

# Communicating with and Counselling the Adolescent Patient

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# Objectives

- Provide an overview of the developmental changes in adolescence
- Discuss the **SSHADESS** approach for screening teens
- Review important strategies for communicating/ counseling adolescents
- Discuss care of teens with somatic complaints and chronic illness
- Discuss importance of transition of care



# What is Adolescence?

- Transition between childhood and adulthood
- Age group varies
- Generally physically healthy period
- Needs vary by development and personal circumstances
- Common causes of mortality and morbidity globally are largely preventable

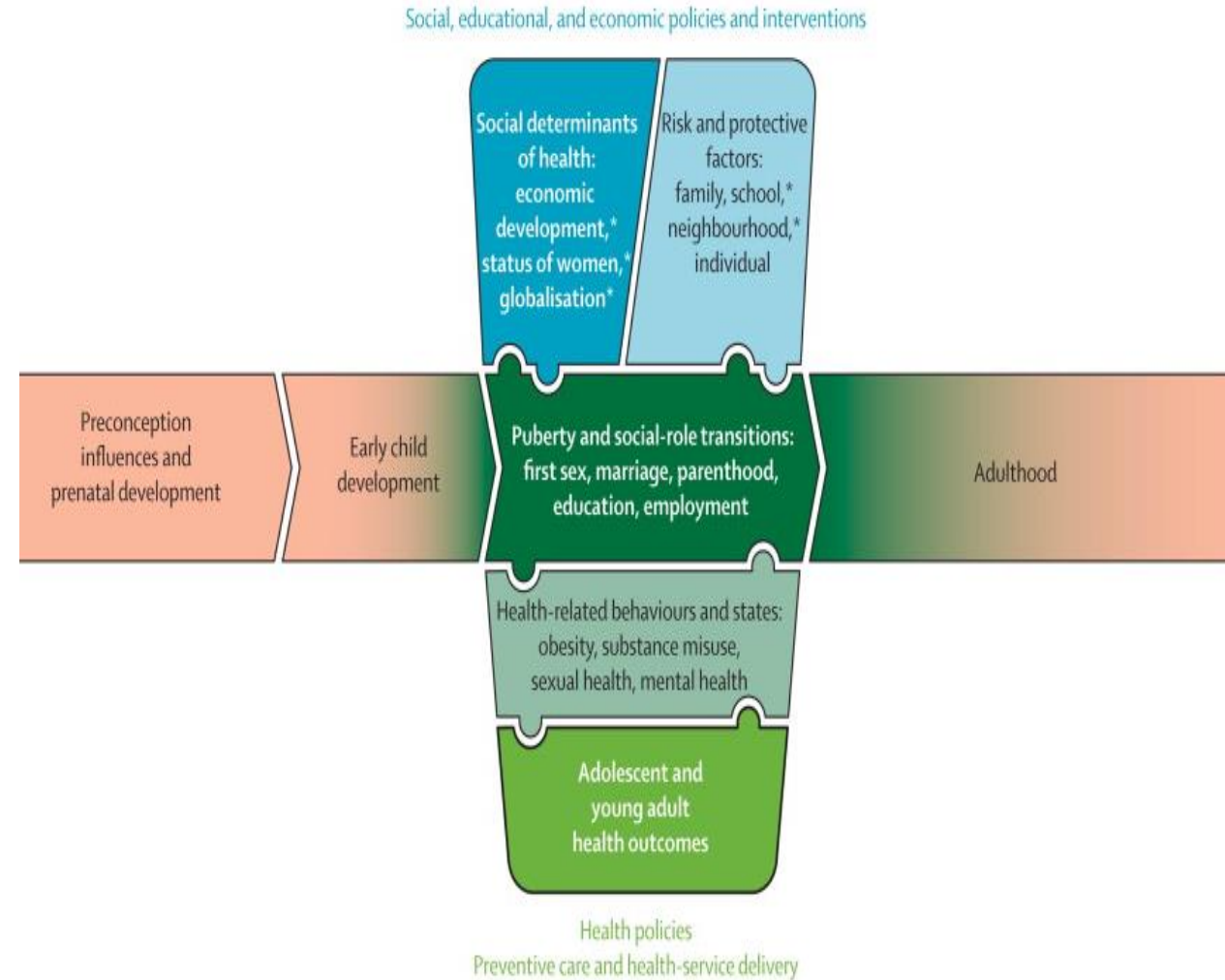




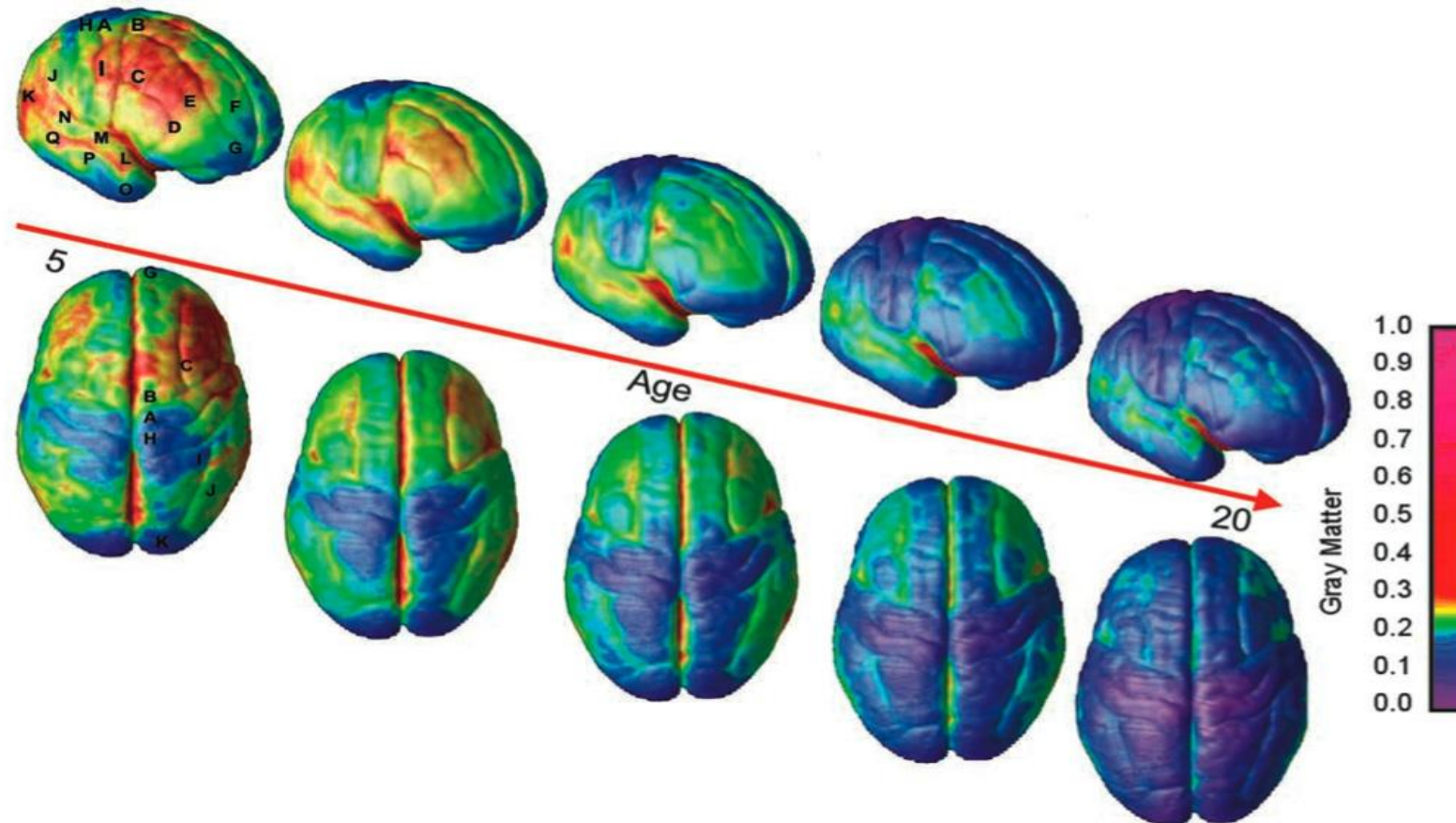
# Why is Adolescent Health important?

