

Orientation Programme on Adolescent Health for Health-care Providers

Handout for
Module E

Adolescent Development

September 2014

Department of Maternal Newborn Child and Adolescent Health
World Health Organization

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Session 1 Module Introduction

This is a core module in the *Orientation Programme on Adolescent Health for Health-care Providers*. It builds on the physical development of adolescents that was discussed in the *Meaning of Adolescent Module* and provides an overview of the psychological development (cognitive and emotional) and the social development that occurs during adolescence.

In this module participants can practice using the HEADS framework as a tool to obtain the psychosocial history of the adolescent. The GATHER approach is also introduced to facilitating good communication, which can be used during an interview with an adolescent patient. These tools assist health-care providers in assessing the adolescent's development and can ensure that the information the health-care provider gives will be appropriate to the developmental stage of each adolescent. The module also gives health-care providers an opportunity to examine their own attitudes and values towards adolescents.

There will be adolescent participant in the group and they are encouraged to provide an adolescent perspective to discussion during the training.

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.

Session 2

Physical, Psychological and Social Development during Adolescence

Adolescent development occurs in the following three areas:

1. Physical
 - Physical growth and development including puberty
2. Psychological
 - Cognitive: changes in thinking patterns
 - Emotional: changes in moods and feelings
3. Social
 - Change in roles, relationships and expectations connected to family, peers and outside world

In any individual, development in 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.

Further all three areas are closely related. For example, physical changes may trigger a negative or positive emotional response.

2.1 Physical development during adolescence

PUBERTY:

Puberty is the set of physical changes in adolescence that result in the capacity to reproduce. Puberty results from the actions of hormones on various parts of the body. It can begin as early as 8 or as late as 15. Regardless of when a child enters puberty, the changes he or she undergoes, affect his or her psychological outlook and social interactions. The changes in the reproductive system are accompanied by the development of secondary sexual characteristics, which have a linear and predictive sequence of development.

PHYSICAL GROW AND DEVELOPMENT:

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.

ASSESSING PHYSICAL DEVELOPMENT:

An individual's, chronological age is not useful in itself to assess the state of physical development. The Tanner scale meets the need of assessing physical development using other means. It uses visual assessment of external primary and secondary sexual characteristics – genitalia in boys, the development of breasts in girls and the growth of pubic hair. It is used to assess development in conditions such as delayed puberty.

The physical changes that occur in adolescence are summarized in the following table:

	Girls	Boys
Growth spurt	Begins around 10 years. Growth completed at around 17-18 years	Begins around 14 years. Growth completed around 21 years.
Reproductive capacity	Menstruation begins around 12 years on average (9-16 years) Enlargement of the ovaries, uterus, labia and clitoris.	Testicular enlargement begins around 9 ½ years Onset of spermarche Lengthening of penis 11-14 years
Secondary sexual characteristics Appearance of pubic hair Appearance of body hair	11-14 years Under arm hair -13 to 16 years Appearance of breast buds (8-12 years) followed by breast development (13-18 years) Skin and hair become oilier Body odour appears, and acne may appear	10-15 years Facial and body hair - 15 to 19 years Skin and hair become oilier Body odour appears, and acne may appear
Growth and development of other organs and systems	Body fat increases 10-14 years Hips widen 10-14 years	Weight gain and increase in muscle mass 11-16 years Rapid enlargement of the larynx, pharynx and lungs with voice beginning to deepen 10-14 years Doubling of heart size and vital lung capacity Increase in blood pressure and blood volume

These changes were reviewed in Meaning of Adolescence Module when we looked at the nature and sequence of changes and events in adolescence.

EARLY PUBERTY:

In girls this is characterized by breast development, onset of menstruation and pubic or underarm hair growth at the age of 7-8 years. In boys this is characterized by testicular or penile enlargement, and the appearance of genital, body or facial hair before 9 years.

Early puberty occurs because of a combination of genetic and environmental factors. Improved nutritional status is believed to be one of the environmental factors.

DELAYED PUBERTY:

Puberty is said to be delayed in girls when breast buds have not developed by the age of 13. It is said to be delayed in boys when their testicles have not enlarged by 13 ½ years.

