American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Illinois Chapter

The Illinois Chapter, American Academy of Pediatrics Presents:

Aiding Adolescents to Take Control of their Health:

Utilizing Motivational Interviewing Techniques and Creating Adolescent-Friendly Spaces

Karen Bernstein, MD, MPH
University of Illinois at Chicago

CME Information:
CME Accreditation Statement

The Illinois Chapter, American Academy of Pediatrics is accredited by the Illinois State Medical Society (ISMS) to provide continuing medical education for physicians.

The Illinois Chapter, American Academy of Pediatrics designates this live webinar for a maximum of 1 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses and Nurse Practitioners can submit Certificates of Attendance to their accrediting board for credit for participation in the live webinars.

CE Information:
CE Accreditation Statement

One (1) continuing education hour (CE) is approved for this live webinar ”Aiding Adolescents to Take Control of their Health” on April 24, 2020 by the Illinois Department of Human Services, Division of Developmental Disabilities for one continuing education credit for the following licensed professionals:

- **Licensed Clinical Professional Counselors (LCPC)**
- **Licensed Clinical Psychologists (LCP)**
- **Licensed Clinical Social Workers (LCSW)**
- **Licensed Nursing Home Administrators (LNHA)**
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- **Licensed Social Workers (LSW)**
- **Registered Nurses (RN)**
- **Licensed Practical Nurses (LPN)**
- **Advanced Practice Nurses (APN)**

Welcome

ADOLESCENT HEALTH WEBINAR SERIES: PART 2

Introduction to Vaping

View Recording and Slidedeck: https://illinoisaap.org/adolescent-health/

Marijuana: Medical and Recreational Use

View Recording and Slidedeck: https://illinoisaap.org/adolescent-health/

Mental Health/IL Doc Assist

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Aiding Adolescents to Take Control of Their Health

Happening Now!

Webinar Planning Group

Planning Group

Sara Parvinian, MD, FAAP

Rachel Caskey, MD, MaPP, FAAP

Kathy Sanabria, MBA

Olyvia Phillips, MPH/MBA Candidate

CME Application Reviewers

Karen Judy, MD, FAAP

Matthew Leischner, MD, FAAP

Content Reviewers

Rachel Caskey, MD, MaPP, FAAP

RECORDING:

The webinar will be recorded and made available at illinoisaap.org.

DURING THE WEBINAR:

Participants will be muted during the webinar. Please type questions or comments into the chat box and they will be answered at the conclusion of the presentation.

Commercial Disclosures

Presenter, Karen Bernstein, MD,

Olyvia Phillips, moderator, the webinar planning group, and content reviewers have no financial relationships to disclose.

Funding provided by the Illinois Department of Public Health, OWHFS, Maternal Child Health MCH Title V Block Grant.

Presenter:
Dr. Karen Bernstein

Dr. Karen Bernstein is a board certified Adolescent Medicine specialist, who works with youth at Stroger Hospital and University of Illinois Health. She has extensive experience in addressing adolescent high-risk taking behaviors. Dr. Bernstein has a passion for working with the most vulnerable youth and to improve care for youth throughout Chicago and the State of Illinois. Dr. Bernstein is a specialist, interested in youth with eating disorders and adolescent medicine education. She is committed to training the next generation of Adolescent Medicine providers, through a joint Fellowship collaboration.

Dr. Bernstein provides care for adolescents and young adults ages 12–21. She believes that all children and adolescents have a right to quality, confidential care with a provider who is truly concerned for their health and well-being. She works with her patients and families to achieve success.

Learning Objectives

- **Explore concept of adolescent involvement in their health (physical, mental, social, and emotional)**
- **Recommend supportive tools and strategies to share with parents and caregivers**
- **Discuss adolescent transition to adulthood and care**

Brief Review of Adolescent Development

The movement towards autonomy

Adolescents

- For the most part, adolescents are:
  - Healthy
  - Resilient
  - Independent yet vulnerable

- Adolescents are not:
  - Big children
  - Little adults

The Culture of Adolescence

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

Early Stages of Adolescence: 11-14

- Growth spurt
- Begin sexual maturation
- Increased interest in sexual anatomy
- Anxieties and questions about size of genitals begins
- Self-exploration and evaluation

Middle Stages of Adolescence: 15-17

- Stronger sense of identity
- Relates more strongly to peer group
- More reflective thought
- Transitioning between dependence and independence

Late Stages of Adolescence: 18+

- The body fills out and takes its adult form
- Distinct identity; ideas and opinions become more settled
- Focus on intimacy and formation of stable relationships
- Plans for future and commitments

Normal Adolescent Brain Development

Begins with concrete thinking and little understanding of implications

Middle adolescence characterized by increasing insight and experimentation

Ends with transition to adulthood with independence and realistic understanding of long-term consequences

Role of Risk/Resistance in Adolescence

- Adolescent's main role is identity formation (Erickson, 1968).
- This involves trying on identities and resisting those that don't fit (Luyckx, Goossens, Soenens, Beyers, & Vansteenkiste, 2005