- 70% of premature adult deaths reflect behaviors started during adolescence
- Evidence-based investments in teen development, screening and counseling have significant implications for adult health

## Conceptual Framework for Teen Health

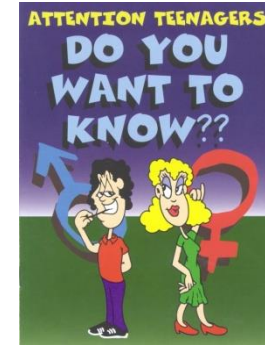


# Brain Development over the Ages



# Stages of Psychosocial Development

- Early adolescence (12-14 yrs)-
  - Egocentrism, concrete thinking
- Middle adolescence (15-17yrs)
  - Emancipation from parents, abstract thought
- Late adolescence (18-21 yrs)
  - Physically mature, educational and vocational goals important



# Overview of the Adolescent Patient

- Visits to a pediatrician may be limited
- **Some teens (w/ chronic illness etc) are more vulnerable**
- Goal of provider is to complete a thorough physical and psychosocial evaluation



# Top Tips for Communicating with Teens

- Make the adolescent the primary historian
- Establish confidentiality, speak to the teen alone
- Create a rapport
- Use understandable language
- Be aware of non-verbal cues and space
- Be non-judgmental





# Confidentiality

- Teens more likely to seek care if confidential
- Providers are required to break confidentiality if adolescent is homicidal, suicidal or has been abused



**CONFIDENTIAL**

# Teen Case: Sleepless Suzy



- 16 year old female with a history of acne and intermittent headaches with difficulty sleeping and decreased energy x 2 months. She has had a 7 kg weight loss over this time. She has been skipping school lately.
- ***What do you? What do you need to assess for?***

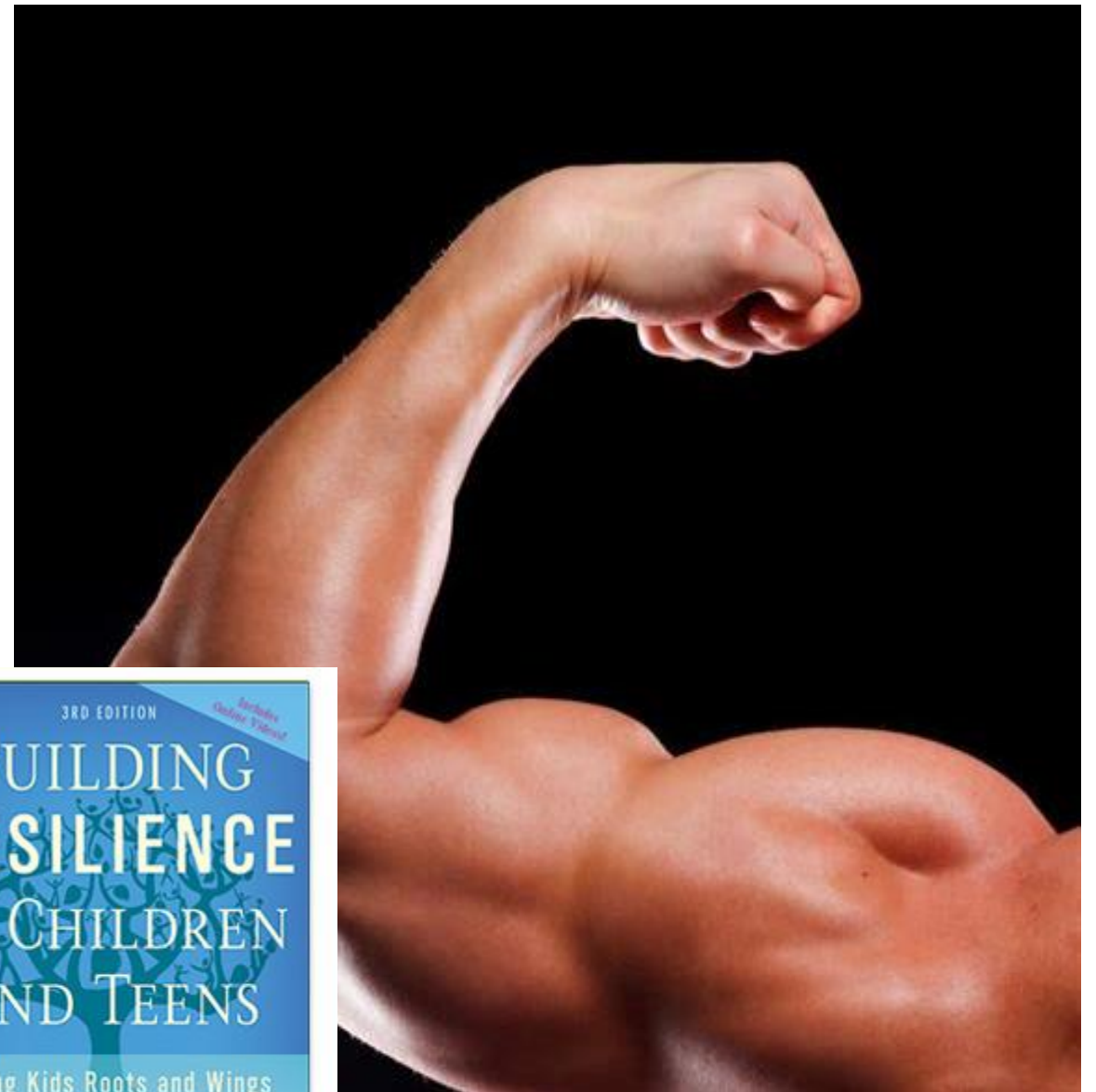
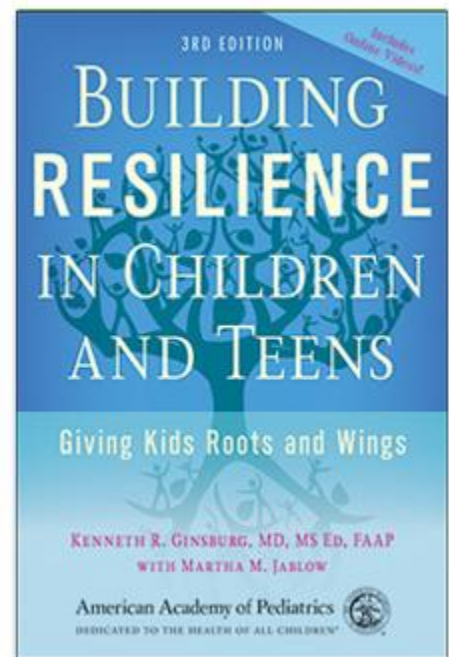
# Comprehensive SSHADESS

