

# Afterword

## An Intuitive Approach to Risky Decision Making in Adolescence

BY VALERIE REYNA

Would you put a substance into your body that kills most people? Would you do something that your brother and two of the most important adults in your life did that resulted in their deaths? The answer is clearly “no” to both of these questions, if you are thinking rationally. But teenagers say “yes” to risks like these every day. Moreover, most of the death, disability, and suffering that occurs in adolescence can be prevented. And many of the leading causes of death in adulthood have their roots in habits begun in adolescence.

The goal of my work is to understand why young people make irrational choices and to develop programs to change their risky behavior. Much of my time is spent gathering resources to support this work, including support for students. I am spurred on by the knowledge that programs developed through scientific research can change the trajectory of young people’s lives.

For example, we have introduced evidence-based programs to reduce premature pregnancy and sexually transmitted disease in Arizona, Texas, and, now, New York. Our work in the Laboratory for Rational Decision Making follows in the footsteps of other successful programs to reduce unhealthy risk-taking: In 1964, the Surgeon General announced that cigarette smoking caused cancer, and smoking has declined greatly. Knowledge made a difference. But as anyone who has been a teenager or a smoker knows, knowledge is not enough.

A recent national survey showed that 54 percent of teenagers have tried smoking and 23 percent smoked cigarettes in the preceding month (Youth Risk Behavior Survey, 2005). Smoking, as these teens probably knew, causes heart disease and cancer, which together account for 62 percent of deaths in adults. Why would over half of young people do something they know is addictive and is a major killer?

Why would Rudy Galindo, a national champion in figure skating, who had everything to live for, risk death by having unprotected sex? It is not that Mr. Galindo was unaware of the consequences. As a survivor of the AIDS-related deaths of his brother and two coaches, he had seen the worst the disease can do. Nevertheless, on March 1, 2000, he tested positive for HIV. Rudy Galindo was quoted as saying, “I’ve made my mistakes,” but how many young people are making those same mistakes right now, knowing the consequences as he did?

In fact, HIV infection rates are rising in adolescents, and most adults contracted the disease as adolescents or young adults. Some risky choices claim lives quickly; 30 percent of deaths in youth aged 10 to 24 occur in motor vehicle accidents. Reckless driving and driving under the influence are common causes of motor vehicle death and debilitating

injury in adolescence.

Other risky choices, such as succumbing to tempting but unhealthy food, kill slowly.

Based on our research and that of others, we have reached a startling, highly counterintuitive conclusion: Young people take risks not because of a belief that they are invulnerable, but because they engage in too much calculation when making choices. Adolescents often overestimate key risks, such as HIV or lung cancer, and take chances despite knowing those risks. They mentally weigh the risks against perceived benefits. The risks are viewed as “worth it,” a dangerous perception. Adults, in contrast, tend to “go with their gut”—they don’t proceed down the slippery slope of trading off serious risks (such as HIV/AIDS or dying in a car accident) against immediate rewards (such as sex or approval of peers), and their choices are better as a result.

This research has informed our outreach programs, which differ from prior programs in that we stress mature “intuitive” thinking in risky situations. Our next goal is to strengthen research-community partnerships to accelerate the translation of research into practice, and, ultimately, establish a Center for Rational Decision Making. The center would develop and disseminate new scientific discoveries to promote healthy behaviors.

### References

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- United States: 2005 Youth Risk Behavior Survey Results [www.cdc.gov/HealthyYouth/yrbs/pdf/mortality/USA.pdf](http://www.cdc.gov/HealthyYouth/yrbs/pdf/mortality/USA.pdf)



### Outreach Info Moves Online

Information compiled by the Human Development Outreach and Extension office is now available online in a new series of videos and brochures. Among the topics covered are: how neighborhood quality impacts child development; how to assess children’s court testimony; and how to help dyslexic children learn to read. Additional topics will be added regularly.

The project is supported by the Smith Lever funds from the Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture.

To see the materials and subscribe to updates, go to [www.human.cornell.edu/che/HD/Outreach\\_extension/Resources/cfm](http://www.human.cornell.edu/che/HD/Outreach_extension/Resources/cfm).

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