Adolescent-Friendly Health Care

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Thoughts on Adolescence...

- I would there were no age between ten and twenty-three, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancienity, stealing, fighting.
  - Shakespeare

Adolescents – Why can’t we just ignore them from “ten to twenty-three”?  

What is the definition of Adolescence?

- The transition from childhood to adulthood
- Probably the healthiest time across the lifespan, with peaks in physical and cognitive abilities
- Most people transition to adulthood without major event, however....

Causes of Death 10-21 yo

- Unintentional Injuries
- Homicide
- Suicide

What do these causes of death have in common?
Causes of Death in >21 yo

What do these causes of death have in common?

Other Reasons We Are Concerned About Teens...

Morbidities
- bullying
- driving
- peer pressure
- school success/not
- substance use
- mental illness
- nutrition and exercise
- sexual activity
  - std, pregnancy

What Can We Do?
- Provide adolescent friendly environment
- Get them in for annual physicals
  - Many parents aren't aware of need for visits in this age range
  - Many parents aren't aware of need for vaccines in this age range

Elements of an Adolescent Friendly Environment
- Know the laws that govern parents and minors' consent to treatment
- Establish a confidential and safe environment
- Utilize HEEADSSS assessment tool
Minors' Consent Laws in SC

SC Minor Consent

- Contraception, STI services, Prenatal Care - "mature minor" 15 and under, anyone 16 and older
- Adoption, care for minor child - any
- Abortion - parental consent if under 17

Establish a Confidential and Safe Environment

Confidentiality

- The most important step in establishing a safe environment
- Establish a trusting relationship with the adolescent and the parent
- Initiate conversations with parents and teens about adolescents' rights to confidential health care
- Open confidential communication is allowed and encouraged

Confidentiality

- Educate parent and teen together when provider may contact parent without minor's consent:
  - Physical abuse
  - Sexual abuse
  - Suicidal thoughts or plans
  - Homicidal thoughts or plans

Confidentiality

- Time with teen alone
  - and parent alone if he/she wants
  - "gives opportunity for them to take ownership of their health care..."
  - "gives us the chance to discuss healthy decisions..."
  - no judgement/no assumptions
HEADS Assessment - HEEADDSSS

HEADS
- Home
- Education
- Activities
- Drugs
- Sexuality

HEEADDSSS
- H: Home
- E: Education/Employment
- E: Exercise/Eating
- A: Activities
- D: Drugs
- D: Depression
- S: Suicidality
- S: Sexuality
- I: Safety

HOME
- Who lives in the home with you?
- Do you live in a house or apartment?
- Do you share a room or have your own?
- How are your relationships with siblings, parents, other important relatives?
- What are the rules like at home?
- Ever been homeless or in shelter care?
- Ever been in foster care or residential group home?
- How long have you been with current caretaker?

Education/Employment
Education
- What is the name of your school and what grade are you in?
- What are your best and worst subjects?
- What was your last report card or progress report?
- How many days have you missed in the past year and what was the reason?
- Have you ever been left back? Have you ever been suspended? Why?
- Have there been any recent school changes?
- What are your educational goals?

Employment
- Do you work after school?
- What type of work do you do?
- How many hours a week?
- What are your future career interests?
- Do you have any home chores?
  - Allowance?

Exercise/Eating
- Body image:
  - Are you happy with your weight?
  - What do you think your ideal weight should be?
- How many meals do you eat per day?
- Do you ever skip meals?
- How do you control your weight: exercise, vomiting, diuretics, laxatives?
- Adequacy of calcium, iron, fiber in diet?
- Bowel movement pattern and problems?

Activities
- How do you like to spend your free time?
- What are your hobbies, clubs, church activities?
- Do you play any sports? Which ones and how many hours a week?
- How many hours of television per week do you watch? How many hours a week are you on the computer (sedentary)?
Drugs, Alcohol, Tobacco

- Do you smoke or chew tobacco?
- Do you drink alcohol?
  - How much and how often?
  - What kind of alcohol (beer, wine, wine coolers, hard liquor)?
  - Any blackouts? Ever pass out?
  - Ever do anything you have regretted while high?
- Do you use any illicit drugs?
  - Marijuana, inhalants, cocaine or crack, heroin, pills, LSD, ecstasy, crystal meth or other drugs?
- Do you use anabolic steroids?

Drugs, Alcohol, Tobacco

- Have you tried cutting back? Or quitting?
- Have you ever received drug treatment or counseling?
- When do you most often use drugs or alcohol? Socially, alone, time of day, day of week?
- How is your drug use supported? Have you ever had any arrests?

Depression/Suicidality

What is your usual mood: happy, sad, or a bit of both?
What do you do to relieve stress? How do you cope?
Have you ever thought about trying to hurt or kill yourself?
Have you ever tried to hurt or kill yourself?
- Whom did you tell?

Depression/Suicidality

- Have you ever been in a psychiatric hospital?
- What was the reason?
- How long did you stay?
- Have you ever received professional counseling and/or therapy?
- What do you do to cope with stress?
Sexuality

Sexual History-Taking
- Establish rapport
- Incorporate into general history-taking
- Reassure about confidentiality
- Watch your language for heterosexual biases and assumptions
  - Use non-biased terms such as "partner" instead of "boyfriend" or "girlfriend"

Sexual History
- When you think of people to whom you are attracted, are they boys, girls, both, neither or are you not sure?
  - Are you comfortable with your feelings?
- Have you ever had sex?
  - With someone of your same gender?
  - With someone of another gender?

Sexual History
- How old were you when you first had voluntary sex? Include anal, oral and vaginal.
- What was the date of your last intercourse?
- What kind of protection did you use at your last intercourse?
- How many sexual partners have you had?
  - In lifetime?

Sexual History
- Do you currently use condoms/contraception?
- Ever have any STIs?
  - Any concerns about having one now?
- Ever pregnant or gotten anyone pregnant?
  - Pregnancy outcomes?
Safety
- Child abuse
- Interpersonal violence
- Bullying
- Cyberbullying
- Sexual assault

Safety
- Seatbelts, helmets, protective gear
- Access to weapons
- Auto Safety - drinking and driving
- Sunscreen

Spirituality
- What do you consider to be your religion?
- How often do you participate in religious activities?
- How important are your spiritual beliefs in your day-to-day life?
- How do your beliefs influence your health and attitudes about sex and contraception?

Vaccines
Vaccines

- Educate patients and parents about vaccines!
- Vaccinate at every visit!
- Send reminders (phone calls, mailings)
- Clinic hours
  - Add time or alter clinic hours to meet patient needs

Thanks so much!

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