Delayed puberty may be because of family traits, eating disorders, problems with the pituitary or thyroid glands or chromosomal abnormalities. It can occur because of very high levels of physical activity, in girls.

Adolescents who are short or tall for their age are usually physically normal. In some cases this may be because of an underlying medical cause.

PSYCHOLOGICAL AND SOCIAL CONSEQUENCES OF EARLY AND LATE DEVELOPMENT:

Although girls who are developing early are experiencing physical changes, they 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. Also, cognitively and emotionally, they may not be developed enough to make sound judgements or resist unwanted pressure.

Later development is 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.

BODY IMAGE:

Puberty puts a spotlight on body image - the picture of one's personal physical appearance that one holds in the mind. Body image is shaped by one's physical sensations and one's thoughts and feelings. It is powerfully influenced by one's social and cultural context.

Some adolescents start maturing early, while others do so later. As a result, individuals of the same age who looked similar when they were in late childhood or early adolescence, may appear very different to their peers in early and middle adolescence. Adolescents may experience uncertainty when they do not look similar to other adolescents of the same age.

The way that adolescents feel about their bodies can affect how they feel about themselves as a whole. Concerns about their bodies can erode the quality of their lives.

The timing of physical and psychological development are often not in sync. An adolescent with an adult-sized body may not be emotionally and cognitively developed to the same extent. Early development for girls and late development for boys present the greatest challenges for a healthy body image.

SUPPORTING ADOLESCENTS THROUGH THEIR PHYSICAL DEVELOPMENT:

Adults can help adolescents during puberty in the following ways:

- By informing them about the facts about their bodies
- By inviting and taking volunteered comments about their appearance seriously
- By inviting them to share their feelings, and listening actively when they do so
- By encouraging early developers to reconnect with peers of their age, and to encourage them to stay away from older adolescents.

Health care providers and other adults can help adolescents deal with powerful media messages and images about body image in following ways:

- By explaining to adolescents that bodies come in all shapes and sizes and that these disparities are normal.
- By explaining that media images do not reflect the average person, and that there is wide diversity of body shapes and sizes, and of rates of development.
- By explaining that facial and body shapes, sizes, colours and textures are often altered in media images using software programmes.
- By encouraging critical thinking about the media and about our consumer culture.
- By encouraging activities that focus on attributes other than physical appearance, such as academics, sports, music, arts and crafts.

2.2 Cognitive, emotional and social development during adolescence

Both cognitive (changes in thinking patterns) and emotional development (changes in moods and feelings) occur during adolescence.

2.2.1 Brain and cognitive development

BRAIN DEVELOPMENT DURING ADOLESCENCE

Previously it was believed that brain growth ended in early childhood. It is now known that growth and development in the brain extend through the first and

second decades of life and into the third decade - possibly until the second half of the twenties.

In a baby, the brain over-produces brain cells (neurons) and connections between brain cells (synapses) and then starts pruning them back around the age of three. The process is much like the pruning of a tree. By cutting back weak branches, others flourish. The second wave of synapse formation showed a spurt of growth in the frontal cortex just before puberty (age 11 in girls, 12 in boys) and then a pruning back in adolescence.

The brain consolidates learning by pruning away synapses and wrapping white matter (myelin) around other connections to stabilize and strengthen them. The period of pruning, in which the brain actually loses grey matter, is as important for brain development as is the period of growth.

As a result of these cycles of growth and pruning, profound changes occur in brain connections and in signalling mechanisms during adolescence. Some of the most important changes take place in the pre-frontal cortex. This region is responsible for

- Organizational ability
- Strategic thinking
- Impulse control

As the prefrontal cortex matures, adolescents can reason better, develop more control over impulses and make judgments better.

The physical changes in the brain are affected by social influences.

COGNITIVE DEVELOPMENT:

There are three main areas in which cognitive abilities develop during adolescence:

1. Their thinking shifts from concrete to abstract (i.e. thinking about things they cannot see, hear or touch)
2. Their advanced reasoning skills become stronger (i.e. thinking about multiple options and possibilities) and following a logical thought process
3. They begin to think about their thinking (i.e. to consider how they feel, what they are thinking, and how they are perceived by others)

These changes are not always in sync with the physical changes that occur in adolescence. Also, they are highly influenced by the social and cultural context.

