

Core Competencies for Providers of Adolescent Sexual and Reproductive Health Programs/Services

- A. Professional and Legal Role**
- B. Adolescent Development**
- C. Youth Centered Approach and Youth Culture**
- D. Sexual and Reproductive Health**
- E. Pregnancy, Sexually Transmitted Infections, and HIV**

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by the Core Competencies Subcommittee of the
California Adolescent Sexual Health Work Group (ASHWG)

Core Competencies for Providers of Adolescent Sexual and Reproductive Health Programs/Services

Overview:

The Core Competencies herein are specifically intended for adult providers of adolescent sexual and reproductive health, and represent the foundation of professional capabilities that all providers should strive to possess in order to deliver effective, sensitive, and appropriate sexual and reproductive health programs/services to adolescents.

It is our hope that every provider of adolescent sexual and reproductive health programs/services will possess, or strive to possess, at least a minimum degree of proficiency in each of the Core Competencies.

Programs and agencies might use the Core Competencies to:

- guide the hiring, training, development, and evaluation of staff,
- increase collaboration and cross training between agencies,
- support consistent health outcomes for adolescents,
- ensure that all programs are grounded in a shared body of knowledge and skills.

A variety of agencies and programs address the sexual health needs of adolescents in California. Programs may target sex education, pregnancy prevention, prenatal care, sexually transmitted infections (STI¹), and HIV prevention, or relational issues. The staff and professionals who interact with youth include health clinic workers, test counselors, classroom teachers, case managers, clinicians, community educators, and health outreach workers, to name a few.

To best meet the sexual health needs of adolescents who may be involved in two or more different categorical program/services, a coordinated approach based upon commonly-shared knowledge and skills must be undertaken. Additionally, a solid foundation in adolescent development, human sexuality, and youth-centered approaches will help ensure that educational and prevention efforts are appropriate, consistent, and mutually supportive.

The Core Competencies are not meant to satisfy the entire skill set necessary for specific roles or jobs within the different fields or disciplines involved in adolescent sexual and reproductive health. For example, staff working in a particular discipline (i.e., HIV, STI, or contraception), will require special knowledge and skills over and above those included in this document. However, the Core Competencies do outline an essential set of knowledge and skills that all adolescent providers, regardless of discipline or specialty area, need to know about adolescent sexuality, pregnancy/contraception, HIV, and STIs so that interactions with teens are effective and consistent, and appropriate referrals can be made. As such, the Core Competencies are intended to be *mutually inclusive*, that is for example; the Professional and Legal domain applies to all other sections, and vice versa.

The Core Competencies are not intended as requirements or mandates binding a program or an agency to particular standards. They do not represent a curriculum or outline of topics/issues to be taught to adolescents. Rather they are intended as an interdisciplinary guide for providers to be used across various programs and service settings to enhance the level of service delivery and to improve continuity and consistency.

¹ The acronym STI is used for the sake of consistency and convention within this document, and does not reflect a preference over use of the more traditional acronym, STD.

Related Efforts

ASHWG's **Core Competencies For Providers of Adolescent Sexual and Reproductive Health** are consistent with and supportive of the Program Collaboration and Service Integration (PCSI) initiative launched recently by Dr. Kevin Fenton, Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at CDC.

The success of PCSI depends on consistency and continuity of staff capability across different programs. Consistency and capability of staff across HIV, Hepatitis, STD, and TB programs can be achieved through the use of competency-based training and staff development activities – *because* the competencies will focus on **essential** knowledge and skill sets that must be shared among the staff from different programs – that is, CORE knowledge and skills.

