

Nurturing Adolescence in Schools

A Web based Self learning module for Teachers

Developed by
Adolescent Health Academy
A Speciality chapter of Indian Academy of Pediatrics

Preface...

Nurturing Adolescence in Schools

A Web based Self Learning Module for Teachers

Adolescent Health Academy IAP

"The highest education is that which does not merely give us information, but makes our life in harmony with all existence."

- Rabindranath Tagore

Teaching is a unique and noble profession that requires one to invest heart, soul and mind into it. Teachers are irreplaceable and unique members of a society. They build the future of a country. They mould the thoughts and actions of the young generations, who in turn contribute hugely to the development of our nation. Teaching is a life changing process, where a unique emotional connect develops between the teacher and the student. In the present learning scenario in our country, the students and teachers are sometimes unable to build this connect as the entire focus lies merely on completing the syllabus and scoring high marks! The ancient Indian Gurukul system did focus on the holistic development of an individual, where teachers and children traversed the journey together to learn and find solutions to life's problems. Though such a practice may not be viable in modern times, being a teacher still gives one the power to influence a variety of impressionable minds and become an agent of change by helping the students to overcome the various challenges that they face in current times.

Empowered teachers can make a huge impact on a young student's life. First and foremost, empowerment changes their attitude towards these young budding citizens. They tend to address their academic as well as nonacademic issues more meaningfully. With an unbiased and empathic approach of a sensitized teacher, many scholastic problems, health issues and psychosocial difficulties of adolescents can be spotted early, tackled sensitively, referred appropriately and handled effectively.

Adolescence that extends from 10 to 19 years is a period wherein young individuals get transformed into adults and develop their unique identities. Upheaval in the emotional world is a hallmark of adolescence. Adolescents undergo many biopsychosocial changes in this period that may be stressful. Poor coping skills may result in apparently 'troublesome and difficult behaviour' like anxiety, mood swings, anger, aggression, infatuations, learning difficulties, rebellion and discipline issues causing conflicts with society and sometimes with the law.

In these rapidly changing media enriched and stressful times, adolescents need support as well as correct information over the issues which worry them. Teachers are the most apt professionals to address this crucial need of the adolescents. They should equip themselves with the basics of overall development of adolescents and their common problems.

Adolescent Health Academy IAP, the premier professional organisation of paediatricians in India has framed the 'Teachers' Self Learning Module on 'Nurturing Adolescence in Schools' with the aim of partnering with teachers and schools for enhancing adolescent well being. It covers the following aspects:

1. Normal Growth and Development in Adolescence

This section covers physical mental and social) development in adolescence. The informed teacher would be able to easily spot any aberrations from normal by looking for the red flag signs. It also discusses basics of a counselling process and guidelines on referrals.

2. Positive discipline and Study skills

These sections will give practical tips to discipline adolescents in the classroom and improve the academic outcomes.

3. Life Skills

Imparting life skills education to adolescents equips them in dealing with demands and challenges of life. Teachers, can play a very significant role in teaching these skills to adolescents and in turn improve their bonding and connectedness with the students.

We, as pediatricians, despite our best efforts, do face constraints of numbers and time to reach out to the large adolescent population of 253 million in India. This module for teachers is an attempt to bridge this gap and sensitize the teachers on important adolescent health issues. Using the latest technology, we have formed this Web based Self learning module. The teachers can access it easily from the website of Adolescent Health Academy (AHA) <https://aha.iapindia.org> and learn on their own, at their own pace. Each topic has an article and a succinct Power Point Presentation. A teacher can also evaluate her quantum of learning by answering MCQs on the topic before and after reading any topic. There also are some interesting add-ons in form of tables and tests. The school management can also reach out to Adolescent Health Academy on secretaryaha1819@gmail.com with a request to conduct the module at their schools. AHA members would be happy to share their expertise and train teachers at the schools.

The module has contributions from a well experienced faculty from all over India, who have worked with schools over a number of years for promotion of Adolescent health. They have tried their best to keep the learning matter scientific yet simple and easy to understand. We are extremely thankful to them for their untiring efforts. We appreciate the excellent inputs and useful reviews from senior teachers and renowned school principals to make this module more 'teachers friendly'.

The National Chairperson of Adolescent Health Academy, Dr Preeti Galagali has been the main source of inspiration and the guiding spirit behind this module. We thank Dr JC Garg, Honorary Secretary AHA and the central AHA team 2019 for their support and encouragement.

We are extremely happy to present this module for the teacher community and fervently hope that it proves useful for their own learning as well as for peer education of their colleagues. We look forward to a feedback from teachers on secretaryaha1819@gmail.com

Dr Shubhada Khirwadkar, National Convener, AHA Teacher's Module

Dr Nishikant Kotwal, National Co-ordinator

Dr Swati Ghate, Academic Editor

From the Desk of the Chairperson Adolescent Health Academy IAP...



Adolescence, spanning from 10 to 19 years is a fascinating period of life where 'change' is the only constant. Adolescence is characterised by rapid biopsychosocial changes, independence bids, emotional reactivity, movement away from the family towards the peers and sensation seeking behaviour. It is crucial for all gatekeepers of adolescent health to understand the science of adolescent behaviour and master the art of effective communication. Teachers enjoy both the love and respect of their students. As adolescents spend the major part of the day in the school, teachers play an important role in moulding their overall personality.

Adolescent health academy IAP (AHA IAP) is very proud to present the web based self learning module for teachers on 'Nurturing Adolescence in Schools' framed under the dedicated leadership of Dr Shubhada Khiwardkar, Dr Nishikant Kotwal, Dr Swati Ghate and their expert team. We are sure that this endeavour of AHA IAP will strengthen the bonding between teachers and adolescents and enhance school connectedness which in turn would protect adolescents from indulging in high risk behaviour like drug use, self harm, excessive sedentary activities, poor nutrition and sexual promiscuity. This module will also be useful for parents and professionals for promoting emotional well being and health in adolescence. AHA IAP looks forward to a critical feedback from all readers that would enable us to upgrade this module in the future.

Happy Reading!

Dr Preeti M Galagali

Chairperson Adolescent Health Academy IAP



Message from Secretary General, AHA...

I feel immense pleasure to know that **Adolescent Health Academy IAP Web Based Teachers Self Learning Module** is being designed for training the teachers.

The teachers are the key persons, who remain in touch with students specially with students of adolescent age.

Adolescence is the age when the transformation occurs from a child to adult, and proper channeling is done to develop a responsible, mature and good personality. & this module will be very helpful for teachers to perform their responsibilities.

I wish that this module becomes a very good tool for them for the success in their mission. We also assure all to provide all possible help from the office of Adolescent Health Academy.

Dr J. C. Garg

Honorary Secretary General,
Adolescent Health Academy-IAP.

Foreword...

I am very much honored to have been asked to write a foreword for IAP AHA teachers' module 2019.



This is a Teachers' Self Learning Module on 'Nurturing Adolescence in Schools' with the aim of partnering with teachers and schools for enhancing adolescent well being. All teachers are hard pressed for time and may not have leave or time to attend training programs, so a web based self study module was a long felt need which has been filled by AHA.

We all know that teachers can make a lot of difference to the life of a developing adolescent. In fact the two pillars of adolescent well being are parents at home and teachers in school. Many children and teens take teachers as role models and often will listen to their advice more than parental advice. So educating teachers on common adolescent issues and giving guidance on how to deal with them in a positive manner, is a task which pediatricians are best suited to do and taking teachers on board will go a long way for adolescent well being in schools.

Many pediatricians at their individual level and through IAP AHA for last many years in schools are holding programs for teachers. This module - 'Nurturing Adolescence in schools' is one more step in this direction to have a uniform standardized format to be followed all over the country which is aptly spear headed by IAP AHA which has been doing wonderful work since inception in 2000 .

All the topics have been covered comprehensively through well written articles and power point presentations to guide the teacher in step by step self learning by accessing it through the AHA website. The contributing faculty is very experienced and well known for their work in conducting school programs. They have taken a lot of efforts to make this module an easy guide to understand adolescence.

I congratulate Dr Preeti Galagali the chair person of AHA, Dr J.C. Garg the secretary AHA and the entire AHA EB for their vision and the National Convener Dr Shubhada Khirwadkar and her editorial team for their hard work in bringing out this extremely useful module for teachers. I am sure teachers would be hugely helped by studying it.

Dr Swati Y Bhawe

Patron, AHA

President IAP 2000

Chairperson IAP Task force of Adolescent health (2000-05)

Chairperson IAP Adolescent chapter (2003-05)

Member TSC (Technical Steering Committee) Child and Adolescent health, WHO HQ Geneva (2007-09)

IPA Technical advisor on Adolescent health (2007-13)

IAAH -Regional Vice President- SE Asia & Middle East (2009-17)



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Prof. (Dr.) M. K. C Nair
(Ph.D, M.D, M.Med.Sc., M.B.A)
Vice-Chancellor

Message



I am happy to know that, the Adolescent Health Academy IAP, the premier professional organisation of paediatricians in India has framed the teachers self learning module on 'Nurturing Adolescence in Schools' with the aim of partnering with teachers and schools for enhancing adolescent well being, utilising expertise of eminent Adolescent Paediatricians in India. This is in tune with the thinking of Sri. Rabindranath Tagore who said "*The highest education is that which does not merely give us information, but makes our life in harmony with all existence*". This module is to be seen in the context of the rapidly changing media enriched and stressful times where adolescents need support as well as correct information over the issues which worry them. Who else other than the teachers can address this crucial need of the adolescents, helping them to equip themselves with the basics of overall development of adolescents and their common problems.

I am glad that three crucial aspects namely; (i) normal growth and development in adolescence covering physical mental and social development; (ii) positive discipline and study skills giving practical tips to discipline adolescents in the classroom and improve the academic outcomes and (iii) life skills education equipping adolescents in dealing with demands and challenges of life. It is a golden opportunity for Paediatricians and Teachers to come together and play a significant role not only in teaching skills to excel in studies, but also to improve their bonding and connectedness with the students.

My best wishes for the program.

Prof. (Dr.) MKC Nair D.Sc.

Blessings...



'Nurturing Adolescence in Schools'

-a Web Based Self Learning Module for Teachers - by Adolescent Health Academy- IAP !

It is truly warming my heart to note that AHA is coming up with a module for training Teachers to better care for and nurture our adolescents. I feel beyond honoured to write the foreword for this revolutionary and long awaited Module.

For holistic well-being of our adolescents the involvement of schools is mandatory and thus empowering the teachers to deal with our Adolescents in a scientifically recommended way is greatest need of the hour.

AHA has learnt many lessons from our flagship MKU program over the past many years. We are now better aware of the various pitfalls the teachers might face while trying to get through to the students, the basic lack of the right kind of communication, or probably the deficiency of the needed EQ, and thus we have shaped this module in a way such that the above can be improvised upon and much more able hands can be presented to the world to build an unparalleled future.

This is a Web based SELF LEARNING module for Teachers -'Nurturing Adolescence in Schools'. It has contributions from an experienced AHA faculty from all over India, thereby complimenting the diversity and making it more relatable for all.

We hope that this proves to be a go-to tool for the teachers to understand the huge number of adolescents they deal with daily & empower them to handle their issues more effectively.

This, in turn would help us to raise healthy & happy adolescents.

The dynamic chairperson Dr Preeti Galgali deserves a ringing applause for her tireless toil to make the chapter reach its current stature. I am proud of her.

Dr. Shubhada Khirwadkar, M.D (Ped); M A (Clinical Psychology), is unmistakably the best choice for the national convener of module, her inspiring dedication, missionary zeal coupled with boundless knowledge and experience shine through the educational delight that is going to be presented to the nation.

The Nagpur team as a whole has a wonderful track record for being one of the most active branches of AHA, watched over by the thorough guidance of Dr Chorghade Sir, Dr Kotwal sir & Dr Swati Ghate, enthusiastic involvement of Dr Rajiv Mohta, Dr Abhijeet, Dr RG Patil and all members of Nagpur IAP deserve hearty congratulations.

I am sure this module will be path-breaking.

Long Live AHA and may our Adolescents be the best in world!!

Dr CP Bansal

Advisor, AHA

Former HSG and Chairperson AHA

Former National President of IAP

Former SAPA President

Blessings...

It's an immense pleasure to know that Adolescent Health Academy (IAP) team is stepping forward to impart authentic adolescent health & development knowledge to teachers through our website.

Teachers are the gatekeepers of society and are responsible not only for routine curriculum required for achieving educational goals, but they also groom children with life skills so that they develop resilience in life, and develop their capability to make decisions in the right direction.

It would be a great accomplishment of AHA to shed knowledge on adolescent issues to prepare teachers to guide our youth, and I am sure that teachers will avail of this great opportunity through our website.

Best wishes and blessings,

Dr. J.S. Tuteja

Advisor, AHA

Chairperson AHA

2012 -2015



Words of Wisdom...



Adolescence is very critical stage of development. It is the period of transition from childhood to adulthood and biological, social cognitive changes take place during the adolescence stage. During this transformation from childhood to adulthood there can be many problems and for that teachers can do a lot of help to adolescents. Teacher can play a role of friend and philosopher and guide to provide help to adolescents and hence it is very important that teachers are aware about adolescent problems and have scientific approach to handle this situations and help the adolescences.

The Indian Academy of Paediatrics is caring out many activities for adolescence through its Adolescence Health Academy. In past we were conducting "Life Skill Education" for students and in last few years the "Mission Kishor Uday" program of IAP-AHA has been proved to be face of IAP in community. By and large these programs were focused to adolescents and the component of learning for teachers was missing. To encash the opportunity of dealing of adolescent problems through teachers, there was a dire need of specially designed module for teachers and make them well versed with the adolescent problems and scientific approach for that.

I am happy that, Adolescent Health Academy of IAP has come out with this module - '**Nurturing Adolescence in schools**' with aim to empower the teachers to handle adolescent issues more effectively.

All the topics have been covered comprehensively through well written articles & beautiful power point presentations to guide the teacher in the step by step self learning by freely accessing it through the AHA website. The experienced faculty for this module has taken a lot of efforts to make this module an easy guide to understand adolescence.

I congratulate the President of AHA, Dr Preeti Galagali, the Convener for this module, Dr Shubhada Khirwadkar & their editorial team for bringing out this extremely useful module for teachers. I am sure teachers would be hugely helped by studying it & using it in their day to day dealing with adolescents.

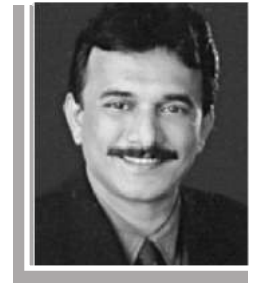
I wish best to this novel initiative and wish it grand success.

Dr. Digant D Shastri

President,

Indian Academy of Paediatrics.

Prudent thought...



Adolescence is the preparatory take off stage to an individual's final flight to freedom. Specialists in adolescent health hold the key to the precious future of these young and promising lives. However the reach of the specialist is severely restricted due to the larger field of play that the teenager occupies. During this crucial stage of life the teenager is gaining a social identity which involves interaction and influence of a great many people, such as parents, relatives, teachers and peers. It is impossible for the clinician to access these other factors or monitor their mutual influences.

An effective strategy to overcome this impediment is to reverse engineer the process and involve those who would be available for collaboration to reach out to the teenager. Teachers rank highly in this category as, unlike us, they enjoy continuous access to the individual, his or her significant others and also to the social contexts involved in the adolescent's upbringing. Teachers not only share a common cause with us as those professionally interested in the individuals' well being, but also they possess higher degree of authority and are in a position to understand the scientific basis of our methods. Hence AHA's vision to partner with schools and teachers all over India through Mission Kishore Uday (MKU), Life Skill Education and Suicide Prevention Programs is a very welcome move which has yielded good dividends.

Now AHA has taken a brilliant initiative to take this partnership forward by offering a web based self learning module for teachers titled 'Nurturing Adolescence in Schools'. What impresses me most about this particular programme is that it is using modern technology to reach out to the target group, thereby maximizing its scope. The obvious advantage of this initiative is that it will enable us to reach unimaginably large number of teachers while respecting their independence and reducing their burden through easy self learning methodologies.

I am sure this programme will meet with the success it so richly deserves. I congratulate National President of Adolescent Health Academy, Dr **Preeti Galagali** and her team, and more importantly, Dr. **Shubhada Khirwadkar** and team who are the visionaries spearheading this project.

I wish the beneficiaries of this programme a happy learning experience and success in its final implementation. We need your co-operation more than anything else for nurturing the young citizens of our country.

