



MODULE 2: DUTY OF CARE

WORKBOOK SAMPLE



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MODULE 2: DUTY OF CARE : Overview

Overview

In this module we will dive into the mind of a teen so that you have a clear understanding of where they're at psychologically. We will look at the common issues that teens can be faced with today, the risk factors associated with these and the triggers that you can look out for as a youth mentor. It's important to note here that just because these are issues that teens *can* be faced with, it doesn't mean that you will come across any of them in your work with youth.

At the end of this module, you should feel comfortable holding a space for teens, knowing that you are prepared for what *could* come up in the sessions and how to handle these appropriately. You should also be able to start thinking about and researching your own workshop topics that combine your values, passions and purpose with what teens are faced with today.

Learning Outcomes

At the end of this module you should:

- Have a basic understanding of the psychological developments that occur during the teen years
- Be aware of the common issues adolescents may face and the risk factors associated with these
- Be able to recognise triggers that will alert you to deeper issues so that you can refer students on to specialists if necessary
- Understand young people's rights, your duty of care when holding a space for them and how to practically integrate this into your own work
- Be able to consider how your 'why' can be integrated with what teens are faced with in today's world, to start bringing together research and workshop ideas.



MODULE 2 // PART 3: COMMON ISSUES + RISK FACTORS

There are many serious issues that young people may be faced with throughout their adolescent years. These include:

FAMILY ISSUES:

This is a time for breaking away from the family and starting to explore independence. This can cause tension in the family and even more so if there are complex family situations, such as single parents, parents with drug and alcohol issues, mental health issues, siblings with disabilities, etc. Be aware that a young person you are working with may have family issues at home that you don't know about.

ALCOHOL & DRUG MISUSE:

Binge drinking and societal attitudes towards alcohol, tobacco and other drugs are a great concern for adolescents. Drug and alcohol use is on the increase in young people, alcohol being the preferred drug. Two-thirds of adolescents aged 14-17 drink alcohol and more girls than boys drink to harmful levels.¹ There are a number of factors that may contribute to this, including peer pressure, avoidance behaviour (as our guest teacher psychologists, Christina and Thania, explained in their interview), role modelling and inability to recognise the consequences. Approximately 60% of young people say their parents are the chief influence on whether they drink or not.

DEPRESSION:

Teens are susceptible to depression and even suicide. Research suggests that one in five young people suffer from emotional problems distressing enough to justify seeking professional help.

According to Dr. Michael Carr-Gregg, some of the warning signs include:

- Frequent, unexplained sadness or tearfulness
- Persistent boredom and low energy
- A preoccupation with morbid or nihilistic themes
- Lack of connection with friends and family
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Frequent complaints of physical illnesses, such as stomach-aches or menstrual problems
- A major change in eating and/or sleeping patterns
- Self-destructive behaviour

¹ National Drug Research Institute



It's important to note here that, as psychologist Thania Siaw suggests in her guest teacher interview, these warning signs may not mean anything on their own but are signs to watch out for over a period of time.

SUICIDE:

A number of issues such as high levels of stress or anxiety, loss of a boyfriend or girlfriend, poor school performance, unwanted pregnancy, family instability and unhappiness can be causes of depression and triggers for suicidal ideation². In saying that, there is not a 'type' of person who completes suicide—research shows that suicide occurs for people of all ages, genders, races, faiths, cultures and income levels. Popular, well-connected people who seem to have everything going for them, and those who appear less confident or vulnerable, die by suicide. Suicidal people come from all kinds of families: rich and poor, happy and sad, two-parent and single parent, civilian and ex-service community members.

THE FACTS:

29.9% of young people have experienced suicidal ideation in their lifetime.

Suicide is the most common cause of death in Australians aged 15-44 years.

According to the American Psychiatric Association, Suicide is 'self-inflicted death with evidence (explicit or implicit) that the act was intentional.' There is no widely accepted standard language for describing types of suicidal behaviour. However, an understanding of the following terms, which sometimes overlap, is useful:

Suicide ideation

Suicidal ideation refers to a wide range of thought processes that vary from fleeting thoughts that life is not worth living, through very concrete, well thought-out plans for killing oneself, to intense delusional preoccupation with self-destruction.