This is part of the rationale for Dr Fenton's PCSI Initiative as well as other national efforts that recognize the critical importance of developing competency-based training and curricula as a foundation for cross-training as a means to accomplish program collaboration and service integration. For more information on Dr. Fenton's PCSI initiative, go to www.cdc.gov/nchhstp

Some of the other notable national efforts to define core competencies for public health staff include:

- **Council on Linkages between Academia and Public Health Practice** – Core Competencies for Public Health Professionals www.phf.org/competencies.htm The Council on Linkages between Academia and Public Health Practice has worked hand-in-hand with CDC, NACCHO, APHA, and other national organizations to develop core competencies for public health professionals.
- Competencies for Applied Epidemiologists in Governmental Public Health Agencies – Council of State and Territorial Epidemiologists and CDC www.cste.org/competencies.asp
- QUAD Council Public Health Nursing Competencies, QUAD Council of Public Health Nursing Organizations, 4/3/2003 www.astdn.org/publications.htm

The competencies developed by these organizations are profession-specific. ASHWG's **Core Competencies** are similar, but somewhat different in that they address several professions and job types involved in direct contact with adolescents in the delivery of adolescent sexual and reproductive health. Thus the competencies herein are focused on the knowledge and skill sets needed to appropriately address a *specific* health sphere (sexual and reproductive health) of a *specific* population group (adolescents). As such, the ASHWG Core Competencies identify the fundamental knowledge and skills sets shared by *different* professions and job types as a starting point for addressing adolescent sexual and reproductive health.

Examples of Differences between Core, Role, and Job-Specific Competencies For Providers of Sexual and Reproductive Health Programs/Services

The Core Competencies are intended to apply to all staff and professionals who interact with youth, including health clinic workers, test counselors, case managers, clinicians, classroom teachers, community educators, and health outreach workers, to name a few. As *core* competencies, they are intended to apply to staff below the specificity of a particular job or role (i.e., counselor, educator, clinician, etc.). Job-specific and role-specific competencies would be at a level above the core competencies and would vary by topic and organizational setting.

<p>Job-Specific</p>	<p>Nurse: For example, nurses in specified jobs such as a Family Planning NP or an RN in an HIV clinic.</p>	<p>Physician: For example, doctors in specified jobs such as a doctor in an STI clinic or a doctor providing family planning services.</p>	<p>Counselor: For example, counselors in specific jobs such as an HIV counselor, a STI counselor, or a contraceptive counselor.</p>	<p>Health Educator: For example, health educators in specific jobs or agencies, such as a CBO educator or a health department health educator.</p>	<p>Teacher: For example, public school teachers who teach certain grade levels or certain subject areas, such as a high school health teacher or a middle school science teacher.</p>
<p>Role-Specific</p>		<p>Clinician: Common to all clinicians in STI, HIV, and Family Planning clinics, but different from counselors and educators</p>	<p>Counselor: Common to all counselors (HIV, STI, Contraceptive, etc), but different from clinicians and educators.</p>	<p>Educator/Teacher: Common to all Educators/Teachers, but distinct from counselors and clinicians.</p>	
<p>*Core*</p>		<p>The fundamental set of knowledge, skills, abilities, and perspectives that are basic to all providers who interface with adolescents on matters of sexual and reproductive health.</p>			

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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. 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, and religion.
4. Healthy sexuality is more than reproductive health or the avoidance of HIV, STIs, or unintended pregnancy.
5. Sexual relationships should never be coercive or exploitative.

These principles and assumptions reflect those of the members of the Adolescent Sexual Health Work Group subcommittee on Core Competencies. We suggest that providers and organizations using the Core Competencies check to ensure that they are compatible with the culture, norms, and beliefs of the communities and clients they serve.

Application The Core Competencies can be adapted and used by administrators, managers, trainers, and supervisors across various programs of adolescent sexual and reproductive health in several ways:

___ **Recruiting and Hiring Staff:** The Core Competencies can be used to write job descriptions, target the recruitment of applicants, guide the development of interview questions, and help to determine the suitability and skill level of potential applicants.

___ **Self Assessment:** Adolescent sexual health providers can adapt the competencies to measure personal and professional growth. Creating a scoring rubric allows the educator to use the competencies to measure progress in a wide range of skills and set goals for increasing knowledge and skill level.

