

# Adolescent-Friendly Health Services

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**FOR REPRODUCTIVE**  
**HEALTH**

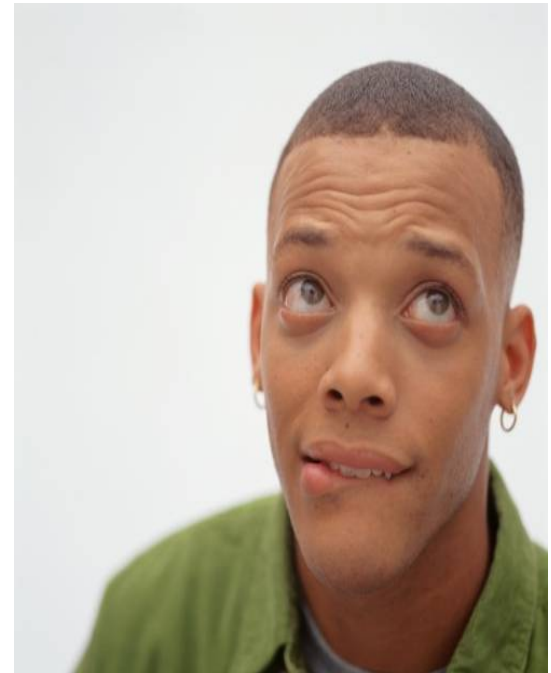
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# Learning Objectives

- ▶ Describe three elements of adolescent-friendly health services.
- ▶ Identify three key barriers to health care access faced by adolescents
- ▶ Explain why confidentiality is essential to adolescent clinical care
- ▶ Identify importance of taking a comprehensive sexual health history

# Adolescents

- ▶ For the most part, adolescents are:
  - ▶ Healthy
  - ▶ Resilient
  - ▶ Independent yet vulnerable
  
- ▶ Adolescents are not:
  - ▶ Big children
  - ▶ Little adults





# Why Focus on Adolescent Health?

- ▶ Reduce death and disease, now and for the rest of their lives
- ▶ Fulfill the rights of adolescents to health care, especially reproductive health care
- ▶ Increase the chances for healthy adulthood

# Strategies for Providing Optimal Care

- ▶ Adolescent-Centered Care
- ▶ Cultural Competency / Cultural Humility

# Case Scenario

You have recently accepted a new position as practitioner at a pediatric office. The clinic sees a small population of adolescents but wishes to expand its efforts with this population.

- ▶ What are some initial steps that you take to ensure that your office is adolescent-friendly?

TEEN  
CLINIC

# Things to consider

- Is the clinic accessible?  
Financially affordable?
- Are there adolescent focused materials on display such as magazines, posters, etc.?
- Does the clinic offer flexible scheduling?
- Has the staff been trained to be sensitive to adolescents' needs?
- Does the clinic offer comprehensive services?
- Is a minor's right to confidential health care respected, and has the staff been trained to ensure confidentiality?
- Does the clinic have a method of helping youth transition into the adult medical care system?

# External Barriers to Adolescent Care

- ▶ Perceived lack of confidentiality and restrictions (parental consent/notification)
- ▶ Poor communication by providers
- ▶ Insensitive attitudes of care providers
- ▶ Lack of provider knowledge and skills
- ▶ Lack of money, insurance, and transportation
- ▶ Inaccessible locations and/or limited services
- ▶ Limited office hours







# Adolescent-Friendly Services

- ▶ **Adolescent-specific**
- ▶ Multi- and interdisciplinary
- ▶ **Accessible**
- ▶ Financially affordable
- ▶ Adolescent-focused materials on display
- ▶ Peer educator component
- ▶ Adequate space
- ▶ **Confidential**
- ▶ Flexible scheduling
- ▶ **Comprehensive services**
- ▶ Continuity of care
- ▶ Help transitioning into the adult medical care system

# Adolescent Friendly Services: Develop Referral Network

- ▶ Social worker
- ▶ Nutritionist
- ▶ Psychologist or counselor
- ▶ Family Planning clinics
- ▶ Ob/Gyn or Family Practitioner
- ▶ Department of Health clinics/School Based clinics
  - ▶ Ensure referrals have providers who are similarly adolescent trained and/or competent with teens

