

# *New World, Old Worries*

## **Facilitator's Guide**

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**Topic:** Young Adolescent Health Screening

### **Abstract:**

Health counseling and anticipatory guidance are fundamental aspects of health care for adolescents. Knowledge of the multitude of changes occurring during adolescence and an understanding of the role of health-risk behaviors in meeting various developmental needs are essential. Particular attention should be focused on ways to help adolescents develop the skills necessary to resist peer pressure to engage in these types of behaviors and to maintain healthy lifestyles. Clinicians must know what questions to ask and how to ask them. This case presents the story of Vlad, a 12-year-old recent immigrant who is seen for a health supervision visit. There are parent/child conflicts identified during the course of the visit.

### **Goal:**

To provide learners with a basic understanding of the periodic health screening for early adolescents and the basic skills needed to counsel adolescents and parents about normal adolescent development.

### **Objectives:**

By the end of the session, learners will be able to:

1. List health risk behavior screening questions to be asked at periodic health visits for adolescents.
2. Formulate a plan to aid in resolving parent/child conflicts.
3. Understand the impact of cross-cultural issues in a medical visit.

**Prerequisite Case:** N/A

### **Related Cases:**

“But All My Friends Do It” (Middle Adolescent Health Screening)

“Amy Goes to College” (Older Adolescent Health Screening)

### **Themes:**

Adolescent Health

### **Key Words:**

Adolescence, adolescent behavior, risk factors, adolescent health services, injury prevention, preventive health services, parent-child relations, confidentiality



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**Bright Futures Core Concepts:**

While all of the Core Concepts are included in each case, this particular case can be used to highlight communication, partnership, and prevention/health promotion.

**Materials Provided:**

- Facilitator's Guide
- 3-part Case Narrative: Part I, Part II, Epilogue
- Handout #1: Bright Futures HEADSS Questions
- Bibliography

**Facilitator Preparation:**

Facilitators should thoroughly review this guide and the other materials provided. At the end of the guide we have included a section entitled, “**Independent Learning/Prevention Exercises**,” that will further stimulate group and individual education on this topic.

**Suggested Format for a One Hour Session:**

**We anticipate that case facilitators will modify implementation of the case session to best fit their educational setting and learners. For detailed recommendations on case facilitation, please see the chapter entitled, “A Brief Guide to Facilitating Case-Discussion,” found in *The Case Teaching Method; and Growth in Children and Adolescents* (book 1 of this series).**

**Introduction:** Early adolescence is a time of rapid change in somatic growth, pubertal development, and cognitive and psychological maturation. Strong families, good schools, and healthy communities foster the development of healthy adolescents. Valuing youth and empowering them to make healthy decisions is critical. Health care providers serve an essential role in providing health screening and guidance to young teens and their families at the annual clinical preventive services visit.

The clinician should familiarize him/herself with the data collected from high school students nationwide in the Youth Risk Behavior Surveys (see Middle Adolescent Case Handout #1) to understand health risks encountered by youth, assuring that questions (or questionnaires) seek an assessment of the individual's risks and strengths. *Bright Futures Health Supervision Guidelines* and the AMA Guidelines for Preventive Services (GAPS) provide a framework for assessing health and working with the patient and family to effect change. Young adolescents are often seeking autonomy and increased decision making and at the same time, greatly benefit from counseling about safety, supervision and structured free time. Primary care practitioners can help families by enhancing lines of communication and explaining developmental changes. As in this case, there may be additional challenges in immigrant families, adapting to a new culture.

**Open the Discussion: Introduce the case title and the session goal. Explain that this will be an interactive case discussion and not a lecture. Distribute Part I of the case and ask one or more of the participants to read it aloud.**

## Part I

Vlad is a 12 year old boy who presents to your office for his first clinic visit. He moved to this country from Moscow 2 years ago. He has studied English since he began school at age 6, and is quite fluent. He is accompanied by his mother, who is fluent in Russian, German, and French, but whose English skills, although good, are more limited than her son's.