Concrete to Abstract Thinking

Concrete Thinking

Up to about 12 years of age, children think concretely. They can understand physical things; things they can see, hear or touch and they need to use objects to represent 'things' or 'ideas' in order to solve problems. They will comprehend the immediate and short-term consequences of an action.

Abstract Thinking

From about the age of 12 years onwards, the way adolescents think begins to change, and they start to use abstract thought. In this type of thinking, the adolescent can move around and understand ideas rather than needing physical things. 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.

For example:

Adolescent using concrete thinking

"You said I would get sick if didn't take my (asthma) medicine. I missed it three times and I didn't get sick so I don't need to take it anymore."

Adolescent using abstract thinking

"I missed my (asthma) medicine three times and I think I got away with it this time because I am not very active these days. I think I still need my medicine if I want to do all the activities I'd like to do."

This is why for younger adolescents, it is important that health-care providers use only "here and now" concrete examples and avoid abstract concepts ("if...then") in discussions.

Creative Thinking

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

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

Involves both:

1. Critical Thinking: examining evidence, forming opinions
2. Reflective Thinking: making judgements based on what you already know

For creative thinking, an adolescent will need 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 occurring at a certain age.

Creative thinking involves both critical thinking and reflective thinking.

1. Critical thinking consists of analyzing 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.

2. Reflective thinking focuses on the process of making new judgments based on what you already know or have experienced.

For example: If an adolescent meets with a group of friends and is urged to take a cigarette. She "reflects" on the health lessons in class and her experience with her brother who smokes, and forms her own opinion about smoking.

Using this thinking, adolescents can learn from their successes and failures and store in their memory what has occurred and why, to use in the future. It provides adolescents with an opportunity to step back and think about how they actually solve problems and how a particular set of problem solving strategies is appropriate for achieving their goal.

Cognitive changes are not usually directly observable. One way to understand the changes in the patterns of thinking can be through listening to what the adolescent says and observe what he does. To understand cognitive changes the health-care provider needs to listen to the adolescent and their family and ask questions about the adolescent's behaviour. For example: an adolescent who show they are considering the consequences of their action may be moving from concrete to abstract thinking.

These changes in thinking are very individual and happen at different ages and stages, depending on the individual development of the adolescent. Adolescent will often go back and forth in their maturity of thinking and revert to less mature patterns of thinking and behaving when under stress.

These thinking patterns are important for health-care providers to understand so that they can assess the thinking of the adolescents they deal with and then respond to them using language and messages that meet their cognitive development level. Health-care providers can also help other adults (parents, teachers, etc.) to understand and deal effectively with this important stage of adolescent development.

SUPPORTING COGNITIVE DEVELOPMENT IN ADOLESCENTS

As an adolescent's thinking shifts from concrete to abstract (i.e. thinking about things they cannot see, hear or touch) from early, through middle to late adolescence, adults should:

- (i) Seek to assess their thinking abilities and to match their communications with their assessment
- (ii) Stimulate their cognitive thinking
- (iii) Help them make decisions using these newly developed abilities

(i) Assessing adolescents' thinking abilities and accordingly matching their communications to this:

Adults should actively listen and acknowledge when adolescents present their opinions, and ask them to explain how they arrived at the opinions they are expressing. Where needed, they should present alternative opinions and the underlying reasons for them, rather than correcting or putting down the opinions and arguments that adolescents present.

(ii) Stimulating adolescents' cognitive thinking:

As adolescents' advanced reasoning skills become stronger (i.e. thinking about multiple options and possibilities) and they are better able to follow a logical thought process. Adults should:

- encourage a deeper understanding of issues that adolescents bring up by providing and pointing to - accurate and up to date information.
- pose open-ended questions that invite thought, discussion and debate rather than closed ended ones (e.g. of an open ended question What would be the benefits of becoming a vegan ? And what would be the negative effects ?)

