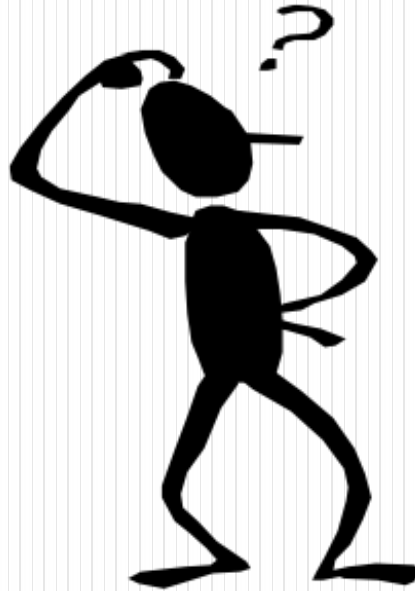


How to Talk With Teens & What They Want



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A Few Questions to Start...



A 17 year old young woman has a 4 month old son. Which of the following statements is TRUE?

- a) Pregnancy rates among Canadian adolescents are on the rise.
- b) More than 90% of teen pregnancies will end by induced abortion.
- c) $> 1/3$ of adolescents who deliver will have another pregnancy within the following 2 years.
- d) It is not necessary to screen for post-partum depression because it is very rare in teen mothers.

A fourteen year old female comes to you for contraceptive counseling. You:

- a) talk to her about contraception – you aren't surprised because most teens these days are having sex pretty young.
- b) call the children's aid because she is a minor and is probably being abused
- c) advise her that you are not comfortable prescribing contraception to someone so young
- d) talk to her about contraception – but are surprised because she is about 2 years younger than the average age of first intercourse

The second leading cause of death in Canadian teenagers is:

- a) motor vehicle accidents
- b) suicide
- c) malignancy
- d) homicide
- e) complications from chronic illness

Objectives



- Introduction to some of the psychosocial tools to enable you to feel comfortable and competent interviewing teens
- Practical pointers for negotiating difficult issues around confidentiality
- Tips on integrating the role of families in the setting of adolescent-friendly health care
- Review issues of particular relevance to this age group
- Stimulate reflection about ways that you can advocate for better adolescent friendly care

In Their Own Words...

“Teenagers should not be afraid to talk to their doctors - no one should feel uncomfortable talking to their doctor. It’s important for me to be able to ask any question and to get sound medical advice that can keep me healthy and to prevent pregnancy or AIDS.”

Michelle Goodman

18 yrs

What Teenagers Want

Teens are more concerned with the **characteristics of the physician** than the site or the system

- Honesty
- Knowledgeable
- Experience
- Wash our hands in their presence
- Treat all patients equally
- Emphasize confidentiality

(Factors Affecting the decision to seek health care:
the voice of Adolescents, Pediatrics 1997;100:922)

What they DON'T want

Avoid slang expressions

- Usually out of date by the time we use them
- Seems like a “put on”

Factual information not authoritative instruction

Do you have a teen-friendly office?

- Males underutilize the health care system
- Emergency depts, drop-in clinics are the venues of choice
- 20% of teenagers in North America have a serious health problem
 - Obesity
 - Asthma
 - Eating Disorders
- Further, the top 3 causes of death in 12-18 year olds (motor vehicle traffic related injury, suicide and homicide) are not related to disease, but to modifiable risk taking behaviors



“Adolescent-Friendliness” 101

Keys: assurance of confidentiality, a non-judgemental approach and recognition of the youth’s personal autonomy, focus on health promotion not values promotion

- Interview the adolescent alone
 - Setting up the clinic visit re. Expectations
 - Other setting ie. Emergency
- Screen for high-risk behaviours
 - HEADS
 - FISTS (Violence Screening)
 - Bullying
 - All teens screened for depression and eating disorders
- Get personal



“Adolescent-Friendliness” 101 – (cont’d)



- Attend to both explicit and implicit information
- Provide the facts: during the HEADSSS, give positive and negative feedback along the way instead of an authoritative lecture at the end
- Exemplify honesty, experience and knowledge
- Don't try too hard to relate to them
- Use Motivational Interviewing: educating around the risks and benefits while promoting a sense of responsibility within the teenager
- “Openness to change”: spectrum
 - not considering to ready for action

Consider Educating Parents Beforehand

Attention: Adolescent Friendly Office



Our staff would like to inform patients and parents that information obtained from adolescent patients will be treated as confidential. If you have questions or concerns regarding this practice or would like further information, please talk to your doctor. Thank you.

