

Orientation Programme on Adolescent Health for Health-care Providers

**Facilitator Guidelines for
Module E**

Adolescent Development

December 2012

Department of Maternal Newborn Child and Adolescent Health

World Health Organization

Module Schedule

Sessions and Activities	Page	Time in minutes	Materials and Resources
Session 1 Module Introduction 1.1 Module Objectives 1.2 Spot Checks		10	Handout for Module E (all sessions) Slides E1-1 and E1-2
Session 2 Physical, Cognitive, Emotional and Social Development during Adolescence 2.1 Physical Development during Adolescence – Mini Lecture 2.2 Cognitive Development during Adolescence – Mini Lecture 2.3 Emotional and Social Development during Adolescence – Mini Lecture 2.4 Developing core assets in adolescents 2.5 The Developmental Tasks of Adolescence – Mini Lecture		50	Slides E2-1 to E2-18
Session 3 Attitudes and Values of the Health-care Provider 3.1 Exploring our Attitudes and Values - Individual Exercise and Plenary		30	Slide E3-1
Session 4 The HEADS Framework 4.1 The HEADS Framework – Mini Lecture 4.2 Forming the Questions Using HEADS – Group Work and Plenary		50	Slides E4-1 to E4-3
Session 5 Communicating with Adolescents 5.1 Introduction to using GATHER with Adolescents Patients- Mini Lecture 5.2 Interviewing Adolescents using the GATHER Approach - Brainstorming		30	Slides E5-1 to E5-8
Session 6 Module Review 6.1 Review Spot Checks and Review		10	Slides E6-1 and E1-1

Matters Arising Board 6.2 Review Module Objectives and Key Messages 6.3 Orientation Programme Personal Diary (OPPD)			Flipchart E1
		Total = 180	

Annex 1: Spot Checks

Module checklist

The module checklist contains important information that will assist you in planning and conducting the module. Please read this information well in advance. Also please review Part I of the *Orientation Programme on Adolescent Health for Health-care Providers: Facilitator's Guide* for further information on planning and preparing for this module.

I. Module Advance Preparations

- Make sure you have copies of Handout E for distribution to all the participants.
- Read the scenarios and adapt elements as appropriate to suit your country/area. Choose which scenarios you will use in each activity.
- Ensure that the facilitators understand their respective roles during each session.

II Materials and Audio-Visual Equipment

Materials:

1. Standard

- Handout E
- Slides or overheads
- Prepared flipchart E1
- Visualization In Participatory Programmes (VIPP) cards
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

2. Module Specific

- Country specific information and slides on adolescent development (to show during the workshop as appropriate).
- National newspaper and magazine articles that represent public messages and images of adolescents
- WHO Adolescent Job Aid

Equipment:


- Computer and projector, slide projector or overhead projector
- Blank flipcharts
- Sticking tape, pins or glue
- VIPP cards
- Name labels
- Coloured markers
- Notepads and pens

MODULE OVERVIEW

This is a core module in the *Orientation Programme on Adolescent Health for Health-care Providers (OP)*. It builds on the discussions on adolescent development in *Module B: The Meaning of Adolescent Module*, and provides a comprehensive overview of the physical, psychological (cognitive and emotional) and social development that occurs during adolescence.

In this module participants will be given an opportunity to practice using a framework, to obtain the psychosocial history of an adolescent. They will also be introduced to an approach they could use to communicate well during an interview with an adolescent patient. Finally, participants will have an opportunity to examine their own attitudes and values towards adolescents.

The time allocated to run the module is 3 hours. As with all of the OP modules, we recommend that there are adolescent participants in the workshop who can help provide a current and local adolescent perspective to the discussions. The facilitator should meet with the adolescents in advance, to help understand their role and prepare for it. This will help them contribute to the workshop with confidence.

In the Facilitator Guide you will find the symbol  is shown at a time when the facilitator may wish to specifically ask an adolescent participant to express their view.

Session 1: Module Introduction (10 minutes)

Begin by welcoming the participants to this module.

Say: This first session will provide an overview of the module and an opportunity to go through the module objectives.

ACTIVITY 1-1 MODULE OBJECTIVES

Say: This module provides an outline of the physical, psychological and social development that occurs during adolescence. It builds on the discussion on adolescent development in the Meaning of Adolescent Module.

Tip for you

Each session should begin with the facilitator showing the slide with the objectives of the session. At the end of each session the facilitator should review the session objectives with the participants.

Display the module's objectives (Slides E1-1), and read each objective out loud.

Slide E1-1

Module Objectives

- Identify and discuss physical, cognitive, emotional and social development during adolescence.
- Discuss how adolescent development and adolescent health are related.
- Explore attitudes and values of health-care providers towards adolescents.
- Practice using the HEADS framework as a tool to obtain a psychosocial history.
- Introduce and practice the GATHER approach to facilitate good communication with an adolescent.

Ask if there are any questions.

Say:

We encourage you to ask questions or raise any concerns you may have at any time during the module. We also encourage you to respond to the questions raised and to share your insight and experiences as much as possible. In this way we can learn from each other. We are fortunate to have adolescents as participants today and we encourage them to contribute and help us to understand the issues discussed in this module.

Say: The module may use "he" instead of "he or she" in the examples of adolescents. This is to simplify the examples given and is meant to include both male and female adolescents, unless otherwise stated.

Ensure all participants have Handout E.

Ask them to turn to Annex 1 of the Handout and look at the Module Schedule.

Briefly go through the sessions.

Inform them that the Handout provides more information on each session. The sections in the Handout relate to the same number session in the workshop.

ACTIVITY 1-2 **SPOT CHECKS**

Ask participants to turn to the Spot Checks in Annex 2 of their Handout.

Say: The purpose of the Spot Checks is to help you evaluate your gains in knowledge or changes in attitudes as a result of participation in this module.

Inform the participants that the Spot Checks will not be collected, graded or checked by any of the facilitators.

Tip for you

The Spot Checks are in Annex 1 of this Facilitator Guide.

Review Part I of the Facilitator Guide p. 29-33 for further information on how to use the spot checks.

Ask the participants to individually complete the Spot Checks according to the best of their knowledge.

Remind participants that responses to the Spot Checks will be discussed during the module review. Reply to any questions or comments participants may have.

Allow the participants a few minutes to complete the Spot Checks.

Remind the participants to use the Matters Arising Board during the module to record any issues they would like discussed later. Point them to the location of the Matters Arising Board.

Display the Matters Arising Board where it can be easily seen and accessed by all participants.

Session 2: Physical, Cognitive, Emotional and Social Development during adolescence
(50 minutes)

Slide E2-1

Aims for Session 2

- Identify and discuss physical, cognitive, emotional and social development during adolescence.
- Discuss how adolescent development and adolescent health are related.

Talking Points

Say: In this session we will examine the developmental changes that take place during adolescence.

Show slide E2-2

Slide E2-2

Areas of Adolescent Development

1. Physical: growth and development

2. Psychological:

- Cognitive: changes in thinking patterns
- Emotional: negative and positive feelings connected to through experiences and thoughts stimulated by them

3. Social: relationships with family, peers and outside world

Important Points:

- There is much individual variation in development.
- All these areas are closely linked

Talking Points

Read slide E2-2 aloud (all except the Important Points) and then go through the three important points.

