

Engaging Adolescents: Assessing Risk and Resilience

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Disclosures



I have no financial disclosures.

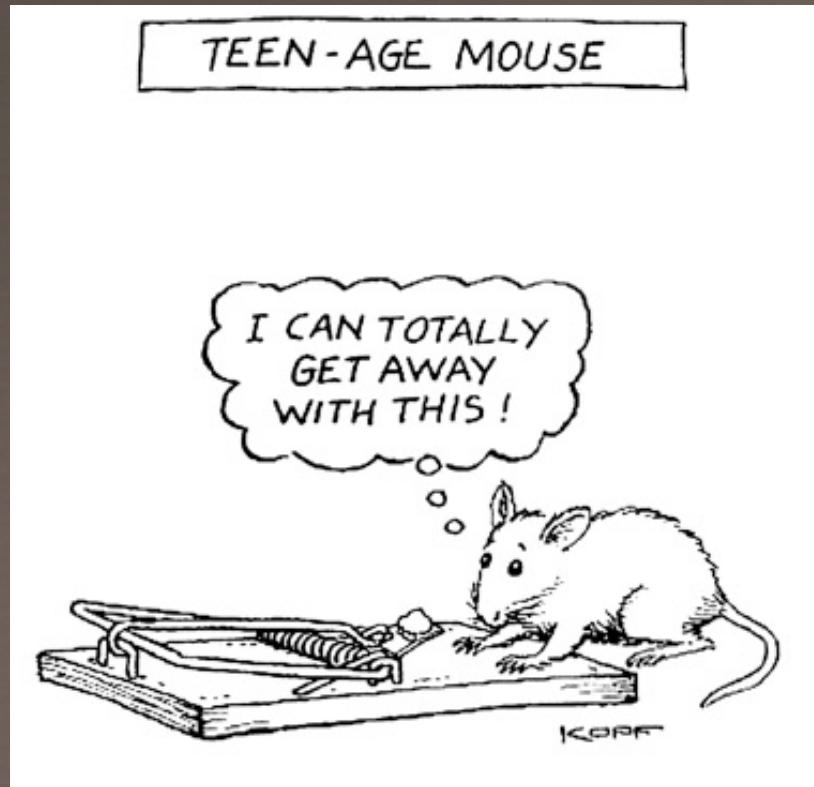
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Adolescent Medicine 101



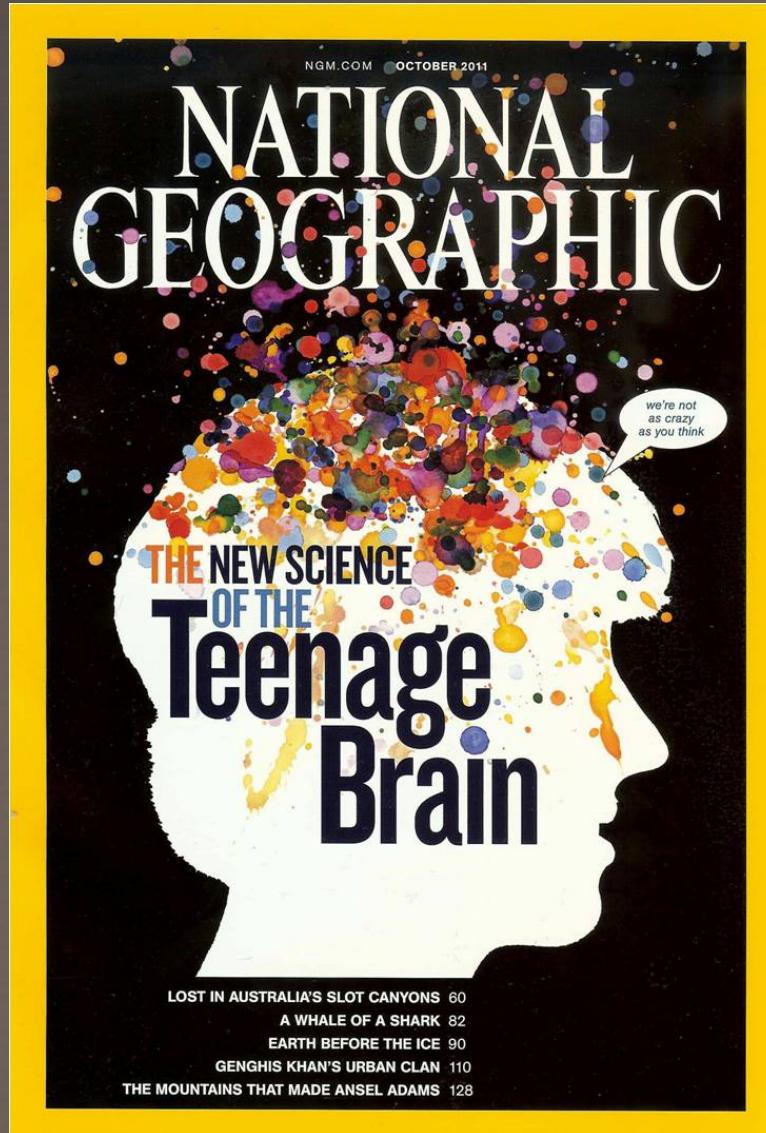
*If interacting with teenagers frightens you,
thank you for coming today!*