# Adolescence in Context



- ▶ Changes during adolescence are shaped by
  - ▶ Race/Ethnicity
  - ▶ Religion
  - ▶ Socioeconomic Status
  - ▶ Family
  - ▶ Peers

# The Culture of Adolescence

- ▶ Peer dependent
- ▶ Egocentric
- ▶ Distinct language and dress
- ▶ Popular culture influence
- ▶ Ongoing search for identity





# Cultural Competence: Strengths

- ▶ Brings culture into the discussion about manifestation of disease and notions of health
- ▶ Encourages providers to learn about cultures of patients served
- ▶ Supports respect for cultural differences and diversity

# Weaknesses in “Cultural Competency”

- ▶ Not clearly defined
- ▶ Denotes attainment of concrete level of knowledge
- ▶ Risks cultural stereotyping
- ▶ Focus on others instead of reflecting on individual and organizational biases and prejudices

# Cultural Humility

- ▶ Puts onus on provider to self-evaluate how personal biases may affect service delivery
- ▶ Encourages provider self-reflection and self-awareness
- ▶ Redresses power imbalances in patient-physician dynamic



# Healthcare Providers' Identities

Race and  
Ethnicity

Profession

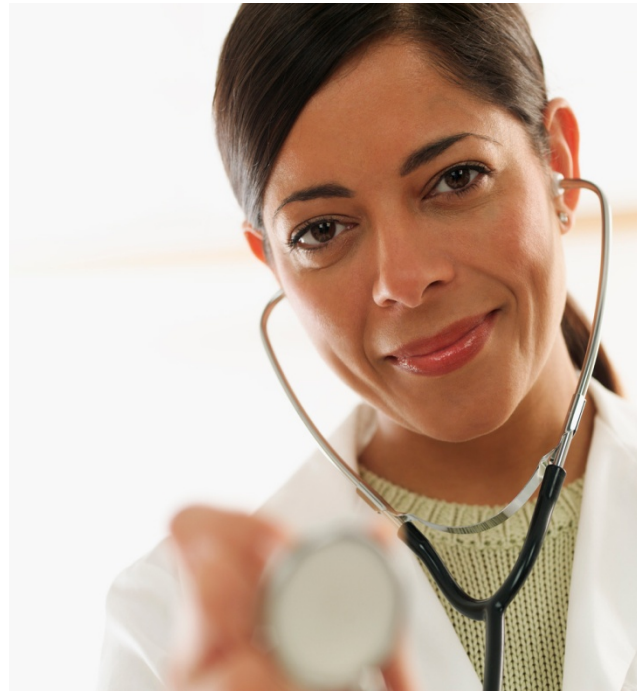
Medical  
Specialty

Marital Status

Sexual  
Orientation

Parental  
Status

Gender  
Identity



Training  
Background

Age

Religion



# Issues to Confront Before Seeing an Adolescent Patient

- ▶ How comfortable are you talking to adolescents?
- ▶ What are your feelings/beliefs about adolescent sexuality?
- ▶ Are you able to separate your own values in order to treat your patient?

# Self-Evaluation During a Clinical Encounter

- ▶ How do you react when confronted with a patient situation that does not fit your expectations?
- ▶ Does the situation provoke feelings of anxiety and discomfort?
- ▶ Are you able to assess what is going on within yourself as well as within the patient?



# Preparing for Clinical Visits/Confidentiality

# Case Discussion

- ▶ Michelle is a 15-year-old woman who has come to your clinic with her mother complaining of an ear infection. Her mother requests to remain in the room for the exam.

*Do you allow  
Michelle's mother  
to stay?*



# Rationale for Confidentiality

## Confidentiality in Adolescent Health Care

Clinically  
Essential

Developmentally  
Expected

Supported by  
Expert  
Consensus



# Clinically Essential

- ▶ In a clinical setting, confidentiality affects an adolescent's
  - ▶ Trust with health care providers
  - ▶ Decision to seek care
  - ▶ Disclosure of behaviors
  - ▶ Follow-up for care



# Developmentally Expected

- ▶ Confidentiality is developmentally expected:
  - ▶ Emotional need for increasing autonomy
  - ▶ Increasing intellectual capacity to give informed consent
  - ▶ Opportunity to take responsibility for health

# Professional Consensus

Professional organizations support confidential adolescent health care.