(iii) Helping adolescents develop their decision making abilities:

Responsible decision making involves considering the options in a given situation and making choices that benefit both the decision maker and other. Once decisions are made they need to be implemented and evaluated.

Adolescents need opportunities to learn and practice decision making. Adults should support this by:

- Getting them to practice decision making through role playing and individual/group problems solving exercises
- Showing them the benefits of future thinking by anticipating difficult situations and planning in advance how to handle them
- Demonstrating to them how one makes decisions

DISAGREEMENTS

Adults should remember that disagreements will occur in their discussions with adolescents, and should remember that every disagreement is not a conflict. They should show respect in all exchanges, and insist that adolescents respect them in turn. On the one hand, they should not take it to heart when adolescents criticize adult opinions or behaviours. On the other hand, they should also never mock or criticize adolescents' thoughts or ideas, even when there is disagreement.

RECOGNIZABLE MINDSETS

As cognitive development occurs, recognizable mindsets tend to appear in adolescents. Firstly, advances in reasoning skills lead them to become interested in fairness and justice. Their developing brains tend to view things in extremes of black and white rather than in nuanced shades of gray. Secondly, while on the one hand they are very concerned about their appearances and their every move (i.e. as they are "on stage", on the other hand, they become outwardly directed in something larger than themselves and take up causes.

NEGATIVE EFFECTS OF EARLY SUBSTANCE USE

Heavy use of alcohol and other psychoactive drugs during adolescence can affect memory and attention (through negative effects on the hippocampus). 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.

2.2.2 Emotional and social development

Social relationships in adolescence

The nature of social relationships change during adolescence. 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).

Stress during adolescence

The challenges that individuals face during adolescence change, as do their levels of stress. Good things such as being asked to join the school's football team and contemplating how well one will perform can be stressful. Bad things such as an argument with one's parents can be stressful as well. Here is a short list of issues in adolescents' lives that can cause stress:

- Dealing with the changes of puberty
- Pressure to be a particular size or shape
- Concerns about body image
- School pressure
- Job pressure
- Friendships and romantic relationships
- Family and peer conflicts
- Being bullied, harassed or exposed to violence
- Pressure to experiment with alcohol, drugs or sex

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, can do so too. 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.

Emotional and social competencies

To manage their thoughts and feelings, and to deal with others sensitively and effectively, adolescents need emotional and social competencies. Emotional competence is the ability to perceive, assess and manage one's emotions. Social competencies on the other hand are the capacity to be sensitive and effective in relating with other people. There are four areas in which emotional and social competences are needed:

1. Self awareness - learning to recognize one's emotions

2. Social awareness - learning to understand and take into account the thoughts and feelings of others
3. Self management - learning to monitor and regulate one's emotions and working towards positive goals
4. Development and management of peer relationships - learning to establish and maintain healthy, rewarding relationship 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 biological outcome, they must be cultivated.

Adults can help build empathy in adolescents by:

- Demonstrating tolerance and generosity in their thoughts, words and actions
- Supporting their participation in organizations that ask one to focus on the needs and problems of others
- Talking to them about their own feelings so that adolescents could learn to understand and empathise with the feelings of others
- Talking to them about the emotional consequences of words and actions
- Helping them articulate their assessment of the feelings of others

Identify formation

Cognitive development gives adolescents the tools to build a sense of identity. Identity is one's sense of self.

It includes the concepts of self concept and self esteem.

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.

Adolescents figure out their self concept and self esteem through five developmental tasks:

- i. Achieving autonomy
- ii. Achieving a sense of competence
- iii. Establishing social status
- iv. Establishing intimacy
- v. Examining sexual identity

- i. Achieving autonomy ('I can do things on my own. I can think through things on my own').

Achieving autonomy means becoming a self-governing person. As they develop autonomy or independence, adolescents exercise their increasing ability to make and follow through on their own decisions and to formulate their own principles of right and wrong.

Achieving autonomy is essential for an adolescent to become self sufficient in later years.

There are two kinds of autonomy:

- Physical autonomy is the capacity to do things on one's own. As adolescents gain physical autonomy, they take more responsibility for themselves.

- Psychological autonomy is the capacity to independently exercise judgement and to work out one's principles of right and wrong.

