

## **Module A6: Exploratory/ Risk Behaviors and Resilience**

### **Entry Scenario**

*The entry scenario addresses a variety of issues and problems associated with the module topic. It may be used at the beginning of the course to stimulate the students to identify their own needs and interests. The results may be utilized by the individual to assess the individual learning process, or be integrated with class objectives.*

A 16 year-old boy called Tom comes to your office because of repeated fainting episodes. He is dressed punk-style and wears a red and green Mohawk haircut. After being assured of confidentiality, he says he is living “at the limit” and enjoying it. Although he denies smoking or using illegal drugs, he usually drinks quite heavily (15 to 20 beers per night) with his friends on weekends. Recently he was involved in a car crash in which his best friend (aged 21) was driving while intoxicated, and neither were wearing a seatbelt. As a result, Tom spent 24 hours in the hospital emergency room. Because his parents are divorced, Tom is living with his father, although he admits that he stops by home only when he needs cash or food. More often than not he sleeps at a friend’s place, or perhaps on the street, and he tends to skip meals. When asked about school, he answers that life is too short to spend it studying, and the same applies to working.

### **General Goals for Learners**

*By completing the module the participant will be able to:*

- I. Understand the concepts of exploratory behaviors, risk behaviors, resilience and protective factors in the context of bio-psychosocial development
- II. Enhance the attitudes and skills needed to deal effectively with young people who engage in exploratory/ risk behaviors
- III. Apply resilience theory to effective strategies of primary and secondary prevention for individual patients

*Updated February 2014*

**Goal 1.**  
**Understand the concepts of exploratory behaviors, risk behaviors, resilience and protective factors in the context of bio-  
psychosocial development**

	<b>Training Objectives</b> Key topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>K N O W L E D G E</b>	<p><b>A. Define and clarify the terminology relating to adolescents and risk</b></p> <p>Risk</p> <p>Youth at risk</p> <p>Risk behavior</p> <p>Risk-taking behavior</p> <p>Exploratory and experimental behaviors</p> <p>Perception of risk</p>	<p>Mini-lecture</p> <p>Group work</p>	<p>Issues that may be included in lecture: the question of genetic versus environmental influences; the short and long term impacts on health; gender specific issues in exploratory behaviors.</p> <p><b>Group tasks:</b></p> <ol style="list-style-type: none"> <li>1. List at least 5 exploratory behaviors, for boys and girls separately, that are prevalent in the local contexts represented.</li> <li>2. Estimate prevalence of these behaviors and compare with existing data from country or regional level. (Data provided by teacher)</li> <li>3. Discuss the following questions: when does exploratory behavior become risk-taking behavior? What is sensation-seeking behavior? Discuss the concept of clustering of risk-taking behaviors.</li> </ol>
	<p><b>B. Describe how exploratory behavior may be useful in accomplishing developmental tasks of adolescence</b></p>	<p>Group work</p>	<p><b>Behavior examples:</b> a 14 year-old girl is sexually active without protection against pregnancy and STD's; a 16 year-old boy smokes 1 pack cig/day and uses cannabis on weekends.</p> <p>Using the grid on bio-psychosocial development in appendix 1, identify characteristics of developmental stages that might drive the behavior; try to find developmental processes where the behavior might be instrumental to promote developmental tasks.</p> <p>How might asynchronous pubertal maturation (earlier, later than peers, physical development preceding cognitive development) affect risk-behavior?</p>

	<b>Training Objectives</b> Key topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>A T T I T.</b>	<b>C. Explore the attitudes and perceptions of adolescents on exploratory and risk behavior</b>	Group work with input from adolescents	Discuss how the misperception of social norms and the erroneous estimations (over and under) of their peers' behavior affect an adolescent's own risk behavior. Question: Could abstinence or fear-based prevention strategies be ineffective or even counterproductive by inducing "reactance" ("forbidden fruit" phenomenon)? Discuss the drawbacks of using the concept of risk as a focal point in one's clinical practice with adolescents
<b>K N O W L E D G E</b>	<b>D. Define the concept of resilience, using Luthar's definition as a starting point</b> "... A process which refers to the presence of a threat to a person and evidence of positive adaptation of the adolescent despite adversity. "	Readings Interactive lecture	Lecture presents key themes from the recent understanding of resilience, such as <ul style="list-style-type: none"> <li>- Resilience as a multifaceted concept</li> <li>- Resilience as a dynamic interaction between risk and protective processes</li> <li>- Resilience as a process or resilience as an outcome</li> <li>- Universality of stress</li> <li>- Effect of the meaning one ascribes to stress</li> </ul>
	<b>E. Define the concept of protective factors and identify protective factors in different domains of an adolescent's life</b>	Case study and group discussion	Reading, handouts or interactive lecture presents theories/definitions of protective factors. Class discusses case study, as well as other examples from participants' personal experiences. What factors contribute to making the example individuals resilient?  <u>Case study:</u> A 23 year-old nurse remarks that she had a difficult childhood and many reasons that could have led to personal failure, including an alcoholic and schizophrenic mother, the early death of her father, and socio-economic problems. She fondly remembers her grandmother who often had to care for her, and who encouraged her to go into nursing.

