

PRO TEEN

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About CAAH and Pro-Teen?

The Canadian Association for Adolescent Health (CAAH) is a non-profit organization that promotes the health and well-being of all Canadians adolescents between the ages of 12 and 19, regardless of race or social standing.

The CAAH was founded in 1993 by a group of Canadian paediatrician under the leadership of Dr Jean-Yves Frappier, paediatrician, head of adolescent medicine at CHU Sainte-Justine. The CAAH brings together professionals from various backgrounds are areas of expertise related to adolescent health and well-being. The CAAH team is based at CHU Sainte-Justine in Montreal, Québec, Canada.

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News

• Let's talk about STI : a video contest

At its Annual Scientific Meeting (Montreal, April 4th, 2008), the Canadian Association for Adolescent Health (CAAH) announced the five winners of its video contest designed to increase awareness about sexually transmitted infections (STIs). Teens took advantage of this unique opportunity to talk about 30 different subjects related to STIs, ranging from treatments and prevention to the importance of choosing the right partner and the emotional burden of STIs.

The CAAH created the video contest to increase awareness about STIs, their serious consequences and their prevention. From our national survey, we know that teens have a terrible score (15%) when asked about the consequences of STIs.

For example 80% of teens are unaware of HPV and that HPV can lead to cancer and only 58% know of Chlamydia and 63% don't know that Chlamydia can cause infertility. We therefore created this unique initiative to encourage more dialogue about sexual health between teens, parents, teachers and health care providers. Teens used the videos to share opinions, fears and concerns about STIs and their consequences, and to break down communications barriers around taboo subjects.

Some videos are funny, others are very nice and all have a message.

You can see the videos at: www.youngandhealthy.ca

If you want to use the videos with teens in school or elsewhere, contact us for a DVD.

E-mail: acsacaah@jeunesensante.ca or fax: 514 345-4778

• Adolescent health in Canada

The January issue of *Ped&Child health* is dedicated to adolescent health in Canada. This is the journal of the Canadian Paediatric Society and this special January issue celebrates the new subspecialty of Adolescent Medicine in Canada. To consult the table of content:

<http://www.pulsus.com/journals/toc.jsp?sCurrPg=journal&jnlKy=5&isuKy=759>

• Adolescent health survey and McCreary Centre society activities

McCreary is planning a 4th province-wide, Adolescent Health Survey to take place over 2008-09. Building on AHS I, II, and III, AHS IV will continue to reveal emerging health issues and to track trends over the past 16 years. Survey includes questions about factors that promote healthy development such as connections with family and school, performance at school, and involvement in extracurricular activities. It also includes questions on behaviours that may compromise youth's health such as substance use, and other risky behaviours.

For more information about the AHS, and to see a variety of reports using AHS data, visit McCreary's website at www.mcs.bc.ca/rs_ahs.htm



Scientific event

- **Adolescent sexuality**

The 13th National Conference of the Canadian Association for Adolescent Health was held in Montreal, April 3rd and 4th 2008. A Conference aimed at nurses, physicians, social workers, and other professionals from the health sector, public health, schools and also youth workers from community or non profit organizations...

The plenaries were:

- Sexuality: has anything changed over 30 years for marginal youth. Hypersexualization: myth or reality?
- Youth as knowledge producers in addressing sexuality.
- Sexual exploitation of youth
- Online survey of Canadian Youth sexual health

The workshops were:

- Love Yourself, Love Others: a Program
- Sexuality and Disability
- STI's: What's New?
- Intercultural Aspects of Teen Sexuality
- Gay teens
- Teen Sexuality: Ethics and Law
- Contraception: What's New
- Sexual abuse and its Impact on Teen Sexuality
- Teen Pregnancy and Parenting: Ways to Improve Outcomes
- Teenage Boys: What do They Learn About Sexuality?
- Amenorrhea: Red Flags
- A Few Others...

The Canadian Association for Adolescent Health wants to thank all the speakers and participants for a successful meeting.



Articles

- Programm against dating violence during adolescence

What are the STOP and PASSAJ Programs All About?

The STOP Program:

The STOP Program, a dating violence prevention program for teens, was launched in 1989. Since 1994, the Quebec Minister of Education has made the program available throughout Quebec with the support of the Minister of Health and Social Services. The STOP Program (Lavoie, Vézina, Gosselin and Robitaille, 1993, 1994) targets 14- and 15-year old students enrolled in their third year of secondary school. However, as a result of the demand expressed by teens and educators we went on to develop new activities. Consequently, the PASSAJ Program was developed with new material specifically for 16- and 17-year olds.

