34</sup>

In this process, the integration to the group of friends is essential to leave the family group to the broader social environment, in fact, it is for the group of pairs that the adolescent person momentarily displaces the attachment they felt for their affective referents within the family and different ways of being, thinking and relating are being proved, which validate the feeling of personal identity. Relationships with peers are intense and emotional, which increases as the conflict increases with parental figures, significant affective figures or adult referents. In this way, the peer group provides the conditions for the adolescent to establish even deeper emotional bonds of friendship or of a couple, which expands the possibilities of experiencing new emotions and developing the capacity to consider feelings of other people and caring for them.

At the beginning of adolescence, these groups tend to be unisexual groups and later the relationships between both sexes are integrated into them. **The peer group is constituted by affinity and generally establishes common signs of identity, speech and dress code, among others. In the peer group, it is possible to identify with others, the development of belonging and mutual support, solidarity and cooperation, security and the exploration of tastes, experiences, social skills, behaviors, among others.**

Based on Erikson's theory, James Marcia<sup>\*\*\*</sup> proposes that according to the presence or absence of **exploration** (conscious decision-making) and **commitment** (personal investment in occupation or belief system) adolescents can be in 4 different states of identity development, which are:

- 1. Exclusion:** there is no exploration, there are no crises and there is a high commitment to the values and definitions imposed by the parental figures and the family without any questioning.
- 2. Moratorium:** there is a high level of exploration without any commitment to beliefs, values, people or vocations.
- 3. Diffusion of identity:** there is a scarce exploration, but at the same time a low commitment to beliefs, values, people or vocations.
- 4. Identity achievement:** exploration of beliefs, values, people or vocations that leads to a commitment.

Research has shown that those adolescents, who are in a state of moratorium or in the achievement of identity, show a more favorable development, are more cooperative, more self-directed and more effective in solving problems. On the other hand, those adolescents who are in the state of diffusion of identity, show a less favorable development and predictor of future psychological problems, have less self-esteem and less self-control, in addition their development is related to greater anxiety, apathy and disconnection with the parent figures.<sup>35</sup>

The development of identity is fundamental because it allows the adolescents to continue developing with the security of "having found themselves" and thus establish healthy intimate relationships with

other people. This achievement, like others, will depend, largely, on the successful completion and resolution of the previous stages of the life cycle, in the same way that the successful achievement of identity in the adolescent will have a positive influence on the development of the person after the adolescent phase.<sup>36</sup>

### 3.2 Construction of the identity: the relation with the affective bonds and care environments

Although it has been explained that, in the search, revision and development of the identity, the separation and independence of the family nucleus and of the significant figures constitutes a necessary task for the adolescent, even though this task implies sometimes ambivalent and contradictory feelings, in a more integrative vision of identity development in adolescence, it is necessary to understand that the quality of the relationship with significant figures is key to psychosocial development.

The development of identity in adolescence is not created in a vacuum, not start from zero, but part of an identity derived from family or care environments and part of a bonding and affective history. In this sense, there is ample evidence that highlights the significant role played by the family or the care environments that replace it in personal adaptation and welfare protection during adolescence.<sup>37</sup>

Thus, for example, the **self-concept** (construct that positively influences the psychological adjustment and development of identity) and the representations of the "self" that the adolescent possesses are related to the image that the adults have returned from the environments where people have developed since childhood and significant figures (family or institutional) during their evolutionary history.



The relevance of this self-perception is such that research shows that a positive self-perception and high self-esteem in adolescents constitute **protective qualities against exposure to risk** and, on the contrary, a negative self-perception represents a risk for adolescent development.<sup>38 39</sup>

Likewise, the characteristics of the people who have constituted the models and emotional and behavioral referents of the linking environment (family, care environment or educational institutions), as well as the quality of the existing relationships between them, play an important role in the development of the identity of adolescents, in the representations of human relationships and in the perception about the availability of other people based on their support and protection.

**The processes of socialization, learning and appropriation (internalization) of models of thought, relationship and behavior, values, norms and principles in the family, in care settings and in educational institutions, have a direct influence on personal and social development of adolescents, in their behavior and in the process of developing their identity.**<sup>40 41</sup>

The family or the alternative of care are the spaces of bonding interactions where people learn and develop (or not) the capacities to relate to the world and with others, to get involved in other areas of the community, to live inclusion or exclusion social, intimacy, proximity, trust, among others. Thus, the relationship between the formation of identity and the bonds of attachment and affection is, therefore, a central aspect in the understanding of the development of the person and their identity in adolescence.