Parasuicide

Parasuicide is a broad term that traditionally covers suicidal behaviours—from suicidal gestures to serious suicide attempts—that do not result in death. 'Suicidal gestures' include self-harm, self-injury and self-mutilation. Serious suicide attempts that do not result in death are also called 'attempted suicide' or 'non-fatal suicidal behaviour'.

² Suicidal ideation refers to a wide range of thought processes that vary from fleeting thoughts that life is not worth living, through very concrete, well thought-out plans for killing oneself, to intense delusional preoccupation with self-destruction.



Non-fatal suicidal behaviour

This is any deliberate act that does, or is intended to, cause harm to oneself, but does not result in death. It includes using lethal methods requiring medical attention, such as ingesting excessive amounts of potentially fatal substances, or jumping from heights.

A number of models have been developed to explain suicidal behaviour in young people. The model proposed by Hawgood and De Leo³ focuses on factors that influence an individual's experience, and incorporates social, environmental, personality and biological factors as means for understanding individual suicidal behaviours.

A young person's risk of suicidal behaviour is determined by four types of factors: predisposing, triggering, moderating and protective. They interact in different ways and sequences for each individual and are not linear, and result in different levels of risk of suicidal behaviour from one individual to another.

- **Predisposing factors** arise from many sources and may be social, genetic, economic or environmental. In addition, there are psychosocial and individual features such as personality.
- **Triggering factors** are events or conditions that trigger suicidal behaviour. They include social and contextual elements as well as psychological and relational dynamics. Triggering factors are also sometimes referred to as tipping points.
- **Moderating factors** include religion, culture, values, beliefs and similar factors that might moderate the person's experience of particular events or situations, which in turn potentially moderate suicidal behaviours.
- **Protective factors** increase the overall resilience or coping abilities of the person.

There is no single, step-by-step developmental pathway that leads to suicide. Further, pathways to suicidal behaviour are not necessarily a linear process, in which factors and behaviours occur sequentially. For example, past events and suicidal behaviours can have a major effect on current thoughts and behaviours. Pathways to suicide need to be considered in tandem with the complex range of factors identified above.

An accurate risk assessment of suicide requires knowledge and training around how to safely, accurately and appropriately apply risk assessment protocols. This should only be carried out by professionals with the necessary degree of training.

As a youth mentor, if you come across someone that you believe is in need of crisis support, where the situation exceeds your capabilities and training, referral or transfer to appropriate clinical support should be arranged as a matter of urgency. This could include calling the parent, urgent referral to a GP or psychologist, or calling emergency services.

³ Hawgood & De Leo 2002



SELF HARM:

In the majority of cases, self-harming behaviour is not intended to be fatal. Rather, it is a means to cope with, or gain a sense of relief from, negative experiences and emotions such as hopelessness, anxiety, guilt and shame. However, it is important to always take self-harming behaviour seriously, as it has the potential to become a compulsive and dangerous activity, and is considered a warning sign for suicide.⁴

Signs of self-harm:

- Cuts
- Burns
- Head banging
- Picking at sores or skin
- Hair pulling
- Wearing clothes inappropriate to weather (possibly to hide signs of harm)

BODY ESTEEM ISSUES:

THE FACTS:

Research suggests that more than 70% of teen girls want to be thinner, even those low in weight.

In the past 9 years body image has ranked as one of the top 3 concerns of young Australians.

These statistics are of serious concern because negative body esteem, or feeling negatively about the way we look, can contribute to low self-esteem, depression, unhealthy practices particularly around food and exercise and lead to clinical eating disorders. Once an eating disorder takes hold, it takes an average of 7 years to recover from, so whatever we can do to help young people foster a healthy relationship with their bodies, the better.

We can do this through open discussions, activities that investigate and discuss body image in a positive way, media literacy training, things that build resilience and help girls realise that they are unique and that this is a beautiful beautiful thing.

***Please note this is just a small sample of the Youth Mentor Training Module 2 workbook, created for the free training series. We hope it's provided a bit of an overview of some of the issues that teens can be faced with today.*

⁴ Ministerial Council for Suicide Prevention 2005a