As adolescents take steps towards independence they are not skilled at autonomy. The parts of the brain which control reasoning, planning and problem solving are not fully developed yet. As a result, adolescents are not able to assess risk in a situation. They both need and want limits – in order to function and to grow.

To be of most benefit, an adult needs to be a consistent figure who provides and maintains safe boundaries in which the adolescent can practice his/her independence. Safe boundaries are clearly set and enforced expectations for responsible behaviour.

Expectations tend to be successfully enforced when they are explicit, practical, age-appropriate, and agreed upon by both the adults and the adolescents involved. Both sides should be flexible. The focus should be on what to do in a given situation, not on what not to do.

Setting limits does not mean telling an adolescent how to think or feel about something or shaming a person by saying that they thinking on a subject is bad.

Adults can support healthy identity formation by:

- Negotiating with adolescents when setting limits
- Encouraging them to express their thoughts and feelings
- Taking on board their points of view
- Explaining one's reasoning
- Respecting the differences that exist
- Being consistent in enforcing rules
- Accepting them for who they are

ii. Achieving a sense of competence ('What am I good at ?')

Adolescents are trying 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.

Adolescents need to assess what their goals and competencies are (i.e. what they do well) and what they need to work to improve. Adults should help them define their goals, identify the competencies they need to improve and support them in doing this.

Adolescents may change their minds about what they want to do. Adults should encourage them to stick with something long enough to become good at it.

iii. Establishing social status ('Where do I fit in ?')

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.

An important point to note is that the more important it is to an adolescent to belong to a group, the more susceptible he/she is to peer pressure. Adolescents may smoke, drink alcohol, use drugs or have sex as a means of being accepted by their group.

A strong sense of belonging to one's ethnic group is protective. It is associated with high self esteem and performance. Adults can help promote ethnic identity by promoting a positive identity. They can also help by speaking openly about discrimination, by helping them use effective strategies e.g. seeking outside support and avoiding ineffective strategies e.g. engaging in verbal exchanges with perpetrators.

Why are peers important ?

They help adolescents:

- Learn how to interact with others
- Shape who they are and why their interests are
- Build their autonomy
- Get emotional support
- Observe how others cope with similar problems, and judge how effective the methods they use are
- Value loyalty and trust

Dealing with peer pressure

If adolescents are treated as responsible by important adults in their lives, they are more likely to behave responsibly with their peers. Adults should respect their ideas and support them in making decisions.

All of us – adolescents and adults – face peer pressure. Adults should help adolescents understand that making decisions usually means juggling competing pressures.

Adolescents may not decide wisely when unexpectedly faced with a risky situation. Adults should discuss possible situations and risky strategies in advance and encourage adolescents to discuss how to deal with them.

iv. Experiencing intimacy ('Am I lovable ? Am I loving ?')

Adolescents need to know that they are loved by their parents and other adults. They also 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.

Adolescents who are raised in close and loving relationships may find it easier to enter into intimate friendships, and vice versa. Adolescents learn how to be open (both in self-disclosure and self-expression) honest, caring and trusting in friendships.

During adolescence, intimacy with friends and romantic partners (in some cultures) increases and eventually exceeds that with parents and other adults, who may feel that they are no longer central in their lives.

v. Examining sexual identity ('Who am I sexually?')

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.

As with other areas of development, developing a sexual identity can be uneven and confusing. Adolescents may consider different options before establishing their sexual identity and orientation.

Adults can help them by giving them honest and accurate information and responses to their questions. They should take care not to label emerging thoughts, feelings and behaviours as abnormal or immoral.

Identity formation is an iterative process. Adolescents repeatedly ask themselves "Who am I?" At some points in the process they are more certain about the answer to this than at other points.

In forming an identity, adolescents may question their beliefs, attitudes and values. They may think about their relationships with others and about themselves – their goals, abilities, their interests and their self definitions.

Both identity formation and expression differ across family, peer, community and societal contexts, depending on how safe and supportive they are from the adolescents' perspective.

SPIRITUAL DEVELOPMENT

Spirituality is about a reality greater than oneself. It involves both deep feelings and thinking about one's sense of purpose, one's connections with others and the meaning of life. It can include religious awe and reverence.