Similarly, parenting patterns, interaction styles, ways of disciplining and providing affection that adults have in the family or adolescent care settings are patterns and models that favor or hinder the development of emotional skills in adolescents and guide the development of their identity.<sup>42 43</sup>

Multiple studies have indicated that a family environment characterized by frequent conflicts and poor levels of communication, affection and support among its members, represents a significant risk factor for psychological and behavioral imbalance in adolescents. In this sense, the experience of attachment in the history of the adolescent, as a bicultural, affective and relational experience, establishes the bases for the development of identity.

In this way, adolescents who have had a secure attachment experience have a base and a relational style that favors emotional growth and the quality of relationships with other people, characterized by commitment, proximity, exploration and differentiation (autonomy).<sup>44 45 46</sup>



There is additional evidence that indicates that the subjective perception that the adolescent has regarding the **support provided by the family** (and even other individuals in the environment), is significantly associated with positive and prosocial development in adolescence, as well as their resilience.<sup>47</sup>

Even some studies indicate that it is fundamental in the development of the adolescent, the support and the warmth coming from other members of the family group, which includes **the timeshare, the clarification of roles, rules and spaces, as well as the promotion of the respect, love, understanding, compassion and acceptance.**<sup>48</sup>

#### 4. Integral and emotional development of adolescents and young people in contexts of violation of rights

As indicated repeatedly, the development of adolescents is completely influenced by the family, community, social, cultural and economic context in which it is developed. In these contexts, there may be several factors that increase the vulnerability of adolescents.

Several factors can make adolescents more vulnerable to the possibility of suffering psychological problems, emotional maladjustment and psychosocial adaptation. Mention may be made principally of individuals such as psychological characteristics, gender and age; family members such as family history of mental disorders, use/abuse of alcohol and other drugs, violence, loss and separation; and socio-cultural factors such as poverty and contexts of violence, among others.<sup>49</sup>

In this way, contexts of vulnerability or situations of violation of rights represent a particular challenge for those who develop in them or for those who accompany or support the development of children and adolescents who live in these contexts or who are victims of situations that violate their rights.

Thus, for example, adolescents who have developed from their childhood in contexts of life outside the family, or in institutional contexts and who have even experienced situations of violence and abandonment, are more likely to have effects on their emotional development and integral from the particularities and vulnerabilities that could have experienced in the different environments of interaction, such as: problematic family relationships, negligence and physical, sexual and emotional abuse, depression and suicidal ideations, use of alcohol and other drugs and difficulties in the school environment. All these situations could generate, in the adolescent population exposed to them, high indicators of emotional and behavioral problems, as well as a high prevalence of stressful and depressive events.<sup>50</sup>

This situation should be considered as a probability and not as a direct causality. In this sense, knowing the likely risks in affecting emotional development that could exist with exposure to violent, neglectful, disaffected, rigid scenarios, among other characteristics, **it is necessary to ensure safe, protective and stimulating environments of development through the planned and conscious work of an affective accompaniment and protection of people throughout their development, both in the childhood phase as well as in adolescence and youth.**



Similarly, various studies have shown a clear relationship between the conditions of exclusion, limitation, risks and violation of rights that affect families living in poverty or discrimination because they belong, for example, to a minority ethnic group and the development of the **same secure or insecure attachment**, which in turn affects the development of autonomy, independence and therefore identity.<sup>51</sup>

The results of these studies suggest that these deprived, limiting and highly vulnerable conditions in turn represent challenges and difficulties for the establishment of a secure attachment that promotes independence and autonomy. For example, in these contexts of high risk and violation of rights, sometimes the parental figures tend to promote more obedience and conformism with authority and less independence and autonomy as a protection strategy and a way to reduce the possibilities that the adolescent becomes involved or engages in risky behaviors (such as vandalism or criminal behavior).