Risk Taking

- During Adolescence, the cognitive capacity for balanced reasoning is not yet fully developed
- The exploratory nature of youth coupled with a sense of invincibility can lead to high risk activities such as drug use, binge drinking, and unprotected sex

Role of Resistance in Adolescence

- The critical first step in identity development is often casting aside established familial and social roles in search of new ones (Cramer, 2001)
- Resistance is a very natural part of the change process (Prochaska, DiClemente & Norcross, 1992)
- During late adolescence, they start to recognize the demands of society and find a way to reconcile these with their own desires, motivations, and sense of self (Adams &Marshall, 1996, Erikson 1959)
- To do this, they must actively explore and negotiate their own identity (Luykx, Goosens, Soenens &Beyers, 2006, Marcia 1966, 1980)

Risk Taking

- Resistance and Risk taking is actually a sign that an adolescent has skills that he/she can use!
- Taking risks is their job!

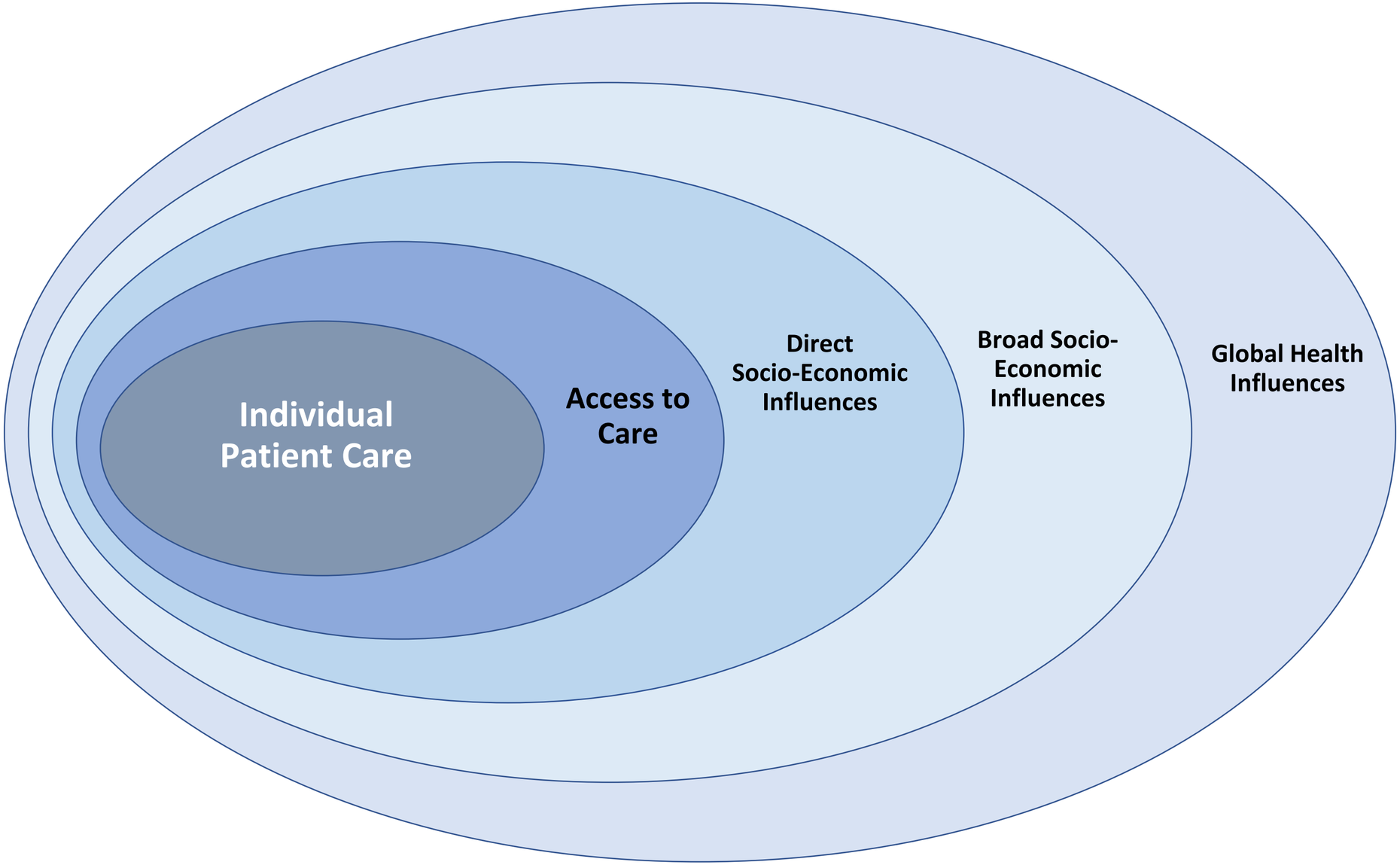
Setting the Stage

Creating Adolescent Friendly Services to Enhance Communication

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

Influences on Health



Adapted from: Gruen RL, et al. JAMA 2004;291:94–98.

