

Growing skills for working with young people !

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Objectives:

1. To remind ourselves why young people think, feel and act the way they do.
2. To identify useful engagement and communication skills for working with young people.
3. To review principles of confidentiality and consent in youth health.
4. To meet the HEeADSss tool, essential in youth health assessment.

1. What is this thing called Youth?!



Definition of “Youth”

World Health Organisation (WHO)

- Adolescents = 10-19
- Youth = 15-24 yrs
- Young people as 10-24 yrs

Plus ça change, plus c'est la même chose

“I see no hope for the future of our people if we are dependent on the frivolous youth of today, for certainly all youth are reckless beyond words.... When I was a boy, we were taught to be discreet and respectful of elders, but the present youth are exceedingly unwise and impatient of restraint”

Hesiod, 800BC

Tasks of adolescence

- Developing own identity
- Establishing emotional independence
- Developing self-determination
- Establishing own values, morals, ethics
- Developing empathy and reciprocity in relationships
- Establishing sexual identity
- Developing intellectual capacities and skills
- Gaining skills for financial independence 6



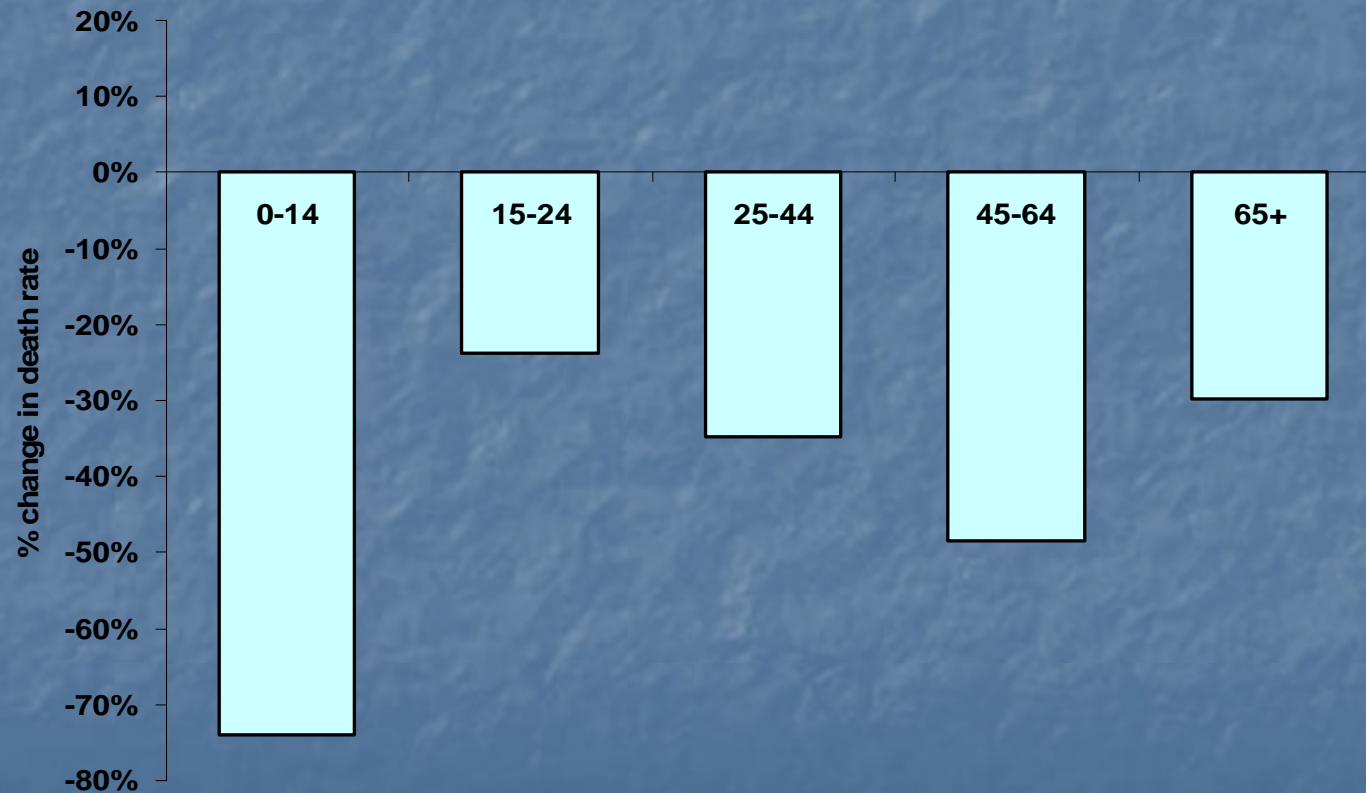
Youth is the healthiest time of life

OR

The age group whose health status has improved the least in the last 40 years.....