Objectives

- Understand the developmental trajectory of adolescence, and its impact on behaviors and communication
- Learn strategies to engage adolescents regarding a variety of risk behaviors
- Appreciate the value of a strengths-based (not risk-based!) approach to engaging teenagers

Extra Credit: Describe strategies to engage teenagers about sexuality and sexual health

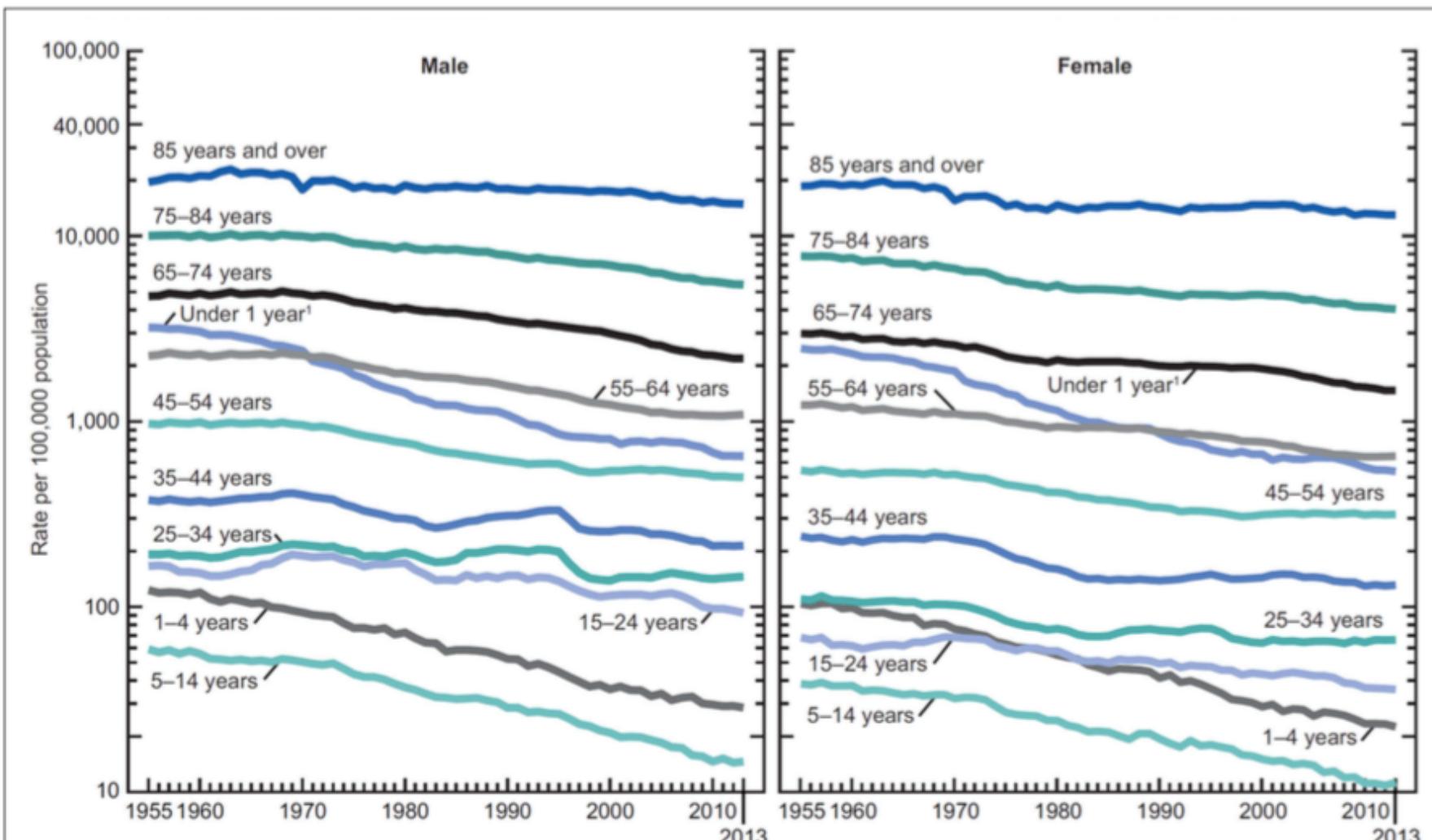
Adolescent Medicine 101



Why assess risk?

- In general, one of the healthiest periods of life
- Major causes of adolescent mortality:
 - Unintentional injury, homicide, suicide
- Determinants of future health often start during adolescence
 - Tobacco, alcohol, and other drug use, overweight/obesity, poor diet, physical inactivity

*What explains the rapid rise in mortality
that occurs with adolescence?*



¹Rates are based on population estimates and differ from infant mortality rates (based on live births); see Figure 7 for infant mortality rates and Technical Notes for further discussion of the difference.