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

External Barriers to 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

Strategies for Providing Optimal Care

CULTURAL COMPETENCY

CULTURAL HUMILITY

ADOLESCENT-CENTERED CARE

Rationale for Confidentiality

Confidentiality in Adolescent Health Care		
Clinically Essential	**Developmentally Expected**	**Supported by Expert Consensus**

Encouraging Honesty

When I ask personal questions, you have a clear choice. You can say you are not comfortable discussing the subject, which is a mature answer that I will respect. You can also choose to lie. But if you lie, you have to understand that I won't be in the position to help you stay healthy. Let me tell you what we do here to make you feel safe and comfortable telling us what is really going on in your life"

(Ginsburg 2001)

Adolescent-Centered Care

- Assure confidentiality
- Invite parents to wait in waiting room
- Explain why you will be asking sensitive questions
- Treat each patient as an individual, acknowledging all the interacting forces that make him/her unique

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.

Confidentiality Done Right

- Handled Correctly, Confidentiality does not interfere with the parent-teen relationship but instead, overtime, has the potential to strengthen it

- The key to provide confidential care to teens while at the same time helping parents feel involved and included

Setting a Tone

“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

– Maya Angelou

Eye Contact

Body Language

Communication Bias

Bias:

- **“prejudice, tending to base decisions on personal opinion”**

Unconscious Bias:

- **Everyone does it**
- **People are usually not aware of it**

http://www.inclusion.msu.edu/Education/BiasFreeCommunication.html

Shades of Meaning

“You’re only using condoms half of the time? That’s a pretty big risk to take. You could get STIs, including HIV, and you could get someone pregnant.”

“Good for you for using condoms half of the time! What do you think might help you use them even more?”

Features of Adolescents...The Truth

- like to be respected
- like to be talked with, not talked to
- not likely to volunteer information unless asked
- feel vulnerable, not invincible
- see beyond the surface
- like to be liked

Setting the Stage

- What might happen when teens **DON'T** feel comfortable with their health care experience?
- What might happen when teens **DO** feel comfortable with their health care experience?

Getting Started

Tips on interviewing adolescents using a strength-based model

Addressing Risk “If you don’t give us healthy risks to take, we’ll take unhealthy ones.”

- Risk interventions must engage adolescents’ emerging cognitive abilities and accommodate their developmental needs

- Along with providing teens with information about healthy and unhealthy behaviors, adolescents should be aided in developing skills to manage the difficult situations they will inevitably encounter, and encouraged to seek positive learning opportunities and experiences

- Teens have skills, talents, families, peers, and other resources that can help them handle the risks their environment contains

Positive Youth Development

- Model respect and kindness toward adolescents
- Convey the belief that adolescents have the ability to continue their positive health behaviors or to make a behavior change when needed.
- An office visit is not just an occasion to assess for and champion the idea of strengths; it is also an opportunity to directly promote strengths in adolescents

Ways to Provide Adolescent-Centered Care

- Ask a question and listen to the response!
- Wait 30 seconds until you speak after each question
- Answers will help identify how culture interacts with patient's health decisions
- Utilize HEEADSSS (or Sheeadsss)

SHEEADSSS

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

Strengths-Based Approach

- Identify strengths early and praise
- Look for examples of past difficulties that your patient has successfully overcome
- Use reflective listening and pause
- Create a comfortable, trusting, nonjudgmental setting
- Share your concerns

Asking About Strengths

1. How do you stay healthy?
2. What are you good at?
3. What do you do to help others?
4. Who are the important adults in your life?
5. What are your responsibilities at home? At school?
6. If I were an employer, what are all the things that would make me want to hire you?

Why Strengths-Based Approach?

- Form trusting relationship
- Recognize and build on strengths
- Develop their own solutions to problems
- Develop coping strategies

Strength-Based Approach Goals

1. Raise adolescents' awareness of their developing strengths and the role they can play in their own health and well-being
2. Motivate and assist adolescents in taking on this responsibility
3. Assist parents in doing the same