Age specific mortality rate trends by age group 1960-2000

Change in mortality rates by age group 1960-2000



NZ Youth Health Issues

- What are the important youth health issues these days?



Shout
out!

Youth Health Issues

- Accident and injury
 - Mental distress and illness
 - Risk taking behaviour
 - Sexual health
 - Chronic illness and disability (10-20%)
-
- Most of these are largely preventable and are related to adolescent development and behaviour.
 - Just as babies are learning to walk, young people are learning to be adults.

Not such good news for NZ:

Among highest in the western world for

- Pregnancy
- Drug and alcohol abuse
- Self-harm

Major cause of death and hospitalisation

- Accidents and injury - males three times higher than females

Youth Offending

- 20% of offences are caused by young people <17 years.

Not such good news

Mental health problems:

- Dunedin and Christchurch cohort studies have identified rates of 20% in 15yr olds

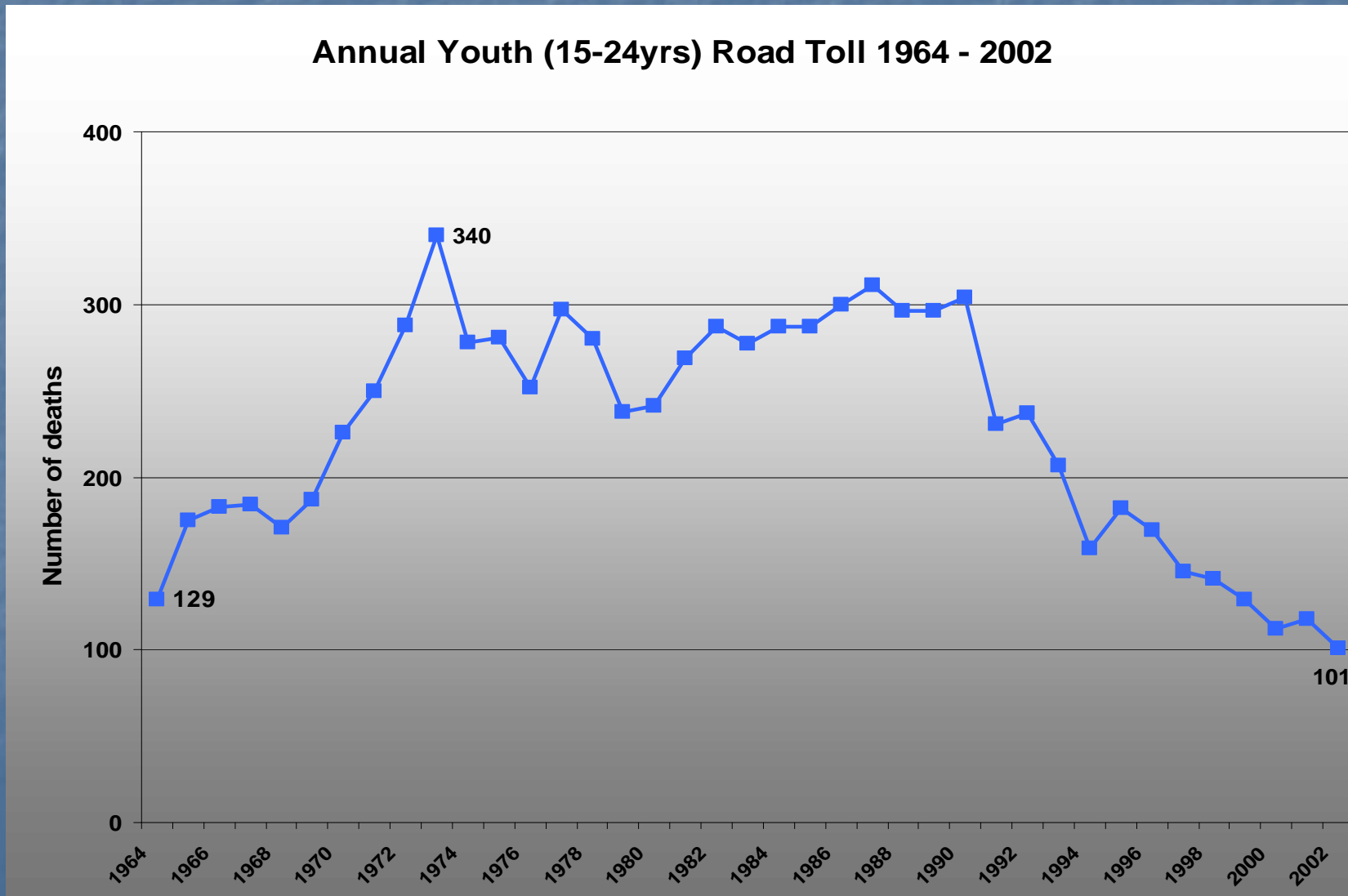
Such as;