- In any given individuals, development in each of these three areas may not proceed at the same pace. For example: an adolescent girl may look physically mature, but psychologically she may still be far from mature. Her appearance can lead people to believe and expect that she has mature thinking patterns or can manage her emotions, which may not be the case.
- All three areas are closely related. For example: physical changes may trigger a negative or positive emotional response in the adolescent.

Ask if there are any questions about these points and respond.

ACTIVITY 2.1: PHYSICAL DEVELOPMENT DURING ADOLESCENCE

MINI LECTURE

Say: We will begin with physical development.

Show slide E2-3

Slide E2-3

Puberty

Puberty involves changes in the body that lead to sexual maturation.

Results in the capacity to reproduce

Results from the activation of a complex neuro-endocrine network

Talking points:

- Puberty results from activation of a complex neuro-endocrinal network. This activation of this network depends on genetic, psychological, environment and social factors.
- The changes that occur with puberty - both physical and psychological - are an adaptation that ensures reproduction and parental success.

Show slide E 2-4

Slide E2-4

Sexual maturation

Onset typically occurs between 9-13 in girls & 10-14 in boys

The process marks the start of a process through which a physically immature child transforms into a mature adult capable of reproduction.

Talking points:

- The onset of physical changes typically occurs between 9-13 in girls and 10-14 in boys
- Over a course of a few years, a physically immature child is transformed into a physically mature adult capable of reproduction.
- The changes in the reproductive system are accompanied by the development of secondary sexual characteristics, which have a linear and predictive sequence of development.

Show slide E 2-5

Slide E 2-5

Physical growth and development

Growth spurt - Rapid increase in height.

Changes in body size, shape and composition.

Maturation of other organ systems, notably the brain, the cardiovascular system, in blood chemistry and enzyme systems.

Talking points:

A very visible aspect of physical development is the growth spurt. Adolescents gain several centimetres of height with a few short years.

- In addition to increased height, there are marked changes in body size, shape and composition.
- Less visible but equally important changes occur in other organs notably the brain and physiological systems such as blood chemistry and enzymes systems.

Show slide E 2-6

Slide E 2-6

Brain maturation 1/2

- Brain changes occur in the 1st and 2nd decades of life and extend into the 3rd decade - possibly until 25 years.
- In adolescence, there is the 2nd cycle of overproduction of synapses (just before puberty), followed by an extended pruning process.

Many brain changes occur during adolescence. Some precede and initiate puberty; others continue for a decade longer.

Talking points:

- While we are all well aware of the growth spurt, not all of us are aware of the rapid and profound changes in the brain that occur during adolescence.
 - Previously it was believed that brain development ended in early childhood.
- It is now known that these changes continue well into young adulthood.

Show slide E 2-7

Slide E 2-7

Brain maturation – 2/2

During adolescence, profound changes occur in brain connections and in signalling mechanisms. Some of the most important changes take place in the pre-frontal cortex.

This region is responsible for

- Organizational ability
- Strategic thinking
- Impulse control

Brain changes are affected by social influences.

Talking points:

- As the prefrontal cortex matures, adolescents can reason better, control their impulses better, and make better judgments.

- The development of the brain is affected by social influences. Poor cognitive stimulation and psychological trauma can lead to impaired brain development.

Show slide E 2-8

Slide E 2-8

Early and late development

Adolescents who physically develop early are at heightened risk of health and social problems.

They are at increased risk of finding themselves in difficult situations.

When they are, they may be unable to respond.

Talking points:

Although girls who develop early physically may not be cognitively or emotionally developed - or have the knowledge and skills they need - to handle the different ways in which they are being treated now. They may get unwanted attention from boys and men, and feel under pressure to develop sexual identities and pursue sexual relationships, even they do not feel ready to do so.

In boys, early development has social benefits since the added height, musculature, strength and speed result in increased confidence and also possibly popularity.

Adolescents who develop early are at heightened risk because their physical appearance may lead to invitations and opportunities to participate in social activities with older adolescents. Further, cognitively and emotionally, they may not be developed enough to make sound judgements or resist unwanted pressure.

Later development is almost always fully normal, but both boys and girls may see themselves as stuck in childhood. They may be excluded from activities or picked on, which puts them at risk for low self-esteem and depression.

Inform the participants that the handout contains information on how adults could support adolescents to understand and deal with the physical changes they are undergoing.

Ask if there are any questions, respond and then move on.

ACTIVITY 2.2: COGNITIVE DEVELOPMENT DURING ADOLESCENCE

MINI LECTURE

2.2.1 Cognitive Development

MINI LECTURE

Say: We will now discuss the cognitive developments that occur during adolescence.

Show Slide E2-9

Slide E2-9

Cognitive development in Adolescence

- Thinking shifts from concrete to abstract
- Reasoning skills become stronger & they develop the ability to think creatively

Talking Points

Read the slide and then say that we will discuss each of these changes in more detail.

Show Slide E2-10

Slide E2-10

Concrete thinking – Understands using physical things, understands immediate and short-term consequences

Abstract thinking – Able to use ideas and imagine different outcomes

Read the slide and then say that we will discuss each of these changes in more detail.

Talking Points

Concrete Thinking

Up to about 12 years of age, most children think concretely. They can understand physical things - things that can be seen, heard or touched. They understand the immediate and short-term consequences of an action. They need to use objects to represent 'things' or 'ideas' in order to solve problems.

Abstract Thinking

From about the age of 12 years onwards, the way adolescents think starts to change. They begin to develop the ability for abstract thought. They can think about themselves in the future and imagine many different outcomes. Each outcome may involve different consequences that the adolescent can consider, imagine, reject or accept.

Show slide E2-11

Slide E2-11

Creative Thinking: being able to think of many different ideas on one topic

Involves both:

Critical Thinking: examining evidence, forming opinions

Reflective Thinking: making judgements based on what you already know

Talking Points

This move from concrete to abstract thinking also allows the development of creative thinking.

To be able to think creatively, an adolescent needs to be able to think of many different ideas on one topic, for example he needs to be able to brainstorm or problem solve. Once an adolescent can use abstract thinking, creative thinking develops with experience rather than at a certain age.

Creative thinking involves both critical thinking and reflective thinking.

- **Critical thinking** consists of analysing and evaluating statements that have been offered as true by examining evidence and reasoning, in order to form a judgement. For example: with a statement “Smoking is bad for your health”, a critical thinker would be able to examine the evidence and be able to form their own opinion.
- **Reflective thinking** focuses on the process of making new judgments based on what you already know or have experienced. For example: An adolescent meets with a group of friends and is urged to take a cigarette. She "reflects" on the health lesson in class and her experience with her uncle who has developed chronic bronchitis through many years of smoking, and forms her own opinion about smoking.

Say: Using creative thinking, adolescents can learn from their successes and failures and store in their memory what has occurred and why, to use in the future.

Show Slide E2-10.