Dr. Santosh T. Soans

President, IAP 2018

From the Desk of IAP President Elect



Adolescents form 21.8% of the Indian population (as per Census 2011). They are our demographic dividend. It is very important to ensure health of all adolescents. Indian Academy of Pediatrics (IAP) in collaboration with its speciality chapter, Adolescent Health Academy (AHA) is leading the adolescent health care movement in India. In May 1999, 28000+ members of IAP adopted the policy on age of pediatric care and have committed to look after young people upto and including 18 years of age. IAP is proud of the various academic and community activities organised by AHA over the last 2 decades. The launch of a free web based self learning module for teachers named 'Nurturing Adolescence in Schools' is another feather in the cap of AHA. IAP congratulates Dr Preeti Galagali (Chairperson AHA), Dr JC Garg (Secretary AHA) and the academic team led by Dr Shubhada Khiwardkar, Dr Nishikant Kotwal and Dr Swati Ghate on formulating this innovative program. I am certain that this educative module will help teachers and all stakeholders of adolescent health in updating their knowledge and skills. We wish AHA and its members all the very best in their mission of promoting adolescent health and well being.

Jai IAP! Jai Hind!

Dr Bakul Parekh

President Elect IAP

Message from Secretary General, IAP...



Dear Friends,

The Adolescent Health Academy of Indian Academy of Pediatrics has been marching ahead with yeoman service for the adolescent population of our country. This module titled "Nurturing Adolescence in Schools" adds yet another feather in the cap of AHA.

This novel initiative, as I have learnt, is aimed at empowering the teachers to address the academic and emotional issues of adolescents in the most optimal manner possible. The caring empathetic approach of a sensitised teacher can make a huge impact in the life of an adolescent.

I wish the Module a most fruitful journey ahead and hope it delivers a meaningful impact for thousands of adolescent children through their beloved teachers at the school platform.

I congratulate the Adolescent Health Academy Team especially President Dr Preeti Galagali & editors Dr Shubhada Khirwadkar, Dr. Nishikant Kotwal & Dr. Swati Ghate for conceiving and executing to perfection a very purposeful project for the budding youngsters of our country.

Wish You All a Happy Learning !

Yours in IAP

Dr Remesh Kumar. R

Hon Secretary General, IAP

From the Desk of the Chief Editor...

Dear colleagues & teachers

We are extremely honoured & privileged to be a part of this first ever web based self learning module for teachers titled: 'Nurturing Adolescence in Schools'. It is developed by Adolescent Health Academy(AHA) -a speciality chapter of Indian Academy of Pediatrics (IAP).



Teachers are important stake holders in the holistic well being of adolescents who spend a sizable part of their daily lives in schools in the company of their peers & teachers. If the atmosphere in schools is adolescent friendly & the teachers are aware of and are better able to understand the dynamics of adolescent physical, mental & psychosocial development, it would greatly help them to handle the growing up issues better. When the teachers are empowered with skills to spot the flag signs of neurodevelopmental problems early in their classrooms, the remedial interventions could set in early & the outcomes would be better. Equipped with counseling skills, life skills & techniques of positive discipline teachers would be able to deal with the myriad problems of their student adolescents more effectively.

Since this module is web based, it has easy to understand articles and succinct power point presentations on each topic. It surely will be an interesting and extremely useful tool for teachers for their self learning of this special phase called adolescence in the lives of their students. They can access it freely from our AHA website & learn at their own pace. Not only can the teachers use it for peer education, but also the pediatricians can use it for teacher training workshops in schools. The teachers can also evaluate their progress in learning through the pre & post tests of MCQs on every topic that are included in our module. We are extremely thankful to Dr Preeti Galagali, President, Adolescent Health Academy 2019-20 for conceiving this unique & innovative idea & entrusting us with the responsibility to develop this easy to understand module for teachers. The secretary of AHA, Dr J.C Garg has been our constant pillar of strength.

Our team for this module, is thankful for the blessings & guidance of our patrons & senior adolescent health specialists: Dr Swati Bhawe, Dr C P Bansal and Dr J S Tuteja. They have been our constant source of inspiration. We thank IAP president 2019-20, Dr Digant Shastri, President elect Dr Bakul Parikh & secretary general of IAP Dr Remesh kumar for their relentless support & encouragement to this endeavour.

The module is scientifically designed to promote physical, mental, social & emotional well being of adolescents in schools through empowered teachers & what a fantastic job our contributors have done. We congratulate the Teachers' Module Team for their tremendous zeal & untiring efforts put in the making of this module. We are also thankful to the teachers who have reviewed the chapters of this module & have given us a precious feedback to improve its quality.

This module would never have come to its fruition without the unconditional & unwavering efforts of our module coordinator Dr Nishikant Kotwal & the academic editor Dr Swati Ghate.

We earnestly request our colleagues & teachers to use this module widely & access it from our website of <https://aha.iapindia.org>. The school management can also reach out to Adolescent Health Academy on secretaryaha1819@gmail.com with a request to conduct the module at their schools. AHA members would be happy to share their expertise and train teachers at the schools. Let us all be the torchbearers of our passion to nurture healthy & happy adolescents for, we all know that **Healthy adolescents make a wealthy nation!**
Happy reading !

Dr Shubhada Khirwadkar

Chief Editor, AHA Module for teachers

National Convener, AHA Module for teachers

What teachers say about this module....

Teaching is an art and learning is a continuous process. In a heterogeneous classroom we find different students having different learning styles and ability to learn, for which effective & appropriate teaching is a very important tool. This module on Nurturing adolescence in Schools will help teachers to fulfill learning requirements of the last child of the classroom.

AHA deserves special accolades for developing this useful module for teachers.

-- **Mrs Abha Meghe; M.Sc; B.Ed;DSM**
Director, Meghe Group of Schools, Nagpur.

Let me appreciate your effort and concern for focusing upon such an important and sensitive topic. This will help teens to get adjusted within school as well as in other domains of life. Proper implementation of ideas discussed may bring positive change in students and thus may promote a conducive environment for teaching learning process. The articles and PPTs are interesting, reflect good flow, use easy language and largely understandable.

-- **Dr Rajbala Singh, Phd(Psychology)**
HOD, Dept of Humanities; LNM Inst. of Information Technology, Jaipur.

I must congratulate you for presenting and explaining such a complex subject in a very lucid manner. The trainee teachers will definitely find it very easy to understand the psychology of a child and treat them accordingly. Thanks!

-- **Dr. Ketaki Siras**
Principal, Tip Top Convent, Nagpur.

A teacher is not only the one who imparts knowledge but also plays an elementary role in holistic development of the child. During the process of teaching and learning both students and teachers face many difficult situations which result in the downfall in academic performance and behavior. Teachers' Self-learning module is a great help to all the teachers. Detailed scientific information will help teachers to understand and plan the learning experience. Inclusion of case study makes this module more relevant. The best part is that the teachers can refer to this module any time, it will help them to understand their learners in a better way.

-- **Mrs. Geeta Ghormade, Resource Centre Head,**
Meghe Group of Schools, Nagpur

The modern teacher has to be a facilitator, a leader, a mentor, a coach, a role model, a counsellor, a disciplinarian, a curriculum planner and even an event manager. This module will equip the teachers with skills to adopt strategies and approaches to understand and deal with the students' problems. The content is well organised and describes the topics in a lucid way. Topics like 'Positive Discipline' will help the teachers to understand science behind mis-behaviour, provide appropriate reinforcement and better classroom management practices. The articles give a deep insight to achieve academic goals by creating a safe, supportive and productive learning environment for adolescents in schools. Kudos to the team of AHA- IAP for this novel concept & their continued support to the field of education.

-- **Mrs Leena Zadgaokar**
Supervisor & Senior High school Teacher, Montfort School(CBSE) Nagpur

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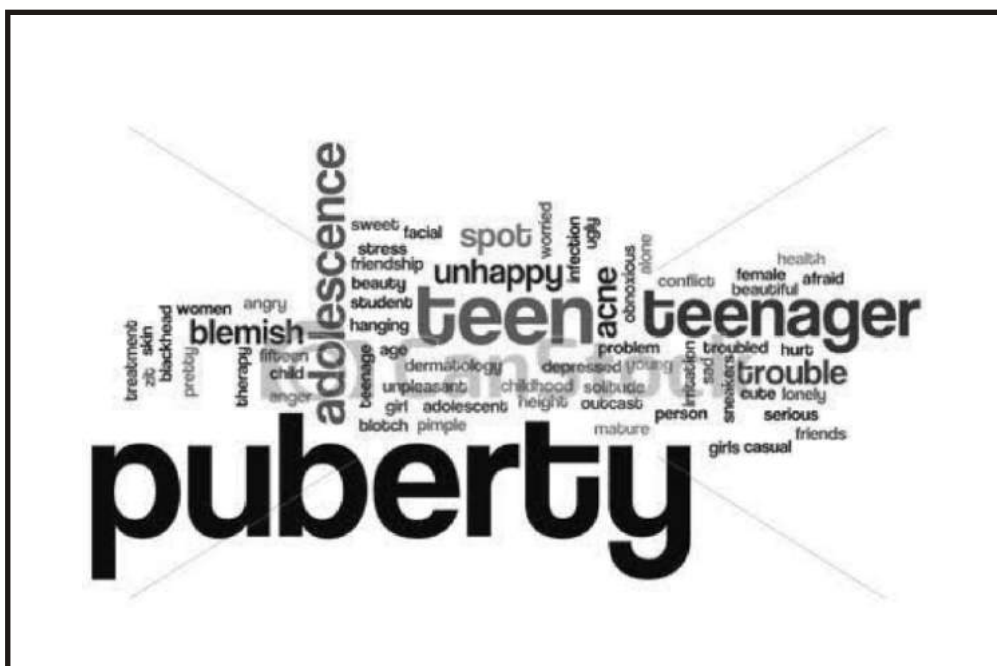
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1

-Dr Srabani Chakraborty



PUBERTY CHANGES

What a teacher should know ?

What is Puberty ?

The word puberty is derived from the Latin *pubertas*, which means adulthood.

Puberty is defined as the sequence of different processes and stages, through which a child goes, to attain physical and sexual maturity. During this period body organs grow, the 'growth spurt' takes place, secondary sexual characteristics appear, fertility is achieved and major psycho-social changes are achieved.

Why teachers should know about pubertal changes?

- Adolescents spend almost one third of their time in school.
- Schools are expected to contribute towards the educational, moral & ethical, physical, mental & spiritual development of an adolescent.
- The informed teachers will be better able to understand the common physical and behavioural issues of adolescents.
- They can help the teenagers cross the bridge easily, by accepting them without being judgemental.
- They can act as a bridge between parents & adolescents.
- They can discuss various bothersome issues of this phase and bring awareness among adolescents.
- With better understanding of this phase of the life cycle, they can be of utmost help to students in handling difficult situations.

When is the onset of Puberty?

There is a lot of individual variation. On an average,

- For Girls: 9-16 years; usually starts around 9-11 years
- For Boys: 10-17 years; usually starts around 10-13 years

There is no way of knowing exactly when a child will start puberty, though a lot depends on genetic factors. Early changes in a child's brain and hormone levels can't be seen externally.

What exactly happens during Puberty?

1. Neurosecretory factors and/or hormonal surge
2. Modulation of Physical Growth on all parameters
3. Initiation of the development of the sex glands (testes and ovaries)
4. Changes in sexual organs
5. Development of secondary sexual characters
6. Structural Changes in Brain & Cognitive development
7. Psychosocial changes in behaviour

The most visible changes during puberty are growth in physical stature and development of secondary sexual characteristics.

Sequential Hormonal Changes:

- Puberty is initiated by hormonal changes triggered by a part of the brain called the hypothalamus.
- The hypothalamus begins to release gonadotropin-releasing hormone (GnRH).
- GnRh stimulates the pituitary gland, which in turn activates other secretory glands.
- The pituitary releases hormones called gonadotropins:
Luteinizing hormone (LH) & Follicle-stimulating hormone (FSH).

- These early signals typically start after a girl's 8th birthday and after a boy's 9th or 10th birthday.
- There aren't any noticeable physical changes for boys or girls at this stage.
- The gonadotropins stimulate the gonads and adrenals. From these glands sex hormones are released--**Androgen and Testosterone** in the males & **Estrogen and Progesterone** in the female which regulate the growth and function of the sex organs. They also bring about lots of changes in the entire body.

The “Growth Spurt”

- A rapid increase in height, referred to as a growth spurt, is the hallmark of puberty. It lasts for two to three years. About 20-25% of adult height is attained during this phase.
- The growth spurt characteristically occurs, on an average, two years earlier in girls than in boys. In girls, the growth spurt typically precedes the onset of menstruation by about six months.
- Girls gain approximately 24-26 cm whereas, boys gain 27-29 cm.

Pubertal Changes in Boys :-

Hormonal Changes: Testes start producing testosterone, the male hormone in large volumes. It brings about changes in reproductive organs, muscles and bones and various other body organs.

Development of External Genitalia

The very first change in boys is growth of testicular volume (>4ml). Some increase in scrotal folds and pigmentation accompany. This is followed by appearance of pubic hair. Around 11 years, the penis begins to grow in length and diameter.

Progressively, through various stages, these changes build up further. In a period of 4-5 years, boys attain full growth matching adult males.

The Sexual Maturity Rating (SMR)

This is done by professionals using **Tanner scale**. It describes pubertal changes in 5 **Tanner stages**, depending on pubic hair, penile size and scrotum and testes. One can monitor growth and predict other bodily changes depending on Tanner staging.

Along with these visible changes, internal organs of reproductive system, like prostate gland and seminal vesicles also increase in size and functioning. Sperm production starts and ejaculation of semen results, as “night fall” naturally or after masturbation.

Other bodily changes in boys :

Weight gain, about 19 gm/day, adding about the 50% of adult weight

Increase in muscle bulk

Increase in the sizes and functional capacities of internal organs like heart, lungs etc

Strengthening of bones

Widening of shoulders

Changes in facial features

Roughening of skin

Appearance of pimples

Body hair growth

Facial hair growth

Axillary (armpit) hair growth

Cracking of voice and then maturing to adult male voice

Increased sweating

Typical body odour

Sequence of growth events in boys:

Early genital growth--- pubarche (hair growth in private parts)---penile growth---nocturnal emissions--- height spurt---voice changes---armpit hair growth---facial hair growth---mature genitals---height and muscle development.

Pubertal Changes in Girls :**Hormonal changes :**

As the puberty sets in, the ovaries produce more oestrogens & progesterone. But, they are not yet in the typical monthly pattern, as grown up women. They promote the development of primary sex characteristics, in form of, the enlargement of the labia and clitoris (the external sex organs), as well as the development of the uterus and vagina. Accompanied are the changes in breast (thelarche) and appearance of pubic hair (pubarche). The Sexual Maturity Rating (SMR), for girls is also done by Tanner staging. In girls, the scale takes into consideration, the breast changes and the pubic hair pattern.

After about a year or two, the hormones are secreted smoothly in a cyclical pattern, typical of womanhood.

Changes in Sex Organs:

The uterus changes in shape and increases in size. Its inner lining becomes thicker.

The ovaries enlarge and start producing eggs and hormones. Vagina enlarges in size and start producing a clear liquid that keeps it moist.

Breast development (Thelarche):

This is the first sign of pubertal development. The breast bud appears at an average age of 9 years (range 8-13 years). The areola and nipple increase in size and get darker.

Breast development may start in a single breast. It may take 6 months for the opposite breast bud to become palpable. Eventually, through various stages, the breasts develop into adult pattern.

Menarche:

The first menstrual cycle, or *menarche* occurs at the average age of 12-12.7 years. Menstruation is cyclical growing and shedding of the inner lining of uterus, under the hormonal influence.

The eggs are produced only a year or more later. Only then, the teenager has chances of getting pregnant. Initially, the cycles are irregular and generally long, for about first 1-2 years.

Other bodily changes in girls :

Weight increases by about 16 gm/day

Bones grow in thickness.

The body contour changes, with fat deposition around hips.

Hips widen.

Facial features change

Skin becomes thin and shiny.

Internal organs grow as in boys, but to a lesser degree

Hair grow on body and in armpits

Pimples may erupt.

Vagina produces slimy discharge.

Typical body odour develops.

Sequence of growth events in girls:

Breast bud development---Pubic hair growth --- height spurt--- Menarche (beginning of menses)--- armpit hair growth---final growth of breasts, pubic hair and height.

Brain Development & Cognitive Growth during puberty:

- The brain grows in size.
- Myelination (insulation sheath of nerve fibres) increases, ensuring rapid transfer of information.
- The unused brain cells and their connections are cut out (pruning).
- The first centre in brain to mature is the limbic system, which is a seat of emotions. Hence, adolescents are high on emotions.
- The prefrontal cortex, seat of rational thinking, is the last to develop. Hence, they indulge in high risk behaviour and lack impulse control.

Psychosocial Changes:

The adolescents are able to think about complexities, as their abstract and logical thinking develops. They develop their social circle outside the family and give it the utmost importance.

What bothers adolescents during Puberty?