The STOP Program is made up of two 75-minute sessions dealing with dating relationships including supplementary activities such as writing a letter of support to a victim. The two primary themes are: 1) abusive behaviour within dating relationships with examples and 2) the rights of the two dating partners.

The PASSAJ Program:

In the PASSAJ Program students explore three main themes: 1) control in dating relationships, 2) sexual abuse in dating relationships and friendships and 3) sexual harassment in work and study situations. The program is comprised of three sessions which can be presented to mixed-gender groups and was developed to take place within the time frame of a 75-minute class period. Although the program has been conceived primarily for use within school settings, it may also be used by youth centres, recreational groups, etc.

Evaluation of PASSAJ Program Efficacy

Background: An extensive evaluation of the impacts of the PASSAJ Program was conducted with the participation of over 2,300 students from fifteen schools in four different regions of Quebec.

Objectives: This evaluation of the PASSAJ Program aimed to determine whether or not students participating in the program: showed improved anti-violence behaviours; felt more empathy for victims; perceived themselves as better equipped to help victims; and lastly had less involvement in violent relationships as compared to students who did not participate in the program.

Methodology: The program, composed of three sessions, was offered in eleven schools during a period of three to four weeks. Students in four other schools agreed to complete four questionnaires without participating in the program. In the eleven schools where the program was offered, classes were divided into experimental and comparison groups. The students in the comparison groups completed only the first two questionnaires prior to participating in the program. In the experimental group, the students completed the first two questionnaires in school and the final two questionnaires were mailed to students' homes for completion. Administration time is approximately 50 minutes. The evaluation of program efficacy was conducted using 2,360 completed pre-test questionnaires and 2,340 completed post-test questionnaires. The first follow-up with students three months post-program and the second one at eleven months post-program provided researchers with some long-term data from the program.

Results: The evaluative research showed that in the short-term the students who participated in the PASSAJ



Program demonstrated better attitudes and knowledge about sexual harassment and violence in their dating relationships than did the students who had not participated in the program. Another significant result was that teens who participated in the program indicated they felt more capable of intervening in violent situations.

The evaluation results showed that students had maintained the improvements in attitudes and they continued to feel capable of taking action up to almost a year post-program. By contrast, a drop was documented in the students' knowledge levels; nonetheless, this level remained higher than the level measured prior to the start of the program. This finding confirms the importance of repeating conceptual notions. The handouts distributed to the students following each session therefore play an important role in concept recall. It would also likely be beneficial to ensure that students review theoretical content by writing an in-class test, thereby helping to boost retention of information.

On the behavioural level, we found some encouraging results from follow-up measurements almost a year post-program. Males who had taken part in the program indicated that in the previous six months, they used significantly less sexual harassment compared to males in the comparison group. As for female participants in the PASSAJ program, they indicated experiencing or committing lower levels of sexual abuse in their intimate relationships over the previous six months compared to their counterparts in the comparison group.

<http://viraj.psy.ulaval.ca/english/index2.html>

• The choking game : a risky youth behavior

This article describes an activity called “the choking game,” which has led to the death of at least 82 children and adolescents since 1995. Researchers from CDC’s Division of Unintentional Injury Prevention analyzed media reports of deaths of children and adolescents from the choking game. Highlights from their findings address some common questions about this public health threat.

What is the choking game?

The choking game is a dangerous activity that older children and early adolescents sometimes play to get a brief high. They either choke each other or use a noose to choke themselves. After just a short time, children can pass out, which may lead to serious injury or even death from hanging or strangulation.

Who is most at risk for death from playing the choking game?

- Boys were much more likely to die from the choking game than girls; 87% of victims were boys.
- Most of the children that died were 11-16 years old (89%).
- Nearly all of the children who died were playing the game alone when they died.
- Deaths have occurred all over the United States; the choking game isn’t limited to one area of the country.

What are the warning signs that a child is playing the choking game?

Parents, educators, health-care providers, or peers may observe any of the following signs that can indicate a child has been involved in the choking game:

- Discussion of the game or its aliases
- Bloodshot eyes
- Marks on the neck
- Wearing high-necked shirts, even in warm weather
- Frequent, severe headaches
- Disorientation after spending time alone
- Increased and uncharacteristic irritability or hostility
- Ropes, scarves, and belts tied to bedroom furniture or doorknobs or found knotted on the floor
- The unexplained presence of dog leashes, choke collars, bungee cords, etc.