- ✓ Depression
- ✓ Substance abuse
- ✓ Conduct disorder

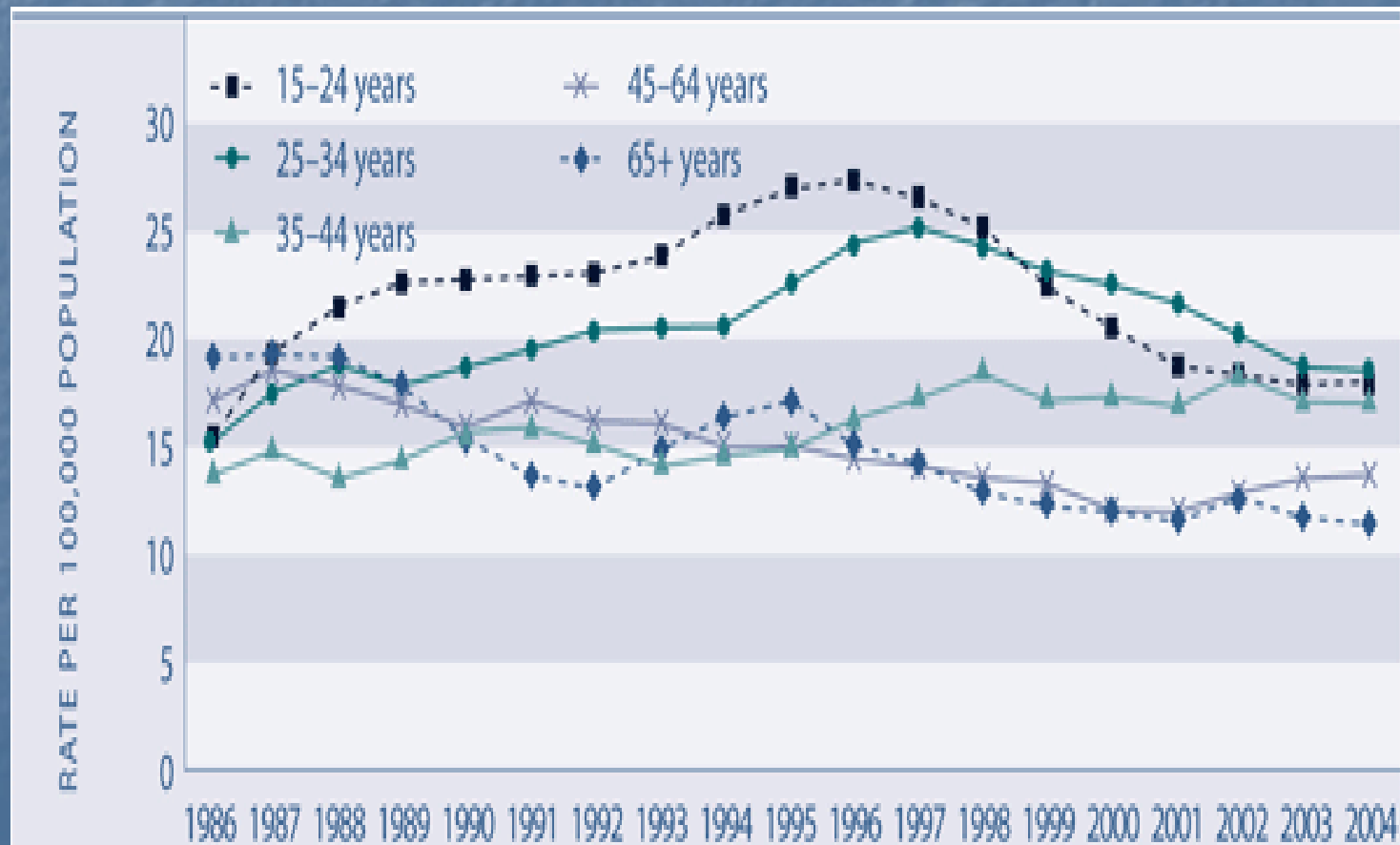
What is the good news?