Normal vs Concerning Behavior

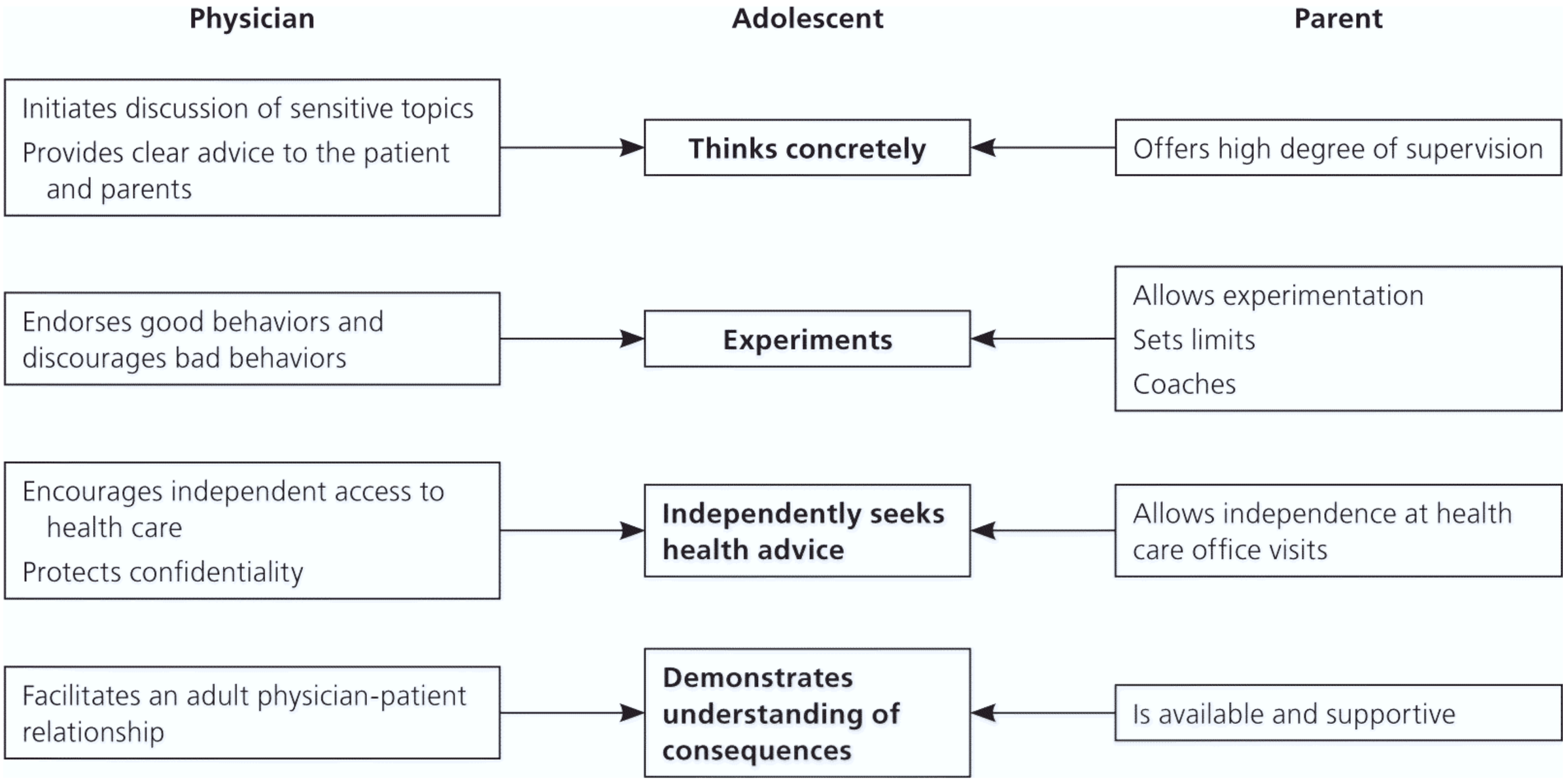
1. Wanting to spend more time with peers and less time with family
2. Need more sleep, reluctant to get up for school
3. Develop a larger appetite during growth spurts
4. Worrying about physical appearance and trying to fit in
5. Some slight risk taking or experimenting with sex, alcohol, or drugs
6. Sadness and anxiety following fights with friends or a break-up

Normal vs Concerning Behavior

1. Not wanting to spend time with either family or friends
2. Sudden change in energy level (abnormally long or not at all), absolute refusal to attend school
3. Sudden change in appetite accompanied by quick fluctuations in weight
4. Sudden and significant changes in eating behaviors
5. Extreme risky behavior and/or delinquent behavior
6. Sadness or anxiety that doesn’t correct itself or decrease in intensity after a few days or a couple of weeks, intense or rapid mood swings

Identifying Strengths

Adolescent statement	Potential strength
I don’t have time for school. I work a lot and they’re giving me even more hours starting this week.	Independence Mastery
My boyfriend is my family.	Belonging
I don’t have many friends. I have to take care of my younger siblings.	Generosity
	Belonging
I’m planning to move out. I want to get an apartment with my friends.	Belonging
	Independence


Physician
Adolescent
Parent
Initiates discussion of sensitive topics
Provides clear advice to the patient and parents
Thinks concretely
Offers high degree of supervision
Endorses good behaviors and discourages bad behaviors
Experiments
Allows experimentation
Sets limits
Coaches
Encourages independent access to health care
Protects confidentiality
Independently seeks health advice
Allows independence at health care office visits
Facilitates an adult physician-patient relationship
Demonstrates understanding of consequences
Is available and supportive

Connectedness

- Research has found that:
  - Maintaining connectedness with parents/guardians and other trusted adults is important for many aspects of adolescent health

Connectedness: Including Parents in the Discussion

- Adolescents aged 12 to 19 years report that parents are the greatest influence regarding sexual decision-making and values
- Nearly 87% of adolescents agree that “it would be easier to postpone sexual activity and avoid adolescent pregnancy if they were able to have more open, honest conversations about these topics.”