Slide E2-10

Cognitive Development

- Occurs at a variable rate
- Highly influenced by the social & cultural context
- Affected by the use of alcohol and tobacco

Talking Points

Just as physical development can occur slightly sooner in some adolescents and slightly later in others, cognitive development too occurs at a variable rate. Also, adolescent may go back and forth e.g. reverting to less mature patterns of thinking when under stress.

Cognitive development is highly influenced by the context in which the adolescent is growing and development. Adolescents growing up in homes and going to schools where they get opportunities and support to develop their creative thinking, not surprisingly make more and faster progress in this area.

The heavy use of alcohol and other psychoactive drugs during adolescence can affect memory and attention (through negative effects on the hippocampus). Further, individuals who start drinking alcohol before 15 years are four times more likely to become alcohol dependent than those who wait till they are 21 years.

Nicotine affects the hippocampus in adolescents much more than it does in adults.

Adolescents experience cardiac irregularities and depression more than adults do, and are more likely to get quickly and persistently dependent.

Inform the participants that the handout contains information on how adults could support cognitive development in adolescents.

We will now discuss the emotional and social development of adolescents.

2.2.2 Emotional and Social Development

MINI LECTURE

Show slides E2-11, E2-12, E2-13, E2-14, E2-15, E2-16

Slide E2-11

The nature of social relationships change during adolescence

1. Early adolescence - One primary group of friends whose members are generally similar & belong to the same sex
2. Middle adolescence - Part of peer groups which include some who are different (can include both sexes if socially permitted)
3. Late adolescence - Diversified relationships beyond a single group; close relationships (including romantic ones if socially permitted)

As they move through from early to middle and late adolescence, individuals begin to interact with peers & adults beyond the close small circle they were part of.

Talking Points

In early adolescence, individuals have at least one primary group of friends whose members are generally similar in most respects including their sex.

In middle adolescence, peer groups contain both boys and girls (if this is socially permitted), with group members being more tolerant of differences in appearances, thoughts and feelings.

In late adolescence, individuals have diversified their networks beyond a single clique or group and developed intimate relationships within these groups, including one-to-one relationships and romances (if this is socially permitted).

Slide E2-12

Emotional ups and downs during adolescence

- Adolescents can experience a range of emotions. This can lead to mood swings and inconsistent/unpredictable behaviour.
- This can be worsened by concerns about their appearance and ups and downs of social relationships (including but not only romantic ones)
- This can also be worsened by irregular meals & inadequate sleep.

Talking Points

Concerns about the physical changes of adolescence can cause heightened emotions in adolescence. The ups and downs of social relationships, including not only romantic ones, also lead to heightened emotions.

Friendships and dating open up an adolescent to extremes of happiness, excitement, disappointment and despair.

Irregular meal patterns can affect moods, and inadequate sleep can lead to moodiness, gloominess and irritability.

Slide E2-13

The challenges that individuals face during adolescence change, as do their levels of stress.

- Stress can be caused by 'good' things e.g. being asked to join a school sports or debating team.
- It can be caused by 'bad things' e.g. arguments with parents or failing in an exam.

Talking Points

Stress is the body's reaction to a challenge.

Good things and bad things can contribute to stress.

Slide E2-14

To deal with others sensitively & effectively, adolescents need emotional & social competencies

Emotional competence is the ability to perceive, assess & manage one's emotions.

Social competencies are the capacity to be sensitive & effective in relating with other people.

Talking Points

Read the text on the slide.

Slide E2-15

Emotional & social competencies are required in four areas:

- Self awareness
- Self management
- Social awareness
- Ability to get along with others & make friends

They are not inevitable biological outcomes.

They must be cultivated.

Talking Points

1. Self awareness is learning to recognize one's emotions
2. Social awareness is learning to understand and take into account the thoughts and feelings of others
3. Self management is learning to monitor and regulate one's emotions and working towards positive goals

4. Ability to get along with others and make friends is learning to establish and maintain healthy, rewarding relationships with adults and peers based on cooperation, effective communication and the ability to resolve conflict and resist inappropriate peer pressure

Unlike physical development, emotional and social development are not inevitable outcomes. They must be cultivated.

Slide E2-16

Identity

Identity is one's sense of self.

It includes:

Self concept is about what a person believes about himself or herself.

Self esteem is about whether a person has a high regard for who they are.

Talking Points

Read text on the slide.

Adolescents develop their sense of identity – through reflection and through experience.

Slide E2-17

Adolescents develop their sense of identity through five developmental tasks

- Achieving autonomy
- Achieving a sense of competence
- Establishing social status
- Establishing intimacy
- Examining sexual identity

Talking Points

1. Achieving autonomy means becoming a self-governing person. As they develop autonomy or independence, adolescents exercise their increasing ability to make their own decisions, and to follow through on them. They also formulate their own principles of right and wrong.
2. All of us try to be good in the things they do. Adolescents who score high on measures of perceived competence are less susceptible to negative feelings and to cope better when they are under stress.
3. On the one hand, adolescents want to be independent and on the other, they want to be part of a group. Being part of a group in which one is accepted and appreciated triggers a stronger positive response in adolescents than in adults. Being part of a group is both reassuring to them and helps they prepare for collaborative relationships in adulthood. Also, adolescents find it supportive to be part of a group of peers who are going through the same changes that they are.
4. Adolescents need to know that they are capable of giving and receiving affection in intimate friendships. Intimacy is not the same as sex. It refers to close relationships in which people are open, honest, caring and trusting. Intimacy is usually learned first

- with parents and within same-sex friendships and that knowledge is later applied to romantic relationships.
5. Sexual identity is one's identification with a gender (masculine or feminine) and sexual orientation one's awareness of being attracted to the same or opposite sex (heterosexual, homosexual or bisexual). The formation of sexual identity begins in childhood but developed fully during adolescence.

Invite comments and questions. Ask the participants to reflect on their experiences in developing autonomy.

2.2.3 Wrap up

MINI LECTURE

Show slides E2-18 and E2-19

Slide E2-18

Cognitive, Emotional and Social Development are best promoted by creating opportunities to develop core assets

- Competence – abilities and skills to do specific things
- Confidence – sense that one can do something and positive sense of self worth
- Connection – positive bonds with people and institutions
- Character – sense of right and wrong, and respect for standards of right behaviour
- Caring – sense of sympathy and empathy for others

Talking Points

As stressed earlier, unlike physical development, emotional and social development are not inevitable biological outcome, they must be cultivated.

Positive youth development is best promoted by creating opportunities for adolescents to develop cognitively, emotionally and socially.

Adolescents need opportunities to experience, learn and practice their core assets.

Slide E2-19

These core assets help:

- adolescents contribute to their own health and well being; &
- that of their families and communities

Talking Points

Adolescent Health programmes have traditionally focussed on avoiding bad things e.g. driving under the influence of alcohol. These risk reduction approaches have been proven to be effective and remain important. Alongside this, research has shown that being problem free is not the same as being fully prepared. Families, communities and societies need to build the core assets of adolescents so that they can take greater control of their lives.