- ✓ Decline in MVC
- ✓ Decline in death by suicide

Motor Vehicle Crashes



New Zealand Suicide Deaths 1986-2004



It helps if to remember
that most young people:

- Are connected to family
- Are engaged in school/work
- Have friends
- Are happy and successful
- Listen to parents more than we realise
- Have arguments that are usually resolved, and are around curfews and chores (“dumb stuff”)

See youth2000 and youth2007 for NZ data

Development is asynchronous

- Physical and sexual maturity are around 13 years, cognitive maturity around 18 years, social maturity e.g. finishing education and first baby much later



Reving the engines without a skilled driver

Hypothesis:

- Earlier timing of puberty results in several years with a sexually-mature body and sexually-activated brain circuits . . .
- yet with relatively immature neurobehavioral systems necessary for self-control and affect regulation

Predict:

- Increased risk for disorders of self-control; difficulties navigating complex social-emotional situations

Teenage brains are not
the same as adults!



Cognitive development features:

Early Adolescence

- Concrete thinking
- Simple decision making – black and white
- Difficulty taking others' perspectives and understand complexity
- Difficulty applying general rules to own situation
- Lacking in future planning / forward thinking

Implications:

- We need to offer straight-forward explanations and describe clear consequences

Cognitive development

Late Adolescence

- Greater levels of abstract thought; weighing up complex information; ability to think hypothetically and plan ahead
- ~50% adults operate in this stage most of the time (Kuhn 79; Arlin 75; Sloman 1996)
- Complex thought remains 'patchy' and capacity to use new abilities in challenging situations is variable
- Longer attention span – usually!

Cognitive Development

Late Adolescence

Implications:

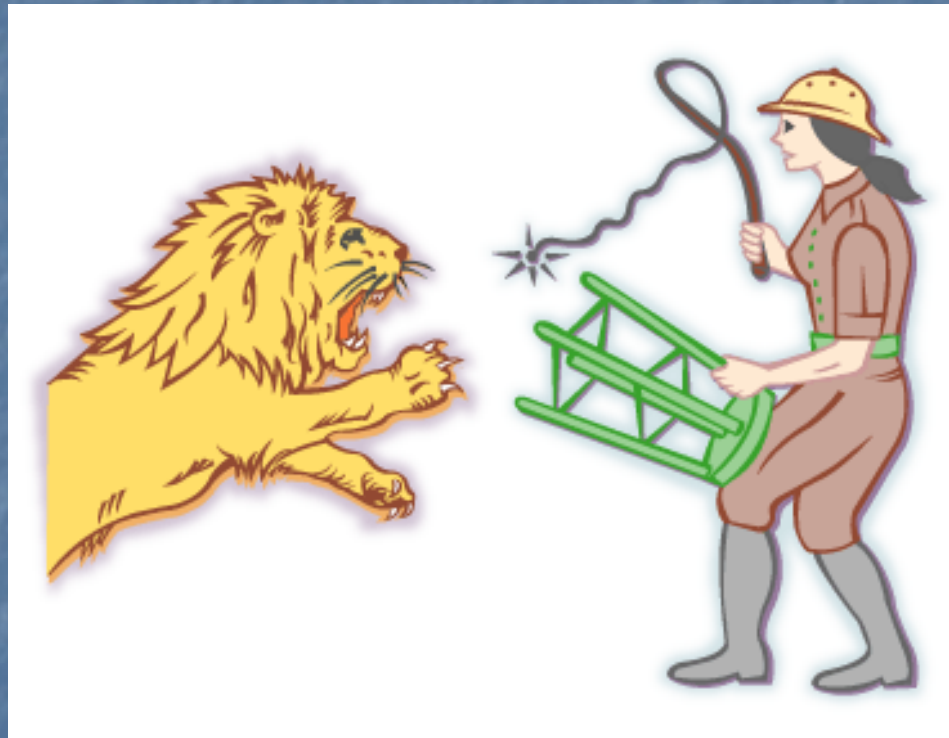
- Plan ahead with the young person about what to do when things go wrong (the “exceptions”)
- Ensure that an intervention is a reasonable fit, in terms of time, complexity and motivation
- Use developmentally appropriate learning and decision-making strategies, use practice and experience