However, it should be noted that these results and what they suggest, does not necessarily mean that adolescents who have developed in adverse conditions, violation of rights and vulnerability, will automatically develop relational difficulties, autonomy, independence and identity, based on an insecure attachment style, **but these contexts represent a greater challenge to the healthy development of basic trust, secure attachment, self-esteem and identity.**

Additionally, studies with adolescents in different contexts of vulnerability, aimed at identifying indicators of internalized psychological problems (such as anxiety and depression) or outsourced (hyperactivity, aggressive and antisocial behavior) that can cause interaction difficulties between the adolescents and the people around them have shown normal and limit results for psychological problems, which suggests that the interactions that they develop with these populations in the closest ecological environments (such as family, care settings, school, social programmes and the street) are those that determine, positively or negatively, its evolution.<sup>52</sup>

In line with this, positive psychology proposes, in a manner contrary to the model focused on risk and deficit, **a positive model based on the strengths of people, which considers that every adolescent has the potential and the capacity to develop in a balanced and successful way, as long as it has the social support that allow them to overcome adversity**, within which family support plays a relevant role, although also peers and other auxiliary adult figures have a significant participation.<sup>53</sup>

Consequently, adult, parental, family or even institutional accompaniment is key to compensating situations of vulnerability and violation of rights, in such a way that the impact of these situations on emotional and integral development is reduced. Even in situations of institutionalization, many adolescents in different studies have positively referred to the staff as fundamental figures of interaction and as substitutes for parental and family duties such as care, help, protection, as well as setting limits and the establishment of the discipline, which suggests the possibility that, in environments of stable interaction and even in contexts of alternative care, reliable and reliable relationships can be provided that have a positive impact on the integral and emotional development of adolescents.<sup>54</sup>

In this sense, **a delicate balance must be established between protection and the promotion of independence and autonomy, which in turn will lead to the achievement of a positive, healthy and prosocial identity, among other attributes of the personality.**

Therefore, it is convenient to propose resilience as a concept that has been gaining ground in the social sciences that address human development and particularly positive development:

## Resilience

A set of **qualities, abilities and skills that allows the appropriate coping** of the evolutionary tasks of a certain stage of the life course **despite exposure to adversity conditions/situations** and therefore a successful adaptation.<sup>55</sup>

Among the factors that predict greater resilience are: a positive self-concept or high self-esteem and perceived social support, in which, as already mentioned, the support of the family and prosocial contact with peers and adult mentors (auxiliary figures) play a determining role. It has also been noted that the construction of spaces for participation and empowerment of adolescents fosters resilience, precisely because it allows adolescents to build their own strategies to cope with adversity, with the advice and guidance of adults, those who do not protect in a rigid way, inhibiting exploration, autonomy and independence, tasks necessary for the optimal development of identity.<sup>56</sup>

There are also studies that show that the human cognitive system plays a fundamental role in the regulation of people's emotional reactions to different experiences, particularly in the face of adverse experiences. This is how the mechanisms of cognitive regulation allow human beings to mitigate the impact of stressful situations and maintain the ability to respond to them. In fact, these resilience mechanisms are the ones that fail in people with depression.<sup>57</sup>

## 5. SOS Considerations for the work of SOS Children's Villages

SOS Children's Villages LAAM maintains a strong commitment to guarantee the exercise of the rights of adolescents and young people who have lost parental care or are at risk of losing it, while at the same time making visible the responsibility of orientating our efforts and actions with quality towards the promotion of the integral development and well-being of these populations.

In this way, at the regional level, a collaborative construction strategy has been proposed between the LAAM Regional Office, the Member Associations and adolescents and young people participating in the SOS Programmes, designed with the objective of promoting the discussion and analysis of the reality, the theory and concepts related to Youth Development and jointly build a regional practical-orientation proposal that guides interventions, strategies, plans, projects and actions aimed at adolescents and young people, for which the following guidelines and considerations are proposed:



**Accompany the physiological development of adolescents and young people from an empathic understanding and a positive-affective approach of the characteristic changes of puberty and pubescence.**

To achieve this premise, the following considerations are suggested:

- ① Design and execute psycho-educational activities and processes with collaborators and families of origin, that allow the understanding and positive visibility of changes during adolescence, emphasizing physical development, self-perception and sexuality.
- ① Implement a training curriculum for people in charge of direct care, covering the physiological development of children, adolescents and young people, their biological changes and the



possible affective and behavioral repercussions from scientific information and the Rights Approach.