*"My school said I needed to come here for a physical," he says. "I don't need any shots and I feel fine, but they said I couldn't start school unless I came here first."*

*"Doctor, maybe you could help him," Vlad's mother says. "He does not want to spend time at home anymore. He goes out with his friends all evening, and will not stay with his family. I am worried that something is wrong. Please talk to him."*

*"Mom, there is nothing wrong," Vlad interrupts. "Can't you go out in the waiting room with the other parents?"*

*"Doctor," his mother replies, "do you see what he is like? His older brother and sister were never like this."*

You tell them both that you would like to ask a few questions. You discover that Vlad lives in a nearby community with his grandmother and his mother, who was the head of a microbiology research laboratory in Russia, but who now works as a laboratory assistant. His brother is 25 years old and works as a mechanical engineer in another state, and his sister is 22 years old and is in college. His father, whom he last saw 2 years ago, plans to join the family within the next year. Vlad is in 7<sup>th</sup> grade, and makes a "B" average. Vlad has been generally healthy with no hospitalizations. He has no allergies, and is taking no medicines.

*"What sorts of things do you like to do when you are not in school, Vlad?" you ask.*

*"I'm the best skateboarder in my school. My friends and I like to ride all around and listen to music and stuff."*

*"Oh, doctor," his mother interrupts, "you should hear the music he listens to. I think you need to check his hearing, that music is so loud and awful."*

*"Mom..."*

*"And doctor," his mother says ignoring his protests, "I hope that you test for drugs here. I know what those American friends of his are like. I need you to make sure that Vlad is not on drugs."*

*"Mom, stop it."*

**Following this reading, ask all participants "So what do you think about this case? What would you like to focus on during our discussion today?" List agenda items on a blackboard or flipchart. Then use the questions below to guide the discussion. Remember that the key to successfully leading a small group is facilitation of the discussion rather than lecture. Draw as many participants as possible into the discussion. Allow silences while group members think about questions. Present material from the discussion guide only when needed to complement or redirect the group discussion.**

**The facilitator may have the participants role play as to how to take an adolescent history. A more advanced resident may be able to play the clinician and another learner the adolescent. Role playing can be very effective in helping learners develop new skills. The facilitator can also model interviewing techniques in a role play, demonstrating how screening questions can be asked in a conversational, rather than interrogational, style.**

### **Guiding Questions for Discussion:**

**What are the major issues that have arisen during the initial interview?** Vlad's mother is obviously quite concerned about him. In just this brief interaction, it has become clear that there is some degree of parent/child conflict. What is particularly notable is how the mother continues to speak to the physician as if her son is not there, and also the way Vlad speaks to his mother.

One must be careful to keep an open mind in a situation like this, and resist the temptation to choose a side. Vlad may be taking drugs and acting inappropriately, but then again, he may simply be immersed in what his mother perceives as a strange and foreign culture.

Vlad's mother most likely has her own issues and stressors. Not only is she in a new country and having to speak a language she is not fully comfortable with, but she is supporting her son as well as her mother, and has not seen her husband in 2 years. In addition, she has moved from a high responsibility job in Russia to a much lower level position in the United States.

**Can you address these issues with Vlad and his mother both in the room? How will you ask his mother to leave so that you may speak with him alone?** These issues all need to be addressed with Vlad alone for a variety of reasons. First, he is more likely to be able to speak without being interrupted by his mother. Second, he is much more apt to answer your questions about risk behaviors honestly if his mother is not listening. Finally, speaking with him alone emphasizes that you are his provider, not his mother's, and that the most important therapeutic relationship is between you and Vlad. It is important to let both Vlad and his mother know about confidentiality.

*“Our conversation will be private and confidential. I will spend a few minutes talking to you privately about your health issues and do the same with your parents. In cases where we identify a very serious problem, we will talk about how to let others know about it.”*

(GAPS Implementation Manual)

One fairly easy way to get the adolescent alone is to ask the parent to leave the room with you when the patient is getting undressed prior to the physical. This gives the parent a chance to speak with you alone, and it is also a natural time for the parent to leave the exam room. Once you are speaking with Vlad alone, make sure to address issues of confidentiality. Tell the patient that what is said in the exam room remains confidential, that it is only between the patient and you, the provider, unless a serious problem (e.g. suicide, serious medical illness) is identified. Make sure to let the patient know that if you do tell others information elicited during the interview, you will always tell the patient your plans first. Likewise, reassure his mother that you want her to provide guidance and support to Vlad and that she can share her concerns with you. Tell her that you will meet with both of them at the end of the visit.