- S: Strengths
- S: School
- H: Home
- A: Activities
- D: Drugs
- E: Emotions/ Depression
- S: Sexuality
- S: Safety

# Strengths

- What is your unique strength?  
What do things do you do best?
- **Strength based counseling is important for developing self-esteem and building resilience**

K. Ginsburg. Reaching Teens: Strength-Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development.





# School

- How are your grades?  
Do you enjoy school?
- What are your plans  
for the future?







# Home and Activities

- Who lives at home with you?
- How are your relationships with parents, siblings or other relatives?



# Activities

- Are you involved in sports or extracurricular activities?
- How many hours of screen time? What kind of screen time? Hours of sleep?



# Diet

- **What do you see when you look in the mirror?**
- Do you ever vomit, use diuretics or laxatives? Binge eat?





# Drugs

- Do your friends smoke, drink or use drugs? Do you?
- **Be specific about types of drug use, quantity and frequency**



# Emotions/Depression

- What is your usual mood?
- What do you do to cope with or relieve stress? (Stress toolkit)
- **Have you ever thought tried to hurt yourself or felt life wasn't worth living (ask about cutting)?**



# Sexuality



- Are you interested in males, females, both, neither? Do you consider yourself male, female, unsure?
- Have you ever had a sexual relationship with anyone? Do you use protection?\*
- Is your relationship positive?
- Safety: Have you been forced to have sex against your will? Fights? Injuries?



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\* In KLIK (AMC)



# Teen Case: Sleepless Suzy

**16 year old female with a history of acne and intermittent headaches presenting with difficulty sleeping and decreased energy x 2 months. She has had a 7 kg weight loss over this time. She has been skipping school.**

No meds. Has regular menses. Fmhx of depression

- S-Drawing and art
- H-Poor relationship with parents
- E-Wants to be a graphic designer. Grades have been dropping.
- A-Likes to swim, on screens x4-5 hrs/day. Social media/Instagram. Sleeps 5-6 hrs



# Teen Case: Sleepless Suzy

- D-Occ binge drinking, marijuana use and smoking. Is depressed. Denies suicidality. Occasional cutting. Skips meals. Became a vegan recently. Thinks she is fat. No binging, purging.
- S-Denies sexual activity. Recently broke up with her boyfriend. Thinks she is interested in girls. No sexual abuse. No safety issues.