The Importance of Confidentiality

- Number 1 issue for adolescents
- Challenging when you've been treating "the family" and young person as their growing up
- Number of studies:
 - Ford: When a health visit is started with a brief discussion of confidentiality, adolescents are more likely to disclose and intend to return
 - Number 1 reason why teens don't access health care
 - Adolescents who forego health care due to confidentiality concerns differ from those who do not
 - Boys: depressive symptoms, suicidal ideation and suicide attempts
 - Girls: mental health risks and riskier sexual behavior

Example of Explaining the Limits of Confidentiality

“Everything we’re going to talk about is confidential-that is we don’t need to talk about it with your parents unless you would like to. There are a couple of things however that I can’t keep secret and you need to know about:

If you tell me that you are going to hurt yourself or someone else, I have to let others know.

If you are under 16 years, and tell me that someone has hurt or abused you in anyway, I have to let someone know as well. Does this make sense? Any questions?”

Once the Stage is Set...

HEADS Interview

H	Home
E	Education
A	Activities
D	Drugs, Depression, Dieting
S	Sexual identity and activity / Contraception (+ ER forms)
	Suicide
	Safety

(Getting into Adolescent Heads, Contemp Pediatrics
1988;5: 75)

FISTS Questionnaire

- Fights
- Injuries
- Sexual Violence
- Threats
- Self Defense Strategies

Examples:

When was your last fight? How many fights have you been in?

Have you been injured in a fight recently?

Has your partner ever hit you?

Has anyone ever threatened you?

How do you defend yourself?

Examples

“Sometimes the teenagers I see have questions about sexuality but are uncomfortable or afraid to ask. Do you have any questions? I usually ask all my patients, if they are attracted sexually to (or are interested in) women, men or both? What about you?”

“Lots of teenagers tell me they’ve tried drugs when they are out with their friends. Do your friends use any drugs? Have you experimented with any drugs? How about cigarettes, alcohol or marijuana?”

Example of Assessing Openness to Change



“Some teenagers I meet have thought about cutting down on their marijuana use because while they like the feeling the high brings, they don’t like the feeling the day after. Have you ever felt that way? Have you ever thought you might like to cut back?”

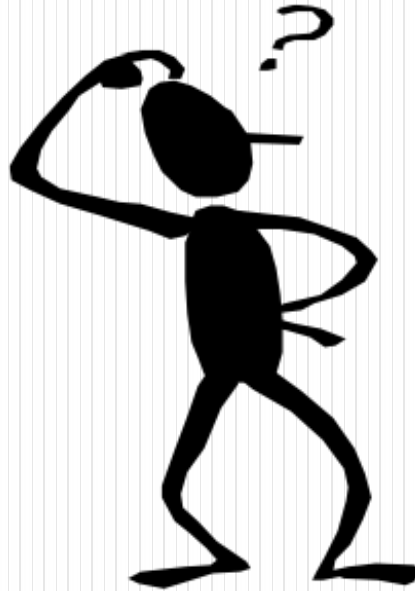


Gently Nudging Adolescents

- If they're ready for action and want to make a change, you need to be "armed" with resources
- When high-risk behaviours pose a risk, use "I" statements which express your concern instead of "You" statements which imply blame, alienating

"I'm worried about you. I'm concerned that you are putting yourself at risk for a sexually transmitted infection or pregnancy by not using condoms or birth control with your boyfriends. Does it make sense to you that I'd be concerned? I know we've talked about this before but I wanted to check in and find out if there's anything you think I can do to help you with this?"

So Why Bother?



What Are They Using?

Ontario Student Drug Survey 2003

Alcohol 68%

Cannibis 31%

Cigarettes 23.6%

Ontario Grade 10 and 12 students are more likely to get drunk, use cannibis, other hallucinogens and ecstasy than their American counterparts

(CAMH Population Studies eBulletin, 2004)

Mortality in Teens

- Number 1 cause is accidents – mostly MVA
 - Intoxication
 - Use of seat-belts
 - ?Higher Risk Taking behaviours while driving

Dieting is Also a Big Issue



1 / 5 of Canadian teens are on a diet at any given time
Up to 66% of teens have attempted to lose weight at some point in the past
Use BMI and compare to BMI percentile curves most reliable way to assess whether a teen is in a healthy weight range

(Dieting in Adolescence, CPS Position Statement, 2004)

Sexual Activity – What's Really Happening?