With on-going physical and mental changes, the adolescents are bewildered with themselves. They may get confused, frightened, feel awkward and embarrassed.

They may feel sorry or guilty. They may be worried if something is going wrong with them.

The gawky features, changing body and particularly facial structure, the pimples, body odour etc., may cast effect on their self-esteem. They may feel like losing control over their bodies. Body image issues are thus very common.

Most of the adolescents do not know how to deal with their sexual feelings. They then turn to their peers, porn or other unauthorised sources. The myths and misinformation adds to their plight.

There could be many more issues, but certainly, an informed adolescent is better able to cope up with pubertal changes.

Common worries of the pubertal boys :

Late bloomers, that is, those who attain puberty at a comparatively later age, are anxious to see their peers grow faster.

Sizes of external sex organs, physique and muscularity, beards and moustaches are their topics of concern. Nocturnal emissions (night falls) may be confusing to them or they may find it messy. Boys may have fear of indulging into sexual activities under hormonal or peer pressure.

Gynaecomastia, that is breast development in boys, is most of the times, a passing phenomenon. But, it brings with it, a lot of stress.

Common worries of the pubertal girls :

Early bloomers, that is girls maturing faster than their peers, are more worried, probably becoming the odd ones out.

Fat deposition, breast development and widening of hips may make them awkward.

Their complexion, acne and hair growth are issues they ponder on a lot.

Girls generally find the menses bothersome and messy. They are embarrassed to talk about it. They silently suffer treatable problems like PMS (discomfort prior to menstrual bleeding) or pain during menses (dysmenorrhoea). The normal vaginal discharge may also bother them. Asymmetric breast development, painful breasts rise worries.

They are fearful of eve teasing, abuse or getting pregnant (even if they are not sexually active).

What teachers can do :

1. Understand the pubertal changes and problems faced by students thereof.
2. School health programme: Maintain growth charts (height, weight, BMI) and pick up deviations promptly.
3. Promote healthy nutrition and outdoor activities.
4. Give anticipatory guidance on common concerns of the adolescents and allay their anxieties.
5. Arrange programs on gender issues, sexuality and reproductive health and hygiene.
6. Join hands with parents.
7. Take professional help when needed.
8. Create an adolescent friendly atmosphere in the school, so that they can open up on their issues.

When to consult a doctor:

1. For routine yearly check-up of all adolescents
2. Too early or too delayed pubertal growth should alert a teacher
(below 6 years & above 12 years in girls; below 8 years & above 14 years in boys)
3. Too thin or too much of a weight
4. Excessive acne
5. Periods beyond 21-60 days cycle, even after 2 years of menarche
6. Facial hair growth in girls
7. Painful or heavy menses
8. Foul smelling discharge through genitals
9. Any psychological issues that hamper their day to day working

To conclude, a teacher well versed with the process & effects of puberty in adolescents will be better able to spot early & deal effectively with the physical & psycho-social issues that affect adolescents facing the challenges of pubertal changes.



IAP Immunization schedule for Adolescents

Indian Academy of Pediatrics recommendation for adolescents

Tdap/Td	10 years. Repeat after every 10 years
HPV Vaccine:	9- 14 years 2 doses >14 years 3 doses.
*MMR Vaccine	2 doses 4-8 weeks apart.
*Hepatitis B Vaccine:	3 doses at 0,1,6 months.
*Varicella Vaccine :	2 doses 4-8 weeks apart.
*Hepatitis A Vaccine:	2 doses 6 months apart
Flu Vaccine :	Yearly
*Typhoid :	Conjugate Vaccine once
*Meningococcal Vaccine:	Once

NOTE: All starred vaccines to be given only if missed earlier .





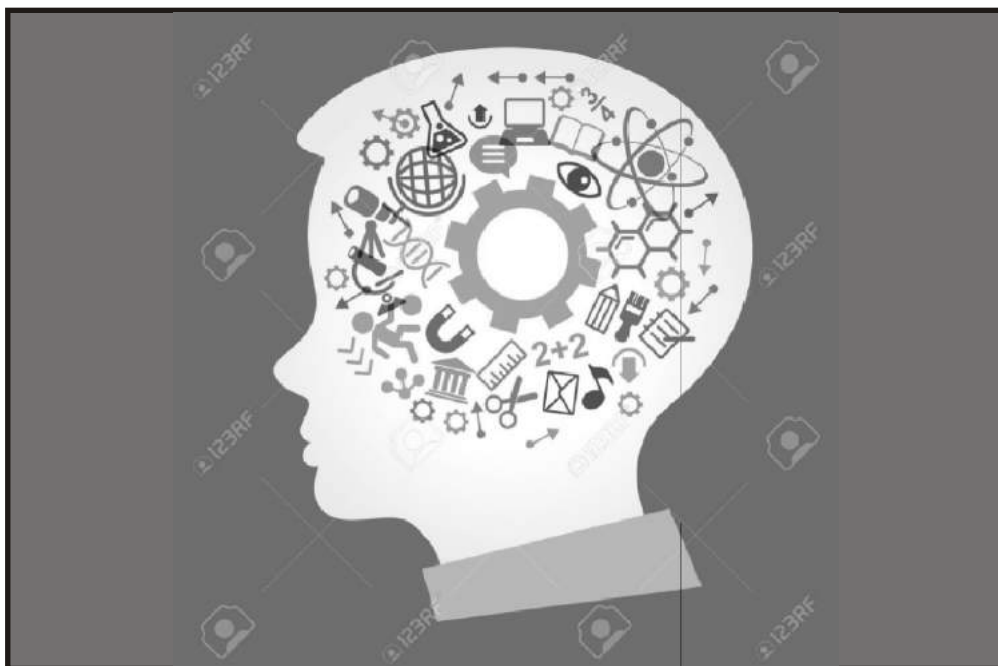
Chapter

2



Teen Brain Development - A Window of Opportunity. (Adolescent Neurodevelopment)

- Dr. Poonam Bhatia



TEEN BRAIN DEVELOPMENT : A WINDOW OF OPPORTUNITY. (Adolescent Neurodevelopment)

Imagine a world full of teenagers & young adults who can control their impulses, delay their gratification (rewards & pleasures) and accept responsibility for their actions and decisions, instead of blaming others.

Sounds unreal ? Why?

That is mostly because, we don't associate these qualities with the population of this age group. The still developing, “under construction” brain is yet to gain such maturity.

Let us look at this process of maturation, and find out, how we, as teachers, can make the most of it.

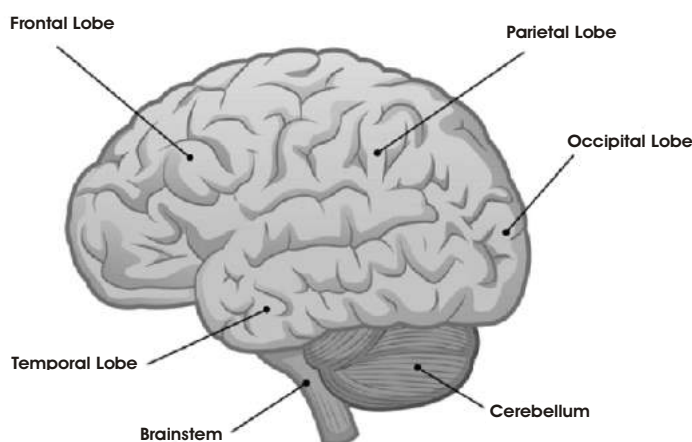
Why teachers should focus on Adolescent Neurodevelopment?

Since adolescents form large human resource (22% population) their behaviour has impact on national health indicators and productivity. It is said **Teens are our Demographic dividend!** Let us make it a reality.

How ?

By understanding the changes and challenges the adolescents face, teachers can guide & help them navigate this period smoothly. New findings in developmental psychology and neuroscience reveal that significant changes occur in the limbic system & frontal lobe (parts of brain) which have impact on self-control, decision making, emotions, and risk-taking behaviours. The maturation of the adolescent brain is influenced by factors like environment, neurotransmitters, sleep and sex hormones.

Let us take a quick tour of Brain Basics.



The Basic Architecture of the Brain and functions of Brain parts:

The brain has three main parts:

A. Cerebrum is divided into two parts right & left halves. It has outer layer (cerebral cortex, or “gray matter”) and inner layer (cerebral medulla, or “white matter”). It Has 4 major lobes -

1) Frontal lobe (behind the forehead) is responsible for forming our personality and carrying out higher mental processes such as thinking, decision making, planning and execution. In addition, the frontal lobe is necessary for fluent (articulation) & meaningful speech.

2) Parietal lobe (upper right and left sides of the head) is a centre for all sensory functions. Known for its sensory perception and integration, it gives us the sensations like taste, hearing, smell, touch and sight. It works together with occipital lobe for visual perception, spatial orientation and navigation.

3) Temporal lobe (right and left side of the head, above and behind the ears) helps in interpreting the sounds and language we hear. It also processes information from our senses of smell, taste, and sound. It houses memory.

4) Occipital lobe (the back of the head) helps in processing visual stimuli.

The limbic system is a group of structures located deep within the cerebrum. It consists of amygdala, hippocampus, and hypothalamus. Amygdala matures earlier in adolescents. It is responsible for the expression of emotions such as fear, anger, and the 'fight or flight response'. Feelings of pleasure basically designed for the species survival, like eating and sex, are generated in Limbic system. It is highly sensitive to rewards. It sends out impulses to act and get desired objects and experiences. Early maturation of amygdala (pleasure centre) makes teens vulnerable to nicotine, alcohol and other addictions.

B. Cerebellum is a small structure at the rear of the brain, that plays role in coordinating posture, balance, and ensures smooth muscular activity.

C. Brainstem connects the brain and spinal cord. It regulates breathing, heart rate and blood pressure. With such basic background of architecture and function of various parts of brain let us take a deeper look inside the teenager's developing brain :

1. Pruning (cutting) is a process which follows the principle of use-it-or-lose-it. After around 11 years, unused connections in brain (consisting of the nerve cells and their branches [dendrites] and axons) start decreasing. Neural connections that are continued to be in use are retained while those lying idle, are lost. The brain sculpts away excess material and excess connections and gets finetuned and efficient.

2. Myelination is another way of remodelling the brain in adolescence. Here, the white (connecting) matter of the brain is rapidly insulated with myelin, a protein sheath. It strengthens and accelerates the communications between brain regions, and increases basic learning abilities.

3. The limbic system or "emotional brain" develops at puberty, whereas, the "reasoning brain" (prefrontal cortex) doesn't mature fully until the early or mid-twenties. This accounts for many typical traits of adolescence, like bad decision-making, hyper-emotionality, a propensity for risk-taking and a hunger for sensations and peer affiliations.

4. The adolescent brain is 'neuroplastic'. The term "plasticity" refers to the capacity to mould. There still remains a good possibility of bringing out significant neuronal changes in adolescent brain. These changes help the adolescents in acquisition of new skills required for independent living. Yet the brain is under construction and it doesn't have strong connections among its different regions. This makes rational or critical thinking difficult. Thus, adolescents are more vulnerable for making improper decisions specially, in the complex situations.

5. Neurotransmitters are natural chemicals released by the brain cells. Dopamine, serotonin, and melatonin are the important neurotransmitters in the adolescent brain :

a) Dopamine: It is a feelgood hormone. When we get something we like, (or merely a thought of it), e.g. eating a favourite dish, connecting socially, falling in love, or trying something new, it results in release of dopamine, and we feel happy. Teens have lesser amount of Dopamine. Hence, to achieve the same levels of

pleasure/reward as an adult, they require higher levels of dopaminergic stimulation. They are not much happy and excited by day to day, mundane activities. They seek sensation and this chase for the feel-good, often drives them to high risk behaviour, drugs, drinking, gambling etc. Eventually, it may lead to addiction.

b) Serotonin: It plays a role in mood alterations, anxiety, impulse control, and arousal. Low level of Serotonin results in poor impulse control and mood disorders.

c) Melatonin: It is the sleep hormone. As compared to adults, **melatonin** is produced in larger quantities in teens. Moreover, the time of its peak secretion is later in the day. Hence adolescents remain awake till late nights and need to sleep more (8-9 hrs) than adults. Yet, they hardly get 6-7 hrs to sleep! Sleep deprivation has a negative effect on learning and memory and it also increases impulsive behaviour.

6. Teens are poor in interpreting emotions. In an experimental study, adults & teens were shown a fearful face and simultaneously, their MRIs were recorded. Adults could identify the expression correctly as fear, while teens guessed expressions as 'shocked, surprised or angry'. The MRI showed that the teens used the amygdala (seat of emotions), whereas the adults relied on the frontal cortex (seat of rationality), to process the pictures. Teachers need to be careful regarding their facial expressions which might be considered as negative by adolescents.

7. The adolescent brain is extraordinarily sensitive to its surroundings. They are also very susceptible to stress. With the combination of these two attributes, teens become vulnerable to a wide range of risks like, ad fads, rash driving, mental illnesses including suicide attempts, substance abuse and high risk sexual behaviour. The impressionability may be positively utilised by exposing them to ideal role models, by employing dynamic classroom strategies, by offering innovative opportunities and a rich learning environment.

8. Pre-Frontal Cortex (PFC) is responsible for reasoning, planning, simultaneous execution of multiple tasks & impulse inhibition. It helps an individual to exercise good judgment during difficult life situations. It acquires information from all of the senses and orchestrates thoughts and actions to achieve specific goals. Experience plays important role in the development of PFC. Those children who are exposed to a variety of stimuli and challenges, will develop PFC more quickly.

9. Sex hormones like Oestrogen and Testosterone, suddenly surge during adolescence. They stimulates sex drive & increases adolescent's emotional volatility and impulsivity.

Strategies to boost brain development :

1. Opportunities to make choices: If a teenager gets frequent occasions to make choices, it helps in development of the decision-making regions in the "reasoning brain" (PFC).

Teachers should involve students in school governance, let them choose their own learning projects, offer school electives. Parents may give teens a bigger say in household management & listen more carefully to their opinion.

2. Self-Awareness Activities: Teens are self-conscious and are actively building their self identity. (another PFC function). They should be encouraged to write diaries and their own life stories. We should help them explore their strengths and weaknesses, likes and dislikes.

They should be offered opportunities to engage in their hobbies. They should be guided on how to build up on their shortcomings. Respecting their voice and personal choices helps in building a high self esteem.

3. Learning from Peers: Peer approval is highly rewarding to the teen brain. Friends provide opportunities to learn social skills such as negotiating, compromising, group planning and working as a team. Teachers should see that students work in different groups on different projects, like a peer governance, so that they learn good social compatibility. They may ask students to critique each other's school work. Parents should make their home a peer friendly place and establish rapport with the teen's friends.

4. Affective Learning: Affect means emotional state. Emotional brain (limbic system) is highly active during early adolescence, so teens learn more effectively when there is emotional content accompanying a lesson. Teachers should teach them with feeling, use novel teaching strategies, encourage imaginations and integrate laughter and fun in teaching. They should provide a safe space to their students where they can experience a wide range of emotions without being judged.

5. Learning Through the Body Movements: We retain maximum, about 75%, from the things that we do during the process of learning. We should give teens every opportunity for hands-on learning. Role plays, outdoor activities, sports all boost the development of cerebellum and other areas of brain.

6. Metacognitive Learning: "Thinking about thinking" is the capacity of brain(PFC) to keep a watch on what is going on in the mind. Teachers can boost this attribute by teaching students how their brain works, promoting critical and creative thinking, involving in discussions and debates as well as introducing graphic organizers like mind-mapping.

7. Expressive Arts Activities: The highly developed "emotional brain" of adolescents is primed to creatively express itself, while the still-developing PFC function of "inhibition" is not censoring these creative ideas (as much as it will be doing in adults). So this is a critical period for creative and artistic activities. We should offer chance to use creative writing, painting and other fine arts, encourage theatre and other performing arts and various forms of computer aided arts.

8. Sleep & Stress: Sound sleep & a stress free environment improve cognitive performance and augments learning by improving attention and concentration. Teachers and parents should join hands to ensure these.

9. Real Life Experiences:

Teenagers are willing to take risks for rewards, especially in presence of peers and if deprived of sleep or under stress. This condition is also called as stage of **Hot Cognition**.

Teens can reason like adults by age sixteen, but only if there are no emotional or peer influences (a condition called **Cold cognition**).

It is better to engage the teens in risky behaviours in relatively safe environments, so that they develop the skills to tackle such situations.

We may teach them "Impulse Control Skills" by way of generating the second thought.

Arrangements could be made for providing them service-based learning like working in a shop or a restaurant, or volunteering with a community-based organization.

Conclusion :

Educators need to recognize that teenage brain is built to seek out new experiences, risks and sensations. The brain connections are still open and we can channelize them appropriately. We should reform our educational practises and use various adolescent friendly strategies.