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

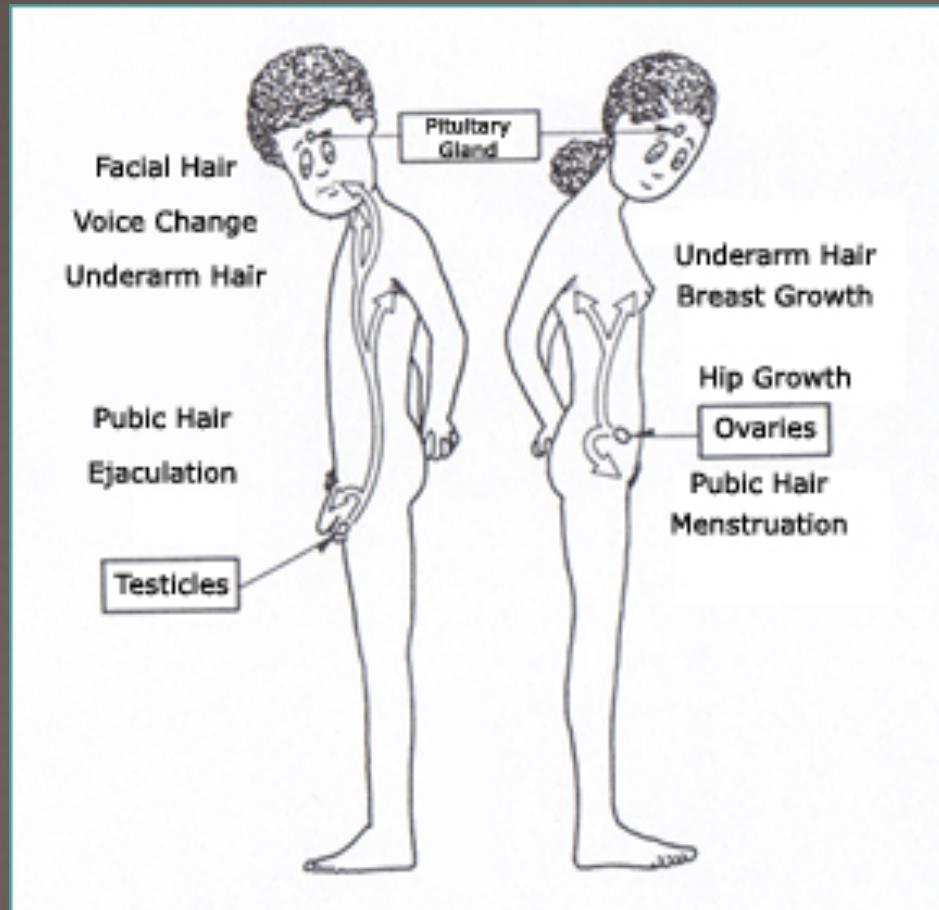
Figure 3. Death rates, by age and sex: United States, 1955–2013

Puberty & Psychosocial Development

Interaction of physical, psychological, and environmental factors

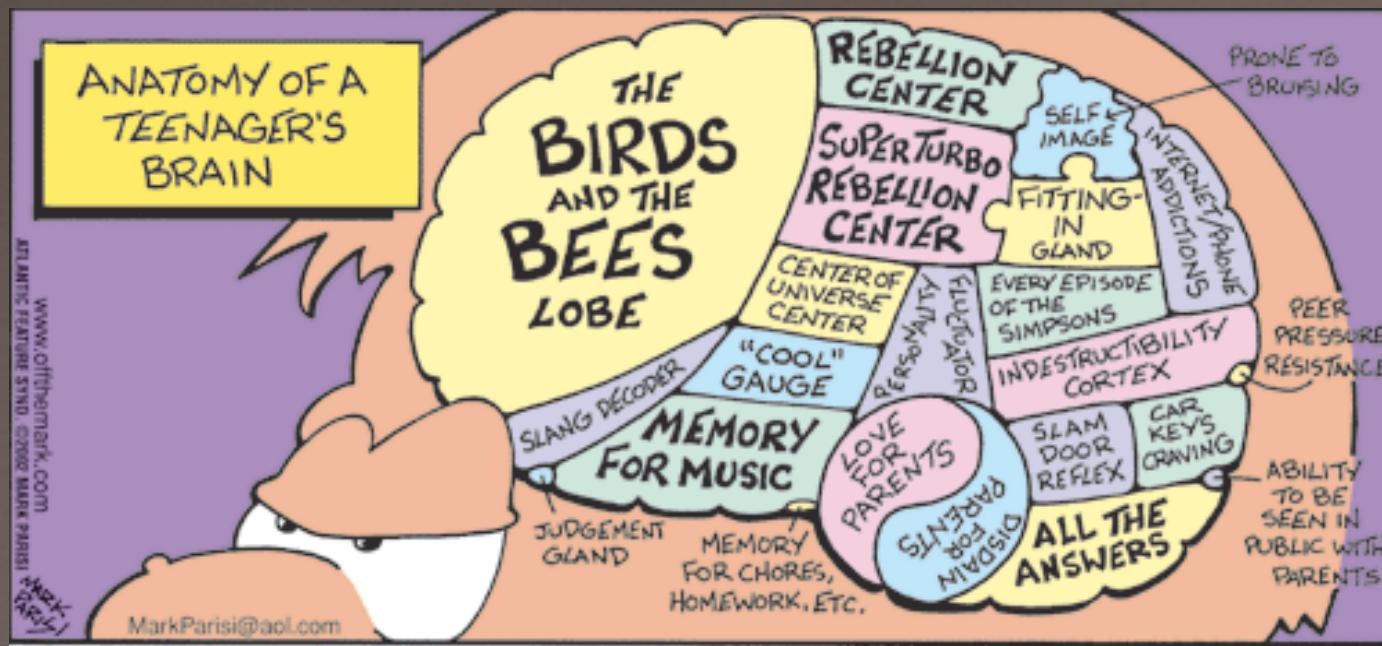
- Physical changes
 - Rapid growth
 - Secondary Sex Characteristics
 - Brain development

Emotional and cognitive abilities are also still developing!