So remember !

- Young people are still developing their skills in:
 - ✓ Planning
 - ✓ Impulse control
 - ✓ Reasoning
 - ✓ Complex thinking



2. The approach to the adolescent



Setting the Scene

- What can make the surgery more youth-friendly?



Shout
out!

Music

A Youth 'nook'

Cheerful friendly staff

Magazines

+ ?

Games

Youth themed posters/information

Engagement: Your attitude is everything!



Tat S. Chan

"The word around the office is that you have an attitude problem. ..."

- A youth health appointment is never a one-problem quickie consult!

Get off your pedestal!

Be....

- ✓ Yourself
- ✓ Warm and welcoming
- ✓ Caring
- ✓ Approachable
- ✓ Good at listening
- ✓ Non-judgmental



Communication considerations

- Being non-judgmental does not mean condoning risky behaviour
- Focus and allow time
- Provide things to do/fiddle with while talking
- Use humour
- Use affirmations
- Let them teach you too



Communication considerations

- Find out about their preconceptions, misconceptions, assumptions, beliefs
- Help the young person define options and make their own choices
- Be flexible in how care plans are negotiated
- Closure: plan and allow time to finish; provide an overview, opportunity for questions, check for understanding

3. Consent and confidentiality



“Consent in Child and Youth Health - Information for Practitioners ”

December 1998, MOH

ISBN 0-478-23500-3 (Book)

ISBN 0-478-23501-1 (Internet)

HP 3254

Available on the Ministry of Health
website:

<http://www.moh.govt.nz>

At what age can a child/young person give consent to health care?

- (under the Guardianship Act 1968) **Young people over 16 can consent to health care procedures.** As with any adult, a health care practitioner can overturn this right if there are reasonable grounds for believing that a person is not competent.
- **Children and young people under 16 years can consent to their own medical treatment in the cases of:**
 - **abortion** where parental consent is not required, whatever the age of the child (s. 25A Guardianship Act 1968)
 - **contraceptive advice and treatment** (repeal of s. 3 of the Contraception, Sterilisation and Abortion Act 1977).

- “A presumption that parental consent is necessary in order to give health care to children and young people under 16 is inconsistent with common law developments and the Code of Health and Disability Services Consumer’s Rights 1996”

- House of Lords in 1985 *Gillick v West Norfolk and Wisbech AHA* :

“whether or not a child or young person can give an effective consent to medical treatment depends on that individual’s capacity to make an informed decision. This is generally accepted as binding for New Zealand courts.” (the *Gillick* standard)

- Confidentiality is “an agreement between a patient and provider that information discussed will not be shared with other parties without the explicit permission of the patient” *Dr Sue Bagshaw*

- N.B. Privacy Act 1993 Principal 11

Disclosure is only justified where there is a “serious and imminent” threat to the health or life of an individual.

See YOUTHLAW website for additional info

Building a trusting relationship

- Perform a parent-ectomy !

“I usually start off with a parent in the room, then I’ll get you to leave while Jenny and I have a talk on our own. We’ll get you back in at the end. This will give her a chance to learn how to do the whole doctor thing on her own.”