- Petechiae (pinpoint bleeding spots) under the skin of the face, especially the eyelids, or the conjunctiva (the lining of the eyelids and eyes)

What are some of the other names used for the choking game?

- Pass-out game
- Space monkey
- Suffocation roulette
- Scarf game
- The American dream
- Fainting game
- Something dreaming game
- Purple hazing
- Blacking out/blackout
- Dream game
- Flat liner
- California choke
- Space cowboy
- Airplaning
- Purple dragon
- Cloud nine

How quickly can someone die after playing the choking game?

Someone can become unconscious in a matter of seconds. Within three minutes of continued strangulation (i.e., hanging), basic functions such as memory, balance, and the central nervous system start to fail. Death occurs shortly after.

Are there non-fatal, long-term consequences of the choking game?

- Loss of consciousness and death of brain cells due to oxygen deprivation in the brain; coma and seizures may occur in severe cases
- Concussions or broken bones (including jaws) from falls associated with the choking game
- Hemorrhages of the eye

How can the choking game be prevented?

Research is not available on the best strategies to prevent the choking game. However, parents, educators, and health-care providers should be made aware of this public health threat and the warning signs that adolescents may be playing the game.

Where can I learn more?

Read the complete article here: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5706a1.htm>

• Boys' biopsychosocial difficulties during the teenage years: Canadian State of Affairs for the 21st Century

This paper provides a comprehensive review and synthesis of existing research on trends, prevalence and influences of risky social behaviours during adolescence, focusing specifically on the situation of young males in Canada. Discussion Paper. December 2007, Eric Lacourse and Paul L. Gendreau.

"Boys do not seem to be doing as well as girls these days." Is this really the case? Statistics show that boys are more likely than girls to exhibit anti-social behaviours which increase their risk in participating in delinquent or offending activities. The risks are often associated with school disengagement and have important



consequences for these youths and their communities.

- What is the state of affairs regarding risky behaviours among boys?
- Are new generations of adolescent males doing worse than previous ones?
- Are there emerging trends/concerns requiring further attention?

This brief presents highlights from a PRI-commissioned paper that examines four developmental outcomes of concern in male adolescents: delinquency, dropping-out of high school, drug use/abuse and, depression/suicide. These have been referred to as the “4D’s” of male adolescence biopsychosocial difficulties.

HIGHLIGHTS

- **In general, differences among young people from different socio-economic status, as well as intragender variations, are far more pronounced than differences between boys and girls.** Ineffective and inconsistent parenting, lack of warmth, social isolation, dysfunctional parental monitoring, abuse and neglect and poor attachment have been associated with all 4 D’s of adolescent difficulties. **Most risk factors cluster in poor families that live in socially disorganized neighborhoods.**
- There are obvious neurobiological differences between males and females with boys being at higher risk of presenting developmental and learning disorders, which are indirectly related to the 4Ds. **It is not clear, however, whether these risks are more prevalent today than they were fifty years ago, as most learning disorders were not known or investigated until more recently.**
- **In Canada, delinquency has generally declined since the 1990s, but certain deviant behaviours, such as bullying, are now being observed at a much earlier age.** Delinquent trajectories among youth and young males in particular, are also more diverse than previously observed.
- It is well established that young males more frequently display physical aggression and commit more crimes than females. **However, trends and patterns in female delinquency are changing.** While the rate of violent crime among young males has been declining, there has been a slight increase among girls.
- Drug use has increased significantly over the same period. **Although prevalence in drug use is generally higher for young men, trends appear to be similar for both genders.** Peer affiliation is likely to play a greater role in the earlier stages of experimentation, while individual and family effects may play a greater role in the process of abuse and addiction.
- **While girls are more likely to experience depression than boys, the number of male suicides has increased dramatically in recent years.** Suicide is the second leading cause of death in youth in Canada, and depression is one of the leading causes of youth suicide, along with drug abuse. **There has been little theoretical or empirical work on youth suicide in Canada.**
- Drop-out rates are declining in Canada, although less rapidly for young men than women. **School drop-out must be viewed in conjunction with other behavioral and psychosocial difficulties in order to be fully understood.** It is a dynamic process that cannot be explained solely by academic performance.
- **Multi-component prevention programs that target home, school and community environments are most effective in altering the trajectory of at risk individuals.** Intervening on a single or few risk or protective factors is generally ineffective and insufficient.
- **Medicalization of learning disorders is on the rise and may present insidious drawbacks to preventive interventions.** There has been a sharp increase in the medical treatment of children’s disruptive behaviours in the last 25 years (e.g., 111% increase in Ritalin use primarily for boys from 1994 to 1999). But, long-term



effects have yet to be assessed. Rather than looking only at biological dysfunctions, it is equally important to look at contextual factors that can instigate individual problems.

