

Getting into adolescent heads

*Skills needed in working with
young people.*



TE RAPUORA O
TE WAIHARAKEKE

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Learning Objectives.

At the end of this training, participants will be able to:

- Understand adolescent development
- Understand risk and resiliency factors
- Understand health and well being of Alternative education students
- Describe why HEeADSSS is an essential tool to use in youth health.
- Understand how to conduct a HEeADSSS assessment.

Adolescent Development





What does a
10yr, 13yr,
15yr, 18yr and
21 yr old
male/female
think like, act
like and look
like?

Developmental tasks

	Biological	Psychological	Social
Early	Girls-breast and pubic hair, start of gwth spurt Boys-testicular enlargement, start of genital gwth	Concrete but early moral concepts, progression of sexual identity, reassess body image	Emotional separation from parents, start of strong peer identification, early exploration behaviors
Mid-adolescence	Girls-end of gwth spurt, menarche, dev. body shape Boys-wet dreams, voice breaks, start of gwth spurt	Abstract thinking, 'bullet proof', growing verbal ability, identification with law morality, start of fervent ideology	As above continues, increased health risks, heterosexual interests and early vocational plans

Developmental tasks

	Biological	Psychological	Social
Late	Boys-end puberty, continued muscle bulk and body hair	Complex abstract thinking; identification between law and morality, increased impulse control, dev. personal identity, dev or rejection of religious and political ideology	Dev. of social autonomy, intimate relationships, dev. of vocational capability and financial independence.

Brain Development

- “Use it or lose it principle,”
“If a teen is doing music or sports or academics, those are the cells and connections that will be hardwired. If they're lying on the couch or playing video games or MTV, those are the cells and connections that are going to survive.” *Giedd*





Brain Development

- Widespread agreement that adolescents take more risks at least partly because they have an immature frontal cortex, as this is the area of the brain that takes a second look at something and reasons about a particular behavior.

Peter Huttenlocher



Implications

What are the
implications for you and
how you work?

Risk and Resiliency



Brainstorm in small groups risk and resiliency factors.



Risk Factors

Fergusson; Rutter (1999)

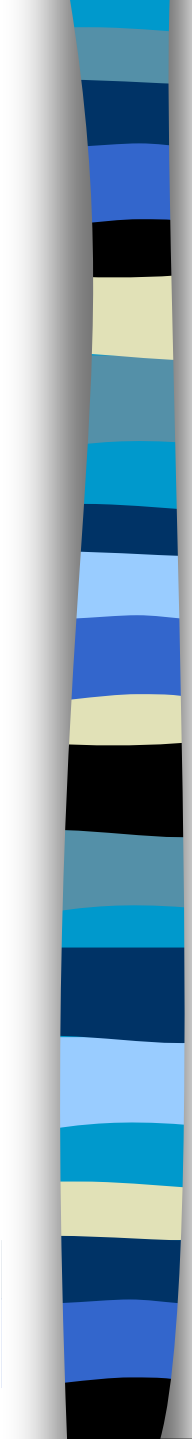
- Personal characteristics
 - Genetics, sensation-seeking, chronic illness, mental health disorder, Prenatal/Perinatal stress, early deprivation
- Family
 - Poverty, stress, conflict, chaos, parental changes, abuse, neglect
- External
 - School failure, exposure to violence, availability of weapons, substances, poor skill development



Protective Factors: *A more recent syntheses*

Garmezy 1985; Werner and Smith 1982; Resnick et al 1997

- Personal characteristics
 - Intelligence, locus of control, self-esteem
- Family
 - Parental presence and connectedness
- External
 - Connectedness to other adults, school, neighbourhood, peers



Think of your own child or friends children, what protective factors do they have and why?



Protective Factors

- Connected to family
- Responsibilities at home
- Involved in school life
- Better than average school performance
- Leadership
- Religiosity
- Refusal skills-sex, drugs and alcohol
- Coping skills
- Seat belt use
- Conflict resolution skills



Alternative Education vs. Mainstream students

Alternative Education students

- Repeated expulsions
- Behavioural problems
- And/or pregnancy/child care responsibilities that preclude them from attending mainstream school
- Limited to Yr 9-11 students
- 2756 students enrolled 2002 (1.6% population age 13-15yrs)

Denny S, Clark T, Watson P (2004) *The health of alternative education students compared to secondary students: A New Zealand study* The New Zealand Medical Journal Vol 117 1-12