Connectedness: Pearls in Practice

- Talking to adolescents:
  - Examine patient's perspective of relationship with caregiver
  - Examine barriers for conversation with caregiver
  - Offer to be a resource to both parents and teens

Connectedness: Pearls in Practice

- Talking to caregivers:
  - Acknowledge to caregiver talking about risk taking is difficult, but healthy
  - Help caregiver understand the importance of modeling healthy relationships and decision making

School and Family Connections in Adolescence Linked to Positive Health Outcomes in Adulthood

YOUTH EXPERIENCE RISKS

17% of students considered attempting suicide

19% have been bullied at school

14% misuse prescription pain medicine

SCHOOL & FAMILY CONNECTIONS HELP PROTECT YOUTH

Adults who experienced strong connections as youth were

48%-66% LESS LIKELY TO:

Have mental health issues

—

Experience violence

—

Engage in risky sexual behavior

—

Use substances

SCHOOLS, FAMILIES, & PROVIDERS CAN HELP

SCHOOLS can implement positive youth development programs

PARENTS can have frequent & open conversations

PROVIDERS can discuss relationships & school experiences

SOURCE: Steiner RJ, et al. Adolescent Connectedness and Adult Outcomes. Pediatrics. 2019;144(1):e20183766
https://doi.org/10.1542/peds.2018-3766

CS 306049-A


CDC
Parents are a powerful influence in the lives of their teens.
Research shows that teens who believe their parents disapprove of risky behaviors are less likely to choose those behaviors.

Reducing Risk

- Evidence lacking that medical interventions reduce behaviors
- Team approaches including:
  - Behavior therapy referrals
  - School based programs
  - Community groups
  - ***Parents***

Creating Change

Motivational Interviewing

Why Do People Change?

- **People change voluntarily only when:**
  - They become interested in or concerned about the need for change.
  - They become convinced that the change is in their best interests or will benefit them more than cost them.
  - They organize a plan of action that they are committed to implementing.
  - They take the steps necessary to make and sustain the change.

What is Motivational Interviewing?

- Empathetic, person-centered counseling style
- Based on recognition that the most powerful motivations for changing Behaviors come from ourselves
- Well suited for brief encounters
- Evidence based
- Grounded in health behavior theory
- Can be delivered by a wide variety of professionals

Motivational Interviewing

The tasks of MI are to—

- Engage, through having sensitive conversations with clients/patients.
- Focus on what is important to the client/patient regarding behavior, health, and welfare.
- Evoke the client/patient's personal motivation for change.
- Negotiate plans.