Puberty & Psychosocial Development

Adolescents may seem inconsistent in controlling their emotions, impulses, and judgment



Psychocognitive changes also follow a pattern...

Psychosocial Development

Early Adolescence: *Am I normal?*

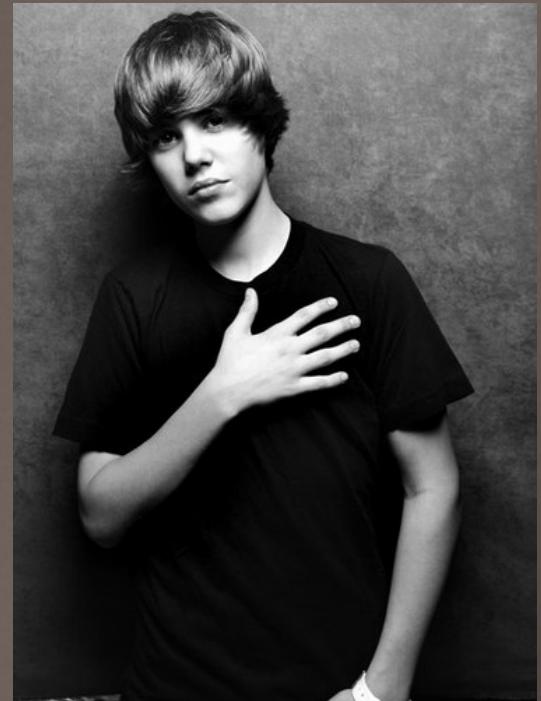
- Concrete thinkers
- Wide mood swings
- Preoccupation with one's own body
- Intense same sex peer relationships



Psychosocial Development

Early Adolescence: *Am I normal?*

- Idealized "crushes"
- May initiate sexual activity, including experimentation with same-sex partners



Tips:

- ✓ Be sensitive to an overwhelming self-consciousness
- ✓ Be simple, concrete, and objective with clear limits

Psychosocial Development

Middle Adolescence: "*No one understands*"

- Some abstract thought, but still bulletproof
- Heightened self-consciousness, testing and showing off body
- Experiment with risk behaviors
- Strong peer group attachments



Psychosocial Development

Middle Adolescence: “*No one understands*”

- Concerns about peer sexual norms
- More intense romantic involvements
- “Serial monogamy”



Tips:

- ✓ Don't be a parent or a peer; be an ally
- ✓ Be objective, non-judgmental, and avoid assumptions
- ✓ Use motivational interviewing techniques
- ✓ Avoid giving advice unless requested

Psychosocial Development

Late Adolescence: *"Can I do this on my own?"*

- Appreciate his or her own body as normal
- Make and follow through with decisions
- Engage in fewer risk behaviors as they start to appreciate consequences

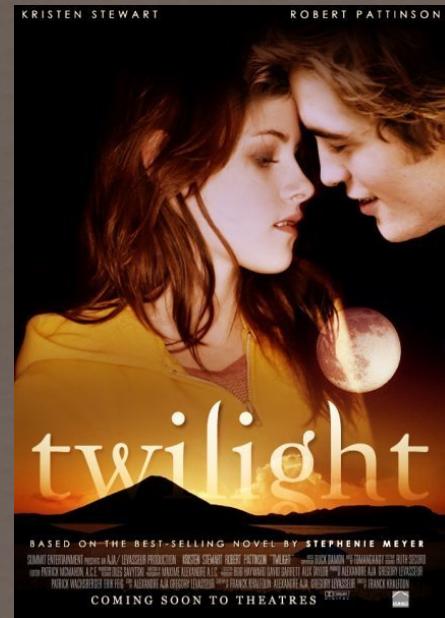


Psychosocial Development

Late Adolescence:

“Can I do this on my own?”

- Less emphasis on peer conformity
 - Independence within romantic relationships



Tips:

- ✓ Seek out the hidden agenda
 - ✓ Avoid overestimating maturity
 - ✓ Act as a resource, assist with system navigation, transition to adult care



Intro: Communicating with Teens

Setting the Tone

- Are we trustworthy?
 - Don't expect a teen to disclose the most personal details of their lives
 - Some teens may have life experiences that have taught them to build protective barriers
- Are we respectful?
 - Just listen. Hear what is not being shared.
 - Explore with permission.
 - Explain the WHY behind “personal” questions

Intro: Communicating with Teens

Confidentiality is Important

- Why?
 - Essential for accurate, comprehensive care
 - Developmentally appropriate
 - It's not about keeping secrets or undermining the role of the parent
- When you have to break confidentiality-
 - Disclose limitations up front
 - Discuss how you will do this with the teen first
 - You don't always have to disclose everything

The Psychosocial Interview: HEADSSS vs SSHADESSS

Home
Emotional/eating
Activities
Drugs/substance use
School
Safety
Sexuality

Strengths
School
Home
Activities
Drugs/substance use
Emotional/eating
Sexuality
Safety
Stress

S is for Strengths

- Society often sees teens only as risk-takers and misses all the positive things they do
 - Even parents miss opportunities to reinforce and recognize strengths
- Strengths based approach
 - Puts a positive spin on the encounter
 - Supports confidence for change
 - Challenges teens to live UP and not DOWN to our expectations of them

S is for Strengths

Sample Questions

- To help me get to know you, tell me something about yourself that makes you proud.
 - How do you respond when they say, “I have big muscles and great hair”?
- How would your best friends describe you?