**How will you ask Vlad health screening questions once his mother leaves the room?**

Just as with any adolescent periodic health screening visit, one must address issues of drug use and other risky behaviors and identify personal, family and community supports that promote resiliency and health. Bright Futures Guidelines for Health Supervision and the Guidelines for Adolescent Preventive Services (GAPS) provide a framework for clinical preventive services. One of the most useful frameworks for the interview is the use of HEADSS (Home, Education, Activities, Drugs, Sex, Suicide/Emotional Health) format. Health care providers can then follow a sequence that is easily remembered in the emergency ward, the clinic, or the inpatient service.

**Distribute Handout #1: HEADSS Questions and review the contents.**

The clinician should begin the interview with less personal questions and focus on the presenting complaint. The clinician should make sure to *listen* before giving advice or looking at options, always highlighting the positive.

For risk behaviors, clinicians can often gain more information by asking about peers first, then the patient's behaviors.

- Do any of your friends smoke? Do you smoke or use chewing tobacco? Have you ever tried?
- Have any of your friends had sex? Any been pregnant? Have you ever had sex? Have you ever been forced to have sex or touched when you didn't want to be? Tell me about your partners.

## **Distribute Part II of the case and have participant(s) read it aloud.**

### **Part II**

Vlad's mother leaves so that he can get undressed. When you return to the exam room, Vlad does not say anything at first. You begin by saying, *"Your mom seems really worried about you. Why do you think she is so concerned?"*

Vlad just shakes his head. *"She is always like that. She thinks I hang out with the bad people, and skip school and stuff. But I do what I'm supposed to and go to school, I just think that being at home all the time is boring."*

*"Is there anything else that she might be worried about? Has she ever gotten really mad at you for anything?"*

*"No, not really. Except, well, I guess there was that one time. She found some cigarettes a couple months ago in my room. I don't really smoke them anymore, but she thought I had started again."*

*"When did you used to smoke?"* you ask.

*"Back in Russia, everyone at my school smoked. I started when I was about 8 years old. But here, not so many people smoke, and none of my friends do, so I quit."*

*"Do your friends do anything that might worry your mother, like drinking, or staying out late?"*

*"No, I don't like to hang out with those people. We like to go different places on our skateboards, you know, try new tricks and stuff. My mother just doesn't understand. She sees all of these shows on TV and thinks that all kids do drugs here, so she thinks that I should stay home with her so she can keep an eye on me. She also thinks that everyone has a gun, and that I'm going to get shot if I stay out too late."*

*"So what do you do when she wants you to stay in?"*

*"Sometimes I tell my friends that my mom won't let me go out, but a couple times I told her that she couldn't make me stay in, and then I just went outside."*

*"What happened then?"*

*"When I came home, she was really mad, you know, crying and stuff. I mean, I felt kind of bad because she was so upset, but I can't just stay home all the time."*

*"Your mother seems worried about drugs, too. Why do you think she is so concerned?"*

*"I told you, she watches too much TV. Like, she thinks all kids do is smoke crack and get into trouble. Me and my friends aren't like that, but she doesn't believe me."*

*"Do any of your friends drink or do drugs?"* you ask.

*“I don’t know, they don’t around me,” Vlad replies, “but I don’t know what they do other times. I haven’t tried drinking since I left Russia, and even then, I only tried it once. It made me so sick, that I never tried it again.”*

*“Is there anything else concerning you that we haven’t talked about?” you ask.*

*“Well, yeah,” he says. “I’ve got this really bad scrape on my leg that keeps getting peeled off whenever I take the bandage off of it. I got it when I fell down the stairs on my skateboard about a week ago.”*

Vlad’s height and weight are both at the 75<sup>th</sup> percentile, and his other vital signs are normal. Sexual maturity rating is II. His skin shows multiple superficial bruises on his anterior legs and elbows. He has a superficial, healing abrasion on his left elbow, and a deeper abrasion on his left knee. This abrasion is 3 cm by 4 cm with a surrounding ring of pink granulation tissue. There are no signs of infection. The remainder of his physical exam is unremarkable.