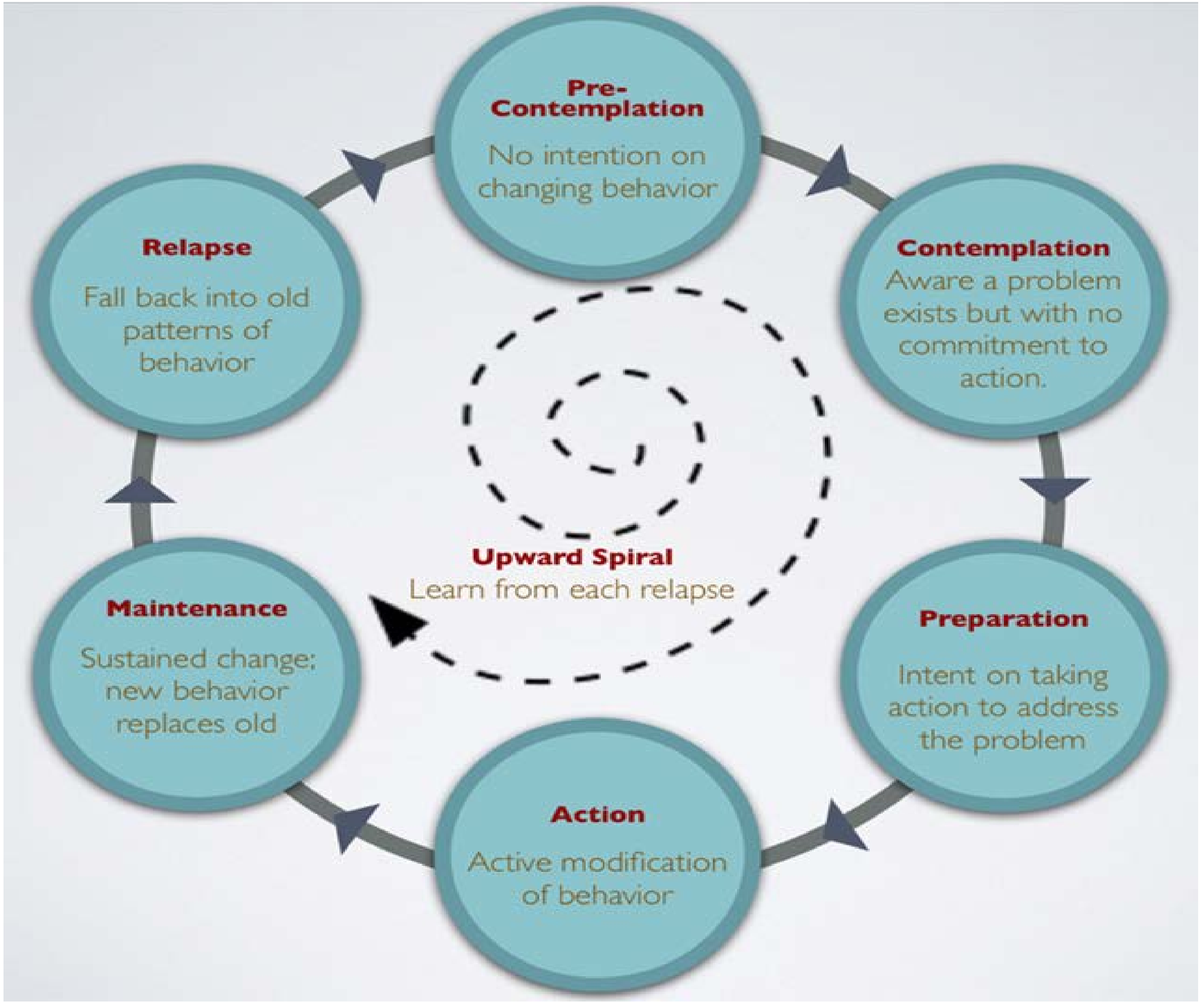
MI Based on 2 Assumptions

1. A person's motivation to change his or her behavior can be elicited in conversation with a skilled interviewer

- telling someone why they need to change is confrontational
- empathy, understanding creates a space for self-reflection and desire to change

2. Ambivalence toward the possibility of change is normal and to be expected

- always competing positive and negative feelings


Pre-Contemplation
No intention on changing behavior
Contemplation
Aware a problem exists but with no commitment to action.
Preparation
Intent on taking action to address the problem
Action
Active modification of behavior
Maintenance
Sustained change; new behavior replaces old
Relapse
Fall back into old patterns of behavior
Upward Spiral
Learn from each relapse

MI Principles

MI is founded on four basic principles:

- Express empathy.
- Develop discrepancy.
- Roll with resistance.
- Support self-efficacy.

Preparation

- Mentally, emotionally and physically prepare for a potentially stressful and emotionally charged encounter
- Become knowledgeable about patient's situation
- Assess one's own thoughts and emotions surrounding the difficult encounter
  - Acknowledge personal bias

Conventional Approach

- Provider asks close ended questions
- Provider tells patient what is wrong with then
- Provider tells patient what to do
- Provider assumes patient is going to do it

Techniques

- Reflective listening
- Validation
- Empathetic response
- Negotiation and closure
- Follow up

Other Guiding MI Principles

- **Resist the righting reflex.**
  - If a patient is ambivalent about change, and the clinician champions the side of change…
- **Understand your client's/patient's motivations.**
  - With limited consultation time, it is more productive asking clients/patients what their reasons are and why they choose to change, rather than telling them they should
- **Listen to your client/patient.**
  - When it comes to behavior change, the answers most likely will lie within the client/patient, and finding answers requires listening.
- **Empower your client/patient.**
  - A client/patient who is active in the consultation, thinking aloud about the why, what, and how of change, is more likely to do something about it.

CORE MI Skills-OARS

Open-ended questions

Affirmations

Reflections

Summaries

Readiness Rulers: I-C-R

Readiness rulers can address:

- **Importance**
- **Confidence**
- **Readiness**
  - **1-4 – "what would have to happen to make you more ready?"**
  - **5-7- acknowledge ambivalence in non-judgmental manner, invite patient to bring up in future**
  - **8-10 very willing to take action**

1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

Obesity Example

Approaching Obesity -- The 5 As

Ask	• Find out if patient is open to discussing thei weight
Advise	• Risks of obesity, benefits of healthy weight, treatment options, lifestyle monitoring
Assess	• Health status, psychosocial factors
Assist	• Identify helpful resources and refer to appropriate providers
Arrange	• Identify ways to execute the plan successful

a. Vallis M, et al. *Can Fam Physician*. 2013;59:27-31.
b. Alexander SC, et al. *Fam Med*. 2011;43:179-184.