ACOG '88

SAHM '92

AMA '92

AAFP '89

AAP '89





# Confidentiality: Parental Perspective

- ▶ Parents are not the enemy.
- ▶ Parents are experiencing their own adjustment to their child's adolescence.
- ▶ Providers have an opportunity to educate parents about the need for confidentiality in the provider-patient encounter.

# Discuss Confidentiality in Advance

- ▶ Inform parents about the confidentiality policy up front before a visit.
  - ▶ Send a letter home:
    - Detail when parent will or will not be included in the clinical visit.
    - Discuss billing issues (e.g., routine STI testing, etc.).
  - ▶ Display materials discussing importance of doctor/patient confidentiality.

## ***OUR POLICY ON CONFIDENTIALITY***

**Our discussions with you are private. We hope that you feel free to talk openly with us about yourself and your health. Information is not shared with other people unless we are concerned that someone is in danger.**



# VIDEO CONFIDENTIALITY “asking the parent to leave the room”

# Meeting the Parents/Guardian for the First Time

Lay out the course of the visit

Explain office policy regarding visits

Validate parental role

Elicit any specific questions/concerns

Direct questions to the youth while appreciating parental input



# Case Questions for Discussion

- ▶ After you have asked the mother to “please step out,” Michelle confides in you that she has had unprotected sex and thinks she might be pregnant.

*Can she consent to a pregnancy test without the consent of a parent?*



# Minors Can Consent to Many Health Care Services

- ▶ States have expanded minors' authority to consent for health care.
  - ▶ Signifies recognition that mandated parental involvement can deter teens from seeking services
- ▶ Even without relevant specific statutes, physicians commonly provide care to a mature minor without parental consent.

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# Who Is a Minor?

- ▶ Definition of a minor:
  - ▶ In most states, a minor is a person under the age of 18.

## Exception to Minor Status

### Legal Emancipation:

- Being married
- Serving in the military
- Being financially independent of parents

Often minors need to go to court to establish legal emancipation

# Legal Rights Differ by State

- ▶ Laws vary by state regarding minors' rights to confidential care.
- ▶ State-by-state factors affecting rights:
  - ▶ Legal definition of “minor”
  - ▶ Conditions of legal emancipation
  - ▶ Parental notification and consent requirements
  - ▶ Mandatory reporting requirements





# Title X and Confidentiality

- ▶ If a clinic is Title X funded, services must be confidential.
  - ▶ Pre-empts state statutes



# Limits of Confidentiality

## How to Tell

- ▶ Discuss with adolescent
  - ▶ When others need to be informed
    - Self harm, harm to them or others
  - ▶ Why others need to be involved
    - Justify your reasoning/level of concern
  - ▶ Who to involve
    - Who is going to do the talking
  - ▶ What information to share

# The Clinical Interview

Comprehensive Psychosocial Intake

# Adolescent Psychosocial History SHEEADSSS (or HEEADSSS)

- ▶ S: Strengths/Spirituality
- ▶ H: Home
- ▶ E: Education/Employment
- ▶ E: Eating
- ▶ A: Activities
- ▶ **D: Drugs**
- ▶ **S: Sexuality**
- ▶ **S: Suicide/depression**
- ▶ **S: Safety**



# Utilizing HEEADSSS

- ▶ Ask less-sensitive questions first on each topic
- ▶ Can use written questionnaire in waiting room
- ▶ Provider should follow up on answers drawing concern
- ▶ Time limitations make model difficult

# Communication Tips (1)

- ▶ Establish rapport
- ▶ Provide confidentiality assurance and establish limits of confidentiality
- ▶ Ask permission
- ▶ Normalize
- ▶ Note nonverbal cues
- ▶ Healthy respect and regard for privileged information



# Communication Tips (2)

- ▶ Minimize note-taking, particularly during sensitive questioning
- ▶ Talk in terms the adolescent will understand
- ▶ Developmentally appropriate questions
- ▶ Ask open-ended questions
- ▶ Practice listening skills
- ▶ It's a conversation...not an interrogation!