Say:

The handout contains further information on the role that adults could play in contributing to cognitive, emotional and social development in adolescents.

Ask if there are any questions and respond.

Conclude the session by saying:

- It is important for the health-care provider to understand and be aware of the different physical, cognitive, emotional and social changes that occur during adolescence. This understanding can help them to provide health care that meets the needs for each individual adolescent at their stage of development.
- Developmental changes occur at different points for each individual and should not be seen as happening in a straight line. Each change is part of a network of changes where events occur and impact in different ways upon each other.
- Health-care providers have an important role in promoting and supporting the positive development of adolescents in their communities.
- Review the session objectives.

Session 3: Attitudes and Values of the Health-care provider (30 minutes)

Slide E3-1

Objectives of Session 3

- Explore participant's personal reactions to situations with adolescent patients to identify their attitudes and values.
- Discuss how the attitudes and values of health-care providers can affect their work with adolescents.

Activity 3.1: Exploring our Attitudes and Values Individual Exercise and Plenary

Ask participants to turn to Session 3 of their Handout: Scenarios: Exploring our Attitudes and Values.

Ask one or two volunteers to read the Introduction.

Tip for You

Decide whether it is better for participants to read the scenarios aloud together before working alone, or if you should read the scenarios aloud or if each participant could read the scenarios to themselves.

Introduction

Say:

We all hold attitudes and values that influence our behaviour and that can become a barrier or a bridge in our work.

■ **Attitudes** are our opinions or viewpoints about people or things.

Our attitudes towards a particular issue are based on the 'sum' of our beliefs of both its positive and negative attributes. For example, I may hold both positive and negative beliefs about the influence of television on our lives. However, because I may have more, and thus stronger, negative beliefs, my overall attitude may be that television has a negative influence on our lives.

■ **Values** are a set of beliefs that add up to a point of view or an ideology.

These values may come from many areas of influence, such as, from the religion that we belong to, our professional experience (e.g. law enforcement, medicine) and groups that we are part of (e.g. social, sporting and cultural groups). The values that we hold influence how we see and respond to different things in our lives.

It is important that we understand our own attitudes and values, and explore how they have formed and question if they are valid. It is then possible to consider how we can change them or make allowances for them in our work with adolescents, to ensure best practice.

Ask if there are any questions on the introduction. If so, respond to them.
Then ask another volunteer to read the task.

Task

Each participant is to read through all six scenarios.

(Depending on the time available, decide whether to do all six or only some of them).

When you read each scenario, please respond to the following questions:

1. What are your thoughts and feelings about this adolescent and the situation that he/she is in? How could your thoughts and feelings affect the way in which you might respond to this adolescent?
2. What are your thoughts or feelings of the way in which the health-care provider interacts with the adolescent? How do you believe this interaction affects their relationship with the adolescent?

Answer these questions after reading each scenario.

You have 10 minutes to work alone.

You will **not** have to share your responses if you do not want to.

Ask if there are any questions on the task. If so, respond to them.

Scenarios:

Scenario 1

Kenko, a 17 year-old boy comes to the clinic. He appears very embarrassed and has difficulty telling the health-care provider why he has come. He finally says he has a discharge from his penis.

At first he denies that he is sexually active but eventually says he went once to a brothel with his friends.

“Just give me the treatment and I promise I won’t ever do this again” – he says.

The health-care provider gives him the treatment. As the consultation ends, he says to

Kenko: "If you ever get an STI again I will tell your father".

Scenario 2

Pat, a 13-year old boy comes to the clinic with an injury to his foot. He appears dirty, unkempt and his clothes are torn. When the health-care provider asks him about his family, he admits he ran away from home 3 days ago after an argument with his father.

Pat says “I can look after myself. I have friends on the street and we look after each other. I don’t want to go home.”

Scenario 3

Mona is a 14-year old girl who comes to the clinic complaining of abdominal pain. She appears very thin. Mona’s nails are bitten right down and she is wearing a lot of make-up.

When the health-care provider asks Mona what she thinks about her body and her weight, she says “I hate my big fat body! I must loose more weight”.
The health-care provider tells her that she is too thin and refuses to examine her unless she comes back with a parent.

Scenario 4

Jake, a 16-year old boy, comes to the clinic with a broken nose. He says he was attacked by some boys.
The health worker asks why the boys attacked him. But Jake is reluctant to talk about the reasons.
While the physical examination is underway, Jake tells the health-care provider that the boys called him names.
Jake says “I often get bullied or beaten up because they think I am a homosexual.”

Scenario 5

Sylvie is a 17-year old girl who comes to the clinic with her mother. Sylvie does not talk to the health-care provider. She keeps her head lowered. Her mother says that Sylvie has refused to go to school for a week, stays in her room and will not talk to her friends or family. Her mother adds that this behaviour is new. Last year Sylvie did very well in class and was happy.
Her mother starts to sob. She say does not know what to do with her daughter. “I am so frustrated with her. I just want to beat her! Please can you tell her she must behave?”
The health-care worker asks the mother and the daughter if she can first talk alone with Sylvie.

Scenario 6

Ben, a 13-year old boy, has been sent from his school with a letter from the principal to the health-care provider. The letter says Ben has been in a fight at school, he has been missing a lot of school recently and when he is there, he is rude and aggressive towards the teachers. The letter asks if there is any problem with Ben that would explain his bad behaviour. Ben sits looking at his hands and gives angry, one word answers.
The health-care provider says “You are in big trouble. If you don’t pull yourself together you will continue to be a loser, have no future and you will end up in prison.”

Remind the participants that they have 10 minutes to work alone.
Remind them that they will not be required to share their responses.

When the time is up, ask them to stop.
Inform the participants that you will now discuss some of the health-care provider’s attitudes and values that are portrayed in these scenarios.

Ask for general comments
Then go through each scenario.
Allow participants to offer responses and to discuss with each other differences in attitudes and approaches. Facilitate the discussion but do not be judgemental.

Tip for You**Important points on the Scenarios**

If these points are not raised by the participants, you can bring them up.

In all six scenarios:

Are your thoughts and feelings understanding and accepting of the adolescents ?

Would they hinder the way in which you deal with the adolescent ?

In scenarios 1,3 and 5, are the words and actions of the health care provider likely to help or hinder the building of trust and a good working relationship ?

Conclude with the following comments:

- We all have attitudes and values.
- They affect how we respond to individuals and events in our professional and personal lives.
- Our attitudes and values may change over time. New learning and new experiences shape and reshape them.
- Our responses to the words and actions of adolescents may be affected by our attitudes and values.
- It is important to be conscious of this, and to make a conscious attempt to prevent our responses from hindering the way we interact with adolescents.
- That is because we have an obligation to act in the best interests of our adolescent patients.

Review session objectives

Session 4: The HEADS Framework (50 minutes)

Slide E4-1

Objectives of Session 4

- Use the HEADS framework as a way of obtaining a psychosocial history and for screening of common health issues in adolescents.
- Identify the questions health-care providers can ask when using the HEADS framework.

ACTIVITY 4-1 THE HEADS FRAMEWORK MINI LECTURE

Ask participants to close their handouts for this session.