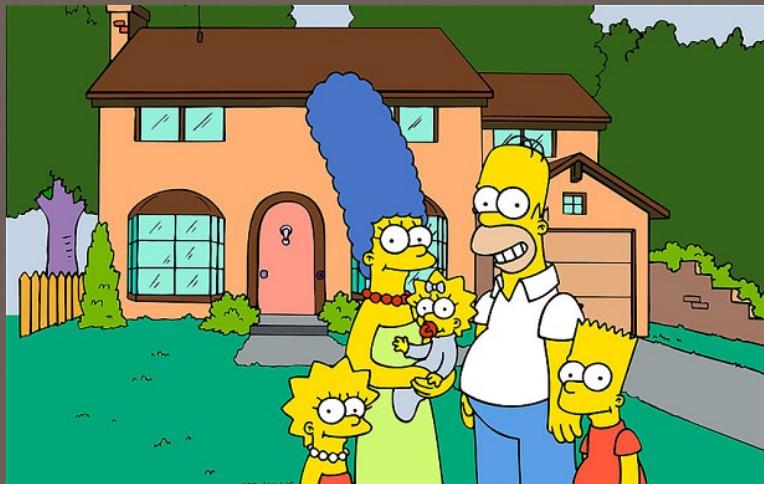
S is for School

Sample Questions

- What do you enjoy most/least about school?
- Have you missed any school this year?
- How are your grades? How does that compare to your usual performance?
- Do you feel like you are doing your best at school? What's getting in the way?
- Do you feel safe at school?

H is for Home

- Home is the first classroom for life
- Connection to stable adults is highly protective against many health risks
- Parents are the most important people in teens lives
- Praise positive relationships with adults



H is for Home

Sample Questions

- Who do you live with?
- Have there been any recent changes at home or with your family?
- How do people in your family get along?
- How do you resolve disagreements?
- Is there anyone in your family you could talk to if you felt stressed?
- Who would you go to first?

A is for Activities

- Teens derive much of their identity and self-esteem from their peer relationships and activities
- Don't settle for "hanging out"
- Screen for problematic media use
- Often a good place to ask about exercise/physical activity

A is for Activities

Sample Questions

- Tell me what you like to do with your friends.
- What kind of things are you doing for fun?
- How do your parents feel about your friends?
- Are your friends treating you well?
- Are you still involved in the activities you were doing last year?
- Are there rules in your house about using your phone or social media?

D is for Drugs/Substance use

Sample Questions

- Do any of your friends smoke/vape, use drugs or alcohol?
- Have you ever felt pressured to? How would you respond if you did?
- Have you ever smoked/vaped, drank alcohol, used pills or other drugs?

Tip:

- ✓ The CRAFFT questionnaire screens for problematic substance abuse

E is for Emotions

- Screen for depression equivalents
- Ask about self-harm
- Follow up with questions about how this impacts their life
- Assess their coping strategies and support network

Tip:

- ✓ The PHQ-2/9 screens for depression
- ✓ The SCARED or GAD-7 screens for anxiety



E is for Emotions

Sample Questions

- Do people get on your nerves more than they used to?
- Are you feeling more bored than usual?
- Do you get nervous a lot?
- Are you having trouble sleeping lately?
- Have you ever felt so down that you felt like life wasn't worth living?

E is for Eating/Exercise

Sample Questions

- Does your weight/size/shape bother you in any way?
- Do you consider yourself a healthy eater?
- How is your nutrition? Are you skipping meals?
- Have you been trying to gain or lose any weight? Tell me why.
- What do you do to stay healthy?

S is for Safety

Sample Questions

- Have you ever been bullied?
- Do you feel safe at school/in your neighborhood?
- Are there people that you know who carry weapons?
Have you ever felt that you needed to?
- What kind of things make you mad enough to fight?
- Do you ever get into (physical) fights with your boyfriend/girlfriend?
- Has anyone ever touched you physically or sexually in a way that you did not want them to?

Tip:

- ✓ Screen for online safety

S is for Sexuality

Basic Concepts: Talking about Sexuality

- Realize the risk for confusion, shame, and insecurity
- Focus on healthy, trusting, respectful relationships
- Keep conversations gender neutral
- Assume the best, give permission for readiness
- Assess knowledge and attitudes about pregnancy and STI prevention
- Be vigilant for problematic media use

Extra Credit: Engaging teens about sexual health



S is for Sexuality

Sample Questions

- Are you attracted to guys, girls, both, or still working it out?
- Tell me about any romantic relationships you have been involved in.
- Have you ever had sexual intercourse?
- Was it your choice? How did you decide it was the right thing for you?
- Some of my patients tell me they feel pressured into having sex. Have you ever felt that way?