# Taking a Sexual History



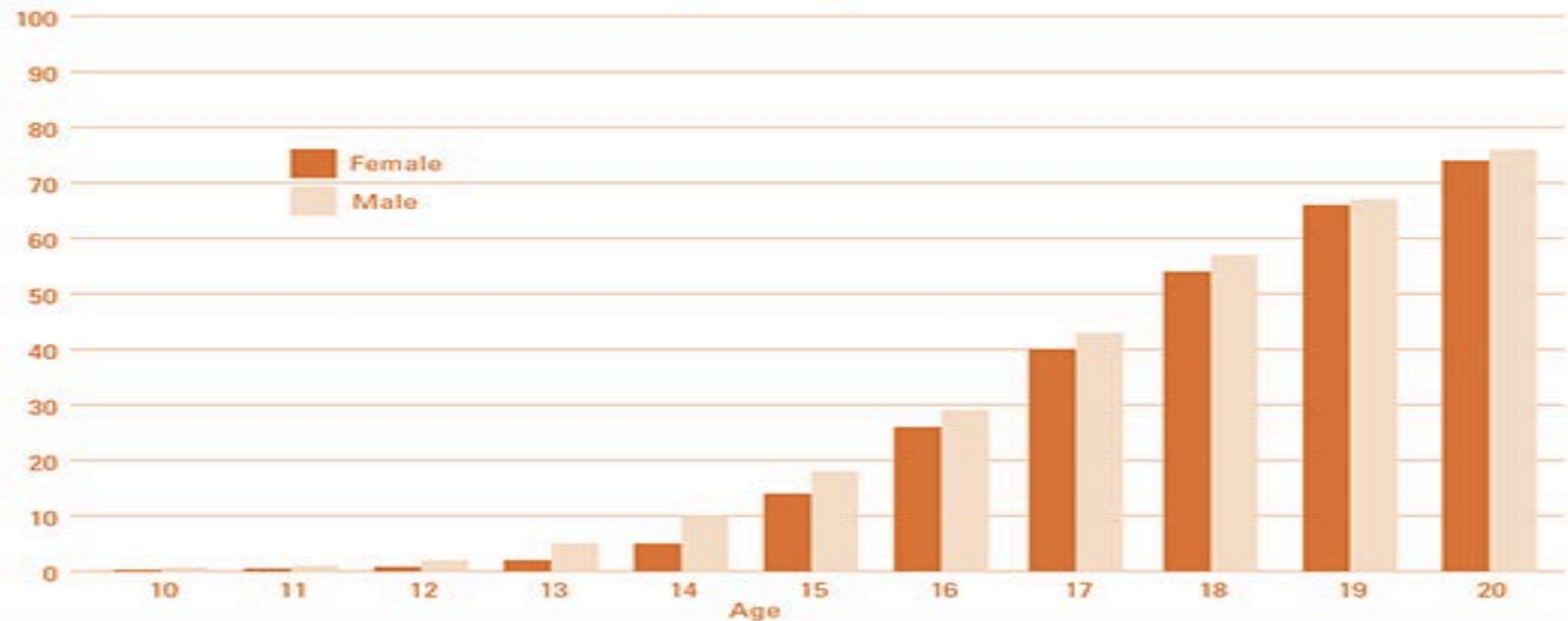
Why is this important?

# Most Males and Females Begin Sex at Age 17

## Teen Sexual Activity

Adolescence is a time of rapid change.

% of adolescents who have had sex by each age



[www.guttmacher.org](http://www.guttmacher.org)



# When Do Adolescents Seek Sexual and Reproductive Health (SRH) Services?

- ➔ The average teen waits X months after becoming sexually active to make her first family planning visit.

“The pregnancy test is an admission of unprotected sexual activity and an indication of the need for appropriate reproductive counseling.”\*

# What Is Healthy Sexuality?

Sexual development and growth is a natural part of human development

Healthy sexuality is expressing the sexual aspects of yourself that minimizes health risks



Risk is activity that compromises a youth's health and well-being

# Why Is a Sexual History Important?


- ▶ Affirm healthy behaviors
- ▶ Address patient questions or concerns
- ▶ Provide interventions for risk behaviors
- ▶ Prevention counseling
- ▶ Explore potential dysfunctions



# Sexual History-Taking Template

- ▶ Gender identity
- ▶ Sexual orientation
- ▶ Sexual coercion, abuse, survival sex
- ▶ Sexual activity
  - ▶ Coitarche
  - ▶ **Sexual satisfaction**
  - ▶ Number of partners
  - ▶ Frequency of intercourse
  - ▶ Type of sex practices (oral, anal, vaginal)
- ▶ STI history and risk assessment
- ▶ Pregnancy history and risk assessment
- ▶ Contraceptive behaviors
- ▶ Substance use