- **Except for mental health problems, there has not been a significant change or deterioration in behavioural outcomes among male adolescents over time.** However, in addition to youth suicide, prevalence of delinquency and drug use remain high and should be of concern to health professionals and policy makers. All “4D’s” of male and female adolescent biopsychosocial difficulties should continue to be closely monitored in the future. **The key will be to invest in health and well-being via the family and community networks.**

http://policyresearch.gc.ca/doclib/Web_Lacourse-Gendreau-e.pdf

- **Adolescents who engage in risk behaviors are at increased risk for depressive symptoms**

This study by North Carolina, Chapel Hill researchers uses a cluster analysis of adolescents, based on their substance use and sexual risk behaviors, to examine associations between risk behavior patterns and depressive symptoms, stratified by gender, and examine gender differences in risk for depression. Data were from a nationally representative survey of over 20,000 U.S. adolescents. Logistic regression was used to examine the associations between 16 risk behavior patterns and current depressive symptoms by gender.

They found that compared to abstention, involvement in common adolescent risk behaviours (drinking, smoking, and sexual intercourse) was associated with increased odds of depressive symptoms in both sexes. However, sex differences in depressive symptoms vary by risk behavior pattern. There were no differences in odds for depressive symptoms between abstaining male and female adolescents (OR = 1.07). There were also few sex differences in odds of depressive symptoms within the highest-risk behavior profiles.

Among adolescents showing light and moderate risk behavior patterns, females experienced significantly more depressive symptoms than males.

The researchers concluded: “Adolescents who engage in risk behaviors are at increased risk for depressive symptoms. Girls engaging in low and moderate substance use and sexual activity experience more depressive symptoms than boys with similar behavior.

Screening for depression is indicated for female adolescents engaging in even experimental risk behaviors.

This study points to the need to screen for depression those adolescents, particularly girls, who engage in risk behaviors such as drinking, smoking, and sexual intercourse, as they are more prone to depression than abstainers.

Gender differences in associations between depressive symptoms and patterns of substance use and risky sexual behavior among a nationally representative sample of U.S. adolescents, M. W. Waller, D. D. Hallfors, C. T. Halpern, B. J. Iritani, C. A. Ford and G. Guo

Archives of Women's Mental Health, DOI: 10.1007/s00737-006-0121-4 Volume 9, Number 3.139 - 150. May 2006. © Springer Wien



Publications, web sites

• Emerging Youth Transition Patterns in Canada

The objective of this study is to describe some of the most salient of the changes surrounding the passage to adulthood, with a careful review of existing Canadian literature and empirical research. Of particular interest are important changes in the life course patterns of the young, in terms of later home leaving, later completion of education, delayed full time entrance into the labour force, later union formation, and later childbearing and related risks and opportunities.

Discussion Paper. December 2007, Roderic Beaujot and Don Kerr.

http://policyresearch.gc.ca/doclib/Beaujot%20Emerging%20Youth%20e_web.pdf

• STD Prevention online

STD Prevention Online is a free, interactive web-based application that aims to enhance communications between people who work in STD/HIV prevention research, policy, and program with the ultimate goal to foster the implementation of state-of-the art prevention interventions in STD/HIV prevention practice and help stop the transmission/acquisition of sexually transmitted infections, including HIV.

<http://www.stdpreventiononline.org/>

• Parenting teens Online

A free resource you can share with parents of teenagers, ages 12-19. ParentingTeensOnline is a monthly publication that offers cutting-edge information on all topics you discuss with parents, from risk-taking behaviors to teen wellness care and more. Click on this website to sign up to get free issues of ParentingTeensOnline to distribute to parents in your waiting room in early 2008. A 2007 trial in doctor's offices indicated that there is no similar resource to open lines of communication between physicians, parents, and teens.

<http://www.parentingteensonline.com/user/landingPage/type/SAM>

• Growing Up Resilient: Ways to Build Resilience in Children and Youth

Dr. Tatyana Barankin, a psychiatrist at the Centre for Addiction and Mental Health in Toronto, and Nazilla Khanlou, an associate professor of psychiatry at the University of Toronto,

Resilience is a much-talked-about topic these days. The view that resilience is an important aspect of mental well-being has been gaining attention among health professionals and researchers. Tatyana Barankin and Nazilla Khanlou draw from the latest research and theoretical developments on resilience in children and youth and present it in a way that is relevant for a diverse audience, including parents, educators, health care providers, daycare workers, coaches, social service providers, policy makers and others.

