

Prospective-dynamic approach: A conceptual proposal for adolescent health care

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ABSTRACT

Adolescent health care has been structured around present-focused approaches: rights, holistic health, risk, and gender. These frameworks have led to substantial progress, but they share a limitation: they describe the adolescent's current state without offering a systematic way to project their future trajectory. We present the prospective-dynamic approach, a conceptual framework that integrates these frameworks with an explicit temporal orientation and draws on self-determination theory, motivational interviewing, the future-oriented perspective on adolescent development, the life-course perspective, and positive adolescent development. The prospective-dynamic approach is organized into five operational components—comprehensive assessment with a temporal perspective, exploration of desires and purpose, construction of trajectories and scenarios, definition of microgoals, and periodic follow-up checkpoints—which can be incorporated into routine consultations without replacing current approaches. This article discusses its rationale, clinical application, and limitations.

Keywords: *adolescent health; theoretical models; motivation; professional-patient relationships.*

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INTRODUCTION

Over the past few decades, adolescent health care has increasingly incorporated the rights-based, holistic, risk-based, and gender-based approaches. Each of these approaches has substantially changed the way adolescents are viewed: from objects of protection to subjects of rights; from a focus on disease to a focus on care; from isolated symptoms to an analysis of the person as a whole; and from a perspective determined solely by “sex” to a focus on gender and equity. These frameworks continue to underpin everyday clinical practice.

However, when examined as a whole, they share a common feature: they fundamentally describe what adolescents are or do in the present, in line with recent literature on the shift from an approach focused on individual risk behaviors to a broader understanding of “well-being ecosystems”.¹ They offer, however, few systematic tools for addressing the temporal dimension of health—that is, for supporting the construction of a trajectory toward the future. This limitation becomes more significant in a context where adolescent subjectivity has undergone considerable transformation: constant exposure to digital stimuli, immediacy as a dominant cultural value, and the fragmentation of supportive relationships pose challenges that models focused exclusively on risk control do not always manage to address effectively.^{2,3}

International evidence supports broadening our perspective. The second Lancet Commission on Adolescent Health and Well-Being, published in 2025, argues that ensuring adolescents’ health and well-being now and in the future is one of the most effective ways to safeguard our collective future, and explicitly calls for building the capacity to map pathways to well-being with adolescents themselves.⁴ Along the same lines, a now-classic report from the U.S. National Academy of Medicine warned that adolescent health services are often limited to addressing acute episodes, thereby failing to take advantage of each clinical encounter as an opportunity to promote long-term development.⁵

This article presents the prospective-dynamic approach (PDA), a conceptual framework developed from clinical practice in adolescent health that integrates existing frameworks with an explicit focus on the adolescent’s future trajectory.

CONCEPTUAL FOUNDATIONS

The PDA is not based on an isolated intuition

but rather draws on well-established theoretical writings. Self-determination theory posits that behaviors are sustained over time when individuals perceive them as expressions of autonomous motivation—linked to their own values—rather than as the result of external imposition, and that this autonomous motivation depends on fulfilling three basic psychological needs: competence, autonomy, and relatedness.⁶ This framework explains why clinically sound but externally imposed recommendations tend to be short-lived. The motivational interviewing style, widely validated in work with risky behaviors and substance use, shares this premise: it aims to elicit the person’s reasons for change rather than impose them.⁷

Added to this is the concept of future orientation, understood as the ability—which develops progressively during adolescence—to motivate oneself, plan, and evaluate goals related to one’s own future, a psychological developmental process consistently associated with better health outcomes.⁸ The life-course perspective also provides a broader temporal framework: life trajectories are constructed over time, and decisions made at a given moment influence—without rigidly determining—future trajectories.⁹ For this reason, the positive adolescent development model supports the idea that actively promoting strengths and purpose, rather than merely identifying deficits, is associated with better long-term health and developmental outcomes.^{10,11}

DEFINITION AND STRUCTURE OF THE PROSPECTIVE-DYNAMIC APPROACH

The PDA is a conceptual framework that integrates risk, rights, and gender perspectives with a forward-looking orientation. It is based on the standard comprehensive assessment of adolescents—for example, the one provided by the Adolescent Medical Record from the Latin American Center for Perinatology, Women’s and Reproductive Health, which is widely used in the region¹²—and incorporates a projective assessment that allows for the development, together with the adolescent, of possible pathways and goals with periodic checkpoints to facilitate follow-up.

In operational terms, the PDA can be described as the articulation of three dimensions: purpose (the direction of the process, as defined by the adolescent), method (how that process is supported, using tools from the motivational

approach), and time (when and at what pace that process is reviewed and adjusted). The PDA does not replace risk-based, rights-based, holistic health, or gender-based approaches: it integrates them into a sequence that adds the temporal dimension.

OPERATIONAL COMPONENTS

For clinical application, the PDA is organized into five components (*Table 1*), designed as a flexible sequence rather than a rigid protocol. The first, comprehensive assessment with a temporal perspective, does not replace the standard biopsychosocial evaluation but rather complements it with questions about the adolescent's past trajectory, current status, and prospects. The second component, "desires and purpose," seeks to identify what gives meaning to the adolescent's life, in line with the aforementioned evidence on positive development.¹⁰ The third component, "trajectories and scenarios", incorporates a socioecological perspective that simultaneously considers the different levels of the adolescent's environment—individual, family, school, and community—when mapping out possible paths.¹³ The fourth, microgoals, translates the trajectory into concrete, achievable, and verifiable steps that reinforce the perception of self-efficacy. The fifth, regular check-ins, prevent follow-up from becoming diluted between infrequent appointments, maintaining a consistent rhythm of joint review.