Religion is a set of common beliefs and practices shared by a group of people.

Spiritual development is shaped both within and outside religious traditions, beliefs and practices.

DEVELOPING A SPIRITUAL OUTLOOK

Adolescence is the stage in which individuals begin to form their own spiritual identity. As individuals move from childhood into adolescence, they ask questions about religion and spirituality, just like they do about other things. This may be

because their cognitive abilities have developed and because they are seeing the world with new eyes.

In some societies where personal religious freedom is allowed, adolescents may struggle with whether or not to hold on to religion of their childhood. In many other societies, religion is intricately intertwined with various identities. In these societies, adolescents do not generally consider changing their religion.

FAITH PARTICIPATION CAN SHIELD ADOLESCENTS FROM RISKY BEHAVIOUR

Faith-based organizations can provide adolescents with role models, moral direction, spiritual experiences, positive social and organizational ties, and community and leadership skills.

Participation in religious activities is associated with less substance use, higher self-esteem and more positive family relationships.

Being involved in a faith community gives an adolescent access to positive adult role models and support systems.

RELIGION NOT ALWAYS A SANCTUARY

Organized religion fosters a sense of belonging for the majority of adolescents, but it can also lead to painful rejection of those who are perceived as outside the mainstream e.g. homosexual adolescents.

ADOLESCENCE: A TIME OF QUESTIONING AND BELONGING

Spiritual development and religion can offer a positive environment for adolescents, giving them a sense of belonging and beneficial relationships with peers and adults, as well as providing a sense of meaning and purpose.

Spiritual development is shaped both within and outside religious groups/experiences.

2.2.3 Developing core assets in adolescents:

COGNITIVE, EMOTIONAL AND SOCIAL DEVELOPMENT AND DECISION MAKING IN ADOLESCENCE

There are three important interrelated issues. Firstly, during adolescence because the parts of the brain responsible for making well considered decisions are still developing, poor decisions may be made. Secondly, because the brain's limbic system which is responsible for emotions matures earlier than the prefrontal cortex which is responsible for moderating one's actions, being aware of the potential risks of an action, does not - always - stop adolescents from partaking in it because of the emotional rewards they get. Thirdly, because of the enormous influence of peers, potentially risky behaviours become more gratifying in the presence of peers. Given these three interlinked aspects of adolescent development, adults should:

- Support adolescents in making well considered decisions

- Help them understand the role of emotions in decision making, and the benefits of making important decisions when they are not rushed or upset
- Help them understand how the physical presence of peers as well as their influence (even when they are not physically present) affects their actions.

Adults should also be aware that "Just say no" or "Don't do that" campaigns are not effective. They must protect adolescents from harming themselves by limiting their exposure to risky situations (e.g. imposing drinking driving laws) and from the negative aspects of peer pressure (e.g. being pressed to drive home after a party when they are tired, excited or under the influence of alcohol).

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.

Cognitive, Emotional and Social Development are best promoted by creating opportunities to develop core assets. These core assets help adolescents contribute to their own health and well being; and that of their families and communities

- 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

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

This is just what the many life-skills building programmes seek to do. The term "life skills" refers to a generic set of skills that can be learned to improve one's emotional and social competence. The table below lists the key life skills.

COMUNICATION AND INTERPERSONAL SKILLS	DECISION-MAKING AND CRITICAL THINKING SKILLS	COPING AND SELF-MANAGEMENT SKILLS
<ul style="list-style-type: none"> • Interpersonal Communication Skills <ul style="list-style-type: none"> ➤ verbal/nonverbal communication ➤ active listening ➤ expressing feelings; giving feedback (without blaming) and receiving feedback • Negotiation/ Refusal Skills <ul style="list-style-type: none"> ➤ negotiation and conflict management ➤ assertiveness skills ➤ refusal skills 	<ul style="list-style-type: none"> • Decision-making and Information-gathering skills <ul style="list-style-type: none"> ➤ evaluating future consequences of present actions for self and others ➤ determining alternative solutions to problems ➤ analysis skills regarding the influence of values and of attitudes about self and others on motivation 	<ul style="list-style-type: none"> • Skills for Increasing Personal Confidence and Abilities to Assume Control, Take Responsibility, Make a Difference or Bring About Change <ul style="list-style-type: none"> ➤ building self esteem/confidence ➤ creating self awareness skills, including awareness of rights, influences, values, attitudes,