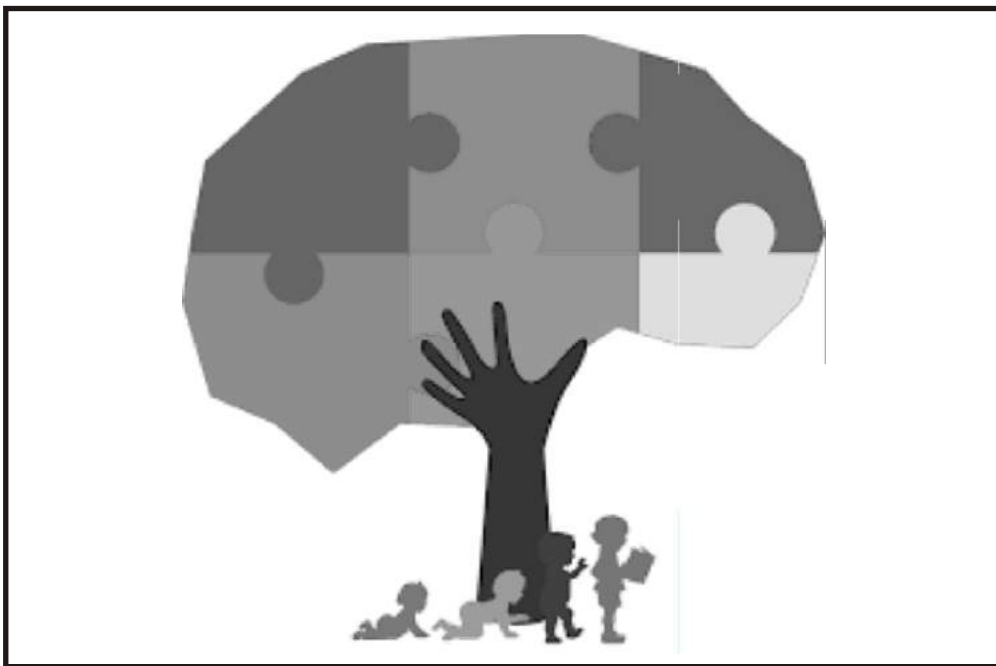
Chapter

3



Cognitive and Psychosocial Development in Adolescence

- Dr Swati Ghate



COGNITIVE AND PSYCHOSOCIAL DEVELOPMENT IN ADOLESCENCE

Introduction :

You must have always wondered, what goes wrong with your 'good' students once they cross their primary classes! On one hand, they seem to understand difficult topics and concepts with better ease, and on the other, they appear less motivated to learn, become non-compliant and distracted in the class. They become moody, indisciplined, arrogant and gang together to defy rules. Making them fall in line and meeting the set goals appear increasingly challenging as they go on to higher classes.

Let us try to learn about adolescents' journey on mental development, to solve this puzzle!

In various stages of development, the adolescents display varying degrees of learning capacities, emotions and behaviours. A teacher, well versed with these scientific facts & insight of the psyche of the students is better able to teach. & interpret their behaviours.

Cognition and Cognitive development:

“Cognition” is a comprehensive term encompassing many potentials of human brain. It includes some very primitive capacities like sensation and some evolved ones like reasoning and creativity.

They are sorted in three categories :

1. Gathering information

(paying attention, sensing the environment and perceiving any sensation)

2. Storage of this information in memory

(after treating it & converting it into a convenient format)

3. Usage of the information gathered over a period

(for problem solving & decision making, in day to day life, using language, reasoning and creativity)

Cognitive development in adolescents is thus reflected in all these areas. They are able to focus, pick up and process information better. There is also exponential growth in memory, language, learning, thinking and reasoning. This helps them to understand the complexities of the world & sharpen new skills for independent living. As compared to younger kids, in the classroom setting, they can sustain attention on a topic for longer periods. They can link things together and store them effectively and for longer periods. Their vocabulary and power of expression is also increased. They no longer just go by the words, but try to apply their own small stuff to whatever is being taught.

In this process of maturation of mind, genetic as well as environmental factors play their role equally.

Hence, as teachers, by providing appropriate learning opportunities, we can enhance the final cognitive outcome of each and every adolescent.

Jean Piaget, the well known Swiss psychologist, has explained in his famous 'Theory of Cognitive Development', how, through sequential stages, humans learn to acquire, construct and use knowledge in a stepwise manner :

1. '*sensory-motor stage*' (from birth to two years)

The infant 'discovers' the world through his automatic spontaneous activities.

For eg, while spontaneously moving his legs, the baby discovers that his movement throws away the cloth covering his legs. This experience is inscribed in the brain as a 'schema'.

2. **'pre-operational stage'** (between 2 and 7 years)

The child progressively links his inbuilt schemas with various symbols.

For eg, he learns that the schema he imbibed in the above example, is linked with the word 'throw'.

The development of language & the increasing interaction with the elders, escalates his body of knowledge.

The thinking, at this stage is 'realistic', which means, he believes that the entire world mirrors his thoughts.

3. **'concrete operational stage'** (between 7 and 12 years) encompasses the early adolescence.

Now 'operating', that is, handling and manipulating of the symbols starts. The children can manipulate symbols related to 'concrete' observable objects like measurable numbers, lengths, masses etc.

They understand the idea of 'conservation', or equality of physical properties. Thus they come to know the concept of two sides of an equation. They know that one litre is the same amount of liquid, irrespective of the high or low fluid levels in two different beakers. This marks the beginning of logical thinking. The concept of 'reversibility' makes them understand that subtraction reverses addition and multiplication inverts division. This makes it possible for us to teach them elementary mathematics and basic science. They are also able to address things on more than one dimension simultaneously. For example, if we say, 'there are seven 'people' and 'two' children', they would understand that there are five adults.

A younger child is likely to think that there are nine individuals. The young children of this age group start understanding that people differ in their interpretations and views on the same information ('relativistic approach' of thinking). The older ones, (the early adolescents) can recognize the difference between 'facts' and 'opinions'. Hence, in the class, they no more present as a receptive lot, nodding for whatever the teacher says. Hereafter, they no longer hold the unshakable faith and firm belief in teachers, or any authority figure. They start questioning and challenging the teacher's views. Calling names or making fun of the teachers follows.

Thus, in the early adolescent phase, the thinking is mainly concrete, based on direct perception of objects and events. They focus is on 'here and now'. 'You must study, if you want to be a doctor' is rather too far stretched. Instead, he would study for an immediate reward, like a pat from the teacher. These children also fall short of connecting already learned experiences to new ones. Thus, solving similar looking problems, or a small twist in a question may be confusing for them. Repeating the same mistakes is commonly seen, in their academic work and behaviour. Since they cannot think of alternative ways of addressing a problem, they often get stuck. An unaware teacher might be taken aback by this.

4. **'formal operational'** The final stage (starts blooming 12 years onwards)

This stage is the final leap in cognitive transition of adolescents. It empowers them in the following ways :

The adolescents now can understand the concepts of non-existent objects, beyond the scope of real world. By this capacity of abstraction, the adolescents can now deal with advanced mathematical challenges and concepts like patriotism, religion etc. They understand the nuances of literature and art. They start holding views on politics & morality.

They now are bestowed with 'deductive reasoning' by which one can draw conclusion based on some existing premises. Thus they put up question with reasoning, which sometimes may sound illogical or funny. They come out with new ideas, which could be impractical as well. They also develop 'inductive reasoning', which is a general rule inferred from a number of situations. This makes the problem solving easy. They can understand and reapply various principles and theories in academic settings.

They develop an ability to consider many points of views at the same time. This multidimensional thinking helps them try out different ways to reach a solution. This explains how every adolescent puts up his own and unique way of answering a question or a real life problem. The power of hypothetical thinking, enables them to think what is 'possible', beyond what is 'observable'. They understand scientific fantasies and enjoy twists and turns of mystery, crime and other creative works.

Metacognition or 'reflective thinking' means the ability to evaluate one's own thought process. This sometimes shows up as 'egocentrism', when, the adolescent is too much preoccupied in self. However, this capacity strengthens him to examine, compare and sharpen his strategies, plans, arguments and moves. Thus the games involving strategic planning, like football or chess, make a pleasurable activity for them. They try out this capacity by debating heavily, which sounds as argumentativeness.

Adolescents realize the vastness of knowledge and endless possibilities of circumstances. Initially, in the confused state, they either blindly follow some role model or doubt everything that comes their way ('dogmatism-skepticism' approach). This explains many of their noncompliant behaviours. They refuse to accept facts as absolute truths and start questioning everything. Later, they come to terms by finding some good reasons to hold a view ('post skeptical rationalism'). Thus values and beliefs take shape, which they hold dearly and vouch for.

The middle adolescents, between 12 and 16, demonstrate abstract thinking in calm and cool of mind. But, in tense situations like inter personal conflicts, anxiety, stress, high risk situations, peer pressure etc, they revert back to concrete thinking. Hence, in these situations, they are likely to underperform or make wrong and harming decisions.

By late adolescence, the abstract thought process is well established. They understand the long term consequences of current actions and start planning for future. If their goals are matching their interest and aptitude, they put in their sincere efforts. Thus they get equipped for challenges of adult life.

Psychosocial development :

Psychosocial development covers two non-cognitive domains of mental processes :

- The psychological framework of the individual
- The relationship of the person with his self and others in his surroundings.

These potentials define the inspiration, the desire to interact, understand and process the information from the surroundings. Thus, they act as basic infrastructures, for cognitive processes to function. Healthy psychosocial development is, hence, the key to the optimum productivity. Simply put, unless the person is interested, motivated and happy working on a project, all his intellectual capacities and skills are of hardly any use. Teachers play a big role in shaping these factors.

These processes include various dimensions like needs, drives, emotions, motives, attitudes, habits, interests, values etc. Adolescent phase is characterized by a rollercoaster ride on these dimensions. After passing through many highs and lows, they acquire a stable personality of their own.

According to Erik Erikson, this 'identity formation' is the most important challenge in adolescence. A well - developed identity gives oneself an understanding of one's strengths and weaknesses and a sense of uniqueness. Marcia defines three aspects of identity which adolescents need to define: the sexual orientation, a set of values and ideals and a vocational direction.

Let us see, how these changes take place in the three stages of adolescence :

1. **Early adolescence (9-12 yrs):**

In this phase, the adolescents start experiencing and understanding different shades of emotions which get triggered easily and intensely.

They are confused and apprehensive about their self -concept, owing to the rapid physical and mental changes. They have a feeling that they are being constantly watched and evaluated, specially by their peers, the 'on stage phenomenon'. Hence, humiliation in front of the class leaves deep scars on their psyche, whereas praises and rewards boost their self-esteem.

They enjoy being with the same age same sex friends and share their concerns on ongoing changes, including the sexual newness. They indulge in self-exploration.

Participating in family matters appears child like to them and hence they avoid.

2. **Middle adolescence (13 to 16 yrs):**

With the increasing cognitive abilities, they appear to challenge the established rules of family or school. There is a demand for increasing independence and privacy. They argue a lot and sound disrespectful. Emotionality is at its peak with frequent swing of moods .They move away from the family emotionally and give more importance to peers, who are now of either gender. Fitting into peer group is the main concern. Many times, they just follow what everyone else is doing, even if it accounts to being bad in the teacher's eye.

They start getting oriented about their sexual identity, have crushes accordingly and seek for opportunities to indulge. The romantic affairs in schools, so common and so hyped, are usually short lasting.

3. **Late adolescence (17 onwards):**

The emotional turbulence recedes and a composed and stable persona emerges. They are less self centred and show concern and empathy for others. The shaping of self -identity is complete and a unique adult entity is acquired. With this new role, they return to the family. Planning for future life is now the main goal. Peers are less influential as a group, but long lasting individual friendships establish.

Adult sexual orientation is finalized. & steps may be taken for a committed relationship.

At the end of this fascinating journey, the young individual is adequately empowered to spread his wings and conquer the skies. Let us contribute positively for strengthening his wings.





Chapter

4



Neurodevelopmental & Mental Disorders

(Flag Signs And Classroom Management Tips)

- Dr. Newton Luiz



NEURODEVELOPMENTAL & MENTAL DISORDERS

Flag Signs and Classroom Management Tips

Introduction

There are some students in every class, who fail to show any improvement in academics, in spite of all our efforts. Teachers are rightfully worried about them and sometimes, frustrated too. Many of these unfortunate students, might be silently suffering from some neuropsychiatric problems, rather than just being noncompliant. Let us find out, how can we identify and help them.

There are various mental processes that are involved in learning. A problem in each one of them, presents itself differently. Some like intellectual disability and learning disability are developmental issues presenting since early childhood, whereas, some like depression and anxiety are mental health issues that emerge in a normally developing child.

Intellectual Disability (ID)

Normal intelligence quotient (IQ) is between 90 and 110. Children with an IQ between 70 and 90 are said to be in the 'Borderline' range of intelligence (earlier referred to as 'slow learners'). They can manage academics, though with great difficulties and with special support.

Intellectual Disability ('Mental Retardation') refers to individuals with an IQ below 70. 1-2 % of people have Mild ID, and may seem perfectly normal as toddlers but in school it is discovered that they have poor memory and subnormal overall general understanding. At best they may develop basic reading, writing and math skills. Yet adolescents with Mild ID reach high school due to the no-detention policy, where their performance is 2-4 years behind that of their peers.

Can we help a child with Mild ID?

Such children should be evaluated by professionals to know their potentials precisely.

- Detaining him does not generally help.
- Scolding him or giving extra homework is ineffective, as he is not lazy but simply incapable.
- Persistent rote learning does not help, as he forgets very fast.
- He does better in a special school, where the focus is on training social and communication skills, and the normal activities of daily living, rather than book knowledge.
- He prefers vocational training, which requires learning by doing rather than study. As an adult he performs a low-skill job or becomes an unskilled laborer, and leads a satisfactory independent life.

Specific Learning Disability (SLD)

Students with SLD have an unexpected difficulty in reading ('dyslexia') or writing ('dysgraphia') or mathematics ('dyscalculia') despite normal intelligence. Just as a few healthy children are born with a slightly lower IQ, so too many intelligent children have a lower ability to read or write or do calculations. *Mild SLD accounts for 50% of children who underperform academically.* Yet most doctors and teachers and parents are unaware of this condition.

Reading Disorder ('Dyslexia'): Reading Disorder and Writing Disorder each affect about 4% of students, are more common in boys, and usually occur in combination. The earliest sign of Reading Disorder may be the KG student who is obviously intelligent, has a good vocabulary and grammar for his age, and a good memory yet he reads the alphabets D, O, and G, but cannot put them together and say DOG.

Throughout life he is a very slow reader. He reads one word at a time, and often spells out each word as he reads it. He omits complicated words. He does not notice punctuation marks. He may reverse words while reading: he reads WAS as SAW. He concentrates so much on each word that at the end of a long sentence he may forget how the sentence started so he has to read it again.

He may manage adequately in the lower classes, but struggles in the higher grades, where learning is highly dependent upon reading.

Some helpful strategies are :

- Early and intensive remedial reading training by a special educator
- Conduct oral rather than written exams
- Offer him more time for preparing projects
- Audio textbooks
- He should avoid careers that require intensive reading (like Medicine or Law or Science) and prefer hands-on vocational courses.
- If he has a special skill e.g. singing, acting, painting, or sports, he could make it his future career.
- Open Schooling offers numerous subjects that he can complete at his own pace.

Writing Disorder ('Dysgraphia') often accompanies Reading Disorder, or occurs independently. The child writes very slowly and with obvious difficulty. His handwriting, spelling and grammar are poor.

- A special educator can partially correct the disorder e.g. some of these children grip the pencil inappropriately, apply excessive pressure, or slant the paper too much.
- He can use a computer for writing.
- He can photocopy notes.
- Permit him a scribe (who is 2 grades below him) in the exam hall, and extra time.

Mathematics Disorder ('Dyscalculia') affects about 1% of students and is more common in girls. When given a problem, she may confuse addition and subtraction, and forget to carry over. She uses her fingers to count even beyond the age of 7 years. A calculator is of great benefit; she cannot focus on learning the principles: in a given situation should she add or subtract, multiply or divide?

Reading, writing and mathematics are such fundamental skills that maximal efforts should be made to alleviate SLD.

Attention Deficit Hyperactivity Disorder (ADHD)

Around 5% of children suffer from ADHD, which is usually diagnosed at 4-12 years. The main features are Inattention ('Attention Deficit') and Hyperactivity. The child has normal intelligence, but because of his hyperactivity he is extremely restless, cannot stay in his seat, fidgets a lot, and talks excessively. He has difficulty paying attention, is very distractible, and often does not finish a task. He is impulsive, interrupts others, blurts out things, and does not await his turn in a game. As a result he underperforms in his studies, is considered a troublemaker by his teacher, and his friends are not happy to play with him.