>2/3 of teens have had 1 sexual partner by the time they are 18

(Morbidity and Mortality among US Adolescents, Am J. Public Health 1996)

Average of first intercourse in Canada is 16.5 years

(Statistics Canada)

Although teen pregnancy rate is declining, there are still a number of unwanted pregnancies occurring (~ % 50 will end in abortion)

(Statistics Canada)

Depression

By 18 years of age, **20%** of teens will have had a **Major Depressive Episode (MDE)**

Teens with chronic illness and teens who are gay may be at **increased risk**

Depression is associated with a **markedly increased risk of suicide and attempt**

41% of depressed youth have suicidal ideation

21% report a past attempt

(Arch Gen Psy 1988, J Am Acad Child Adolesc Psy 1993)

Gay Youth

Increased risk of:

Depression

Suicide

Possible Substance Abuse

Physical, Sexual and Emotional Abuse

Social Stigma

(Sexual Orientation and Youth Suicide, JAMA 1999)

Firearms in the Home

Proven risk factor for adolescent completed suicide

- 1992, 41% of completed suicides in 15-19 year old age group
- 11% of all deaths in 15-19 year old group

(Prevention of firearm deaths in Canadian children and adolescents, CPS 1996)

Tips for Your Practice

- Make sure that members are committed to having adolescents in the practice
- Make sure that members are committed to providing confidential care
- Front office staff are coached on interacting with teenagers
- Front office staff are sensitive to confidentiality issues
- Waiting room has developmentally appropriate posters, reading ect.
- Condoms are available for distribution
- Contraception and Emergency Contraception are available for distribution
- Resource lists for teenagers available

All In The Family: Building Bridges

- Teens are interdependent on their parents
- Parents are a source of support
- Family-Centered Care (FCC):
 - Dignity and Respect
 - Information Sharing
 - Participation
 - Collaboration
- But is this model and looking after adolescents, mutually exclusive?



All In The Family: Building Bridges

- Involve the patient in the decision of when the parent is present and what information is shared

Example: The “Secret” Drug Screen Request

- *16 year old male brought to ER*
- *Father suspects drug use and asks for “secret” drug screen*
- *Drug screen ordered without adolescent’s consent*
- *Results are “Positive”*

- *If we apply FCC:*
 - *Dignity& Respect: Respect violated for teenager*
 - *Information Sharing: Teenager unaware of specimen collection purpose & processes*
 - *Participation: Teenager’s voice and expertise not invited*
 - *Collaboration: Teenager was excluded as legitimate partner in FCC*

Resources for Teenagers

Canadian Association for Adolescent Health site: www.youngandhealthy.ca

Society of Obstetricians and Gynecologists of Canada:
www.sexualityandu.ca

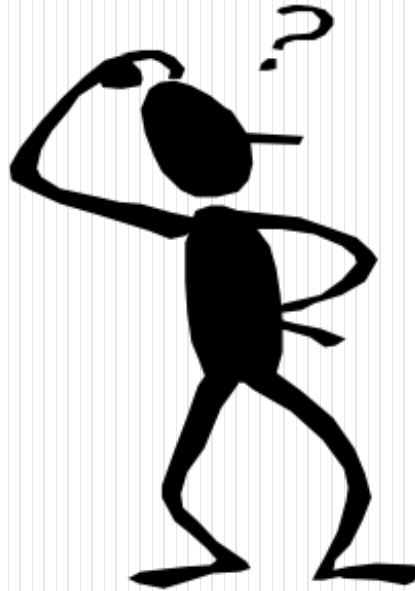
Pediatric Health Care Alliance Teen Growth: www.TeenGrowth.com

Advocates for Youth: www.advocatesforyouth.org/

The American Social Health Association of Adolescent Sexual Health
Information: www.jwannaknow.org

Advocate for Youth for Gay, Lesbian, Bisexual, Transgender, and questioning
(GLBTQ) youth: www.youthresource.com

Back to the Questions...



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Take-Home Points

- Ask the “tough” questions
- Provide “empathetic” space
- Adolescent who are concerned with confidentiality, vote with their feet
- Review right and limits of confidentiality with every teenager
- Meet with them alone
- Remember, if you open the door by raising the questions in a non-threatening manner, **most** teens who have concerns will start talking

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Thank You!