Acknowledge that the HEADS framework was introduced in the Handout of the *Meaning of Adolescent Module*.

Say: The framework is a check list of questions that a health-care provider can use to carry out a rapid assessment of an adolescent's psychosocial situation.

Show slide E4-2

Slide E4-2

The HEADS Framework

H	Home
E	Education/Employment
E	Eating
E	Exercise
A	Activities
D	Drugs
S	Sexuality
S	Suicide and depression
S	Safety

Say: The letters of HEADS (or HEEEEADSSS) can be used to remind the health-care provider of the issues to address during the interview.

Read through or ask a participant to read through the slide.

Ensure that the participants understand what is meant by each of the letters.

Say: Not all of these questions need to be asked on the initial visit.

At the initial assessment it may not be possible or appropriate to discuss sensitive issues in depth. As trust develops between the adolescent and the health-care provider it is possible to follow up on sensitive issues and issues of concern.

However, in some cases the first consultation may be the only one and the health-care provider should make every effort not to miss this one opportunity to address important issues with the adolescent.

HEADS can help identify the risk and protective factors in the adolescent's environment. This offers an opportunity for the health-care provider to look at determinants of risk behaviour (e.g. homelessness), risky behaviours (e.g. unsafe sex and smoking) and screen for common illnesses (e.g. STI, depression, nutritional deficiencies). This framework allows health-care providers to present adolescents with information, advice, counselling and clinical services aimed at helping them to maintain safe behaviours and modify unsafe ones, addressing their real-life circumstances.

Ask if there are any questions on HEADS and respond.

ACTIVITY 4-2: FORMING THE QUESTIONS USING HEADS

Group Work and Plenary

Break participants into 3 groups.

Assign each group three of the letters from HEEEDSSS.
Show Slide E4-3.

Slide E4-3

FORMING THE QUESTIONS USING HEADS: GROUP WORK

H	Home
E	Education/Employment
E	Eating
E	Exercise
A	Activities
D	Drugs
S	Sexuality
S	Suicide and depression
S	Safety

(Note: There are different versions of HEADS. In some versions, the E for exercise is merged into A for activities).

Each group should identify:

1. **Why** the health-care provider needs to ask questions about this issue?
2. **What** could the health-care provider ask?
3. **Which** questions or responses will give the health-care provider an indication that the adolescent may be experiencing problems (i.e. warning signs)?

Read through the three questions with the participants.

1. Why the health-care provider needs to ask questions about this issue?

They should give reasons why responses to these questions would provide the health-care provider with insight into the health and social well-being of the adolescent.

2. What could the health-care provider ask?

They should give the wording of the questions, generally open-ended questions, questions to ask at initial interview and questions to ask at subsequent interviews

3. Which questions or responses will give the health-care provider an indication that the adolescent may be experiencing problems?

Give the wording of the responses that can be seen as Warning Signs

Give each group a flipchart and a pen.

Tell them they have 10 minutes to discuss.

They should write the issues and their responses on the flipchart, under the three headings (Why, What, and Which)

They should appoint a group presenter who will report back in plenary.

Inform the participants that there will be time at the end of all the three presentations for questions from other participants.

Tip for you

These are responses that can help you guide the groups when they present their flipcharts. This information is in the Participant Handout (section 4.2), but ask participants to keep their handout closed during this activity.

Identifying Potential Warning Signs for Adolescents Using HEADS

a) Home

The home environment is essential part of the adolescent's life and is usually a natural and unthreatening place to begin the interview. This will help the health-care provider to understand the family situation, e.g. if there are any family members who are missing and whether there is extended family support.

This can begin with an open-ended question e.g. "Who lives with you at home?"

"What is your relationship with....like"

Warning Signs

The adolescent has no support at home or anywhere else.

The adolescent is frequently away from home at night.

The adolescent avoids talking about the home environment.

b) Education/Employment

The school/college environment and peer influences are important factors in influencing the behaviour of the adolescent. Health-care providers should ask questions that will help them understand the adolescent's attitude to school, school performance, involvement in school activities and relationship with teachers and fellow pupils. A question to begin the discussion could be:

"How is school this year compared to last year?"

"What do you do on a typical school/work day?"

"How are things for you at school/work?"

Note: Many adolescents work for a living. If that is so, the questions will need to focus on their work environment.

Warning Signs

The adolescent frequently misses school.

The adolescent is having trouble at school e.g. with school work or is being bullied by fellow pupils.

c) Eating

The health-care provider can screen the adolescent regarding unhealthy eating habits. An open-question could be "What do you think about your weight?" This opening can then lead to questions on the adolescent's eating habits: "On a normal day how many meals do you have and what do you eat at each meal?"

Warning Signs

Adolescent is overweight and has poor eating habits.

Adolescent is very concerned and upset because believes he/she is fat, when it is evident that he/she is not so.

Adolescent is over absorbed or obsessive about food, exercise, body weight or shape.

Adolescent is not able to eat the right food or enough food because of poverty.

d) Exercise

The health-care provider can ask the adolescent about their level of physical activity.

Depending on the situation, an open-question could be "What kind of physical exercise do you do?" This opening can then lead to questions on the frequency and effort level of the exercise.

"During a normal week, what do you think of the amount of exercise you take?"

"What sort of exercise do you get at school?"

"What is the reason you don't do exercise?"

Note: Exercises can include sports and games. Remember that adolescents from poor communities may not do any sports or games, but may still do a great deal of physical activity through walking to school or work, carrying water from communal taps, or working in a field or workshop.

Warning Signs

Adolescent does not participate in any or participates in very little physical activity.

Adolescent is overweight and unfit (breathless, tires easily walking upstairs, etc.).

Adolescent is over absorbed or obsessive about exercise and body weight.

e) Activities

Asking about what the adolescent enjoys doing for fun can give a picture of their behaviour. They may respond with "Hanging out with my friends". Asking about the friends and what they do together for fun can lead to further questions regarding their behaviour.

Note: Many adolescents are married and live at home with their families. If that is so, the questions will need to be tailored to this.

Warning Signs

Adolescent has no friends, spend most of the time alone.

Adolescent spends most of their time with a group that are known to get into trouble.

f) Drugs

The health-care provider should routinely ask all adolescents some general questions about substance use. This is an opportunity to begin discussions that can prevent adolescents from beginning to use substances or to assist adolescents to reduce or stop substance use.

A closed question e.g. "Have you ever smoked cigarettes?" can begin the assessment.

If yes, "Are you currently smoking?"

Enquire about use of other legal or illegal substances.

"Do you have friends that use (substance name)? Have you ever tried (substance name)?"

Warning Signs

Adolescent regularly uses legal or illegal substances.

Adolescent has tried illegal substance and/or has friends who use such substances.

Substance use is impacting on their health or their ability to function.

Other people have expressed concern about their substance use.

g) Sexuality

This is one of the most intimate parts of the interview. Discussions on sexuality need to take account of the social and cultural context of the adolescent. Concerns about sexual development, sexuality and sexual abuse are all sensitive topics and need to be approached in a careful and supportive manner. The discussion could begin with a statement and a question, for example:

"There are many changes that happen in the bodies and minds of adolescents of your age. Are there any questions that you would like to ask me or any questions about changes that you may have noticed?"