- Negotiate with young person what info gets fed back to the parent afterwards

Confidentiality and the “three harms”

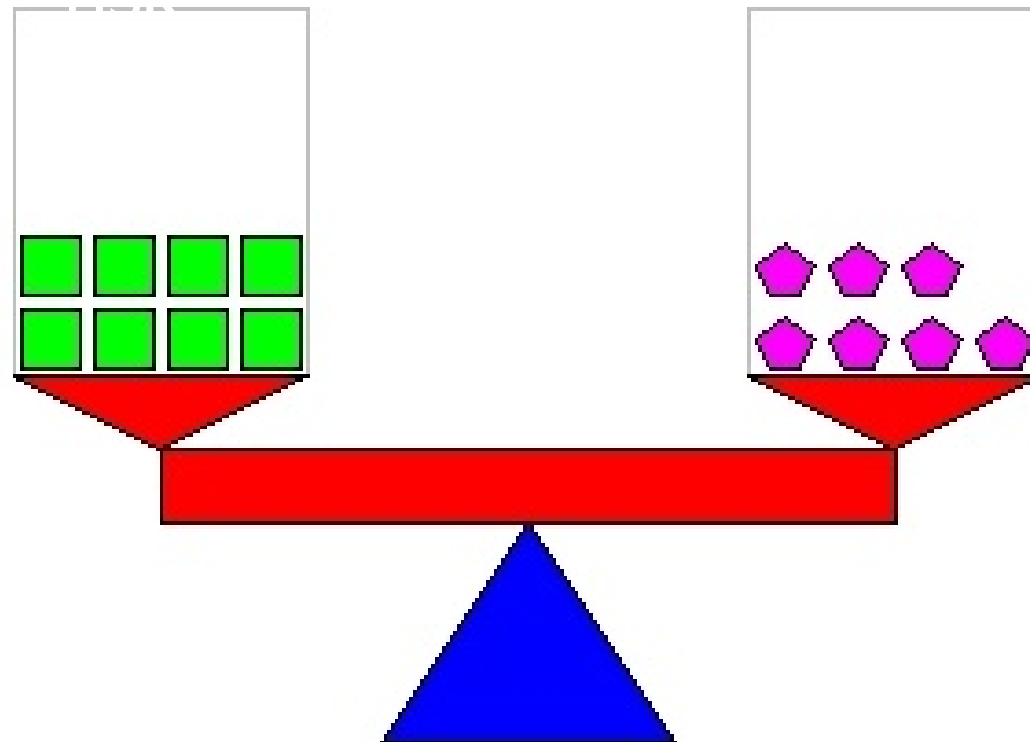
“The only time I would talk with anyone else about your stuff is if

1. You could harm yourself
2. You could harm others
3. Others could harm you”

4. The youth health assessment



Risk and Resilience



Risk Taking

Do not assume that risk taking in young people equals problematic or self destructive behavior.

It is a developmental imperative !



Example of Risk – Resilience balance: Suicide Risk

- High emotional distress
- Previous suicide attempt
- Friend/family member suicide*
- Victim of violence
- Perpetrator of violence
- Substance use*
- Access to firearms*

Suicide protective factors

- Connectedness to family*
- Connectedness to other caring adults
- Connectedness to school*
- Higher grade point average*
- Feel safe in school
- Religiosity

Prediction of suicide attempt

Males

- 3 risk, 0 protective: 20%
- 3 risk, 3 protective: 4%
- 0 risk, 3 protective: <1%

Females

- 3 risk, 0 protective: 30%
- 3 risk, 3 protective: 8%
- 0 risk, 3 protective: <1%

The HEeADSss assessment

- A widely used model
- Allows a structured risk / resilience assessment
- Adds to, rather than replaces other assessments
- It is a *process*. We use this tool every time we see a young person

HEeADSss A developmentally appropriate bio-psycho-social assessment

HEeADSss :

- Provides an opportunity to develop rapport
- Develops an overview of the young persons risk and resilience
- Assists you to cover your own areas of strength and weakness
- Gives a clinical impression of risk
- Ensures intervention and follow up is appropriate and maximally effective

HEeADSSS

The Adolescent Psychosocial Assessment

- H-Home
- E-Education/employment
- e-Eating
- A-Activities (peer group)
- D-Drugs
- S-Sexuality
- s-Suicide/depression
- s-Safety

*Goldenring and Rosen
Contemporary Paediatrics Jan 2004; 21:64*

HEeADSSS - *do ask*

- *If you don't ask they won't tell* (Bob Blum)
- If you do ask, in the right way at the right time, they usually do tell
- Do ask, even if you think you know the answer

Communication: *asking questions*

- Move from less sensitive to more sensitive topics
- Move from the third person approach to the personal

Group Activity

- In groups, come up with three questions for each category (HEeADSss)

Essential Questions-HOME

■ Home

- ✓ Who lives with you?
- ✓ Where do you live?
- ✓ Do you have your own room?
- ✓ Who are you closest to at home?
- ✓ Who can you talk to at home?
- ✓ Is there anyone new at home? Has someone left recently?
- ✓ Have you moved recently?
- ✓ Have you ever lived away from home? (Why?)