Frames

Feedback - recount history with information about behavior

Responsibility - emphasize the young person’s autonomy

Advice - ask permission then offer clear recommendations

Menu - elicit options for change

Empathy - remain non-judgmental and show your support

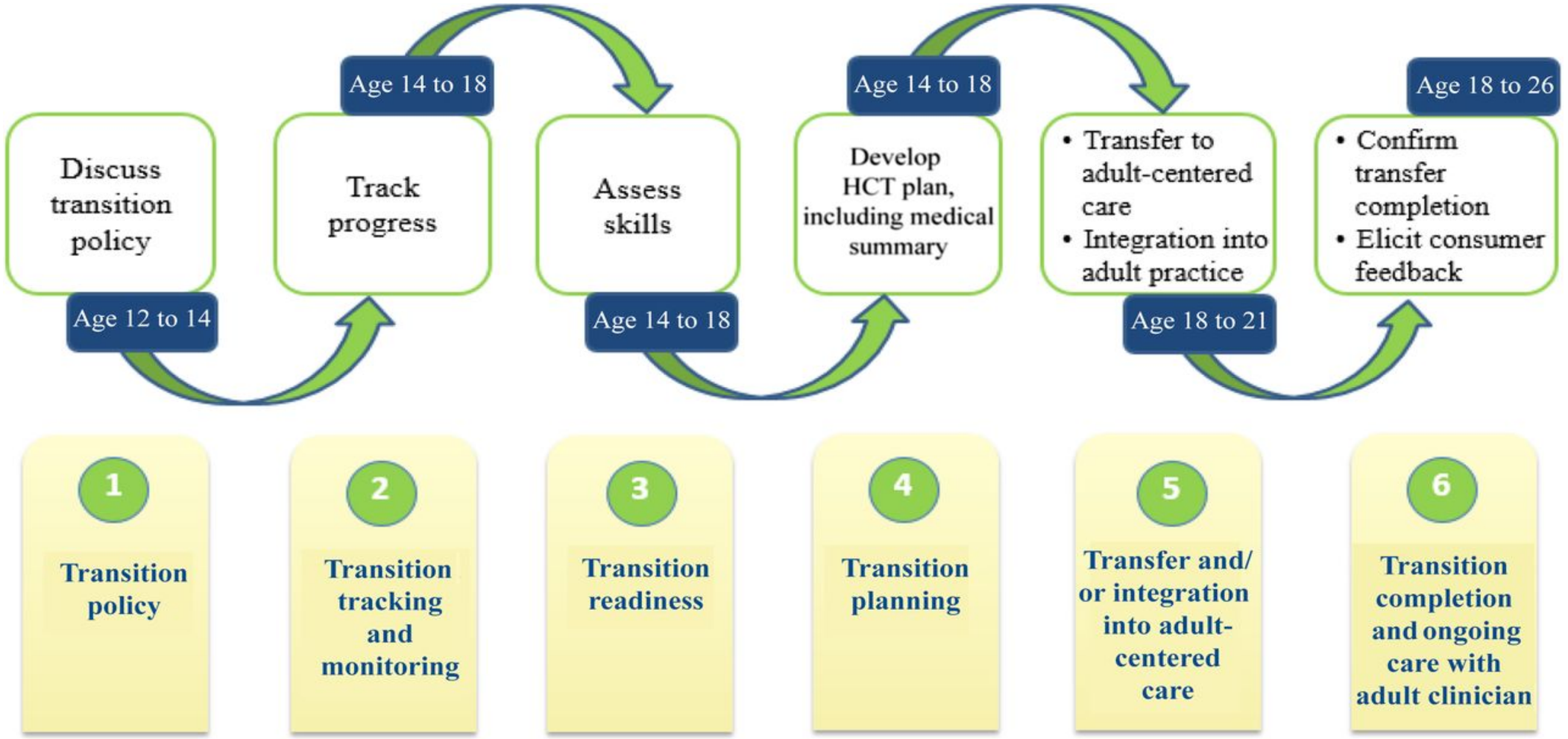
Self-Efficacy - support patients strengths and reinforce their ability to make change

How does MI fit with Adolescent Development?

- Adolescents are shifting from concrete to abstract thinking - they want to be part of the solution
- their sense of self (identity formation) becomes front and center, as do they development of their personal values and beliefs
- A desire for autonomy and resistance to being told what to do emerges during this time

Transition to Adult Care

Timeline for introducing the Six Core Elements into Pediatric Practices



Patience H. White et al. Pediatrics 2018;142:e20182587

PEDIATRICS®

Ability to Communicate with Different Types of Healthcare Providers, including Asking Questions and Advocating for Themselves

- Know their body, including names of body parts and when something does not feel normal
- Hold a conversation independently with an authority figure, including asking questions or pointing out when a request does not meet their needs
- Understand that a provider's type or specialty can affect their approach to providing healthcare and that different health issues may require seeing a specific kind of provider

Ways to Practice

- Have the adolescent describe to the healthcare provider how they feel
- Have the adolescent prepare and/or ask 1–2 questions about their care or their body
- Have the adolescent set their goals for a health visit and articulate them to the healthcare provider

Ability to Follow Healthcare Provider's Advice

- Know basic terms for the human body
- Read labels and/or charts
- Understand the difference between suggestions and things that they must do
- Recognize units of measurement and time

Ways to Practice

- Have the adolescent explain in their own words what they need to do for care
- Ask the adolescent to identify things that may make it hard to follow their healthcare provider's instructions
- Allow the adolescent to manage their own treatment, checking in sporadically

