Preventive Service Bright Futures Guidelines - implementing strengths in your practice

Paula Duncan MD FAAP
Professor of Pediatrics
UVM College of Medicine

Meet Rochelle Age 14

- BMI increasing since 5th grade
- Diet "OK", fruits & veggies, 2% milk, lots of cheese, two sodas at school
- No after school sports this year
- More than 3 hours screen time

TABLE 6
Comparison of Asset and Deficit Models

<table>
<thead>
<tr>
<th>Asset Model</th>
<th>Deficit Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive family environment</td>
<td>Abuse or neglect</td>
</tr>
<tr>
<td>Relationships with caring adults</td>
<td>Witness to domestic violence</td>
</tr>
<tr>
<td>Religious and spiritual anchors</td>
<td>Family discord and divorce</td>
</tr>
<tr>
<td>Involvement in school, faith-based organization, or community</td>
<td>Parents with poor health habits</td>
</tr>
<tr>
<td>Accessible recreational opportunities</td>
<td>Unsafe schools</td>
</tr>
</tbody>
</table>

The developmental tasks of middle adolescence can be addressed through information obtained in the medical examination, by observation, by asking specific questions, and through general discussion. The following areas can be assessed to better understand the physical health of the adolescent. A goal of this assessment is to determine the adolescent is developing in an appropriate fashion and, if not, to provide information for assistance or intervention. In the assessment, determine whether the adolescent is making progress on these developmental tasks:

- Demonstrates physical, cognitive, emotional, social, and moral competence
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Engages in a positive way in the life of the community
- Engages in a sense of self-confidence, hopefulness, and well-being
- Demonstrates increasing responsibility and independent decision making

Key Points

- Risks need to be identified
  BUT:
  - Strengths are an essential part of health
  - Look for Resiliency and Strengths: ask about strengths at every encounter!
  - Promoting strengths may enhance interactions with patients and parents.

Larry Brendtro, Steve VonBrocken
Martin Brokenleg
Peter Benson
Ken Ginsburg
Richard Lerner, Bob Blum

Natural Helpers from the Comprehensive Health Education Foundation
Strength-Based Approach to Counseling Teens

Search Institute Assets
- Support
- Empowerment
- Expectation/boundaries/time
- Educational Competencies
- Values
- Social Competencies
- Positive Identity

Circle of Courage
- Generosity
- Independence
- Belonging
- Mastery

Circle of Courage and Adolescent Development
- Belonging
  - Develop healthy interactions and relationships within and beyond the family
- Generosity
  - Demonstrating honesty & caring; contribute to family, community;
- Independence
  - Establish an identity and sense of self-efficacy; practice independent decision making
- Mastery
  - Find something meaningful to do in life
  - Learn and maintain good health habits

Bright Futures Tool and Resource Kit
- Home
  - Belonging (connection)
  - Individual decision-making
- Education
  - Mastery (competence)
- Activities
  - Helping others, physical activity
- Drugs
- Safety
- Sexual Activity
- Suicide
  - Coping, resilience, self-confidence
Remember Rochelle, Age 14
- Denies the use of tobacco, alcohol, marijuana, other drugs
- Not interested in romantic relationships at this time. Sort of had a boyfriend in 9th grade, never sexually active
- Always wears seatbelt
- Gets sad sometimes, but never considered hurting herself

Developmental surveillance
- Enjoys teaching Sunday School at her church
- No basketball this year – wanted to focus on school work
- Wants to be a teacher
- 9th Grader, gets all A's
- Spends time with family and church youth group friends

Strength based approaches
- Identify youth and family strengths
- Feedback to youth and parents (using a framework)
- When change is needed, use a shared decision-making strategy

What about Oscar?
- 16 yo Junior
- Had been good student, now "tardy" alot, Cs & Ds
- One joint found in his locker
- Brought in to you for evaluation

Search for Strengths!
- H – Lives at home with Mom, 3 younger sibs, dad left last year.
- E – School is important, but watches sibs while mom works evening shift.
- A – Not much time, doesn’t want friends to know he “draws”
- D – Occasionally smokes weed to relax & fit in with friends
- S – Not sexually active, wears seatbelt, not really depressed

Dylan age 13
- Grade 8
- Lives with parents
- Does well in school
- Volunteers @ food shelf
- Two friends
- No tobacco, alcohol, other drugs
- Not sexually active
- Wears helmet and safety belt
- Eats dinner alone
**Dylan, Age 13**

- Helps out
- Feels pressured to choose courses and activities for college
- Wants to avoid those conversations and is a little left out at home

**Shared decision-making - adopted from CHEF Natural Helpers and MI**

- Options
- Think through each one
- Choose one to start with
- Follow-up

**Negotiate the Agenda**

- Ask for Patient's Ideas
- Make some recommendations
- What would you like to try first?

**Close the Encounter**

Summarize
- "Let's look at what you've worked through"

Show appreciation
- "Thank you for being willing to discuss this!"

Express confidence
- "I know that you can do this!"

Arrange follow-up
- "I'd like you to come back in _______ so we discuss what other thoughts you've had and how your plan is working out"
References


Ginsburg KR. Engaging Adolescents and Building on their strengths. Adolesc Health Update. 2007;19(2).


Duncan P and Pirretti A. Using Bright Futures with Adolescents Adolescent Updates AAP News American Academy of Pediatrics November 2009

Ginsburg, K

Parent’s Guide to Building Resilience In Children and Teens: Giving Your Child Roots and Wings

Brendtro, Van Brocken and Brokenleg
Reclaiming Youth at Risk