When appropriate, the following questions can be asked:

"Do you have a boyfriend/girlfriend?"

"Have you ever had sex?"

"What are the circumstances in which you had sex – did you want to have sex? or were you forced to do so?"

"Are you sexually active now?" if so "Are you taking steps to avoid pregnancy and health problems?"

Warning Signs

Adolescent is being or has been pressured to have sex.

Adolescent seems at risk for early sexual activity.

Adolescent has had unsafe sex or has had a number of sexual partners.

Adolescent seems upset or worried about his/her own sexual orientation.

Adolescent has low knowledge of risks related to unsafe sex.

h) Safety

The health-care provider should ask about safety issues at home, school and work, including questions regarding bullying and violence. Discussion on issues of safety can begin with a question such as "What situations make you feel afraid?"

"Do you feel safe....?"

At home?

In your place of study/work?

In your neighbourhood?

If no, "What makes you feel unsafe?"

Warning Signs

Adolescent is experiencing bullying, violence, sexual harassment or abuse.

The adolescent is withdrawn and unable to talk of experiences and/or on examination has signs of violence.

i) Suicide and depression

Asking the adolescent about their moods, as well as signs and symptoms of depression, is important.

"Do you ever feel sad?"

"What situations have caused that feeling?"

"What makes the feeling worse/better?"

"Do you feel able to cope with your situation?"

Signs of irritability and sleep disturbances may be the presenting symptoms of depression in adolescents. When asking about suicide, the questions should be asked in an accepting manner with no blame on the patient who may have thought about it. This question could be framed as follows:

"Sometimes things get very rough for young people and the pain is so unbearable that they wish they could harm themselves or even end it all. Have you ever had such thoughts?"

Warning Signs

Adolescent is sad, depressed, anxious, or feels hopeless most of the time.

Talks about hurting or killing himself, has tried to hurt or kill himself.

Frequently uses alcohol or drugs to escape negative feelings.

Adolescent has poor self-esteem and no sense of self-worth.

Give them a one minute warning and then tell them when time is up.

Ask the presenter from each group to come in order to present their flipchart.

Pin the flipcharts in sequence on the walls so participants can see them. Make sure each flipchart has the heading of their three issues from HEADS.

After all three presentations, allow time for all the participants to respond to the other group's flipcharts and add questions to the flipcharts if appropriate.

Identify any important omissions and suggest that they are added.

Inform the participants that there is more information on this in their Handout in Section 4.2 Identifying Potential Warning Signs for Adolescents Using HEADS.

Say: All adolescents face social and emotional challenges during adolescence. Health-care providers need to know the potential warning signs that can indicate that an adolescent is not coping and may need to seek further help.

Review the session objectives.

Session 5: Communicating with Adolescents
30 minutes

Slide E5-1

Objective of Session 5

- Discuss the communication challenges that may occur when working with adolescents
- Introduce and practice the GATHER approach for interviewing an adolescent.

ACTIVITY 5-1: COMMUNICATION
MINI LECTURE

Communication is an exchange of information and ideas, thoughts and feelings on a particular topic between people. Good communication skills are essential for building effective therapeutic relationships with all patients. With adolescents communication can be more challenging because of the need to adapt to the developmental level of the adolescent and to deal with potentially sensitive matters.

The potential for good communication is increased when the health-care provider uses a systematic approach to the interview. GATHER provides such a systematic approach. Using the systematic approach during an interview with a patient can assist the health-care provider to communicate effectively

ACTIVITY 5-2: Introduction to Using GATHER with Adolescents.
Mini Lecture

Show Slide E5-2

Slide E5-2

The GATHER Approach

G – Greet:	establish a rapport
A – Ask:	gather information
T – Tell:	provide patient with information
H – Help:	help patient to make informed decision
E – Explain:	explain details to patient
R – Return/Refer:	plan for return visit or referral

Read the slide aloud.

Emphasize that using these steps during an interview will assist the health-care provider to communicate effectively.

Tip for You

If participants ask how this relates to HEADS, remind them that the two frameworks are at different levels.

The HEADS framework is used as one of the steps of the GATHER approach. Specifically, in the 'Ask' step of the GATHER framework, the health care provider would ask questions using the HEADS framework to obtain information on an adolescent's psychosocial history.

Ask if participants are familiar with the GATHER approach.

We will now look at what is specific about using GATHER with an adolescent patient.

Say: We will go through each of the steps and then we will look at the steps again and relate them to an adolescent scenario.

Show the slides E5-3 to E5-8 and go through the talking points.

Slide E5-3**G –Greet**

1. Greet the patient and offer a seat
2. Introduce yourself
3. Include accompanying adults
4. Ensure confidentiality and privacy

Read the scenario:

"Paul is a 16 year old boy who comes to the clinic with his mother. She is concerned about Paul spending too much time in his room alone, not taking his asthma medication and that he may be depressed."

Talking point

1 and 2. These steps appear simple, but they are crucial steps because this is where the health-care provider starts to establish a rapport with the adolescent.

3. When the adolescent is accompanied by a parent or guardian, include them in the greetings and introduction. As you do so, try to assess the nature of their relationship with the adolescent e.g. whether it is cordial and affectionate. Explain to the accompanying adult that you want to develop a good working relationship with the adolescent and that for this, it may need to meet with the adolescent and the accompanying adult separately.

The WHO Adolescent Job Aid has more information on how to deal with accompanying adults. It is usually in the adolescents' interest to have their parents involved in their health care. However, there are times when an adolescent seeks advice and treatment without the knowledge of their parents.

"Explain to Paul's mother why you need to Paul alone, about his health."

4. Confidentiality is essential to establish a trusting and professional relationship. You need to tell the adolescent that he/she will not tell others about what is said in this interview without the consent of the adolescent.

If possible, have a quiet and private space where you can talk with the adolescent without being disturbed.

"Explain to Paul that the information discussed is confidential and will only be disclosed (to his mother or others, where appropriate) with Paul's permission."

Slide E5-4

A –Ask

1. Ask the patient what you can do for him today
2. Ask for information on the presenting issue.
3. Ask questions on other aspects of their life using the HEADS framework.

Talking Points

1. Begin with an open-question, for example "How are you today?" and/or "Could you tell me why you have come to see me today?"

2. Ask about their presenting issue.

"Ask Paul, "why is your mother so concerned about your health?""

4. Use the HEADS framework approach for making a psychosocial assessment.

5.

If appropriate, carry out a physical examination.

"Paul is taking his asthma medication but feels sad a lot of the time. He discloses in the HEADS assessment that he does not like school, is bullied at school and the physical examination reveals that he is overweight."

Slide E5-5

T- Tell

1. Tell the adolescent what you have learnt (i.e. give the diagnosis, discuss its implications etc.)
2. Ask permission to discuss these with others if needed

Talking Points

1. As a result of the psycho-social assessment and the physical examination, you may have made a diagnosis or identified some important physical, psychological and/or social issues about the adolescent. You will now need to tell the adolescent your findings. You will also need to give the adolescent information and strategies on how to treat or prevent the difficulties associated with the presenting issue. It is important to begin with the difficulties that the adolescent has identified and also to discuss the difficulties expressed by others around them (e.g. parent's concern about depression).