<ul style="list-style-type: none"> • Empathy Building <ul style="list-style-type: none"> ➤ ability to listen, understand another's needs and circumstances, and express that understanding • Cooperation and Teamwork <ul style="list-style-type: none"> ➤ expressing respect for others' contributions and different styles ➤ assessing one's own abilities and contributing to the group • Advocacy Skills <ul style="list-style-type: none"> ➤ influencing skills and persuasion ➤ networking and motivation 	<ul style="list-style-type: none"> • Critical Thinking Skills <ul style="list-style-type: none"> ➤ analyzing peer and media influences ➤ analyzing attitudes, values, social norms, beliefs, and factors affecting them ➤ identifying relevant information and sources of information 	<ul style="list-style-type: none"> rights, strengths, and weaknesses <ul style="list-style-type: none"> ➤ setting goals ➤ self evaluation/self assessment/self-monitoring skills • Skills for Managing Feelings <ul style="list-style-type: none"> ➤ managing anger ➤ dealing with grief and anxiety ➤ coping with loss, abuse, and trauma • Skills for Managing Stress <ul style="list-style-type: none"> ➤ time management ➤ positive thinking ➤ relaxation techniques
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Reference: Life Skills for skills based education. Skills for Health: Skills-based education including life skills: An important component of a child-friendly / health promoting school. WHO information series on School Health Document 9, 2003.

As health-care providers we have an important role in promoting and supporting positive development for adolescents in their communities and helping them develop into responsible, healthy, caring adults and parents.

Note: Dating is socially accepted in some contexts. It is a way of developing social skills, learning about other people, and exploring romantic and sexual feelings. It can lead to sexual activity, but also to opportunities for expanded emotional growth.

Session 3 Attitudes and Values of the Health-care Provider

Introduction

We all hold attitudes and values that influence our behaviour and that can become a liability or an asset in our work.

■ Attitudes are our opinions or viewpoints about people or things. Our attitudes towards a particular issue are based on a '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 stronger -negative beliefs, my overall attitude may be that television has a negative influence on my life.

■ 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 and medicine) and groups that we are part of (e.g. social and cultural groups). The values that we hold, influence how we view and respond to different things in our lives.

Through our life experiences have all developed beliefs, attitudes and values on the people and things in the world around us. These beliefs, attitudes and values affect how we respond to individuals and events in our professional and personal lives. Our responses to the words and actions of adolescents are likely to be affected by our attitudes and values.

It is important that we are aware of our beliefs, attitudes and values and to examine their effects on our lives. For those of us who work with adolescents, it is especially important to prevent our beliefs, attitudes and values from hindering the way we relate to and deal with adolescents. That is because we have an obligation to act in the best interests of our adolescent patients.

Beliefs, attitudes and values are not set in stone. They may change over time with new experiences and new learning.

Session 4 The HEADS Framework

4.1 The HEADS Framework

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

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

The HEADS Framework

(A check list of questions for rapid assessment of adolescent's psychosocial history)

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

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 may become easier to explore 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 risk factors (e.g. homelessness and poor school attendance), risky behaviours (e.g. unsafe sex, smoking, using drugs and alcohol) and screen for common illnesses (e.g. STI, depression, nutritional deficiencies). This framework also 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.

4.2 Forming the Questions Using HEADS

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, 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 seems obsessed 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, at school and at 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.

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.

There are other psychosocial assessment instruments that have been developed to assess adolescents. These include:

- Adolescent Coping Orientation for Problem Experiences (A-COPE)
- Youth Self Report (YSR)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- GAPS: Guidelines for Adolescent Preventive Services
- Child Behaviour Checklist (CBCL)

Session 5: Communicating with Adolescents

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

The GATHER Approach

GATHER is a tool to assist in good communication during an interview.