CLINICAL APPLICATION

By way of illustration—this is a hypothetical scenario for explanatory purposes and not a real clinical case—consider a 16-year-old adolescent who seeks care for frequent drug use and disorganized habits, and who refuses a referral to mental health services because he does not recognize his behavior as a problem. A risk-focused approach identifies vulnerabilities and sets boundaries. A prospective-dynamic approach, by contrast, starts with different questions: What interests you today? What would you like to achieve? Where do you see yourself in a year? Based on these answers, it is possible to map out a trajectory and co-construct microgoals that do not immediately aim for the cessation of drug use, but rather at regaining direction and connections—resuming a sports activity, reestablishing a positive group connection, improving sleep—each of which serves as an anchor that reduces the risk of relapse and strengthens perceived self-efficacy. The risk is not denied: it is reframed within a meaningful path. In this way, it is possible to maintain and build a relationship that channels the individual's needs toward timely referral to mental health services and collaborative interdisciplinary work.

WHAT THE PROSPECTIVE-DYNAMIC APPROACH IS NOT

Clarifying the limits of the prospective-dynamic approach helps avoid superficial applications

TABLE 1. Operational components of the prospective-dynamic approach

Component	Clinical objective	Guiding question(s)
1. Comprehensive assessment with a temporal perspective	To supplement the standard biopsychosocial assessment with a temporal dimension.	<i>How did you get here?</i> <i>What would you like to happen next?</i>
2. Desires and purpose	To identify what gives meaning to and sustains the adolescent's motivation.	<i>What would you like to accomplish this month?</i> <i>What would you like to be when you grow up?</i>
3. Trajectories and scenarios	Map out possible paths, taking into account the individual, family, and community environments.	<i>How do you see yourself achieving your goal in school?</i>
4. Microgoals	Break down the journey into concrete, achievable, and verifiable steps.	<i>What would be a possible first step toward achieving what you want?</i>
5. Periodic checkpoints	Maintain ongoing monitoring to review progress and adjust the course.	<i>What has changed since our last meeting?</i> <i>Now, how do we move forward?</i> <i>Do we keep doing the same thing, or do we make some changes?</i>

(Table 2). It is not equivalent to simply setting goals without a framework or follow-up; it does not involve denying or downplaying risks but rather putting them into context; it does not consist of imposing goals defined by the healthcare team but rather co-constructing them based on the adolescent's intrinsic motivation; and it does not replace the purpose, method, or duration of routine care, but rather integrates them.

IMPLICATIONS FOR PRACTICE AND LIMITATIONS

Incorporating the PDA involves a shift in the professional role—from an expert who prescribes to a facilitator who supports processes of discovery—consistent with the broader evolution of adolescent medicine toward person-centered models.¹⁴ Among the potential benefits identified in the author's clinical experience are greater adherence, a strengthened therapeutic bond, and a greater sense of autonomy and meaning on the part of the adolescent (Table 3), in line with what has been described by positive psychology as applied to public health,¹⁵ although these effects

have not yet been systematically evaluated through specifically designed studies.

This is, precisely, the main limitation of the PDA in its current form: it is a conceptual proposal derived from clinical practice and a synthesis of evidence from related fields, rather than a model validated through original primary research. Its heuristic value does not eliminate the need for empirical evaluation. A key item on the future agenda is designing instruments to measure its implementation and its impact on indicators of adherence and adolescent well-being in various care settings.

CONCLUSION

The prospective-dynamic approach does not seek to replace the frameworks of rights, comprehensive health, risk, and gender that underpin current adolescent care, but to give them an explicit temporal orientation. By shifting the focus of the consultation from managing current harm toward the joint construction of a future health trajectory, it proposes a concrete path—assessment with periodic check-ins, exploration

TABLE 2. What the prospective-dynamic approach is and is not

PDA is	PDA is not
An integration of risk, rights, and gender approaches with a temporal orientation.	An approach that replaces those frameworks.
Co-constructing goals based on adolescents' intrinsic motivation.	Imposition of goals defined by the healthcare team.
Placing risk within the context of a purposeful life path.	Denial or minimization of risk.
Aligning purpose, method, and timing.	Simply setting goals without a support structure or follow-up.

PDA: prospective-dynamic approach.

TABLE 3. Theoretical foundations of the prospective-dynamic approach and its clinical application

Theoretical framework	Key contribution	Application in the PDA
Self-determination theory ⁶	Behaviors are sustained when they stem from autonomous motivation (competence, autonomy, relatedness).	Co-creating goals based on the adolescent's desires.
Motivational interviewing ⁷	Encourage individuals to identify their own reasons for change, rather than imposing them.	Communication style regarding the desires and purpose component.
Future orientation ⁸	Ability to plan and evaluate goals related to one's own future.	The component of trajectories and scenarios.
Life-course perspective ⁹	Life paths are built over time.	Periodic check-ins and longitudinal follow-up.
Positive adolescent development ^{10,11}	Promoting strengths and purpose, not just identifying deficits.	Desire and purpose component; comprehensive assessment.

PDA: prospective-dynamic approach.

of purpose, mapping of life paths, microgoals, and periodic checkpoints—so that adolescent health care systematically incorporates the future-oriented dimension that today's adolescents need to build. ■

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