"You give information to Paul, in plain language, about the identified social and psychological issues (bullying and weight gain) and the impact they are having on his asthma and mental health."

2. If appropriate, you will need to discuss the diagnosis (or issues), its meaning and implications with others such as an accompanying parent or guardian and other health-care providers for referral, if appropriate.

"You check with Paul what issues he wants told to his mother and how this may help him to improve his situation at school."

Slide E5-6

H – Help

1. Help adolescent decide what to do about their diagnosis or issues and identify possible treatments/options
2. Help adolescent/accompanying adults with their concerns
3. Help adolescent make decision on action

Talking Points

1. After having given the adolescent information on your findings and recommendations, you will need to help him to decide what to do.

"You discuss with Paul your concerns about his asthma and mental health. Provide some options for managing the bullying (e.g. talking to a trusted teacher or principle of the school or family). Provide options for managing weight problems, such as, referring Paul and his mother to a nutritionist. Discuss an exercise program. Offer to refer Paul to counselling for his depression or sad feelings."

2. Respond to the adolescent's concerns or questions.
If appropriate, give the accompanying parent or guardian information and strategies needed to help the adolescent respond to his diagnosis or issues.
3. It is for the adolescent to make a decision on what course of action to take. This helps ensure compliance of the treatment and options discussed. H/shee needs to feel ready for change and willing to take responsibility to make the change happen. You can support the choice and reiterate that whatever the course of action the adolescent decides to take; he/she will have your support.

Adolescents will not respond well to being lectured or told what to do.

"Paul decides with the help of his mother, to talk to the principal about the bullying as he feels that this is the main cause of his sad feelings. He does not want to see anyone about his weight. You provide some counselling to Paul and his mother about decreasing the number of meals and snacks and also decreasing the intake of foods high in sugars and fats."

Slide E5-7

E- Explain

1. Explain the implications of the agreed treatment/action.
2. Explain adolescent's responsibility for success of treatment/action.

Talking points

1. You explain in detail the implications of the agreed treatment or action, using language the adolescent can understand.
"You discuss the possible outcome of reporting the bullying to the school principal. Discuss both the positive and negative effects this may have on him, for example, his mental health, his social activities, his asthma and his motivation to loose weight."
2. It is important to explain that it is the adolescent's responsibility to ensure the success of the treatment or action.

Slide E5-8

R - Return Visit/Refer

1. Schedule return visit
2. Provide referral to other services
3. Identify other sources of support
4. End session with a positive message

Talking Points

1. If appropriate schedule a return visit.
2. If required, provide the adolescent with a referral for other services or resources.
3. You can help the adolescent identify other sources of support (for example, in the family or in the school community)
4. End the session by thanking the adolescent for coming and review the plan.

"Paul is given an appointment for a return visit in three weeks to discuss what is happening at school and to assess his asthma medication. You confirm that Paul and his mother are going to see the principle about the bullying at school and to reassess eating habits. You thank Paul and his mother for coming."

Ask if there are any questions or comments on this.

Say: It is not only the question itself but **how the question is asked** that is important, especially when working with adolescent patients.

Ask participants to look at the table on What to Do and What to Avoid Doing when Communicating with Adolescents in their Handout, at the end of Section 5.2.

Tip for You Here is the Table from the Handout	
What to Do and What to Avoid when Communicating with Adolescents	
DO	AVOID
Ensure privacy and confidentiality.	<i>Threatening to break confidentiality "for their own good".</i>
Use words and concepts to which they can understand and relate. Assess if they understand the medical terms, use charts and pictures, if needed	<i>Giving them only the information that <u>you</u> think they will understand.</i> <i>Use medical terms they will not understand.</i>
Treat them with respect and use respectful words.	<i>Talking down to them, shout, get angry, blame.</i>
Give all the information and choices and then let them decide what to do. Encourage them to develop life skills (i.e. problem solving, decision making). Be truthful about what you know and what you do not know.	<i>Withholding information "to protect them" or because <u>you</u> think they will not understand.</i> <i>Giving inaccurate information or lies to "scare them" or "make them behave".</i>
Give information in a non-judgemental way	<i>Telling them what to do because you know best and they "are young".</i> <i>Being judgemental about their behaviour, showing disapproval, imposing your own values.</i>
Accept that they may choose to show their individuality in dress or language.	<i>Being critical of their appearance or behaviour unless it relates to their health or well-being.</i>

ACTIVITY 5-3: Interviewing Adolescents Using the GATHER Approach BRAINSTORMING

Ask participants to turn to section 5.2 in their Handout: Scenarios to use with GATHER: Highlighting Psychological and Social Development Issues

Go through the task with them.

Begin with the first scenario by going through the GATHER slides E5-3 to E5-8. Do this with each scenario.

This is a quick exercise and the responses do not need to be written down.

Remind participants that this is a brainstorming session. You can jot down the main points on a flipchart with the heading of the name of each adolescent in the scenario.

Tip for You

Here are the scenarios from section 5.2 in the Handout.

Scenarios to use with GATHER: Highlighting Psychological and Social Development Issues

Task

We will work on these scenarios in plenary as a brainstorming session.

First, a volunteer will read the scenario aloud.

Then we will go through each of the slides of GATHER all together to identify what is important to include in the interview for the adolescent in this situation.

For this exercise we will focus on the psychological development of the adolescent and their psychological and social situation rather than on physical issues.

1. **Rona** is a 17-year old girl. She has come today to ask you for contraception. She has started a sexual relationship with her boyfriend, Dean, and she wants to begin using contraceptive pills because she is afraid to ask him to use a condom.

2. **Sam** is a 16-year old boy who comes to the health centre with a badly sprained ankle after falling off a high wall. He is accompanied by his father who does most of the talking. The father is angry and says that Sam was showing off on the wall with his friends, who were egging him on, and fell. He shakes his head saying, "Sam does anything his friends ask him to do!"

3. **Betty** is a 14-year old girl who has come to ask your advice about her skin. She has a lot of acne on her face and chest. She says her friends do not have spots, and wants to know why she has them and what she could do?
She feels ashamed to go out of the house and has come today with her head and face wrapped in a scarf. She has been missing school because she does not want to be seen like this.

Tip for You

Important Points on the Scenarios

If these points are not raised by participants, the facilitator should bring them up.

1. Rona

Greet and thank Rona for coming to see you and congratulate her on acting responsibly and seeking contraception. (For further information on responding to a request for contraception refer to the WHO Adolescent Job Aid algorithm titled: "I do not want to get pregnant"). Use the HEADS framework to ask Rona about her relationship with Dean and her readiness to have sex with him? Ask her why she is afraid to ask him to use condoms. Ask about her family and home situation to assess her support. Tell her of the importance of preventing both STI including HIV as well as preventing pregnancy. Help her identify ways of talking to Dean about condom use. Explain to her how to take and/or use the contraception she has decided to use. Invite her to come for a counselling session with Dean. Schedule a return visit.