# Providing Developmentally Appropriate Counseling

- ▶ Recognize sexual developmental milestones
- ▶ When are they “ready” for sex?
- ▶ When Counseling:
  - ▶ Can your patient think abstractly or concretely?
- ▶ Age  development
- ▶ Recognize variations:
  - ▶ Very mature 14-year-old vs. an immature 17-year-old



# Discussing Sexual and Romantic Relationships

- ▶ Have you ever had a crush on a boy or girl? What was that like?
- ▶ Have you ever had a romantic relationship with someone?
- ▶ How would you describe it?

# Important Points in Teen Sexual History: Characteristics of a Healthy Relationship

- ▶ Nonviolent conflict resolution
- ▶ Open and honest communication
- ▶ Right to autonomy for both people/ Readiness?
- ▶ Shared decision-making
- ▶ Trust
- ▶ Mutual respect
- ▶ Individuality
- ▶ Empathy



Catalozzi et al. 2001

# Sexual Behavior Questions

## Don't

- ▶ Ask “Are you sexually active?”
- ▶ Use gender-biased pronouns when referring to sexual partners
- ▶ Use judgmental language
- ▶ Use slang unless patient offers it first

## Do

- ▶ Assure confidentiality
- ▶ Explain why you are asking sensitive questions (normalize “I ask all my pt’s these questions”)
- ▶ Ask patient to describe specific sexual behaviors
- ▶ Add “second tier” questions to assess comfort with behaviors



# Assessing and Counseling/Wrapping up

- ▶ Emphasize that your approach is nonjudgmental and that you welcome future visits
  - ▶ When counseling, encourage pt to self identify health issues (e.g. poor diet), and empower them to make decisions about changes they want to make to improve their health
  - ▶ “I’m here for you, and I want you to feel comfortable confiding in me. If you have something personal to talk about, I’ll try to give you my best advice and answer your questions”
-

# Provider Resources and Organizational Partners

- ▶ American Academy of Pediatricians Section on Adolescent Health : several provide and patient handouts  
<http://www2.aap.org/sections/adolescenthealth/#>
- ▶ Association of Reproductive Health Professionals several downloads for providers <https://prh.org/teen-reproductive-health/arshep-downloads/>
- ▶ Center for Adolescent Health and the Law confidentiality and mandated reporting laws [www.cahl.org](http://www.cahl.org)
- ▶ Adolescent Health Working Group: several tool kits with specific handouts for providers, patients and parents  
<http://www.ahwg.net/index.html>

# Provider Resources and Organizational Partners

- ▶ [www.guttmacher.org](http://www.guttmacher.org) Guttmacher Institute
- ▶ [janefondacenter.emory.edu](http://janefondacenter.emory.edu) Jane Fonda Center at Emory University
- ▶ [www.msm.edu](http://www.msm.edu) Morehouse School of Medicine
- ▶ [www.prochoiceny.org/projects-campaigns/torch.shtml](http://www.prochoiceny.org/projects-campaigns/torch.shtml) NARAL Pro-Choice New York Teen Outreach Reproductive Challenge (TORCH)
- ▶ [www.naspag.org](http://www.naspag.org) North American Society of Pediatric and Adolescent Gynecology
- ▶ [www.prh.org](http://www.prh.org) Physicians for Reproductive Health

# Provider Resources and Organizational Partners

- ▶ [www.siecus.org](http://www.siecus.org) Sexuality Information and Education Council of the United States
- ▶ [www.adolescenthealth.org](http://www.adolescenthealth.org) Society for Adolescent Health and Medicine
- ▶ [www.plannedparenthood.org](http://www.plannedparenthood.org) Planned Parenthood Federation of America
- ▶ [www.reproductiveaccess.org](http://www.reproductiveaccess.org) Reproductive Health Access Project
- ▶ [www.spence-chapin.org](http://www.spence-chapin.org) Spence-Chapin Adoption Services

# Questions??



## Adolescent Reproductive & Sexual Health Education Program

<https://prh.org/arshep-ppts/>