**Normal weight/vitals sign. Severe acne. Normal exam. Tanner V.**

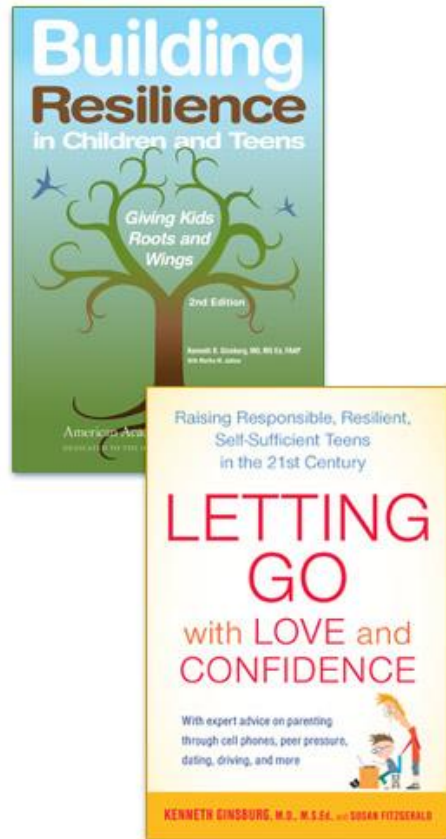
**What do you do?**

# Top Tips for Counselling Adolescents

- Screen patient for constitutional symptom, past medical/ family history, meds
- Do SSHADDES. Identify strengths, assess suicidality
- Limit counseling to top 3 issues
- Use motivational counseling
- Think about clinical hook!
- Allow teen to be part of decision-making.
- Encourage patient to return or refer if you can't address all issues that come up
- Consider electronic screening tools to save time



# Resilience and Adolescence



***“Resilience*** is the capacity to rise above difficult circumstances, allowing children to exist in this less-than-perfect world, while moving forward with optimism and confidence”-Dr Ken Ginsburg

**Handling failure is a predictor of adult success!**



# Managing Complex Somatic Symptoms



Acknowledge the reality of symptoms despite a lack of known cause



Enable ownership of care by the teen



Focus on functional improvement through rehabilitation and symptom control



Use multidisciplinary approaches; occupational therapy can be helpful



Engage the patient in setting goals, with frequent reviews



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC557154/>

# Chronic Illness and Teens

- **Chronic illness add to the complexity of change and transition in adolescence**
- Teens with chronic illness face unique issues associated with morbidity/mortality, impairment, hospitalizations, pain, etc
- Can lead to problems with adherence, self-management and establishing independence

-Blum RWM J of Adol Health 1993: 14:570

# Transition of care

- **Transition** is the purposeful planned movement of teens with chronic conditions from child-centered to adult centered care
- **Transfer** is a discrete event physically relocating a patient
- In a good transition:
  - The needs and benefits of move to adult care are explained
  - Periodic readiness assessments are conducted
  - Transition-related materials/desirable self-management goals given
  - Combined clinic or clinic held where patient/family meet with “receiving” team for multidisciplinary evaluation
  - Orientation tour and final meeting

