

Guiding Principles and Assumptions

The Core Competencies Subcommittee of the Adolescent Sexual Health Work Group (ASHWG) agreed on the following principles and assumptions in creating this document:

1. All people deserve to be treated with dignity and respect.
2. Sexuality is a critical dimension of adolescent development.
3. Sexuality and sexual behavior are defined and shaped by genetics, culture, tradition, race/ethnicity, societal expectations, socio-economic environment, spirituality, and religion.
4. Healthy sexuality is more than reproductive health or the avoidance of HIV, STIs, and unintended pregnancy.
5. Sexual relationships should never be coercive or exploitative.

The Core Competencies are divided into five major domains:

- A. Professional and Legal Role
- B. Adolescent Development
- C. Youth-centered Approach and Youth Culture
- D. Sexual and Reproductive Health
- E. Pregnancy – STIs – HIV

Each major domain may be further categorized into two sub-domains regarding:

1. Cognitive sub-domain, what a provider should know
2. Operative sub-domain, what a provider should be able to do

A: Professional and Legal Role

Effective providers and educators have appropriate personal and professional boundaries when speaking to adolescents about sexuality. Awareness of personal boundaries requires an examination and understanding of personal beliefs, values, feelings and biases. Professional boundaries include knowledge of the legal and ethical considerations that guide interactions with youth. The maintenance of personal and professional boundaries is essential to avoid exerting undue influence on the developing adolescent.

The adolescent sexual health educator/provider:

A:1	Demonstrates a desire to work with young people.	OPERATIVE SUB-DOMAIN
A:2	Identifies and continues to clarify his/her own personal values, beliefs, biases, stereotypes, and feelings related to sexuality, and specifically adolescent sexuality.	
A:3	Conducts interactions with youth without emphasizing personal information and history, attitudes, values, beliefs, feelings, or religion.	
A:4	Takes a non-judgmental approach when dealing with attitudes, behaviors, beliefs, or cultures at variance with his/her personal beliefs or convictions – especially as they relate to adolescents and adolescent sexuality.	
A:5	Demonstrates confidence and comfort when discussing topics related to adolescent sexuality.	
A:6	Complies with the specific legal rights for California adolescents obtaining sexual and reproductive health services (i.e., birth control, STI treatment, HIV testing, etc.), such as confidentiality, minor consent to services without parental notification, access to care and treatment, and the safe surrender law.	
A:7	Adheres to the provider's legal and ethical responsibilities regarding adolescent sexual health, including: reporting coercive and/or abusive sex, disclosure, confidentiality, sexual responsibility, and the safe surrender law.	
A:8	Complies with the job-specific professional limits and expectations as a provider of sexual or reproductive health services to adolescents.	
A:9	Adheres to the policies and procedures of the employing organization, program, local community, and law enforcement.	
A:10	Demonstrates openness to receiving feedback from clients, colleagues, mentors and supervisors.	
A:11	Collaborates with colleagues and agencies in the delivery of adolescent sexual and reproductive health programs and services.	

B: Adolescent Development

Sexual and reproductive health education is grounded in an understanding of adolescent development. Sexuality is an integral part of the adolescent's cognitive, psychological, social, emotional and physical development and should be understood within this larger context.

The adolescent sexual health educator/provider:

B:1	Summarizes the cognitive, psychological, social, emotional, and physical dimensions of adolescent sexual development.	COGNITIVE SUB-DOMAIN
B:2	Summarizes the key theories/models of behavior change as they apply to adolescents.	
B:3	Describes the importance of gender, gender identity, sexual orientation, and gender expression in the development of sexual identity in youth.	
B:4	Explains how race, ethnicity, genetics, spirituality, religion, and culture influence the development of sexual identity.	
B:5	Explains how developmental stages, perception of time, and worldview are often different for adolescents than for adults.	
B:6	Explains the role of experimentation and risk-taking in the ongoing development of adolescence, including sexual behavior.	

B:7	Communicates that healthy sexuality is more than the avoidance of risk.	OPERATIVE SUB-DOMAIN
B:8	Explains how sexual health and decision-making can involve the interplay of knowledge attitudes, experiences, and context with various social determinants of health, (e.g. social and economic inequities, disempowerment etc.) and psychological state.	
B:9	Explains the boundaries, levels of intimacy, and dynamics of healthy adolescent relationships with peers and family.	
B:10	Identifies the indicators and/or warning signs of unhealthy adolescent risk-taking.	

C: Youth-Centered Approach and Youth Culture

The influence of peers and youth culture is critical to understanding the sexual behaviors and relationships of adolescents. The competencies in this section reflect current trends in youth development that emphasize respect for youth and approaches that identify and build upon the strength of each individual, while avoiding use of fear-based messages to motivate behavior.

The adolescent sexual health educator/provider:

C:1	Explains the contexts and factors that can influence sexual behaviors and relationships (e.g., pleasure, gender roles, socio-economic environment, power dynamics, sexual coercion, date rape, peer pressure, survival sex, alcohol/drugs).	COGNITIVE SUB-DOMAIN
C:2	Describes how technologies (e.g., cell phones, internet, text messaging) can impact on adolescent communication, relationships, dating patterns, bullying and harassment, sexual values and norms.	
C:3	Explains how the media's portrayal of sexuality can impact youth and youth culture.	