**Goal II.**

**Enhance the attitudes and skills needed to deal effectively with young people who engage in exploratory/ risk behaviors**

	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>A T T I T.</b>	<b>A. Clarify one's own attitude towards people that undertake exploratory/risk behaviors</b>	Small group work	To increase awareness of personal attitudes and to identify the values underlying these attitudes, participants work in small groups with the following questions: Which adolescent behaviors bother you the most? Which behaviors do you hope your own children will avoid? Do you know of any personal reason why you may react negatively to exploratory/risk behaviors? Which of your values are violated or enforced by the behaviors? How much is your opinion affected by the societal values around you?
<b>S K I L L S</b>	<b>B. Increase skill in using the HEADSSS (Home, Education, Eating, Activities, Drugs, Sexuality, Suicide, Safety) approach to recognize and assess exploratory/risk behavior and factors</b>	Reading or mini-lecture  Group work	Participants review the philosophy of the HEADSSS approach (possibly before class). In small groups, participants practice using a HEADSSS interview with a simulated patient or in role-play. Example of patient: a 15 year-old girl with multiple body piercings comes to a clinic with flu symptoms. (Video taping of the role-play would facilitate feedback sessions.)
	<b>C. Demonstrate a non-judgmental, autonomy-supporting approach toward the adolescent</b>	(Above group continues)	Group discusses how a non-judgmental, autonomy-supporting attitude would be conveyed to an adolescent patient. Specifically provide feedback to the role-playing participants (from B. above) about this skill.

**Goal III.**

**Apply resilience theory to effective strategies of primary and secondary prevention for individual patients.**

	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>S K I L L S</b>	<b>A. Utilize effective strategies for primary and secondary prevention of risk-behaviors in adolescents</b>	Class discussion  Role play Performance group	Discuss the following elements of preventive strategies that work with young people: 1. Emphasize short-term consequences. 2. Personalize the health problem. 3. Reach the adolescent in his/her “stage of change”. 4. Support adolescent’s own resources. 5. Use an autonomy- supporting style. 6. Align preventive messages with those from families, schools and communities  Role-play, incorporating the above principles into a counseling session. Sample patients: a 16 year-old boy who smokes has tried once to quit smoking. A 15 year-old girl who sporadically drinks too much is convinced that using condoms is enough to prevent pregnancy.
	<b>B. Incorporate resilience theory into counseling an individual adolescent</b>	Class work Role play	Using appendix 2 as a basis of the counseling approach, class work on the following case study: Case: 16 year-old Richard is brought to consultation by his mother (a divorced professional) because she is concerned about his cannabis and alcohol use. She caught him smoking cannabis this morning before going to school. Richard was a good student until recently; he plays in a band with friends from school as well as a teacher. He claims not to care much about academic success because he is sure he will start a successful career as a music company owner. His mother voices great disappointment about this choice, saying that she wants her son to become a college teacher.



## Resources

### **Cannabis and Psychosis**

<http://www.racgp.org.au/afp/200404/20040413sim.pdf>

### **Risky Behavior among Youth: J Gruber**

<http://econ-www.mit.edu/files/58>

### **CDC Youth Risk Behavior Survey**

<http://www.cdc.gov/Features/RiskBehavior/>

### **Jessor R. Successful adolescent development among youth with high-risk setting. American psychologist 2003**

[http://www.colorado.edu/ibs/jessor/pubs/1993\\_Jessor\\_AmerPsychologist\\_SuccessfulAdolescentDevelopment.pdf](http://www.colorado.edu/ibs/jessor/pubs/1993_Jessor_AmerPsychologist_SuccessfulAdolescentDevelopment.pdf)

### **Adolescent Risk Behavior and the Influence of Parents and Education**

<http://www.medscape.com/viewarticle/437098>

### **HBSC 2010 International report**

<http://www.hbsc.org/publications/international/>

### **The US Institute of Medicine Report on The Science of Adolescent Risk Taking 2011. Free download (requires registration)**

[https://download.nap.edu/login.php?record\\_id=12961&page=%2Fdownload.php%3Frecord\\_id=12961](https://download.nap.edu/login.php?record_id=12961&page=%2Fdownload.php%3Frecord_id=12961)

## Module A7: Exploratory/ risk behaviors and resilience

### APPENDIX 1.

Development	Early Adolescence (10-13/14y)	Mid Adolescence (14/15-17)	Late Adolescence (ca. 17-21)
Biological			
Psychological			
Social			



## **Module A7: Exploratory/ risk behaviors and resilience**

### **APPENDIX 1.: Development of a resilience-based framework for interventions at the individual level**

Use the following list as a basis for the case discussion.

#### **Essential components:**

**Significant adults**

**Significant places**

**Significant activities**

**Significant relationships**

**Future projects**

**Spirituality/ sense of a meaning of life**

**Others**