Alternative Education vs. Mainstream students

Socioeconomic and family

- 40% had moved home 2 or more times in previous years (15% secondary school students)
- 78% Maori youth
- Less likely to report supportive family environments



Alternative Education vs. Mainstream students

School and community

- Higher proportion of AE students report high levels of supportive school environments
- All students report a high connection to friends
- Less likely to report attending a place of worship regularly



Alternative Education vs. Mainstream students

Health risk behaviours

- 80% have been sexually active (compared with 25% mainstream students)
- More female AE students have been pregnant or had STI's
- Of those who had been sexually active fewer had used condoms



Alternative Education vs. Mainstream students

Health risk behaviours

- 61% use cigarettes weekly or more often
- 75% of females reported binge drinking during a 4/52 period
- 90% had tried marijuana and 50% report weekly or more often use
- 33% had tried other drugs compared to 6% mainstream students



Alternative Education vs. Mainstream students

Violence, injuries and cars

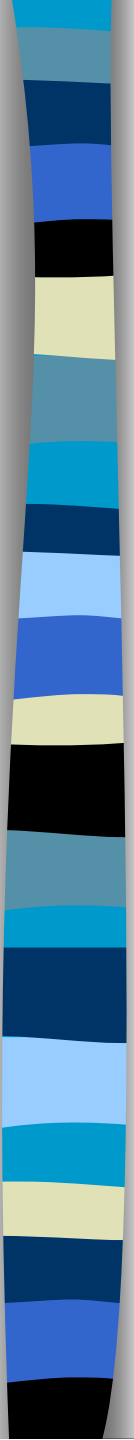
- More than 50% females have experienced sexual abuse
- Almost 70% had been in a physical fight
- Regular seatbelt use was 3-4 times lower
- 66% have been driven dangerously in a car by someone else



Alternative Education vs. Mainstream students

Emotional wellbeing

- 30% females and 20% males reported depressive symptoms
- Similar proportions had attempted suicide
- 10% required medical treatment for attempt (2% secondary students)





The HEeADSSS assessment

- A widely utilised model
- Well known in the New Zealand context
- Adds to, rather than replaces other professional assessment models
- It is a *process*. We use this tool every time we see a young person

HEeADSSS

The Adolescent Psychosocial Assessment

- H-Home
- E-Education/employment
- e-eating
- A-Activities (peer group)
- D-Drugs
- S-Sexuality
- S-Suicide/depression
- S-Safety
- S-Spirituality





HEeADSSS

A developmental appropriate assessment

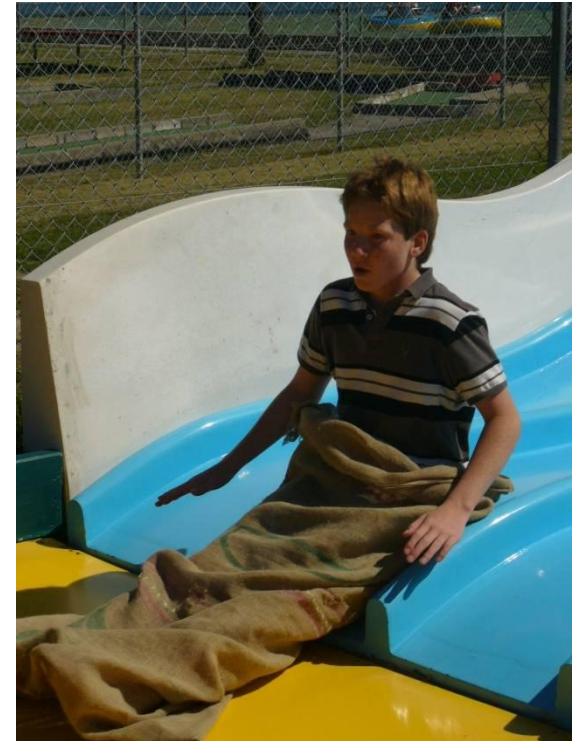
HEeADSSS provides:

- An opportunity to develop rapport
- Assists the professional to cover their strong areas as well as gaps
- Develops an overview of the young persons risk and resiliency
- Ensures intervention and follow up is appropriate maximally effective

Before you start...