C:4	Treats all youth with respect and positive regard.	OPERATIVE SUB-DOMAIN
C:5	Adopts an asset/strength-based approach when interacting with youth, that is, the belief that all youth have strengths that can be built on.	
C:6	Applies the principles of resiliency, personal responsibility, and self-reliance to empower youth.	
C:7	Encourages young people to build connections to family and community and to find appropriate places/ways to get emotional support.	
C:8	Avoids the use of authoritarian, shame, and fear based tactics to motivate youth.	
C:9	Avoids the use of labels when discussing sexuality and sexual behaviors with youth.	

D: Sexual and Reproductive Health

These competencies outline a knowledge and skill set for the **provider** and are not necessarily taught to youth. The goals of sexual and reproductive health education go far beyond the prevention of infection or unintended pregnancy. Understanding the wide range of sexual and non-sexual relationships in which adolescents may be involved, will guide them toward healthy attitudes and behaviors. All communication with adolescents needs to be developmentally appropriate.

The adolescent sexual health educator/provider:

D:1	Summarizes the stages of sexual development over the life span: prenatal, infancy, early and middle childhood, adolescence, and adulthood.	COGNITIVE SUB-DOMAIN
D:2	Summarizes the anatomical, physiological, and psychological changes that take place during puberty.	
D:3	Describes the physiology and range of the human sexual response.	
D:4	Summarizes the psychosocial and environmental factors that impact sexual and reproductive health.	
D:5	Explains the concept of reproductive life planning, i.e. the importance of careful planning for intended pregnancy and parenthood and the importance of achieving good health during adolescence in order to ensure optimal reproductive potential in the future.	
D:6	Explains the meaning of gender; gender identity; gender presentation; sexual orientation; transgender, assigned sex, and intersex individuals.	
D:7	Summarizes the range of appropriate and inappropriate non-sexual and sexual relationships in which adolescents may be involved.	
D:8	Explains the impact and consequences of bullying, harassment, and abuse (sexual, physical, and emotional) on adolescent development and sexual and reproductive health.	
D:9	Emphasizes the importance of sexual and reproductive health care for adolescents with a focus on reproductive life planning.	OPERATIVE SUB-DOMAIN
D:10	Discusses sexual information and behaviors in a manner that is developmentally-appropriate using non-technical understandable language without labeling people and/or behaviors.	
D:11	Uses medically accurate* terminology related to the anatomy and physiology of sexual organs, sexual behaviors, pregnancy, sexually transmitted infections, and HIV, and clarifies unfamiliar terms used by adolescents.	
D:12	Explains how alcohol and other drug use/abuse can influence sexual decision-making and sexual behavior.	

***medically accurate** – means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists.

Core Competencies for Adolescent Sexual & Reproductive Health. By the Core Competencies Subcommittee of the California Adolescent Sexual Health Work Group (ASHWG). September 1, 2008.

http://www.californiateenhealth.org/CC_registration.php

E: Pregnancy — STIs – HIV

The area-specific topics included here highlight the critical need for all providers and educators in adolescent sexual and reproductive health to have a basic understanding of the behaviors, risks, consequences, and prevention methods in these three topic areas. Providers specializing in one area would require more comprehensive knowledge and skill beyond what is highlighted here.

The adolescent sexual health educator/provider:

E:1	Explains the common behavioral factors often linking adolescent health issues; including unintended pregnancy, STIs, HIV infection, alcohol/drug use, and intimate partner violence.	COGNITIVE SUB-DOMAIN
E:2	Summarizes the fundamental facts of hormonal and barrier methods of contraception, including: mechanism of action, effectiveness, benefits/risks, how to obtain contraception and emergency contraception, and which methods do not provide protection against STI or HIV infection.	
E:3	Summarizes the fundamental facts on STIs, including: transmission, signs and symptoms, complications/consequences, the range of risk elimination (abstinence, Hepatitis A & B vaccines), and risk reduction options (condoms, HPV vaccines), the importance of STI testing if sexually active, and how STIs increase the risk for HIV transmission and infection.	
E:4	Summarizes the fundamental facts on HIV; including transmission, the spectrum of HIV disease and opportunistic infections, risk reduction, HIV testing options, and how HIV affects the immune system.	

E:5	Keeps updated on current, medically accurate* information on pregnancy prevention, STIs, and HIV, including local and state data on disease trends, through credible web sites, periodicals, journals, news reports, and workshops.	OPERATIVE SUB-DOMAIN
E:6	Explains the potential physical, emotional, economic, and social consequences of unintended pregnancy, STI infection, and HIV infection on adolescents.	
E:7	Discusses the current, medically accurate data on the effectiveness of condoms for reducing the chances of pregnancy and transmission of STIs and HIV.	
E:8	Discusses the importance of prenatal care and STI testing to sexually-experienced adolescents.	
E:9	Maintains familiarity with local community resources and accessible, teen-friendly health services for sexual and reproductive health.	
E:10	Provides information to teens on how to obtain sexual and reproductive health care.	

* **medically accurate** – see previous page

Core Competencies for Adolescent Sexual & Reproductive Health. By the Core Competencies Subcommittee of the California Adolescent Sexual Health Work Group (ASHWG). September 1, 2008.

http://www.californiateenhealth.org/CC_registration.php