By adolescence he can control his physical hyperactivity, but his mind is still hyperactive and distractible. He can concentrate only when doing something exciting, like playing a video game. He is disorganized. He is accident-prone, as he does not stop to 'look before he leaps.' He is irritable.

His parents should ensure that he sleeps adequately, minimizes screen time, and plays games to release excess energy. They should organize his life 24/7, with regular routines. Discipline should be firm, with clear limits. Medications are useful.

The teacher can help :

- Whenever possible, break an assignment into smaller segments.
- Give specific and clear instructions. ("Take out your notebook. Good, now copy this passage").
- Shorten the work time by providing extra breaks.
- Carefully monitor work.
- Make frequent eye contact.
- Make goals clear: stay seated, complete the task.
- Send his parents a daily 'report card,' stating whether he met each behavior goal.
- Involve him in activities that he is good at or enjoys. This teaches social skills and occupies him creatively.

Autism

1% of children suffer from Autism Spectrum Disorder (ASD). The child with Autism has a social disability i.e. he has great difficulty in interacting socially with others, including his parents. As a toddler, he does not like to make eye contact with others, unlike his peers. He often does not respond when called by his name. He does not mimic others like picking up a comb and trying to comb his hair, pretending it is a mobile and making a phone call, trying to sweep the floor or walk in his father's shoes. He also has a communication problem. When something interests him he stares at it, but does not draw his parents' attention to it by pointing excitedly at it. In school he prefers to play by himself, and does not join his peers in their games.

He is difficult to teach as he may not look at his teacher, and may totally ignore her. The majority of children with Autism have associated ID. Hence the focus should be on teaching the child self-care so that he attains some level of independence, social skills (how to interact with others, need to obey social rules), and vocational training. Autism manifests over a spectrum. Some students could be mildly while some severely affected.

Disability Act 2016

This act has included all the above neurodegenerative disorders as disabilities. Under this act, the students are entitled for various concessions and support from the Government and various educational boards. Teachers should help students in availing these facilities.

Emotional Disorders

While all of us experience anxiety and depression at times, it is considered a disorder when it is disproportionately severe to the circumstances that provoked it, is persistent, and disrupts our life significantly. 10-20% of adolescents experience a mental disorder, usually anxiety disorder or depressive disorder. A fall in academic performance may be the first (or only) symptom of a mental disorder.

An adolescent with anxiety disorder shows disproportionate worry, is fearful and apprehensive about one or more areas like academics, social interactions, bodily changes, his health or achievements. He has low self-esteem and lacks confidence. He may often complain of aches and pains, pounding heart, sweating and shakiness. He needs constant reassurance and support. The milder forms can be managed by counselling and by raising self-esteem.

Adolescent Depression manifests as low mood or irritability, lack of interest in previously enjoyed activities and avoiding company of others. They feel hopeless, helpless and worthless. The appetite, sleep and weight may increase or decrease. The concentration and decision making are affected. Falling grades is very common. Thoughts of self-harm is an alarming sign, never to be taken lightly.

Some major mental disorders like schizophrenia or bipolar disorder appear for the first time in adolescent age group. The manifestations include a sudden change in personality. Being incoherent or absurd in talking, poor personal grooming, lost in oneself, inappropriate mannerisms can all be easily picked up. These students should be helped by standing firmly against social taboos and myths, early referral and a supportive environment.

Addictions of tobacco, alcohol, other illicit drugs also fall under the category of mental disorders. Recently, technological addictions, like gaming, hooking to social media and gadgets are being recognized and included in this list. Teachers need to address these issues in this new light. Scolding or preaching hardly helps.

Poor academic performance may even be caused by a distracting love affair. Stress caused by shifting to a new school, or by 'ragging' or bullying, may cause the child to underperform in studies, or to become inattentive and hyperactive in the class. Sexual abuse is increasingly getting common and traumatizes the child deeply. Every single child should be trained in identifying and dealing with it.

Some brilliant adolescents deliberately underperform so as to fit in with their peer group.

Thus, when a student falls in his grades, all these possibilities should be evaluated. Most of them require counselling rather than tuition, and some may even need medication.

Conclusion :

This article hopes to alert teachers to the fact that poor scholastic performance is frequently caused by neuro-developmental and emotional disorders, not by laziness or carelessness, and these children need assistance rather than punishment.





Chapter

5



Positive Discipline

- Dr. Shubhada Khirwadkar

Framework for Comprehensive Positive School Discipline



POSITIVE DISCIPLINE

Introduction

The teachers are often at crossroads while dealing with adolescents in many different situations in school. The situations demand that the proper school or classroom discipline has to be maintained for making the learning smooth & efficient, while at the same time they realise that the usual, traditional methods of inculcating discipline in their students do not show expected results.

Why should this happen?

We all know that the adolescents commonly exhibit risky behavior, an arrogant attitude, rebelliousness, uncontrolled aggression and self-centeredness. Their stubborn defiance to follow rules often leaves the teachers & parents confused & frustrated as to how to handle their misbehavior & guide them towards being better human beings.

Rapid changes in society, homes, parenting, advent of gadgets & influence of media are showing a strong effect on developing adolescents. The legal norms of handling children have also changed. We need to understand that one would not be able to effectively inculcate discipline in adolescents if we are not aware of working of an adolescent mind & have insights of how & what influences their behavior.

Learning newer techniques of handling misbehavior & polishing one's own interpersonal skills would go a long way in the making of an effective teacher. Such empowered teachers can then inculcate discipline students on a day to day basis. Let us understand, how this can be achieved..

What is Discipline ?

Discipline is defined as the practice of training **people** to follow **rules & behave** well with due consideration to **self & others**. Thus it deals with molding & shaping attitude & behaviour on a long term basis.

Discipline deals with mind (personal practices) & his/her behaviour with others (Social practices). Instilling systematicness in the person for self growth is the final aim of discipline. A teacher is a strong influence in this journey of a student.

Let us now get some insights on what are common misbehaviours why they occur more in adolescents, how they can be corrected & how discipline can be inculcated in young minds.

Common misbehaviors:

Attention seeking

(Loud voices, off task activities)

Power seeking

(Making fun of others, taunting, derision)

Rambling-Wandering

(Roaming, undesirable off task acts)

Shyness/ Non participation

Heckling/Arguing

(Disagreeing with personal attacks)

Talkativeness

(Whining, manipulation)

Overt hostility

(Angry, belligerent, combative behavior)

If due to permissive or neglectful parenting or an ineffective handling of such misbehaviors in schools or are left unattended, they may go stage by stage into an antisocial or criminal behavior. But, if dealt with properly early, in many cases such tragic consequences could be avoided. For this, a teacher needs to understand the issues behind any misbehavior.

General Science of Misbehavior

- Nobody is born with misbehavior.
- It is an evolving process, always with a reason.
- It provides a student a desired outcome like obtaining attention of adult/ peers; escaping from difficult tasks or a showing resistance to non-desired activity.
- Better behavior too is effectively "learnt" by directly teaching it through modelling, shaping it with specific praise, ignoring repeatedly a misbehavior so that it fades out.
- Delegating responsibility & investing trust in the students brings about a sustained change of behavior.
- 'Exhibition of Power', 'Act of Revenge', 'Attention seeking' or 'Feeling of adequacy' could be the major 'Spur of the moment' thoughts behind a misbehavior in classroom which need to be addressed accordingly using them as 'behavior teachable moments'

Understanding Psychology of Teen Misbehavior:

- Teenage behavior patterns may have a lot to do with the development of their brain.
- The adolescent brain is still developing with specific parts (brain dealing with emotions) being very active while other parts (those dealing with executive functions like planning, foresight) have still not gained adequate maturity.
- Seeking instant pleasure & strong rewards, inability to manage urges is strong.
- They are on an emotional roller coaster & lack skills in communicating feelings & reading others' emotions.
- A frequently misbehaving student may have issues of cognitive & psychosocial adjustment at home, with peers or with school.
- Defiance against rules & gross misconduct could be because of continuously challenging oneself to seek identity which is seen as rebelliousness or stubbornness of a growing adolescent.
- A learning difficulty like a deficit in attention, inability to concentrate (ADHD) or reading- writing disability (LD) makes task of learning so difficult that the student may seek avenues of avoiding it by misbehaving! Such children need early referral to appropriate agency for evaluation & therapy & NOT just the correction of misbehaviour by punishment.

One or more of above psychosocial reasons could all be acting behind the screen of an overt act of indiscipline. Let us now understand how an 'adjusting adolescent' struggles in following rules of behavior.

Adjustment : Accommodation & Assimilation

A teen age student is adjusting to the constantly changing body, bodily surges of hormones & distractions of the mind. They make attempts to gain internal control over their needs & urges. (For eg Not getting drawn into acts of distracting peers, paying attention despite getting bored) These are baby steps towards inculcating self discipline. This process is called as accommodation.

A teacher needs to spot & appreciate these to increase their internal motivation to behave well.

Many times the demands of the situation are in conflict with internal needs. At such times, the students try to change the situation itself! This is called as assimilation.

For eg : Poking fun at teacher who is teaching a topic which is difficult to understand or is boring!

Here, it becomes imperative for the teacher to take cues, give breaks, try to make the topic interesting, but still continue her task with appropriate firmness. Thus, it is important to understand that inculcating discipline is a play of accommodation & assimilation. A teacher's efforts to help the students in making these adjustments in healthy ways would prevent indiscipline to a great extent.

Similarly if "needs" of the students are kept in mind a disciplined class management becomes easier.

Understanding of 'Needs' by a Teacher

Every adolescent has to strike a balance between needs & obstacles to him. In addition to biological needs like hunger pangs & extra hours of sleep, they also need a secure, warm & cheerful atmosphere in the classroom where mistakes are allowed. If the teacher 'connects' to these needs before correcting the behaviour, handling "difficult" students becomes easier. For eg: using a good sense of humour & carefully practised patience help to lighten boring/ tiring classroom situations in the last classes of the day.

While conducting oneself with firm authority, a good teacher should never lose genuine concern about the root causes of any misbehavior. Taking out just two minutes everyday for disruptive students for a one to one talk or small group focussed discussions, help develop a good rapport. The students then share their problems & misbehavior gets prevented. This also helps a teacher to counsel the misbehaving pupils who pose as being "smart" but may be anxious or afraid from inside!

Whenever required the teachers should also take help of counselors & Adolescent pediatricians who have an expertise in dealing with such "difficult" adolescents.

Punishment & Discipline

Enforcing discipline is often confused with giving punishment.

- Punishment like spanking, humiliation with words, shaming, insult make a child 'pay for' doing something wrong at present or in the past.
- It is often given from a position of anger & inflicts pain, imposes suffering & makes the child fearful, hostile or guilty.
- It brings in defensive measures from the child & the chance of long term effective change in the behaviour is often lost.
- According to various research studies such punishments increase the risk of negative emotional & behavioral outcomes for children.

Conversely, discipline teaches self restraint & it becomes effective when it makes one aware that being undisciplined causes more harm to oneself & others.

Hence, the theory & practice of Positive Discipline (PD) started gaining ground.

What is Positive Discipline ?

First proposed by Dr Adler, a famous psychologist, Positive Discipline emphasizes the need for training of parents, teachers & social workers in the novel, democratic approach to discipline so that they all work in tandem for inculcating discipline. It allows children to exercise their 'power' by reasoned decision making whilst co-operating with others.

Two dictums form the basic philosophy of Positive Discipline

- Adolescents don't lack the will to behave, but the SKILLS to behave!
- Students do well if they can & not if they want to !

A stepwise approach is adopted in applying Positivity in disciplining, whereby

- The children are involved in framing of the rules of their classroom in the beginning of the school session.
- These rules are discussed, giving voice to children's opinions & choices are negotiated.
- The Teacher makes clear one's expectations about what is allowed in the classroom & the graded consequences (mild to severe) of breaking rules are defined by both.
- Limits & boundaries of behavior are understood through focussed discussions.
- Common goals of cooperative learning are set & an atmosphere of mutual trust is created.
- The appropriate consequence is consistently applied every time the misbehavior occurs.
- The manner, one delivers the technique matters (calm versus aggressive).
- In actual situations, expected appropriate behaviors are very well appreciated.
- The misbehaviors are dealt with by use of extinction (if a behavior is repeatedly ignored, it slowly falls into disuse).
- The teacher is an epitome of kindness, empathy & firmness while handling the students.
- Smallest step that a misbehaving child takes towards correcting it, is immediately appreciated.
- Cheerful classroom atmosphere is maintained throughout. (Use of humour).
- Mistakes are accepted sportingly by the teacher & this acts as a model for the students.
- Teacher takes special efforts to hone the interpersonal skills of communication, listening skills, emotional management. (anger, frustration) & assertiveness (standing her ground firmly while expressing her feelings in clear, measured tone with appropriate body language).
- The teacher remains calm, cool & collected during conflict situations & doesn't take sides.. After a 'cool off' period, problem solving is approached with an open mind.
- Judging, labeling, blaming, constantly complaining or discussing in staff room about problematic adolescents is avoided as it generates negativity & hostility & shadows out the problem solving process.
- PD requires class meetings for revising rules, group discussions for solving a frequent problem of misbehavior peer group mentoring for spotting psychosocial reasons for misbehaving & building a culture of appreciation & apology by praising each other/ saying sorry.
- A positive & patient attitude towards change becomes an important part of teacher's personality.
- Trusting & backing each other with new disciplining skills becomes the culture of the school.

Communication is the key :

Honest(Keeping promises)

Assertive communication with

Integrity (Impartial “follow through” actions) & laced with

Love & empathy is the key to positive discipline.

The use of civil words, firm tone, eye contact (look of approval), right facial expressions (look of disapproval) posture, stance & body movements indicating confidence are all essential parts of communication in PD.

Using PD seems a little difficult & time consuming but it is not so, at all! As one gains trust & confidence of adolescents, it has the potential to make a huge difference to their lives. The process is very enriching for the teachers too!

Since positive disciplining is a skill, it fits this algorithm for **SKILL** :

S- Sustained effort creates Self confidence

K- Knowledge needs updating

I- Internalization does occur

L- Learning requires practice

L- Learning new skills never stops

If a teacher remembers & follows the acronym **CARE**, she can be a very effective, self learning positive disciplinarian as well as a teacher-counselor.

C.: Celebrate mistakes !

Errors of Judgement are human,
let go, give a pat for improvement

A : Appreciate differences in

capabilities, qualities & nature of
students. That is what makes the
classroom interesting!

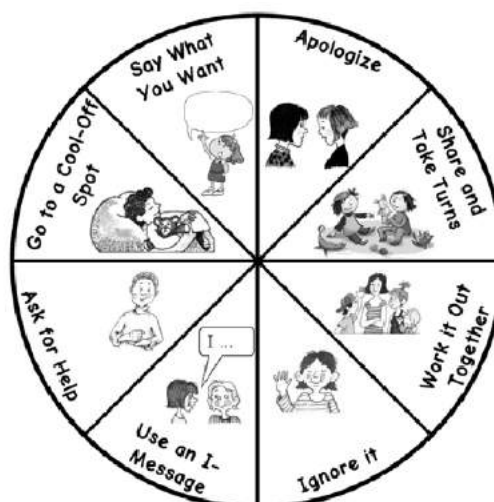
R: Relay Feedback

to each student; his/her face, eyes,
body language communicates
something. Listen with empathy.

E: Evaluate yourself

about how you are doing with the
students, be open to what more
could be done for positive discipline.

Take **CARE** & All the Best!



POSITIVE DISCIPLINE CHART

The Child's goal is:	If the parent/ teacher feels:	And tends to react by:	And if the child's response is:	The belief behind the child's behavior is:	Coded messages	Parent/teacher proactive and empowering responses include:
Undue Attention (to keep others busy or to get special service)	Annoyed Irritated Worried Guilty	Reminding Coaxing Doing things for the child he/she could do for him/herself	Stops temporarily, but later resumes same or another disturbing behavior	I count (belong) only when I'm being noticed or getting special service. I'm only important when I'm keeping you busy with me.	Notice Me - Involve Me Usefully	Redirect by involving child in a useful task to gain useful attention; ignore (touch without words); say what you will do, "I love you and ____." (Example: I care about you and will spend time with you later.") Avoid special service; have faith in child to deal with feelings (don't fix or rescue); plan special time; set up routines; engage child in problem-solving; use family/class meetings; set up nonverbal signals.
Misguided Power (to be boss)	Challenged Threatened Defeated	Fighting Giving in Thinking "You can't get away with it" or "I'll make you" Wanting to be right	Intensifies behavior Defiant compliance Feels he/she's won when parent/teacher is upset Passive Power	I belong only when I'm boss, in control, or proving no one can boss me. You can't make me.	Let Me Help - Give Me Choices	Redirect to positive power by asking for help; offer limited choices; don't fight and don't give in; withdraw from conflict; be firm and kind; act, don't talk; decide what you will do; let routines be the boss; leave and calm down; develop mutual respect; set a few reasonable limits; practice follow-through; use family/class meetings.
Revenge (to get even)	Hurt Disappointed Disbelieving Disgusted	Retaliating Getting even Thinking "How could you do this to me?"	Retaliates Intensifies Escalates the same behavior or chooses another weapon	I don't think I belong so I'll hurt others as I feel hurt. I can't be liked or loved.	I'm Hurting - Validate My Feelings	Acknowledge hurt feelings; avoid feeling hurt; avoid punishment and retaliation; build trust; use reflective listening; share your feelings; make amends; show you care; act, don't talk; encourage strengths; put kids in same boat; use family/class meetings.
Assumed Inadequacy (to give up and be left alone)	Despair Hopeless Helpless Inadequate	Giving up Doing for Over helping	Retreats further Passive No improvement No response	I can't belong because I'm not perfect, so I'll convince others not to expect anything of me; I am helpless and unable; it's no use trying because I won't do it right.	Don't Give Up On Me - Show Me A Small Step	Break task down to small steps; stop all criticism; encourage any positive attempt; have faith in child's abilities; focus on assets; don't pity; don't give up; set up opportunities for success; teach skills/show how, but don't do for; enjoy the child; build on his/her interests; use family/class meetings.