___ **Staff Development and Training:** When designing professional development, the Core Competencies can serve as a needs assessment to determine the most important or needed knowledge and skills to be targeted for orientations, in-services, or training. Based on assessment results, they can guide the development of training objectives and activities, and be used to evaluate the effectiveness of training or staff development activities.

___ **Performance Appraisal:** Supervisors can apply a scoring rubric to the list of competencies so that staff self-assessment can be compared with the supervisor's evaluation of performance. This will allow the supervisor to set performance goals, monitor the progress of staff, and/or to develop work plans for areas needing improvement.

___ **Inter-Program Collaboration:** The competencies can facilitate coordination and collaboration between programs by prioritizing the knowledge and skills necessary for effective implementation and by ensuring quality and consistency within similar job functions across programs and disciplines.

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:

Operative Sub-domain

- A:1** Demonstrates a desire to work with young people.
- 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 disclosing or 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 roles 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:

Cognitive Sub-domain

B:1 Summarizes the cognitive, psychological, social, emotional, and physical dimensions of adolescent sexual development.

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, and culture influence the development of sexual identity.

B:5 Explains how developmental stages, perception of time, and worldview are 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.

Operative Sub-domain

B:7 Communicates that healthy sexuality is more than the avoidance of risk.

B:8 Explains how sexual decision-making can involve the interplay of knowledge, attitudes, context, social, cultural and religious pressures, and emotional state.

B:9 Describes the boundaries, levels of intimacy, and dynamics of 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:

Cognitive Sub-domain

C:1 Describes the cognitive, psychological, social, emotional, and physical dimensions of adolescent development.

C:2 Explains the contexts and factors that influence sexual behaviors and relationships (i.e., gender roles, power dynamics, sexual coercion, date rape, peer pressure, survival sex, alcohol/drugs, pleasure/benefits).

C:3 Describes how technology (e.g., cell phones, internet, text messaging, etc.) impact on adolescent communication, relationships, dating patterns, bullying and harassment, sexual values and norms.

C:4 Explains how the media's portrayal of sexuality can impact youth and youth culture.

Operative Sub-domain

C:5 Treats all youth with respect and positive regard.

C:6 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:7 Applies the principles of resiliency, personal responsibility, and self-reliance to empower youth.

C:8 Encourages young people to build connections to family and/or community and to find appropriate places/ways to get emotional support.

C:9 Avoids the use of authoritarian and shame/fear-based tactics to motivate youth.

C:10 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 intended to be 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:

Cognitive Sub-domain

D:1 Summarizes the stages of sexual development over the life span: prenatal, infancy, early and middle childhood, adolescence, and adulthood.

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 meaning of gender; gender identity; gender presentation; sexual orientation; transgender, assigned sex, and intersex individuals.

D:6 Summarizes the range of appropriate non-sexual and sexual relationships in which adolescents may be involved.

D:7 Explains the impact and consequences of bullying, harassment, and abuse (sexual, physical, and emotional) on adolescent development and sexual and reproductive health.

Operative Sub-domain

D:8 Emphasizes the importance of sexual and reproductive health care for adolescents.

D:9 Discusses sexual information and behaviors in a manner that is developmentally-appropriate using non-technical understandable language without labeling people and/or behaviors.

D:10 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:11 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.

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 specific knowledge and skill beyond what is highlighted here.

The adolescent sexual health educator/provider:

Cognitive Sub-domain:

E:1 Explains the common behavioral factors linking adolescent health issues; including unintended pregnancy, STIs, HIV infection, alcohol/drug use, and intimate partner violence.

E:2 Summarizes the fundamental facts of hormonal and barrier methods of contraception, including: mechanism of action, effectiveness, benefits/risks, how to obtain 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 reduction/risk elimination options, 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.

Operative Sub-domain:

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.

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** – 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.