Prior to doing HEeADSSS we would usually do:

- Mihi or greeting
- Karakia if appropriate
- Introducing our role
- Why we are here and explaining why, also that we might be asking lots of questions and why.
- Outlining confidentiality issues





Confidentiality and the “three harms”

Three exceptions must be made clear to the young person & their parents/caregivers

1. Harm to self
2. Harm to others
3. Others harming you

It is OK to set clear boundaries

- What is negotiable
- What is NOT negotiable (3 harms)



Essential Questions-HOME

- **Home**

- ✓ Who lives with you?
- ✓ Where do you live?
- ✓ Do you have your own room?
- ✓ Who are you closest to at home?
- ✓ Who can you talk to at home?
- ✓ Is there anyone new at home? Has someone left recently?
- ✓ Have you moved recently?
- ✓ Have you ever lived away from home? (Why?)



Essential Questions- EDUCATION/EMPLOYMENT

- Education/employment
 - ✓ What are your favourite subjects at school?
 - ✓ Your least favourite subject?
 - ✓ How are your grades? Any recent changes? Any dramatic changes in the past?
 - ✓ Have you changed school in the past few years?
 - ✓ What are your future education/employment plans/goals
 - ✓ Are you working? Where? How much?



Essential Questions-EATING

- Eating

We need to remember to ask about eating, however there is little evidence based interventions that work when dealing with young people and obesity or eating disorders

- ✓ What do you like and not like about your body?
- ✓ Have there been changes in your weight?
- ✓ How much exercise do you do in an average week?
- ✓ Have you dieted in the last year. How? How often?



Essential Questions-ACTIVITIES

- Activities
 - ✓ What do you and your friends do for fun? (with whom, where and when?)
 - ✓ What do you and your family do for fun?
 - ✓ Do you participate in any sports or other activities?
 - ✓ Do you regularly attend a church group, club, or other organized activity?



Essential Questions-DRUGS

- Drugs
 - ✓ Do any of your friends use cigarettes? Alcohol? Or other drugs?
 - ✓ Does anyone in your family use cigarettes? Alcohol? Or other drugs?
 - ✓ Do you use cigarettes? Alcohol? Or other drugs?
 - ✓ Is there a history of alcohol or drug problems in your family?
 - ✓ Does anyone at home use cigarettes?



Essential Questions-SEXUALITY

- Sexuality
- ✓ Have you ever been in a romantic relationship?
- ✓ Tell me about the people you have dated?
OR tell me about your sex life?
- ✓ Have any of your relationships ever been sexual?
- ✓ What does the term 'safer sex' mean to you?



Essential Questions- SUICIDE & DEPRESSION

- Suicide and Depression
 - ✓ Do you feel sad or down more than usual?
 - ✓ Do you find yourself crying more than usual?
 - ✓ Are you 'bored' all the time?
 - ✓ Are you having trouble falling asleep?
 - ✓ Have you thought a lot about hurting yourself or someone else?



Essential Questions- SUICIDE & DEPRESSION

If depressed assess degree and risk of suicide

- **S** sleep: insomnia, hypersomnia
- **A** appetite or weight change
- **D** dysphoria: bad mood. Irritable, sad
- **F** fatigue: e.g.. difficulty completing tasks
- **A** agitation/ retardation
- **C** concentration: e.g. in conversation, simple tasks
- **E** esteem: low, guilt, dwell on past events
- **S** suicidal thoughts.



Essential Questions-SAFETY

- **Safety**

- ✓ Have you ever been seriously injured? (How?) How about anyone else you know?
- ✓ Do you always wear a seatbelt in the car?
- ✓ Have you ever ridden with a driver who was drunk or high? When? How often?
- ✓ Do you use safety equipment for sport or other physical activities (e.g. bike helmets)
- ✓ Is there any violence at your school? In your neighbourhood? Among your friends?
- ✓ Have you ever been physically or sexually abused? Have you ever been raped, on a date or at any other time? (If not previously asked)

Role plays





Risk-focused prevention

Fix youth



Healthy Youth Development

Interact and connect with youth

Services\ Programmes



Support / Opportunities

High risk groups



Our 'own' adolescents

Fragmented funding



Funding communities



Principles of Intervention

- Based on adolescent's level of risk
- Decrease risk factors; increase protective factors
- Possible foci: environment and social context, family, individual
- Acceptable to the young person
- Part of a comprehensive approach (beyond health)
- Anticipatory counselling and guided decision making in the context of a trusting relationship

Young people are resources to be developed and not problems to be solved.

Pitman