Chapter 6



Basics of Counselling

- Dr. Sunita Manchanda



BASICS OF COUNSELLING

"A student spends 25000 hours in the campus. The schools must have the best of teachers who have ability to teach, love teaching and build moral quality." **A.P.J .ABDUL KALAM.**

Why Teachers as Counsellors ?

Students spend half their growing years in schools and colleges and teachers play a significant role in shaping their personalities. A student's experience in school, is majorly decided by teacher's behavior. Drop out rate is high in those schools, where the environment is not student friendly. The drop out children, as also the students who miss good mentors, are ill equipped to deal with challenges of life and are unable to lead a fully productive life. Teachers, thus, have a crucial role to play in making these lives meaningful and fruitful to the society.

Of late, schools appoint qualified and trained counselors. They address a range of issues of students such as conflicts with parents, self-esteem and body-image issues, exam anxiety, stress, addiction, media overuse etc. Though various educational boards recommend that the schools employ a fulltime on-campus counselor, more often than not, this is not implemented. Either the school managements do not realize the importance of these services or, there is a scarcity of the counselors.

A teacher who is in constant touch with the students, many times is the first one to notice that something is bothering his pupil. He can pick up subtle changes in his behavior, mood, academic performance, interest in the co- curricular activities, interpersonal approaches etc. and can readily ascertain his uneasiness and discomfort.

These changes are the initial signs of adjustment problems faced by the student, while he tries to adjust with his ever changing milieu interior. But, the problem areas could also be from his external world, like family, parents, peers, school, society etc. WHO has given a concept of 'Mental First Aid'. Herein, just as we extend our help for a physically injured person, a well wisher offers his help, willingly and immediately, to a mentally troubled person. We all know that, adolescence is a time of great stress and most of the adolescents have some unresolved issues to trouble them. Hence, teachers equipped with good counselling knowhow, shall certainly come as great help for the troubled teens.

The first step for the teachers here, is to be concerned, vigilant and proactive. The adolescents are shy and do not open up easily. It is for the teacher to show his concern, win their hearts and offer help in a gentle, unassuming manner.

The historic nature of this role can be traced as far back as Socrates. Plato has described Socrates totally involved in assisting his students and his followers, and in a counseling mode.

Qualities of Teacher as A Counsellor

Every teacher should provide a safe, secure and nurturing environment for children so that they attain their maximum potential. Understanding their problems and difficulties and encouraging them to overcome weaknesses, requires lot of patience and compassion. For this, teachers need to acquire a set of attributes/qualities. The qualities which will encourage students to talk to a teacher are:

1. **Attitude :** Important attribute of teacher is his positive attitude. His approachability and ability to create a bond of affection with his students, help students to seek his company and help .

2. **Trustworthiness / Integrity.** Reflecting truthfulness, honesty, sincerity and integrity in his thoughts and actions earns him faith of his students.
3. **Empathy:** The ability to put yourself in someone else's shoes and walk a mile is empathy. If a teacher can look at the situation from the student's point of view, he can easily correlate with the latter's thoughts, feelings and actions.
4. **Being Non Judgemental :** A teacher should view his student in an objective manner, setting aside any personal biases, based on her background, performances, or personal qualities. He should be open minded and give an **unconditional positive regard**. That is, come whatever may, he should uphold his positivity for the student. For instance, if students come out saying that they bunked the previous class, the teacher should stop himself from commenting adversely, "Oh that's so bad !" This self-restraint can be achieved by practice.
5. **Confidentiality:** Teacher should make the student confident that the information shared by him will remain confidential and will not be revealed to anyone. (If the issues shared by the student are seriously harmful to himself or others, then it should be brought to the notice of the school management, and parents, after informing the student.)

Counselling Skills

The teacher should take genuine interest in the student's narration. He should develop the skills to navigate the conversation in such a way that the student feels at ease and opens up. He should be able to gather points and identify the problem. It is better to help the student find a solution himself, rather than rendering advices. To achieve this teacher will have to learn some new skills to work on.

1. Build Rapport: Teachers should learn to walk that extra mile to make learning enjoyable and interesting for children. By this, the children love to be in the teacher's company and cherish a special bond with him. It becomes very easy for the teacher to recognize the children, in need of help. If a child is defiant, instead of concluding that he is deliberately misbehaving, teacher then tries to figure out the reason behind the behavior. Teachers should organize various activities like educational tour, art and cultural shows, indoor and outdoor games etc. and try to understand shades of individual personality.

2 . Communication Skills / Active Listening Skills ; Good communication is an essential tool of a teacher. Teacher can show friendly gestures, (non verbal communication) with all the students and communicate with love to all. If a student is opening his heart to the teacher, he should be allowed to vent out without interrupting his flow of thought. The teacher should listen attentively and note all the details in his mind. During the conversation, the teacher should **paraphrase** the student's thoughts in her own simple words. This ensures correct understanding of the student's thought process. For example, if the student is talking about the fast approaching exams, a burdensome curriculum, his inability to complete the task, one may gather it up and help him define the problems, "So, what I understand is, you are apprehensive about your performance in the coming exams. Am I right?" He may then be persuaded to think about ways to overcome or address the problem instead of providing ready solutions.

3. Self Disclosure: The teacher should be consistent and composed in his thoughts and emotions. He should try not to get carried away by the student's moods and emotions while counselling. But at times, he may share his experiences for benefit of the counselee.

4. Humour : Using humour appropriately could be a useful skill for the children.

5. Interpersonal Skills : Teacher should always be in touch with parents. Parents should be involved in more and more school programmes. Teachers should give student's positive feedback to parents regularly. In case there is an issue with the child, changes noticed should be promptly shared with the parents. School counsellor and other professional referrals should be arranged and teacher should ensure all care takers joining hands for the child.

Build a Rapport : By 2x10 Strategy

It is a strategy put forth by Researcher Raymond Wlodkowski, an adult educator and psychologist, to address the problematic students in the school. Here, the teacher spends two minutes each day for ten days in a row, to have a personal conversation with the most challenging students. He leaves it up to the student to talk about anything the student is interested in (as long as the conversation is appropriate for school). The goal is to connect to the student and build trust. The teacher know the student better, and can uncover the reasons behind his misbehavior. This small investment of the teacher's time, has proven to go a long way in helping the child. This strategy helps the teacher to know the good qualities in the student. These are then used to resolve the issue that is bothering the student.

How Can a Teacher Help?

The teacher is thus geared up with his personal demeanor, skills and strategies for helping the students in following ways :

1. Build rapport with all the students and other stakeholders
2. Identify the student in need of help.
3. Provide an appropriate opportunity and sufficient time to truly listen to the child.
4. Help him identify the problem.
5. Assist him in finding various alternatives for problem solving.
6. Help him to set goals to facilitate improvement and encourage from time to time
7. Involve parents, counsellor and other school authorities, when needed.
8. Draw their attention to problem and involve them in care
9. Refer to professional experts, if needed and be in touch
10. Continue to be supportive and help in rehabilitation
11. Mental health promotional programmes, like Life Skill Education, Mission Kishor Uday etc should be run throughout the year for developing basic life skills in students.
12. Teachers should overcome the hurdles like time constraints, overwork, privacy constraints, training etc by their willingness and determination for this job of immense satisfaction. They can formally get themselves trained at various centers like 'YUVA Self help life skills training program' run by SCERT for Delhi Government School teachers.
13. Teachers should be more vigilant during stressful situations like new admission in the school, scholastic decline, exam periods, sports and cultural events, bullying, relationship issues, conflict with school authorities, family problems etc
14. Teachers should keep note of children with special needs like neurodevelopmental disorders, chronic illnesses, history of major psychological problems in past or family, addiction in self or family members etc and provide them with the sustained support that they need.

An Inspiring Story :

“Tarre Jameen Par” produced & directed by Aamir Khan is a superb film which highlights role of a teacher as a counsellor. In this film, Ishaan, the dyslexic boy, feels miserable, dejected, traumatized, insecure, lonely

and worthless. He throws bizarre behaviors. It is only after a compassionate and understanding teacher, called Ram Shankar comes into his life that he rediscovers himself. The sensitive, empathetic, non judgemental attitude and efforts of his teacher transform the “duffer, shameless, idiot” child into a symbol of pride for his teacher and parents.

CONCLUSION

The role of a counselor is imperative in an academic set up, where adolescents burdened with all their turbulent baggage, are blooming. With some insight and some learning, teachers hold all the potentials to be the primary on-campus support source for their students.

*Every child may not be the brightest star, but each one of them can shine. Let them shine brightly, reflecting your love. **A teacher as a counselor has a power to make every child a star.***



My School Counselor...



Cares about every student
 Helps when I'm hurting
 Helps me solve problems
 Helps me "keep swimming"
 Helps me feel happy
 Helps me reach for the stars
 Dries my tears
 Helps me when I make mistakes
 Helps me "Let It Go!"
 Is a great listener
 Helps me look at things differently
 Helps me calm down when I'm angry
 Keeps my secrets*





Chapter

7



Study Skills and Examination Anxiety

- Dr. Nishikant Kotwal



STUDY SKILLS AND EXAMINATION ANXIETY

Introduction

"A test or an examination is an assessment intended to measure a test-taker's knowledge, skills, aptitudes, physical fitness, or classification in many topics. A test may be administered verbally, on paper, on a computer, or in a predetermined area that requires a test taker to demonstrate or perform a set of skills."

- Wikipedia

Dear friends,

This definition by itself is an eye opener. It is complete and self explanatory.

An examination doesn't test only the knowledge of a person in a particular subject but it also scrutinises his understanding, aptitudes, presentation skills, his physical and mental fitness, be it a written theory paper, a practical examination or a viva. A teacher has tremendous potentials to better all these dimensions of the students and empower them for the examinations.

Cognitive competence

Thus, gearing up for the exams is not merely studying the subject per se, but a wholesome preparation on all the aforesaid cognitive domains. Acquiring competence in them is equally essential, for faring well in the examinations. Let us learn how we can help our students study systematically and face the examinations boldly.

We will address the following points in this article:

1. Motivation
2. Concentration Techniques
3. Memory Techniques
4. Study Skills
5. Preparing for the Examinations
6. Dealing with Examination Anxiety

1. Motivation

A girl who is learning to ride a bicycle, falls time and again and injures herself. Still she continues to practice and improves her cycling skills. Similarly, an athlete gets up early in the morning and regularly goes for his practice, irrespective of all the odds. Some students study for long hours as the exam approaches while some happily watch TV shows for hours. What makes the girl, the athlete and the student behave in a particular manner?

The answer is 'motivation'. Motivation is the drive that makes an individual find a direction and start working persistently to reach his goal. It is the force that makes us roll.

Motivation could be either internal or external.

Internal Motivation

Internal motivation comes from within. If you have an intrinsic motivation for an activity, then you love it and enjoy doing it. With internal motivation,

1. It is easy to maintain concentration.
2. One gives his best efforts to do well.
3. One indulges in the activity, even when there are no cash prizes or rewards for the same.

External Motivation

There are many occasions, when we do not enjoy working, yet we have to accomplish the work. Here some external motivational force drives us. Many of us studied hard in the schools and colleges, not because we

loved the curriculum, but because we wanted a degree. Many difficult and boring jobs become doable and tolerable, if we have something to look forward to, at the end of the hard work.

With external/extrinsic motivation,

1. It may be hard to concentrate. One may procrastinate or postpone working
2. There is a desire to work for the targeted goal, but one doesn't care for perfection or excellence in his performance.
3. One loses interest if there are no rewards in between.

Motivation Techniques

Teachers may introduce these motivation techniques to get best out of their students.

1. Introduce reward system e.g. giving stars or verbal appreciation. Even a small effort should be acknowledged to reinforce hard work.
2. Encourage sports and games. Arrange cultural activities and promote various art forms in the school. This helps students show their talents and increase their self esteem.
3. Involve students in classroom work like managing the blackboard, marking attendance etc. This makes them feel connected to the academic environment.
4. Children like appreciation from their peers, teachers and parents. Create opportunities for displaying their work in the classroom. This boosts healthy competition among students.

Best way to motivate the adolescent is to display care, concern, and encouragement.

Thus, the teacher's first job should be to "MOTIVATE" each one of his students. Extrinsic motivation brings success and boosts self esteem. This makes the students take interest in furthering the task. By & by, as they start enjoying the process, often unconsciously, the students become intrinsically motivated.

Let us see how we can help the motivated students further.

2. Concentration skills

Students often express that they cannot concentrate or that they get easily distracted. Learning to focus attention is a skill that they all must develop to improve their scholastic work.

Some suggestions for the students:

1. Select a quiet place free from distractions and interruptions.
2. Make a subject wise study schedule with time slots
3. Every student has his own best time of the day to focus. Figure out your personal preference of time to study.
4. You require energy for concentrating. So ensure proper food intake.
5. Do not try to do two tasks at a time e.g. studying and watching TV.
6. Break large task into series of smaller tasks.
7. Take small breaks when you are fatigued, relax and gear up again.

3. Memory Techniques

Here are some basic memory enhancing tips to share with the students:

1. Grouping - organise material by grouping similar concepts or ideas.
2. Create associations - Associate something new with something you already know.
3. Learning actively: We remember 90% of what we do, 75% of what we see and 20% of what we hear. Actions enhance memory. We should move our hands, pace back and forth and use gestures as we recite a passage. In active learning, we read using our eyes, we recite and we hear & we accompany this, with some bodily movements. Thus, we carry out learning through integration of various sensory modalities..
4. Create visual impressions- While studying, if we draw diagrams or pictures & label them, it is easier to remember. Making tables, flow charts, bar diagrams,, graphs etc. make memorising easy.

5. Mnemonics is creating some words out of first letters of points to remember. E.g. 3c = challenges, choices, & consequences., VIBGYOR, for the rainbow colours.
6. Recitation and repetition: Reading aloud and repeatedly helps memorising. If the topic is read three times in a small time interval of 1-2 days, it is very easy to memorise. Students should read every topic just before the teacher teaches in the class, listen attentively in the class and read again, on the same day at home.
7. Taking notes and writing down the points in your own words.

4. Study Skills

There is a presumption that "Study" comprises only of attending classes regularly and reading text books. But, there are certain ways by which we can increase our understanding of the subject and express it more appropriately. These ways of studying systematically and methodically are called 'Study Skills'. They are just like different apps we use to enhance the productivity of our computer. Our brain acts like a CPU and memory may be equated with outcome process. The input should be best designed to suit the students' learning style: visual, auditory or tactile.

Following are some "Good Study Habits"

1. Decide topic to study and the time allotted for the topic. Set a reasonable goal. Stick to the time limit.
2. When you are motivated and full of energy, take a difficult task at hand. If not, start with your favourite subject or a lighter topic.
3. When you are tired after reading/ writing work, work on your projects and activities.
4. Study for not more than 50 minutes at a stretch. Then take 10 min break to relax. Do some physical activity, listen to music or talk to a friend.
5. When you are bored, stop studying or switch to some other topic.
6. Studying with a friend, quizzing each other, comparing notes and discussing are good ways to break the boredom of studying.

5. Preparing for the Examination :

When exams approach, students need tips to put in their best as well as for saving them from undue stress. Keep on boosting their confidence and helping with their difficulties, academic and otherwise.

3 R'S of revision: Review, Regroup, Reward

- A. Review plan for the week/s ahead of exams. Figure out what portions of the curriculum are not fully prepared and plan for these topics. Take help of teachers/friends.
- B. Regroup if the plan in the 'Review' doesn't work, reschedule the plan.
- C. Reward- It is patting oneself for accomplishing the task. One may watch TV or talk to a close friend as a reward for completion of study plans.
- D. Encourage students to appear for mock tests to evaluate mastery over the subject. Further preparation may be planned accordingly.