- ④ Develop the skills and provide the tools to collaborators, and families of origin that ensure the affective and positive accompaniment of the physical changes during the adolescence and his possible challenges.
- ④ Ensure organizational responses to the physiological needs that represent the characteristic changes of the adolescence, such like changes in the nutrition and sanitary assistance.



### **Inform, educate and empower adolescents about the physiological and affective changes characteristic of puberty and pubescence**

To achieve this premise, the following considerations are suggested:

- ④ Recognize adolescence as a transcendental stage of human development, demystifying and visibilising positively the characteristic changes of puberty and pubescence.
- ④ Design and execute activities and processes, co-led by adolescents and young people and using ICT tools, on topics related to puberty, such as changes in adolescence, physical development, affective development, sexuality, self-perception, body self-esteem, etc.
- ④ Develop playful-experiential processes with adolescents that allow them to understand and positively recognize the physical and affective changes they undergo.
- ④ Generate spaces of trust in the Programmes, in families and communities, whether between peers and/or intergenerational, that can facilitate understanding, empathy and the close and positive accompaniment of the characteristic changes of adolescence.



### **Develop the capacity of affective bonding of adolescents and young people as part of the empowerment of their emotional development.**

To reach this premise, the following considerations are suggested:

- ④ Facilitate strategies and processes aimed at emotional development through the enhancement of recognition and management of emotions, empathy, and motivation, among others.
- ④ Develop strategies and processes aimed at the emotional recovery of children, adolescents and youth, which contemplate elements such as the mourning management, psychological and socio-emotional accompaniment, the development of their life history, the development of skills for resilience, etc.
- ④ Involve affective referents of adolescents and young people in their emotional recovery process, so that they attend and empathize with their particular needs and development expectations.



### **Enhance adaptive skills and resilience resources of adolescents and young people, allowing them to adequately deal with changes and daily or extraordinary situations.**

To reach this premise, the following considerations are suggested:

- ④ Permanently promote the bond and support between affective referents and adolescents and young people, as a basis for the development of resilience.
- ④ Generate activities and processes, such as psycho-educational workshops and training sessions on resilience and the development of adaptive skills aimed at collaborators and families of origin.

- ④ Develop playful-recreational and integrative activities that favor adolescents and young people's empowerment, decision-making, conflict resolution, motivation to life and better adaptation to the changes and situations they face on a daily basis.



**Ensure personalized emotional support to adolescents and young people, which promotes the expression of emotions, opinions and decisions with greater openness, in an environment of trust, validation and active listening.**

To reach this premise, the following considerations are suggested:

- ④ Incorporate a model of work with adolescents and young people that is positive and based on strengths, recognizing the potential and capabilities of young people to promote their own development.
- ④ Generate a support network for adolescents and young people, through affective bonding between peers, with former participants, with organizational references, family references (family of origin) and community referents, which allows them to feel accompanied and supported, promoting protection and security in their respective environments.
- ④ Strengthen the affective, safe and respectful bonds between affective referents and young people, in order to promote self-confidence, self-esteem and security in the interpersonal relationships that they establish progressively.
- ④ Implement strategies and activities in care environments and families of origin that promote the recognition of emotions and behaviors linked to relational and family coexistence (when possible), in order to strengthen these environments.
- ④ Implement mechanisms and conditions that ensure the permanence and stability of the affective and safe link between affective referents (care environments, families of origin, community, etc.) and adolescents and young people, in order to guarantee emotional support and follow-up of development, after the independence of young people.



**Strengthen construction of personal identity of adolescents and young people through the promotion of their individuation processes.**

To reach this premise, the following considerations are suggested:

- ④ Generate ludic-experiential spaces that allow orienting and accompanying adolescents and young people in the process of self-knowledge and the visualization of their abilities, interests, meanings and life projects.
- ④ Strategically promote the potentialities, interests, needs and particular development expectations of each adolescent and young person in the Individual Development Plans (IDP) and Life Projects (LP).
- ④ Facilitate the process of individuation and progressive autonomy of each adolescent and young person, by recognizing and validating the right of young people to carry out activities and processes outside the care environment or the family of origin.