Among the unique contributions of this book is that the authors consider the development of resilience at three levels. Growing Up Resilient explores the individual, family and environmental risk and protective factors that affect young people's resilience:

- individual factors: temperament, learning strengths, feelings and emotions, self-concept, ways of thinking, adaptive skills, social skills and physical health
- family factors: attachment, communication, family structure, parent relations, parenting style, sibling relations,



parents' health and support outside the family

- environmental factors: inclusion (gender, culture), social conditions (socio-economic situation, media influences), access (education, health) and involvement.

Tips on how to build resilience in children and youth follow each section. The ability for children and youth to bounce back from today's stresses is one of the best life skills they can develop. Growing Up Resilient is a must-read for adults who want to increase resilience in the children and youth in their lives.

Full report : http://www.camh.net/Publications/Resources_for_Professionals/Growing_Resilient/index.html

• Character DVD resources available to teach students

Are you aware of the character DVD resources available to teach students? Youth relate well to media-rich information and using positive media tools can help shape the next generation to make healthy choices. Do you want to provide your students with media that makes them think and teaches them how to make good choices? Is it a big problem for you to easily order character-based media that is relevant to your students? Is it not frustrating and time consuming? We are a fast and effective solution.

Through media, MakeYouThink is able to connect with today's youth culture, encouraging them to embrace positive change in their own lives. Our films cater to junior high & high school, as well as those in college & university. The Values Collection is being developed as a library resource for teachers, parents and leaders, enabling them to inspire their students through relevant media.

We offer many benefits that may be important to you, including:

- Relevant Character Topics for Youth: We offer a range of character-based topics such as: respect, perseverance, self-worth, courage, forgiveness, honesty, integrity, love, personal growth, purpose etc.
- Positive Character Traits: The 18 traits that we have covered through our films are relevant to society and youth today. These films inspire young people to consider the importance of positive values, which in turn, will help them reflect and make positive change in their own lives.
- To-the-point: Our films are short and concise, catering to the attention spans of today's youth. Each film is hard-hitting, making youth "think" and motivating them to take active steps to improve their lives and futures.

We encourage you to contact us today to learn more about the Values Collection. You can preview the character films at www.makeyouthink.tv or go to the online store to make a purchase.

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• 2005 Physical Activity and Sport Monitoring

The Canadian Fitness and Lifestyle Research Institute (CFLRI) have recently released the 2005 Physical Activity and Sport Monitoring Report entitled, Physical activity and sport: Encouraging children to be active. To consult the section on the current situation where you can find data on youth:

http://www.cflri.ca/eng/statistics/surveys/documents/pam2005_sec1.pdf



• **Growing Up in North America: Child Well-being in Canada, the United States and Mexico**

The Children in North America Project aims to highlight the conditions and well-being of children and youth in Canada, Mexico, and the United States. Through a series of indicator reports, the project hopes to build a better understanding of how our children are faring and the opportunities and challenges they face looking to the future.

<http://www.ccsd.ca/pubs/2006/cina/>

• **Adolescence: books for teens and adults**

Anderson A. *Making weight: men's conflicts with food, weight, shape & appearance* Carlsbad, CA: Gu rze Books, 2000. (3.5*)

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Collins L. *Eating with your anorexic: how my child recovered through family-based treatment and yours can too* New York, McGraw-Hill, 2005. (4*)

Columbia University Health Education Program. *The "Go Ask Alice" book of answers: a guide to good physical, sexual and emotional health.* New York: Henry Holt & Co., 1998.

Crompton V, Kessner EZ. *Saving beauty from the beast: how to protect your daughter from an unhealthy relationship* Boston, Mass, Little, Brown, 2003. (4.5*)

De Prisco J, Riera M. *Field guide to the American teenager : a parent's companion* Cambridge, Mass. Perseus Pub., 2000 (4*)

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Ginsburg KR. *A Parent's Guide to Building Resilience in Children and Teens: Giving Your Child Roots and Wings* Elk Grove Village, Ill. American Academy of Pediatrics, 2006. (5*)

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Haffner D. *Beyond the big talk : every parent's guide to raising sexually healthy teens--from middle school to high school, and beyond* New York. Newmarket Press, 2001.