Help students with the following important instructions:

The day before the Examination:

- Find out the exact place of examination. Plan how you would reach there.
- Assemble all the things you would like to carry - I card, pen, pencil, eraser, water, money, watch etc.
- Quickly address the important parts of the syllabus. Focus on what you tend to forget often.
- Ensure good sleep in the night.

On the day of the Examination :

- Take light, nutritious breakfast.
- Arrive well in time to avoid stress.
- Encourage yourself by positive statements like 'I can do it.'
- Close your books and copies an hour before the exam.

- Do not discuss about studies with your friend.

In the Examination Hall :

- Make yourself comfortable in the exam hall.
- When you get question paper, read all the instructions carefully.
- Plan your time for each question in advance. Do not spend too much time on one question.
- Read the question twice before writing and organise your answer properly.
- If you are running out of time, write down at least brief outline of answers you couldn't write in details. Don't leave any question unanswered.
- Avoid using short hand, , be legible.
- Check the answers before submitting the paper.

After the Examination :

- Do not discuss about the paper.
- Do not start preparing for the next paper immediately.

6. Dealing with Examination Anxiety

Anxiety is excessive worry. When students are fearful to face the exams, and are apprehensive of their results, they are unable to perform during the examinations, even if they have prepared adequately.

Some of the symptoms associated with exam anxiety are

- Physical symptoms : headache, nausea, faintness, feeling too hot or too cold, sweating palms , pounding heart
- Emotional symptoms : crying and getting frustrated quickly , irritability.
- Blank out of thoughts or racing of thoughts

Anxiety management techniques :

- Thought stopping : when student is anxious he will start having negative thoughts like “I can't answer” or “I'm out of my thoughts”. He should mentally shout “stop”, to stop these negative thoughts . He can take help of a picture of red light or stop sign to represent action of stopping.
- Tactile distraction : By giving sensory impulses like pinching, tapping etc to body parts, one gets away from the anxious thoughts.
- Mantra: Reciting spiritual mantras, sometimes helps by boosting confidence and by distracting from the troubling thoughts.
- In anxiety , we get negative thoughts like “I can't do this” or “I'm going to fail” . Students could be trained to replace these thoughts by encouraging positive self talks like “it's ok”. “I'm doing great", 'I'm not going to let anxiety ruin me”.
- Visualisation of calming images with relaxing and happy thoughts : could be either a personal situation or some scenic beauty .
- Relaxation techniques. (sit straight, close your eyes , count 1 to 10 , take deep breaths, try relaxing from toe to head: like Shawasana)

Recognise the Red Flags:

In spite of all our efforts, some students may still face performance anxiety and some may not acquire skills to score. These students are likely to have some endocrine problems like Hypothyroidism or some neurodevelopmental problems like Learning Disability(LD). They need referral to a trained adolescent specialist.

Conclusion:

Friends, if you teach your students all these techniques, methods and skills , in an interesting way, they will surely give better results. This will definitely help reducing anxiety, depression and suicide.

So, all the best, friends!



Chapter

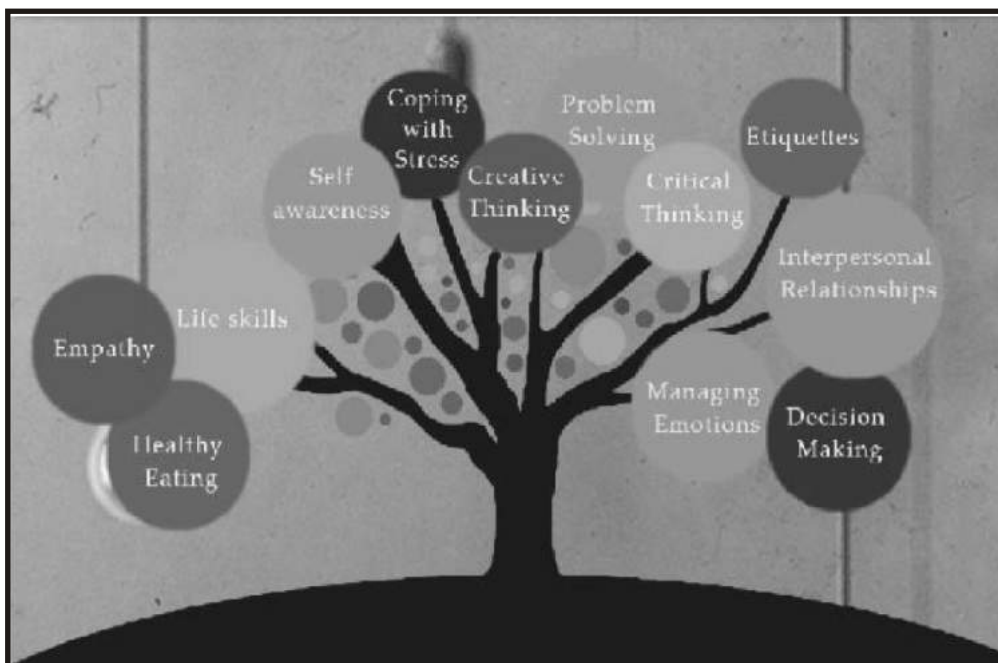
8



Life Skills Education

- Dr. Shilpa Toshniwal

- Dr. Sonia Bhatt



LIFE SKILLS EDUCATION

Introduction

Adolescence is the stage of life when one gives up the dependent attitudes of childhood and learns to think, talk and behave like a responsible and independent adult. During adolescence there is a lot of pressure from parents, friends and society.

Life Skills are a set of basic skills that enable us to deal effectively with the challenges of daily life.

Life skills training improves the quality of a student's life: it enhances his personality, improves his academic performance, and promotes his physical, mental & social health. Life Skills Education is similar to Personality Development, but it is more comprehensive and more systematic. The main aim of life skills training is to make individuals perform to their full potential. Psychologists estimate that the average human being does not use more than 10% of his actual potential. The greatest waste of human resources is the number of people who never reach their potential.

Life Skills

Essentially, there are two kinds of skills those related to thinking, termed "thinking skills," and skills related to dealing with others, termed "social skills". The 10 core life skills, as laid down by the WHO, are:

1. Self-awareness
2. Empathy
3. Critical thinking
4. Creative thinking
5. Decision making
6. Problem Solving
7. Effective communication
8. Interpersonal relationship
9. Coping with stress
10. Coping with emotions

1. Self Awareness and Self Esteem

Self-awareness is understanding our own character, our strengths and weaknesses, our likes & dislikes. We should study the positive and negative aspects of our own character well. Only if we know ourselves we can change.

For example : if we get angry easily, this will create a lot of misery for us and those with whom we interact. We should therefore work to remove this defect. On the other hand, most of us have many lovable qualities which we ourselves do not fully appreciate.

We should be aware of our strengths, and work to further develop those which are important for our future. We should find out our weaknesses, and overcome those which can interfere with our life. For example, we may not be good at singing and dancing, but this is not a problem for most people and can be ignored. But if we are weak in English, it may later interfere with our job prospects. If a person wishes to become an actor he may not need to know English, but it may be important for him to learn to dance.

If we have a clear idea of our likes and dislikes, it will help us to decide what career is best for us, and whom we should get married to. A boy who is fond of making and repairing mechanical gadgets may have a special taste for engineering. A person who is a good singer or dancer may prefer to get married to a partner who has artistic talents.

Only if we understand ourselves can we truly understand others. When we are aware of our weaknesses, it is easier for us to sympathize with the weaknesses of our friends. Only then can we effectively communicate with them and develop good personal relationships.

Self-esteem is when we respect ourselves, despite being aware of our limitations. This happens when we realize that each one of us is unique, and has a place in the family and in society. We value ourselves despite our weaknesses because we also have many special strengths. When we have self-respect, it becomes easier for us to develop our strengths and remove our weaknesses.

Teachers play a very important role in building the self esteem of a teen and increasing his self-confidence.

1. Never label the adolescent stupid, dumb or useless.
2. Never hit him or yell at him.
3. Don't be critical e.g. "your uniform is dirty/messy."
4. Don't be sarcastic e.g. "You have brains, right?"
5. Don't adhere to gender stereotypes e.g. "Boys are good at Maths."
6. When you need to correct him make it clear that it's the behaviour that is unacceptable, not him.
7. Appreciate the effort, not the results. e.g. "It's OK if you didn't score that well; I appreciate that you worked hard."

2. Empathy

Empathy is the ability to imagine what life is like for another person. It helps us to understand others whose life is significantly different from ours, e.g. those who are much younger than us, are of the other sex, belong to a different religion, or have a physical or mental disability or a chronic illness. Empathy helps us to put ourselves in their shoes. It enables us to understand and appreciate them, value the differences, have sympathy for them, develop a helping attitude, and be a good teacher.

Empathy builds trust and relationships, relieves stress and prevents conflicts. Teachers who have empathy create strong bonds with their students. By serving as models, they help their students to develop empathy.

To improve empathy

1. Try to understand the student's perspective.
2. Don't be judgmental. Your perspective of life is different from his.
3. Be curious and show genuine interest in your students.
4. Challenge your own prejudices. Just because you believe in something doesn't mean it's true.
5. Use empathetic language e.g.
 - "I am sorry"
 - "I don't blame you for feeling that way"
 - "I can understand how you may be feeling"
6. Be compassionate.
7. Do not label people.

3. Critical Thinking

Critical thinking is the ability to analyse information and experiences in a scientific and unprejudiced manner. It is the ability to think LOGICALLY and not EMOTIONALLY. It is important for adolescents, as they are in the process of deciding their goals and priorities and planning their future. They should not become victims of peer pressure, media messages and advertisements.

Teachers and parents should teach adolescents the critical thinking skill, which calls for the ability to:

- Recognize unstated assumptions and values
- Comprehend and use language with accuracy, clarity, and discernment

- Interpret data, appraise evidence and evaluate arguments
- Draw warranted conclusions and generalizations.

4. Creative Thinking

Creative thinking involves not only coming up with new ideas but also planning and implementing them. It is the ability to think out of the box. It contributes to both decision making and problem solving. It enables us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience, and respond adaptively to the problems of our daily lives.

Creative thinking is often unconventional, and adults tend to automatically discourage new ideas. Teacher should permit brainstorming for solutions, and give students examples of how useful it can be to think differently e.g. Wikipedia and crowd-funding.

Creative thinking requires intelligence but also extensive reading, deep thought, and plenty of hard work. Only the person who has studied a particular topic intensively and knows it thoroughly can progress beyond it. The concept of Gravity had been casually suggested by many philosophers and scientists in the past, but Isaac Newton worked on it seriously until he proved it.

5. Decision Making

Decision-making is the process of identifying and choosing alternatives based on our values and preferences. It helps us to deal constructively with decisions we take about our lives. Teachers should advise and guide (but NOT pressurise) their students when they make major decisions about their:

- study and future profession
- choice of friends and life partner
- lifestyle e.g. smoking, alcohol, drug use, expressing sexuality

6. Problem Solving

Problem solving consists of using generic or ad hoc methods, in an orderly manner, for finding solutions to problems. Significant problems that are left unresolved cause mental stress. The teacher can use a common problem (e.g. an adolescent who is unprepared for his approaching exams) to teach students the steps of problem-solving:

- Recognize the problem, and define it in detail
- Think of all possible solutions
- Weigh the advantages and disadvantages of each
- Choose the most appropriate solution and implement it.
- Check to see how the solution is working

7. Effective Communication

It is the capacity to express ourselves, both verbally and non-verbally. We should be capable of expressing not only our needs, but also our desires, our opinions, our fears. We should be able to ask someone for help when we are under stress. A caring teacher is the best counsellor to guide a troubled adolescent. The basic rule of effective communication is 'active listening' to both the expressed words and the unexpressed emotions.

a) Active Listening shows the speaker that he is heard, understood and cared about:

- Listen carefully to what the speaker has to say.
- Pay close attention to his feelings, not merely his words.
- Make sure you understand him. Re-phrase what he said in your own words, so that he can clarify further if needed.
- Avoid interrupting. Wait for your turn to speak.

b) Thoughtful speech:

- Think before replying; then state your opinion clearly but gently.
- Allow the other person to reply; do not interrupt him.
- Speak clearly, choose your words carefully, and use an appropriate tone.
- Offer advice only when he is speaking logically and without strong emotion.
- Do not criticise the person; criticise only his opinion, softly, when he is not emotional.

c) Sincere body language: Make eye contact, face the person, and maintain an open posture and a friendly facial expression. Remember that 65% of communication is non-verbal.

8. Interpersonal Relationship

Interpersonal relationships are the strong bonds that one develops with family, friends, teachers and colleagues. Interpersonal relationship skill helps us to develop good friendships and when necessary to end a friendship without hurting the other person.

Our quality of life is determined by our ability to develop and maintain efficient interpersonal relationships with the people who matter in our life. Good relationships require time, effort and attention but the investment pays off in positive mental and physical health. Alternatively, unhappy relationships are a major cause of adolescent depression and even suicide. Teachers who have good relationships with students become mentors and guides, a source of positive motivation, right information and wise advice.

The basic rule is: Be kind to others if you want others to understand and appreciate you.

- Pay your friend a compliment whenever possible.
- Make positive comments about your friend to others.
- Do not insult or hurt him.
- Do not make negative comments about him to others.
- Forget old quarrels, and never mention them again once they are resolved.

9. Coping with Stress

Stress is the daily wear and tear we experience as we adjust to our continually changing environment. It is an inevitable part of daily life. **Stress may be**

1. EUSTRESS (Good stress) when it is mild and motivates us to do better.
2. DISTRESS (Bad stress) when it is excessive, reduces our performance, affects our health and makes us unhappy.

Sources Of Stress For Adolescents

- 1] School demands
- 2] The physical and emotional changes of adolescence
- 3] Relationship problems with friends or peers
- 4] Relationship problems with parents and siblings
- 5] Financial or health problems in the family
- 6] Separation or divorce of parents
- 7] Taking on too many activities

Signs and Symptoms of Stress

Teachers are often the first to recognize stress in students, by these signs:

- Always looking anxious or depressed
- Restless in class, decreased attention and concentration
- Fall in academic performance

- Excessively tired or sleepy in the class
- Substantial loss or gain of weight.

Management of Stress in Students

- Study for 3 hours daily, at a regular study time. Poor scholastic performance is the greatest stress of adolescence.
- Sleep 9 hours daily. It is nature's stress buster.
- Exercise regularly
- Eat a balanced diet
- Avoid excess caffeine intake
- Learn relaxation exercises (yoga, pranayama)
- Go out for recreational activities (watching movies, plays, concerts)
- Effective time management reduces a lot of stress
- Tackle a significant problem promptly. Ignoring usually worsens the problem
- Avoid negative coping skills (drugs, alcohol, taking sedatives, taking stimulants)
- Daily prayer

10. Coping with Emotions

Life has ups and downs. One has to learn to cope with downs and still remain calm. Negative emotions (sadness, anger, loneliness, jealousy, self-criticism, fear or rejection) can be difficult and even painful at times.

Children cry or laugh for the most trivial reason; their emotions are shallow and change rapidly. Adults are not so easily moved to tears or to laughter; their emotions are deep and long-lasting. The adolescent is in between: like a child, his emotions change rather easily; yet like an adult he has deep emotions. Hence an adolescent may become very depressed and even decide to commit suicide for a comparatively trivial reason such as under-performing in an exam.

To cope successfully with a negative emotion, the adolescent should first identify it and then decide how to handle it.

a) Identify the Emotion

- Be aware of how you feel; name your emotion e.g. I feel afraid of my exam.
- Don't hide how you feel from yourself e.g. accept that you are scared of giving the exam.
- Know why you feel the way you do e.g. inadequate preparation, difficult subject. Don't give excuses.
- Accept your emotion as natural and understandable.

b) Take Action

- Decide if you need to express your emotions.
- Decide to whom and how best to express them
- Build positive emotions e.g. tell yourself that exams are challenging, and you will try to do your best.
- Seek support. Teachers should assure students that they are always there for them.

Anger Management

Anger is common in adolescents, and they should be taught to control it.

- *Do not get angry about minor problems.* The majority of provocations are quite trivial, as we will realize after the anger has subsided. Most provocations are unintended, and often the other person is unaware that he has irritated you. If we firmly decide not to be provoked, we will gradually avoid getting angry over minor problems. Ultimately we will get angry very infrequently.