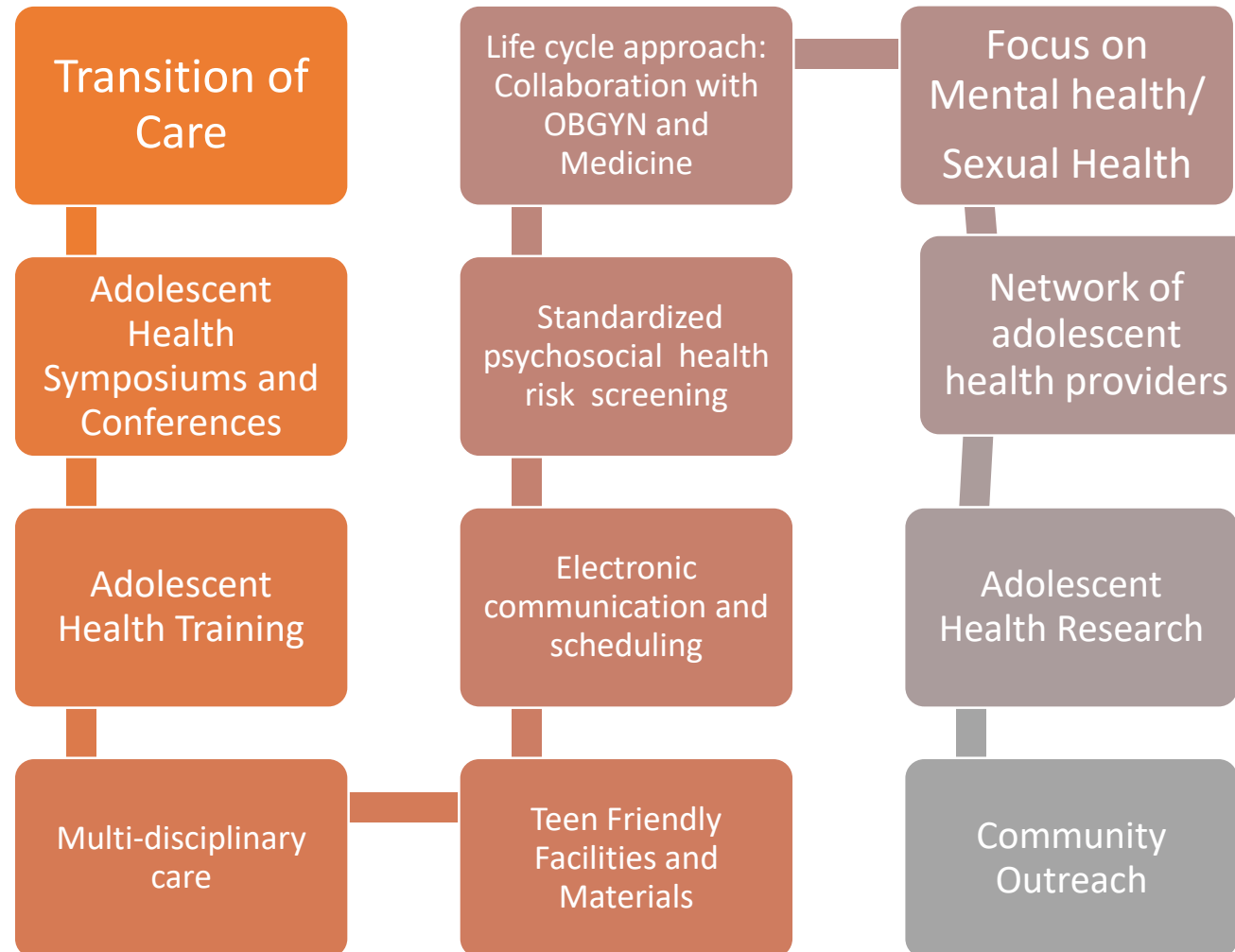
Tuchman L et al. “Cystic Fibrosis and Transition to Adult Medicine” Pediatrics 2010: 125; 566-673

# Model for CF Transition at AUMC

- Earlier initiation of transition discussion (age 12)
- Combined transition clinic starting at 16-23 yrs, both pediatric and adult providers present, regular use of readiness assessment, educational materials
- Designated coordinator
- Psychosocial screening (SHADDES) including: sexuality, fertility, suicide, etc



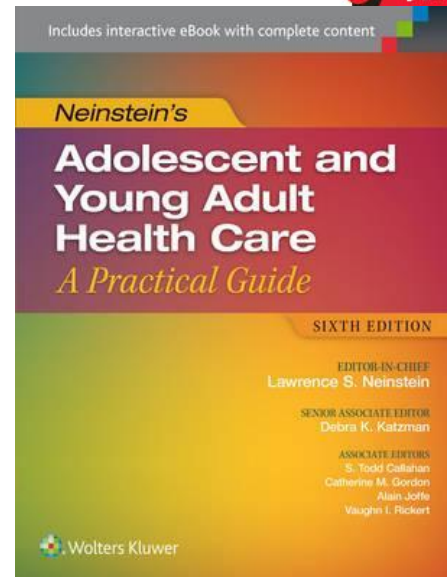
# AUMC 2019 Adolescent Health Framework





# Adolescent Health Training and Resources

- <https://www.unil.ch/euteach/en/home.html> (July 7-12 2019  
Lausanne, Switzerland)



# Summary

- Teen health affects adult health
- Incorporate SSHADDES into screening
- Set the stage when starting interview
- Use motivational counselling. Have teen involved in creating plan
- Be aware of the special needs of patients with somatic complaints and chronically ill teens
- Discuss transition of care
- Consider incorporating teen health training and resources into your practice





# Questions?

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