2. Sam

It would be useful to meet with Sam and his father separately.

Sam: Ask about the presenting problem and do a physical assessment. Use the HEADS framework to determine other health risk behaviours, dealing with peer pressure/influence and his family relations.

Tell Sam about the options for treatment of the ankle and help him identify possible options for managing his physical problem, peer influence and family relationships.

Ask permission to discuss findings with his father

His father: Explain normal adolescent development and Sam's need for peer relationships and approval. Acknowledge his concerns about his son and his health risk behaviour, and the negative effects of peer pressure (as well as the positive ones).

Help him identify possible options for improving his relationship with Sam. Schedule a return visit to assess ankle injury and Sam's relationship with his father and peers.

3. Betty

Greet Betty and acknowledge that it must be difficult for her to come to the clinic.

Ask her about her presenting problem and assess her skin and offer treatment options if appropriate. (For further information on responding to a skin problem, refer to WHO Adolescent Job Aid algorithm titled: "I have a skin problem"). Use the HEADS framework to ask questions about other aspects of her life. Acknowledge how important this problem is for Betty. Explain to her that all adolescents develop in different ways and her friends may develop skin problems at a different age or not at all. Discuss what she could do to improve the situation. Help Betty decide what to do about her skin.

Encourage Betty to talk about other aspects of her life and try to identify positive elements in her abilities or activities. Look for how her emotional situation (e.g. self esteem) may be affected by her skin problem.

Arrange to see her again soon.

When you have completed all three scenarios, ask if there are any comments.

Tip for You

If there is more time available for this activity, you can plan to do one scenario in plenary and then do the other two in two groups, or do all three scenarios in three groups, with feedback in plenary.

This will take an additional 30 minutes.

Review the session objectives.

Session 6: Module Review
10 minutes

Objectives of Session 6

- discuss Spot Checks
- review Module Objectives and Key Messages of Module
- allow participants to complete their Orientation Programme Personal Diary
- review the Matters Arising Board and complete the Mood Meter.

ACTIVITY 6-1

REVIEW OF THE SPOT CHECKS AND MATTERS ARISING BOARD

Ask participants to turn to their Spot Checks that they completed in Session 1.
Go through the Spot Checks and address each one of them in turn.

Responses to Spot Checks

1. Cognitive development in adolescents means the changes in thinking patterns. Cognitive changes are not usually directly observable. What can help a health-care provider understand the thinking pattern of an adolescent patient?

Health-care providers can listen to:

What the adolescent says (and how they say it)

What the adolescent says they do (their behaviour)

What parents, other adults (and peers) say the adolescent says and does?

This information can help the health-care provider understand what thinking patterns the adolescent uses.

2. Draw a line that matches the pattern of thinking with the way of thinking.

Concrete

c) Only considers physical things and the immediate/short-term consequences

Abstract

a) Able to imagine ideas, rather than only think about things that can be seen, heard or touched.

Critical

b) Able to examine evidence and form opinions about ideas.

Reflective

e) Making new judgements based on what they already know

3. A boy of 15 years comes to the health centre. When asked if he smokes cigarettes, he says yes, he has smoked for 3 years, likes smoking and does not see a problem with smoking.

Which two of these approaches do you think may be the most useful for this boy?

a) Tell him he will get lung cancer if he does not stop.

The long-term consequences of smoking may not seem important or real to him.

b) Tell him that smoking will cause his teeth to go brown and his breath and clothes to smell.

Yes, the short term consequences that relate to something that matters to him (his appearance) may have more of an impact.

c) Tell him that you will tell his parents that he smokes unless he promises you he will stop. You are breaking confidentiality by telling his parents. You will lose his trust. Threatening him will not encourage him to change his behaviour.

d) Ask permission for you to tell him some of the problems of smoking.

Yes. Respectfully asking his permission will mean he is more likely to listen. He may also be more likely to return.

e) Refer him to the Quit Smoking Support Group.

He has expressed no interest to stop so he is not ready for this referral.

4. HEADS is an assessment tool for health-care providers to use with adolescents.

Do you know what issues each of the letters refer to?

H	Home
E	Education/Employment
E	Eating
E	Exercise
A	Activities
D	Drugs
S	Sexuality
S	Suicide and depression
S	Safety

5. How would you describe normal emotional development during early adolescence?

There are no right or wrong answers here.

- Questions and concerns about the physical changes of adolescence can cause heightened emotions in adolescence.
- The ups and downs of social relationships, including but not only romantic ones, also lead to heightened emotions.
- The challenges that individuals face during adolescence change, this can contribute to stress.
- Adolescents may only be developing emotional competence (i.e. they may not have the ability to perceive, assess & manage one's emotions) and social competence (i.e. they may not have the capacity to be sensitive & effective in relating with other people).

6. List 4 factors that can contribute to positive social development in adolescents.

Participants may give many answers that could fall under the following headings:

1. Individual (e.g. good physical health, self esteem, good school performance).
2. Family (e.g. emotional support, adequate resources).
3. Community (e.g. connectedness with school and community, safety, opportunities for sports and recreation, positive role models).
4. Society (peace, opportunities for education and employment).

Ask the participants to look at what they have put down. Invite them to share their responses with others, but assure them that they are not obliged to do so. Ask them to consider whether their responses have changed, and if so in what way.

Allow a few participants to share different answers that reflect gains in their knowledge and/or changes in their attitudes as a result of participating in this module.

Address any questions and comments on the Matters Arising Board that have not been covered.

ACTIVITY 6-2

REVIEW OF MODULE OBJECTIVES

Display the module objectives (Slides E1-1) once again.

Review them with the participants

Slide E1-1

Module Objectives

- Identify and discuss physical, cognitive, emotional and social development during adolescence.
- Discuss how adolescent development and adolescent health are related.
- Explore attitudes and values of health-care providers towards adolescents.
- Practice using the HEADS framework as a tool to obtain a psychosocial history.
- Introduce and practice the GATHER approach to facilitate good communication with an adolescent.

Ask the participants for any final questions or comments and address them.

KEY MESSAGES OF THIS MODULE

Ask participants to turn to the Key Messages of this Module in Section 6 of their Handout.

If you have enough time at the end of the session, ask the participants to take turns reading out the seven points. If there is just a little time, make the points quickly. If there is no time left, merely point to the key messages and ask the participants to review them later.

ACTIVITY 6-3

ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

Ask the participants to bring out their Orientation Program Personal Diaries (OPPD) – this can be a notebook that they have designated as the OPPD.

Put up Flipchart E1.

Ask a volunteer to read the Flipchart aloud.

Flipchart E1

Orientation Programme Personal Diary (OPPD)

1. List three important lessons that you learnt through participating in this module
2. List three things that this module has encouraged you to plan to do in your work for/with adolescents

Give them time to complete their OPPD.

Remind the participants to record their impressions of the module on the Mood Meter.

Remind them that the handout provides more information on the module

Thank them warmly for their hard work and participation in this module.