Essential Questions- EDUCATION/EMPLOYMENT

- Education/employment
 - ✓ What are your favourite subjects at school?
 - ✓ Your least favourite subject?
 - ✓ How are your grades? Any recent changes? Any dramatic changes in the past?
 - ✓ Have you changed school in the past few years?
 - ✓ What are your future education/employment plans/goals
 - ✓ Are you working? Where? How much?

Essential Questions-EATING

■ Eating

We need to remember to ask about eating, however there are few evidence-based interventions that work when dealing with young people and obesity or eating disorders

- ✓ What do you like or not like about your body?
- ✓ Have there been changes in your weight?
- ✓ What regular exercise do you do?
- ✓ Have you dieted in the last year. How? How often?

Essential Questions-ACTIVITIES

■ Activities

- ✓ What do you and your friends do for fun? (with whom, where and when?)
- ✓ What do you and your family do for fun?
- ✓ Do you participate in any sports or other activities?
- ✓ Do you regularly attend a church group, club, or other organised activity?

Essential Questions-DRUGS

- Drugs
 - ✓ Do any of your friends use cigarettes? Alcohol? Or other drugs?
 - ✓ Does anyone in your family use cigarettes? Alcohol? Or other drugs?
 - ✓ Do you use cigarettes? Alcohol? Or other drugs?
 - ✓ Is there a history of alcohol or drug problems in your family?
 - ✓ Does anyone at home use cigarettes?

Essential Questions-SEXUALITY

■ Sexuality

- ✓ Have you ever been in a serious relationship?
- ✓ Tell me about the people you have dated OR tell me about your sex life
- ✓ Have any of your relationships ever been sexual?
- ✓ What does the term 'safer sex' mean to you?

Essential Questions- SUICIDE & DEPRESSION

- Suicide and Depression
 - ✓ Do you feel sad or down more than usual?
 - ✓ Do you find yourself crying more than usual?
 - ✓ Are you 'bored' all the time?
 - ✓ Are you having trouble falling asleep?
 - ✓ Have you thought a lot about hurting yourself or someone else?

Essential Questions- SUICIDE & DEPRESSION

- **S** sleep: insomnia, hypersomnia
- **A** appetite or weight change
- **D** dysphoria: bad mood, irritability, sadness
- **F** fatigue: e.g. difficulty completing tasks
- **A** agitation / retardation
- **C** concentration and memory
- **E** esteem: low, guilt, dwell on past events
- **S** suicidal thoughts.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:**

Essential Questions-SAFETY

■ Safety

- ✓ Have you ever been seriously injured? (How?) How about anyone else you know?
- ✓ Do you always wear a seatbelt in the car?
- ✓ Have you ever ridden with a driver who was drunk or high? When? How often?

Essential Questions-SAFETY

■ Safety

- ✓ Do you use safety equipment for sport or other physical activities (eg bike helmets)
- ✓ Is there any violence at your school? In your neighbourhood? Among your friends?
- ✓ Have you ever been physically or sexually abused? Have you ever been raped, on a date or at any other time? (If not previously asked)

Interventions should

- Be based on the level of risk
- Decrease risk factors; increase resilience / protective factors
- Work within relevant contexts – social, family, cultural, school/work etc
- Be acceptable to the young person
- Be part of a comprehensive approach (beyond “health”)
- Use diverse back-up resources and networks

- If you are not convinced about the power of HEeADSss, take the plunge and try it out



Putting it all together

- Stay aware of cognitive-developmental realities, work within these
- Approach with the right attitude – be real
- Pay great heed to issues of consent and confidentiality
- Maximise your effectiveness by using HEeADSss at every opportunity



You can do it!