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

We will explore GATHER and identify what is specific for use with an adolescent patient.

G –Greet

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

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

Regarding step 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.

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.

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..

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

If appropriate, carry out a physical examination.

T- Tell

1. Tell the adolescent what you have learnt (e.g. diagnosis, important issues)
2. Ask permission to discuss (diagnosis, issues)

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).

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. For this you will need to secure the adolescent's permission.

H – Help

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

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

E- Explain

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

1. You explain in detail the implications of the agreed treatment or action, using language the adolescent can understand.
2. It is important to explain that it is the adolescent's responsibility to ensure the success of the treatment or action.

R - Return Visit/ Refer

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

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.

As discussed before, it is not only the question itself but how the question is asked that is important, especially when working with adolescent patients.

The following box contains some dos and don'ts to bear in mind when communicating with adolescents.

Box 3: 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 pictures and charts if needed	<i>Giving them only the information that <u>you</u> think they will understand. 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 (e.g. problem solving, decision making). Be truthful about what you know and what you do not know.	<i>Withhold information "to protect them" or because you think that they will not understand 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". 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>

Section 6: Key Messages from this Module

1. During adolescence, important changes occur in the development of young people. These changes are physical (body and brain), psychological (cognitive and emotional) and social (roles, relationships and expectations). It is difficult to separate out each of these three areas of development because they are closely linked with, and dependent on one another.
2. Development in each of these three areas may not proceed at the same pace for an individual. For example: an adolescent girl may look physically mature but psychologically she is still developing. Her appearance can lead people to believe and expect that she has mature thinking patterns or can manage her emotions well, which may not be the case.
3. Cognitive changes - changes in ways of thinking – are an important hallmark of adolescence. Adults can contribute to adolescent development by seeking to assess their thinking abilities and to match their communications with their assessment; stimulating their cognitive thinking; and helping them make decisions using these newly developed abilities.
4. Emotional development forms the basis of mental health. The emotional changes during adolescence are profound and intense. Adolescents need help and opportunities to talk about their feelings and to develop and practice the skills that will help them cope with the challenges and risks of adolescence.
5. Social developments are the changes in the adolescent's roles and relationships with their family, peers and community. Adolescents have to negotiate and cope with these changes and move from the dependent relationships of childhood to the interdependent relationships of young adulthood. Adolescents also need to establish and develop their moral, spiritual and ethical principles.
6. Behaviour which an adult may identify as "problem behaviour" can be related to an adolescent's physical, psychological or social stage of development. So rather than the adolescent "misbehaving", it may be that they have not yet developed the thinking required to enable them to "behave" in a socially acceptable way.
7. Health-care providers need to understand the stages of adolescent development and know how to assess adolescents' individual development, so they can provide them with the care and information that is appropriate to their stage of development. Health-care providers have a role in promoting positive adolescent development in their health centres and communities.

References

The relationship code: Deciphering genetic and social influences on adolescent development (2000). Reiss, D., Neiderhiser, J. M., Hetherington, E. M., & Plomin, R.: Harvard University Press

What about Boys? (2000) WHO. Geneva,WHO/FCH/CAH/00.7

Skills for Health: Skills Based Health Education including Life Skills: An Important Component of a Child Friendly Health-Promoting School. (2003) WHO.

Understanding What Works and What Doesn't in Reducing Adolescent Sexual Risk Taking. Kirby, D. Family Planning Perspectives, 2001, 33(6): 276-281

Adolescence: Developmental Tasks (2007) Daniel F. Perkins.
<http://edis.ifas.ufl.edu>

Community Programmes to Promote Youth Development. (2002) Board on Children. Youth and Families, USA

Adolescent Job Aid (2010) WHO, Geneva

Pubertal Transition in Health (2007) Patton,G., Viner, R.: Lancet; 369:1130-39

Working with Young People. A Training Resource in Adolescent Health.(2008)The Royal Australasian College of Physicians.

Adolescent Health. Enhancing the Skills of General Practitioners in Caring for Young People from Culturally Diverse Backgrounds.(2008) NSW Centre for Advancement of Adolescent Health and Transcultural Mental Health.