Ability to Manage their Health Insurance and Healthcare Records

- Know health insurance terms
- Know technical terms specific to their health and their family health history
- Manage and maintain their health insurance and other ID cards
- Become comfortable with asking clarifying questions
- Understand and fill out forms
- Read a bill and/or explanation of benefits to identify how much is owed and how to pay
- Know their rights and who can access their information (or be able to read and comprehend disclosures)

Ways to Practice

- Talk to the adolescent about what they know about their family's medical history and explain what different conditions mean
- Show adolescents how to use their (or their family's) insurance plan to find a provider
- Have adolescents fill out medical forms for themselves

Tools, Samples, and Evaluation Measures for:

Transitioning Youth to Adult Health Care Providers
(Pediatric, Family Medicine, and Med-Peds Providers)

- Full Package En Español
- Full Package, Customizable Version
- 6 Core Element Summary

Introduction

The Six Core Elements of Health Care Transition 2.0 define the basic components of health care transition support and the corresponding sample tools provide tested means for transitioning youth to adult health care providers. These transition resources are consistent with the AAP/AAFP/ACP Clinical Report on Transition.

To implement the Six Core Elements, a quality improvement approach is recommended. Plan-do-study-act (PDSA) cycles provide a useful way to incrementally adopt the Six Core Elements as a standard part of care for youth and their families.[1] The process begins with the creation of a collaborative pediatric and adult team that could include physicians, nurse practitioners, physician assistants, nurses, social workers, care coordinators, medical assistants, administrative staff, IT staff, and youth/young adults and families. Leadership support from the practice, plan, or academic department is critical as well. Oftentimes, practices decide to begin with a subset of youth in order to pilot the pediatric and adult delivery system changes needed for transition.

Recognizing and responding to the diversity among youth, young adults and their families is essential to the

Sample Tools

Transitioning Youth to an Adult Health Care Provider
En Español

Summary of Six Core Elements approach for pediatric and adult practices. aProviders that care for youth and/or young adults throughout the life span can use both the pediatric and adult sets of core elements without the transfer process components.

Practice or provider	#1 Transition and/or care policy	#2 Tracking and monitoring	#3 Transition readiness and/or orientation to adult practice	#4 Transition planning and/or integration into adult approach to care or practice	#5 Transfer of care and/or initial visit	#6 Transition completion or ongoing care
Pediatric[a]	Create and discuss with youth and/or family	Track progress of youth and/or family transition preparation and transfer	Conduct transition readiness assessments	Develop transition plan, including needed readiness assessment skills and medical summary, prepare youth for adult approach to care, and communicate with new clinician	Transfer of care with information and communication including residual pediatric clinician's responsibility	Obtain feedback on the transition process and confirm young adult has been seen by the new clincian
Adult[a]	Create and discuss with young adult and guardian, if needed	Track progress of young adult's integration into adult care	Share and discuss welcome and FAQs with young adult and guardian, if needed	Communicate with previous clinician, ensure receipt of transfer package	Review transfer package, address young adult's needs and concerns at initial visit, update self-care assessment and medical summary	Confirm transfer completion with previous clinician, provide ongoing care with self-care skill building and link to needed specialists

Patience H. White et al. Pediatrics 2018;142:e20182587

PEDIATRICS®

Approach to the Adolescent Patient

1. Assess the individual adolescent's ability to understand consequences of risky behavior
2. Assess the role of the parent – and involve them when needed
3. Clary expectations about confidentiality
4. Meet privately with the adolescent and raise sensitive topics
5. Use the provider-patient relationship to personalize risk reduction messages
6. Establish Rapport -involves being warm- friendly and making the adolescent feel accepted for who they are, explore issues that concern the adolescent.
7. Involving the family:
    1. Family is a critical component in the care of an adolescent
    2. While the Adolescent is your primary patient, Spend some time discussing the concerns of the family.

Wrap Up

- Emphasize that your approach is non-judgmental and that you welcome future visits
- “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”

Things to Remember:
Basics of Development

Adolescence is a dynamic time of life defined by physical, emotional, cognitive and social transition.

Often a “disconnect” between a teen’s physical appearance and his/her emotional maturity level.

Not “little adults” or “big children”

Teens may act and feel they are in control of their lives.(mask themselves)

Teens assert/crave for their independence from adults, around style issues; but still tend to follow adult lead on health issues.

It’s not what they say, it is what they “do”.

In Conclusion

- **Remind** adolescents of their assets and lay the groundwork for subsequent discussion of potential changes

- Utilizing **counseling techniques** such as motivational interviewing, reflective listening , and shared decision-making, providers can show adolescents an expanded range of options in their lives

- Parents remain an **important** part of the lives of teens, and usually want what is in the teens best interest – while tricky to navigate the "2 patient scenario", with patience and empathy it can be done

Thank You!

Upcoming Webinar

Conducting Adolescent Well-Visits using Telemedicine

Date: June 26, 2020

Time: 12-1 PM CT

Register Here:

https://attendee.gotowebinar.com/register/1747565287099109387