S is for Sexuality

Sample Questions

- How do you feel now about the sexual relationships you have been involved in previously?
- Have you ever been worried that you/your partner could be pregnant? Have you ever been worried about having a sexually transmitted disease?
- Have you ever thought about being on birth control?
- Do you and your partner use condoms?

? - *How do we counsel the teen who is NOT sexually active?*

How will I remember all that?

3 - Question Brief Psychosocial Screen

1. How is school going? Really? What's been going on?
2. Would you describe yourself as pretty happy or stressed? How is life going for you?
3. When you aren't happy, how do you handle it and who do you talk to?

If you forget, just remember...

- It helps to be genuine, and genuinely interested
- Keep the stages of adolescence in mind
- Don't be a parent or a peer; be an ally
- Don't be judgmental (or at least maintain your poker face)
- Keep an eye out for the hidden agenda
- Look for strengths – *it takes practice, but once you start, you will see strengths everywhere.*

Wrapping Up

- Effective communication with teenagers starts with **taking a positive view**
- Risk-based approaches engender shame, and shame impedes engagement
- **Strengths are part of the solution** in addressing risk, so find them!
- Adolescents respond better and listen more attentively to adults who genuinely seem to **care for and respect** them.

Resources

A CONTEMPORARY PEDIATRICS RESOURCE CENTER

HEEADSSS 3.0: THE PSYCHOSOCIAL INTERVIEW FOR ADOLESCENTS UPDATED FOR A NEW CENTURY FUELED BY MEDIA

As part of our commitment to providing the pediatric practitioner with practical clinical information and tools that are immediately applicable to incorporate into daily practice, *Contemporary Pediatrics* is launching a series of topic-specific Resource Centers. Resource Centers comprehensively cover a single clinical topic and include articles, tools, videos, links to CME, and more.

Since HEEADSSS, the psychosocial exam for adolescents, is such a critical part of the field of adolescent medicine and for the training of pediatric residents, the *Contemporary Pediatrics HEEADSSS Resource Center* is dedicated to imparting clinicians with the considerations, rationale, and clinical flexibility of this assessment in a single site that can serve as a starting point for students, residents, and teachers alike. Access this Resource Center's tools, videos, and articles in support of the HEEADSSS goal of fostering patient-physician rapport, at [ContemporaryPediatrics.com/HEEADSSSresourcecenter](https://www.contemporarypediatrics.com/HEEADSSSresourcecenter)



<https://www.contemporarypediatrics.com/article/heeadsss-30-psychosocial-interview-adolescents-updated-new-century-fueled-media>

Resources

The CRAFFT Screening Questions

Please answer all questions honestly; your answers will be kept confidential.

Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high?

"anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"

No

} If you answered NO to ALL (A1, A2, A3) answer only B1 below, then STOP.

Yes

} If you answered YES to ANY (A1 to A3), answer B1 to B6 below.

CRAFFT Screening Questions. <http://www.ceasar-boston.org/CRAFFT/screenCRAFFT.php>

<http://crafft.org/>

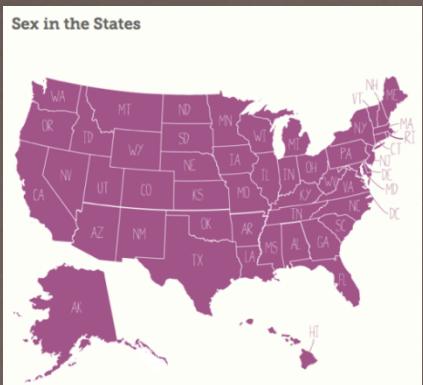


Resources:

Minor Consent/Confidentiality



- Access to all state consent policies
 - Updated regularly
 - Info on Title X of the Public Health Service Act & Funding
 - <http://www.guttmacher.org/>



- Rutgers University
 - Teen-friendly format
 - <http://sexetc.org/action-center/sexy-in-the-states/>



Children's National.

Resources

General Health:

<https://youngwomenshealth.org/>

<https://youngmenshealthsite.org/>

<https://www.cdc.gov/healthyyouth/index.htm>

Sexual Health:

<http://teentalk.ca/>

<https://stayteen.org/>

<https://www.bedsider.org/>

<https://powertodecide.org/>

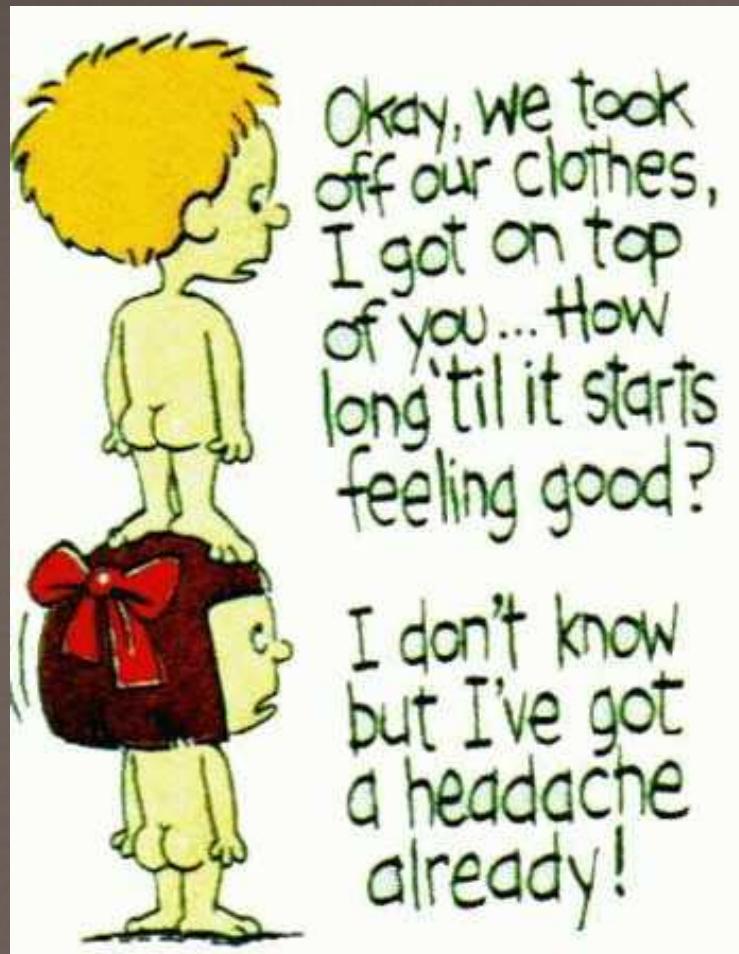
Discussion



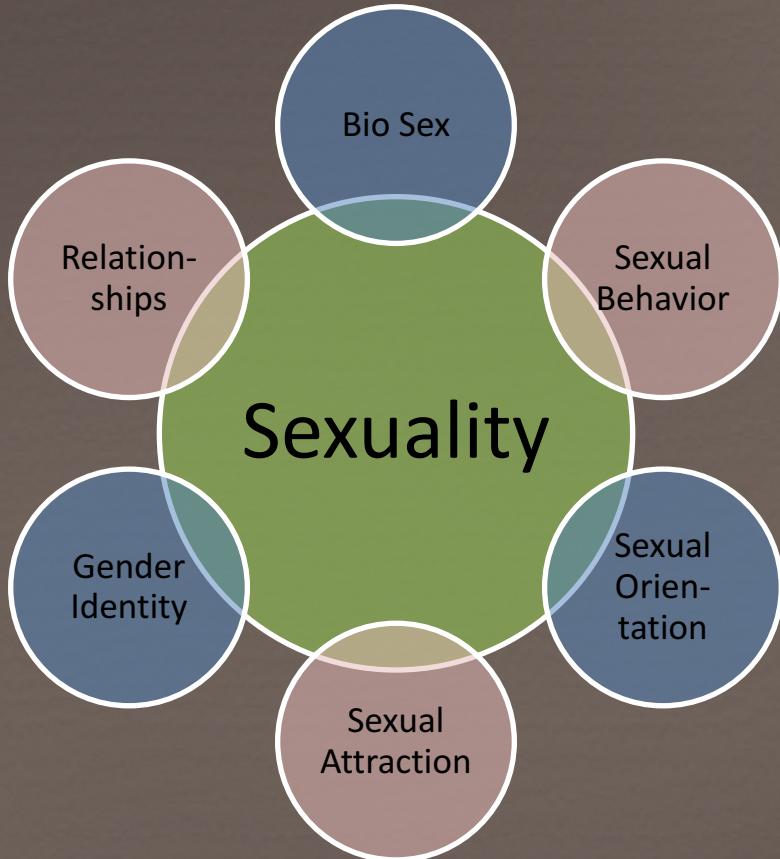
pkapunan@childrensnational.org



EXTRA CREDIT: Engaging Teens about Sexuality and Sexual Health



“The Talk”: What are we talking about when we talk about sex?



Most health care providers treat sex as a *risk behavior*.

Talking About Sex

Sexuality is a normal part of development

- Adolescence includes necessary developmental tasks of defining one's sexual identity and forming mature relationships
- Exploratory behaviors can include sexual behaviors

Failure to recognize adolescent sexuality as a natural process presents multiple barriers to healthy sexuality

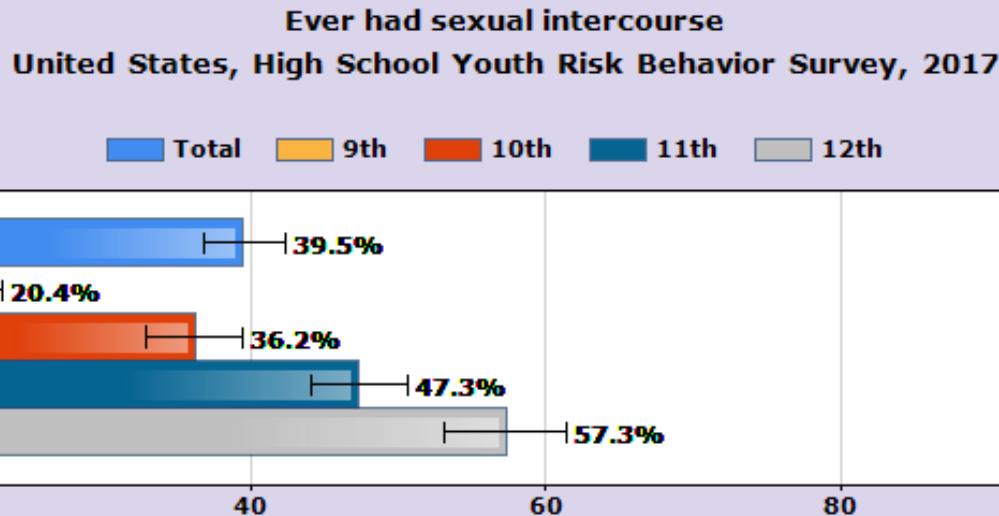
Talking About Sex

Why is it such a big deal?