- *Count backwards from 100.* We react harshly when irritated, and this provokes the other person, who then says something that further annoys us. If we patiently and silently count backwards 100, 99, 98, 97 etc., we will cool down within a few seconds.
- *Now state clearly (and calmly) that "I became upset when you did (or said) such a thing."* We should explain that (i) we are upset, and (ii) why.
- *Speak softly and carefully.* When we are upset we tend to speak loud and harshly, and also deliberately use insulting words. This upsets the other person, so he cannot correct his mistake and apologize.
- *Leave the place,* if we cannot control ourselves. It is better to deal with the problem later, rather than to lose our temper.
- *Catharsis:* Write down what made you feel angry, then tear the paper or flush it or burn it.

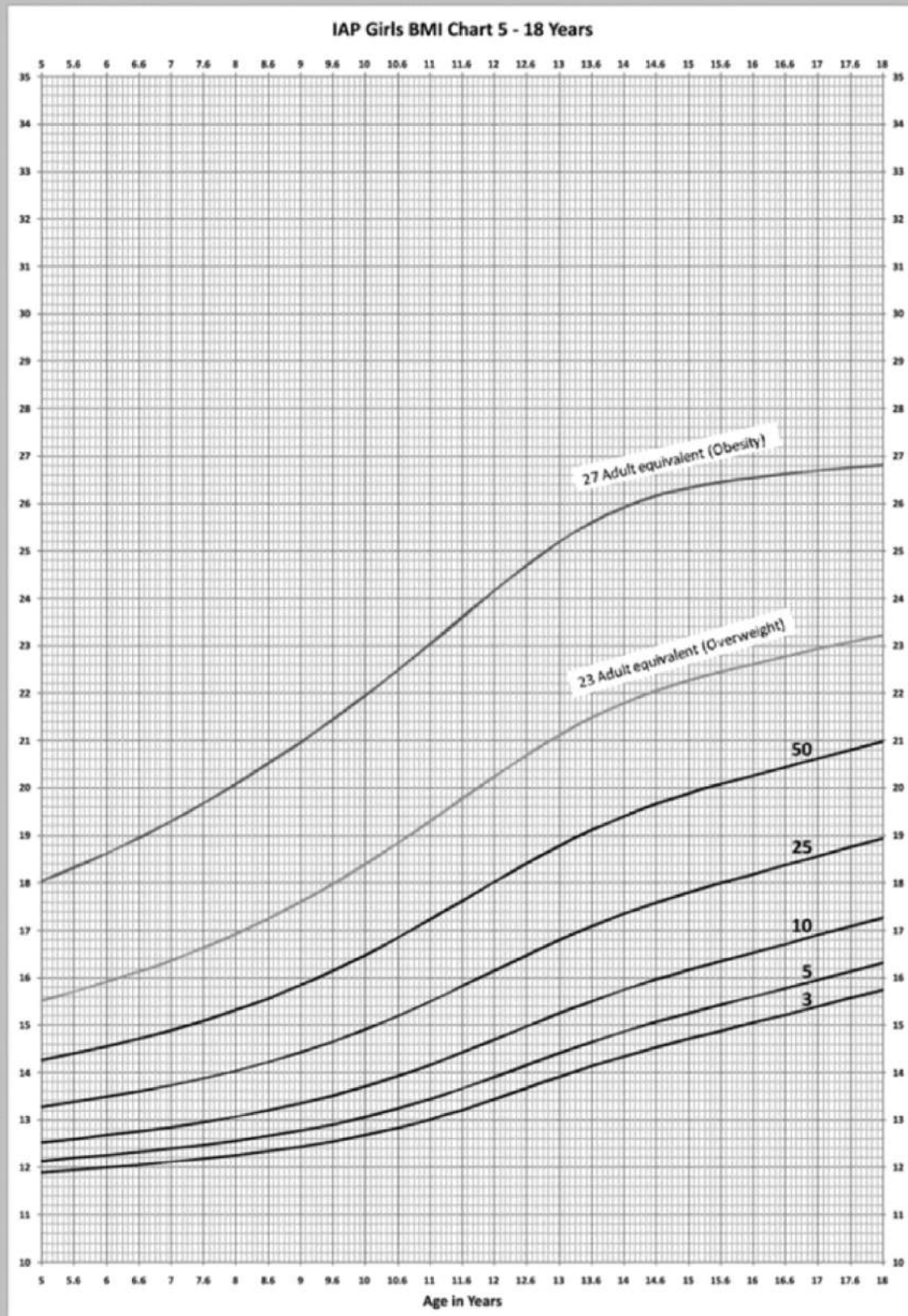
Conclusion

Life skills can be taught by an active process that includes role plays, games, brainstorming and debates. Schools are uniquely placed to play a key role in promoting and sustaining young people's emotional and social health. They play a significant role in providing a rounded quality education which helps the pupils to gain confidence.



5 to 18 Years : IAP Girls Body Mass Index Charts

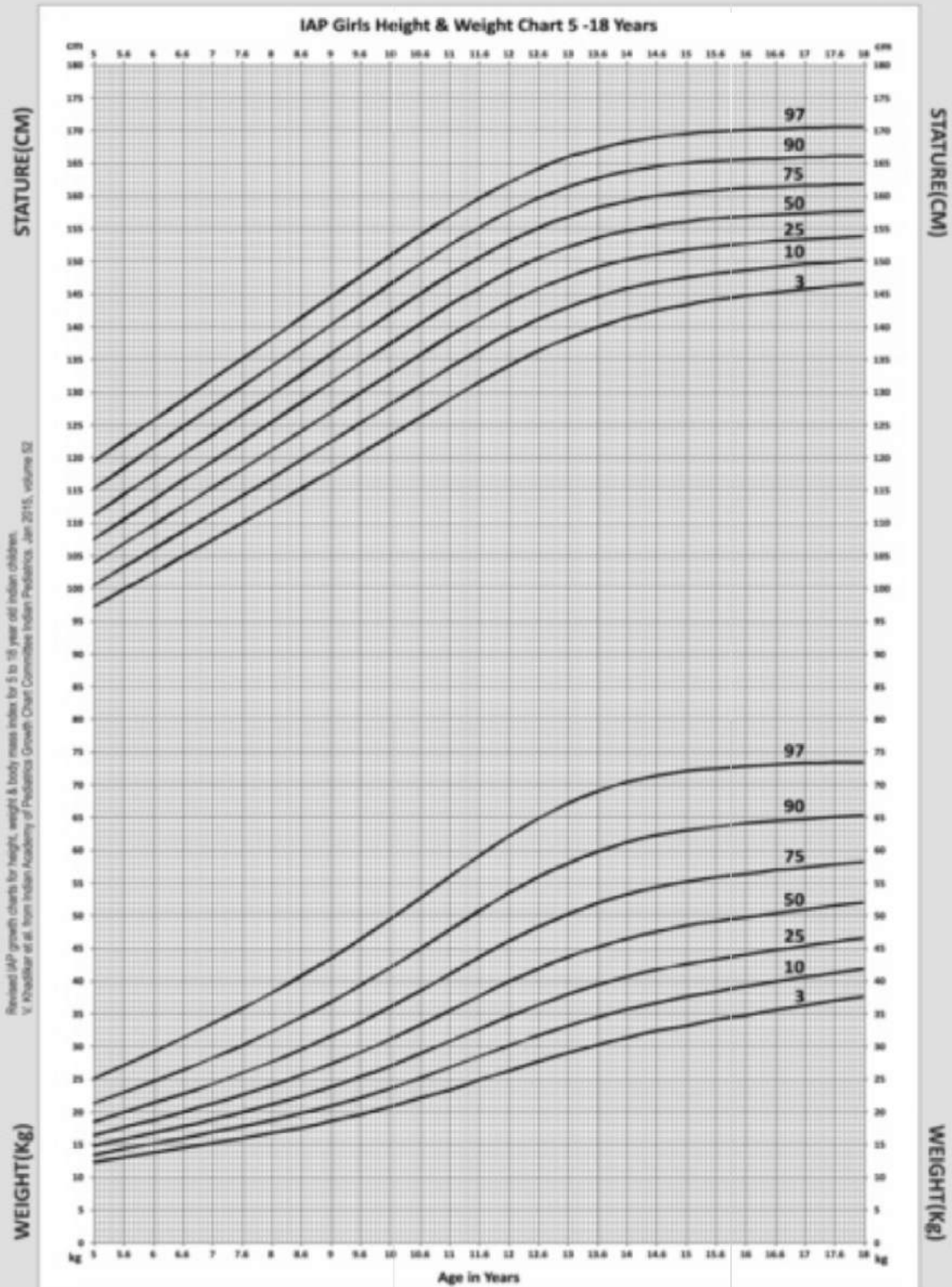
Revised IAP growth charts for height, weight & body mass index for 5 to 18 year old Indian children.
V. Khadilkar et al. from Indian Academy of Pediatrics Growth Chart Committee Indian Pediatrics, Jan 2015, volume 52



<https://www.iapindia.org/wp-content/uploads/2018/08/IAP-Girls-BMI-Chart-5-18-years-746x1024.jpg>

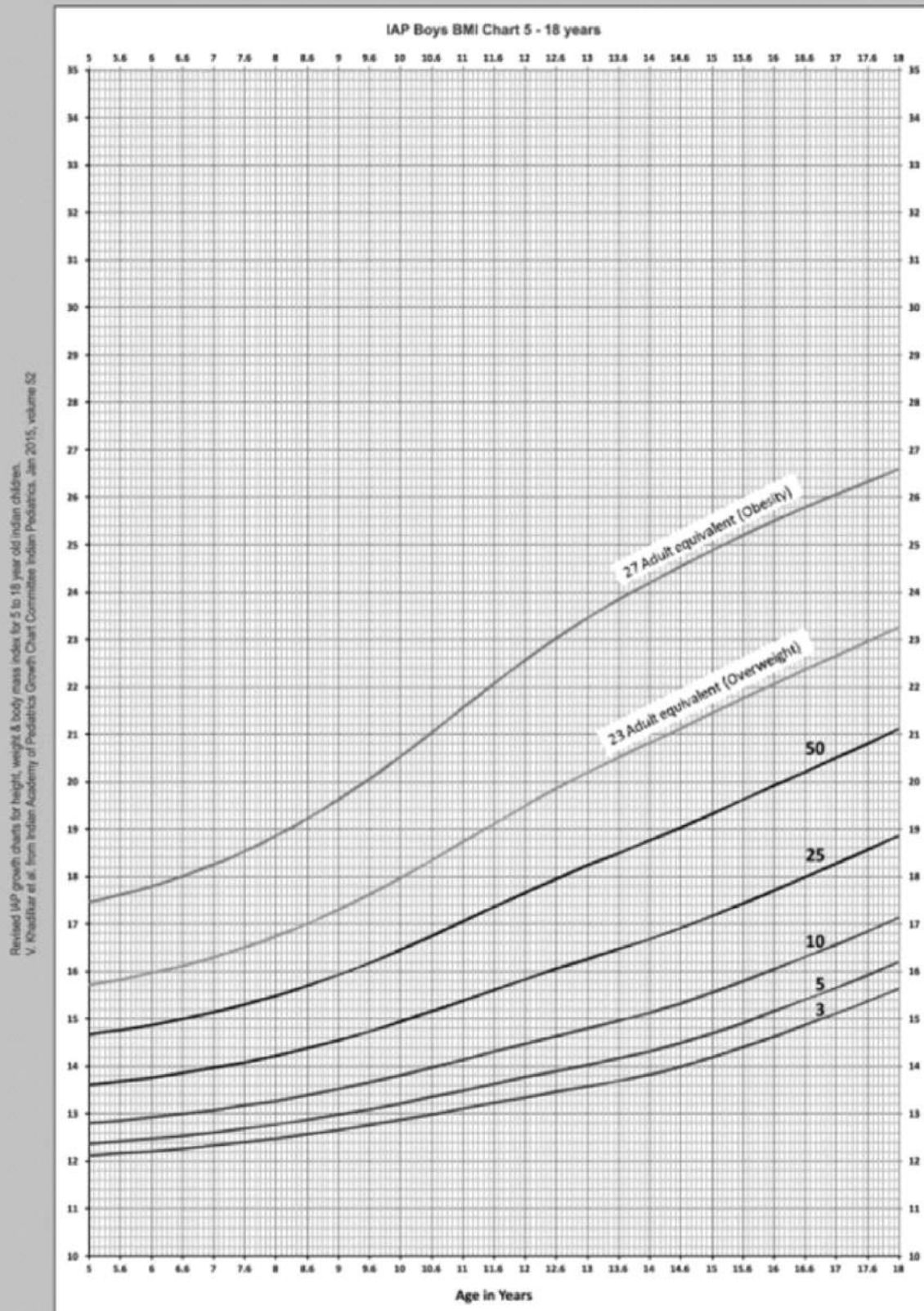
5 to 18 Years : IAP Girls Height and Weight Charts

Father's Height _____ Mother's Height _____ Target Height _____



<https://www.iapindia.org/wp-content/uploads/2018/08/IAP-Girls-Height-Weight-chart-5-18-years-746x1024.jpg>

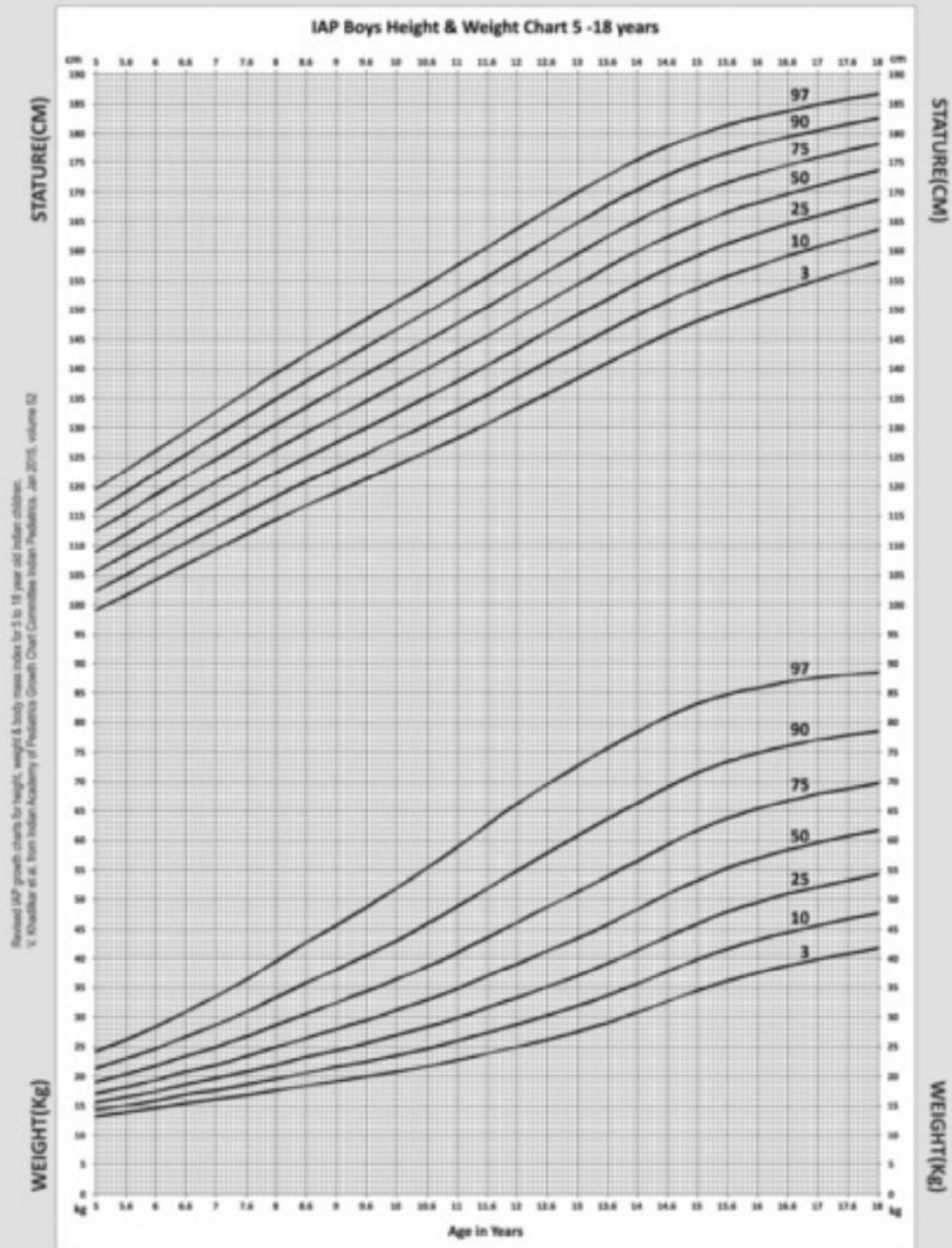
5 to 18 Years : IAP Boys Body Mass Index Charts



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5 to 18 Years : IAP Boys Height and Weight Charts

Father's Height _____ Mother's Height _____ Target Height _____



<https://www.iapindia.org/wp-content/uploads/2018/08/IAP-Boys-Height-Weight-chart-5-18-years-1-746x1024.jpg>

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