**Strengthen the construction of personal identity of adolescents and young people through the recognition of their life history and the re-bonding with their family and community of origin.**

To reach this premise, the following considerations are suggested:

- ④ Guarantee reflective processes and activities with adolescents and young people, which favor the recognition and affective exploration of their own personal and family history, highlighting especially in alternative care the importance of working the separation reasons of the child or adolescent from the first moment they enter the care alternative.
- ④ Generate progressive work strategies on the construction of life stories and promotion of adequate processes of re-bonding of adolescents in alternative care with their families and communities of origin, which guarantee their sense of belonging and emotional stability.
- ④ Develop activities that promote affectionate and close bonding of adolescents and young people in alternative care with their families and communities of origin, such as meetings, coexistence, holiday visits, etc., always considering the measures of protection and their best interests.



### **Strengthen social skills, life skills and safe and healthy relationships of adolescents and young people, for the promotion of their psychosocial development.**

To reach this premise, the following considerations are suggested:

- ④ Search opportunities for adolescent and youth participation in different development contexts (academic, recreational, political, etc.) according to the particularities of each adolescent and young person.
- ④ Build, from an intergenerational and inclusive way, opportunities for participation within and outside of the Programmes, promoting community integration and living experiences that allow adolescents and young people to develop social and life skills.
- ④ Manage and facilitate workshops, discussions, recreational, playful and integrative activities on aspects that favor socialization such as teamwork, affective recovery, life skills development, self-esteem, conflict management, social skills, etc.
- ④ Develop the sports, artistic and cultural abilities of young people, through their involvement in activities, courses, workshops and practices in these areas according to their interests, both internally and externally to the organization.
- ④ Strengthen skills, management and secure relationships of young people through the ICT, so that their digital citizenship is enhanced.



### **Potentiate the skills development in collaborators and families of origin to enhance the psychosocial development of adolescents and young people.**

To reach this premise, the following considerations are suggested:

- ④ Design and execute activities and training processes with collaborators and families of origin that allow the understanding of the psychosocial development of young people, as well as the demystification and positive visibility of the processes, behaviors and phenomena associated with this development.
- ④ Develop skills in collaborators and families of origin around the resolution of conflicts, pedagogical mediation and positive parenting, which allows them to generate spaces for active listening and accompany the psychosocial changes associated with adolescence.

## 6. Annexes

### 6.1 Acronyms used in the document

CAYP	Children, adolescents and young people
WHO	World Health Organization
UN	Organization of the United Nations
AYP	Adolescents and young people
IDP	Individual Development Plan
LP	Life Project

### 6.2 informative Capsule

#### ROLE OF ADULTS IN THE DEVELOPMENT PROCESSES OF ADOLESCENTS

The new approaches to positive development assume that people during adolescence have multiple strengths, which must be identified, edified and strengthened; this not only favors positive behaviors, but also reduces the likelihood of behaviors that would harm their well-being. During the changes of this age range and the constant reconstruction of their identity, the accompaniment of the adults around them is fundamental; in addition to the social support that allows optimal development and better living conditions.

Adults can promote the empowerment of youth, by recognizing their rights and abilities, allowing self-care or mutual protection, which contributes to promoting collective development. By recognizing people subject to law, producers of culture and strategic actors that benefit their communities. Adults can provide the advice that young people want or need; strengthening their well-being by recognizing the positive contribution of youth and constructively enabling decision-making or building their autonomy, while still providing the accompaniment they desire. Young people "require interactions that provide empathy, that give them confidence, acceptance, recognition of their weaknesses without disqualification (...) this influences the development of prosocial skills and protects mental health".

Although the needs and interest are subjective and cannot be defined with precision how should be the role of adults in their accompaniment to the context variations and / or the personality of each adolescent; There is a certain unanimity in that "the ideal is a balance between affection and limits, where there is no imposition of rules, but a kind of agreement". They could provide a guide or guidance for coping with the experiences and making decisions, through an interaction based on respect, establishing flexible limits, agreed upon with the person; at the same time, interactions must provide affection and empathy, essential aspects for the development of prosocial behaviors.

The accompaniment that adults can provide is versatile. Instrumental support can be given, that is, to solve a problem; a support providing useful information to face a problem; or an emotional support through samples of empathy, love and trust. These expressions of support favor the sense of belonging in certain contexts, enhancing their well-being by providing cognitive and behavioral tools for an adequate coping of situations that arise; Simultaneously, intergenerational interactions based on respect and mutual collaboration are established.

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