- Mixed messages can cause confusion about what's acceptable
- Adults and teens often have opposing views of adolescent sexuality
- “The Talk” isn’t easy for both kids and parents

Lack of communication leads to miscommunication, misunderstanding, and lack of trust

Is everybody really doing it?

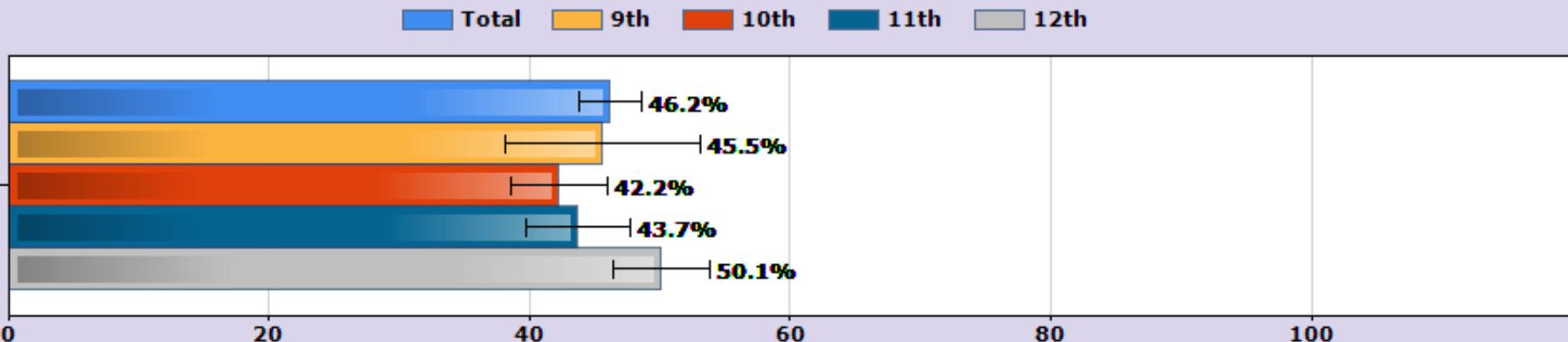


YRBS 2017:
39.5% of respondents “ever had sexual intercourse”

National Youth Risk Behavior Survey:
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Is everybody really doing it?

Did not use a condom during last sexual intercourse
(among students who were currently sexually active)
United States, High School Youth Risk Behavior Survey, 2017



YRBS 2017: Only 46.2% of students used a condom during their last sexual intercourse.

National Youth Risk Behavior Survey:
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Talking About Sex

What is the role of the health care provider?

- Don't be a peer or a parent
- Provide medically accurate sexual and reproductive health information
- Foster open communication by listening and cultivating a non-judgmental environment
- Teens are strongly influenced by their parents/guardians, and we can support parents in their role

Talking about sex and sexuality

- “ABCD”
 - develop sexual autonomy
 - build good romantic relationships
 - foster connectedness between adolescents and their caregivers
 - recognize diversity in sexuality and disparities in resources

Source: Schalet, A. Beyond Abstinence and Risk.



Talking about sex and sexuality

- Develop **Autonomy** of Sexual Self
 - Know about anatomy, reproduction, and contraception
 - Own and control sexual decision-making process
 - Recognize and articulate own wishes and boundaries
 - Anticipate and adequately prepare for sexual activity

How do we counsel the teen who is NOT sexually active?

Source: Schalet, A. Beyond Abstinence and Risk.



Talking about sex and sexuality

- Build Good Romantic Relationships
 - Validate adolescents' need for intimacy
 - Assist them in building egalitarian relationships suited to their life stage
 - Teach about *healthy relationships*, not just avoiding unhealthy ones

Remember that relationships are not the only gateway to sexual behavior.

Source: Schalet, A. Beyond Abstinence and Risk.

Talking about sex and sexuality

- Foster Connectedness

Honesty and integrity in relationships with:

- Parents and other caregivers
- Health care providers
- Educators
- Other trusted adults

How do you balance confidentiality and connectedness?

Source: Schalet, A. Beyond Abstinence and Risk.



Talking about sex and sexuality

- Recognize Diversity
 - Diversity in sexual development, sexual orientation, values about sexual issues
 - Disparities in access to socioeconomic resources

Recognize your own values, and how they might impact cultivation of an open and trusted care environment

Source: Schalet, A. Beyond Abstinence and Risk.

I GAVE MY WORD TO STOP AT THIRD

1987 Teen Abstinence Day
Suffolk County Public Schools

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