His routine immunizations are all up to date. You give him his first hepatitis B vaccine, and place a Mantoux test. You apply a non-adherent dressing to the abrasion on his knee, and give him some to take home with him. He states that he never wears a helmet when he is skateboarding, because all of his friends would laugh at him. Since this recent abrasion, he has started wearing elbow and knee pads.

**Is there any other information you want to obtain from Vlad?** Not all HEADSS questions can be covered in every visit. They are also not all-inclusive, and the questions need to be tailored to the individual patient. With Vlad, you will want to ask him more about his relationship with his mother, why they have so many conflicts, and how their lives are different in the United States as compared to Russia. You may also ask more about his relationship with his father, and how he thinks his father’s absence is affecting his relationship with his mother.

As part of health supervision and anticipatory guidance, you will need to stress the importance of helmet, elbow and knee pad, and glove use when Vlad is skateboarding, and also address other skateboarding safety issues. This would include where he skateboards and what types of potentially dangerous stunts he does. You should ask him about previous injuries, and about any severe injuries his friends have had. Health guidance, like screening questions, need to be tailored to the individual adolescent.

**What ways are there to help resolve the conflicts between Vlad and his mother?** One of the primary tasks of adolescence is the development of personal autonomy. This requires both a certain level of responsible functioning on the part of the adolescent, and a parent who is willing to allow these trials. This is a repeatedly negotiated process, as different adolescents have widely varying levels of autonomous responsibility. The same adolescent may find his own levels of responsibility change quite unpredictably based on the situation. The key to resolving these parent/child conflicts is communication. Vlad and his mother need to come to some understanding of the other’s position, and be willing to negotiate and compromise to some extent. Naturally, Vlad’s safety is the primary concern, but there still may be additional privileges and responsibilities he may be granted.

**Distribute the Bibliography page and Epilogue. Ask someone to read the Epilogue aloud.**

## Epilogue

After he is dressed, you invite his mother back into the room.

*“Well, doctor,” she says, “I hope that you have taken care of things. Did you find out what is wrong with my son?”*

*“I think that there are a number of issues here for both of you. It appears that your mother doesn’t really trust you to make the best decisions all the time, does she Vlad?”*

*“Yeah, no kidding. Why can’t she just leave me alone?”*

*“Well Vlad,” you answer, “I think that you have to prove to your mother that she can trust you. The way to do this is to gradually take on more responsibility, and by coming to some agreement on what is appropriate for you to do, and then following what you and your mother have agreed on.”*

*“See, Vlad,” his mother says, “the doctor says you have to do what I say. I wish I had brought you here sooner.”*

*“No,” you reply, “You both need to negotiate. That means Vlad has to not do some of the things he wants, and you need to allow him a little more freedom. Eventually, he should be given a reasonable amount of freedom and responsibility. But Vlad, remember that this includes responsibility.”*

*“She will never agree to this,” Vlad says.*

*“Yes doctor,” his mother says, “if it was that easy, we would have already done it.”*

*“I know it is not going to be easy,” you say, “and I know that it will be very difficult to do this alone. That is why I want you both to work with one of our counselors here in clinic. She will help you learn to negotiate and to consistently set the proper level of freedom and responsibility.”*

*“Do I have to?” Vlad asks.*

His mother breaks in, *“Yes you do, Vlad, this is what the doctor is telling you.”*

*“Vlad, I’d like you to go,” you say. “This is the best way to help with all of the arguing and conflicts at home. Why don’t you give it a try?”*

Vlad and his mother agree to see the clinic social worker who helps set up family therapy sessions every other week. You see Vlad back in one month for his hepatitis B vaccine, and he tells you that things have not changed much at home. When you see back again five months later for this third hepatitis B vaccine, he says that his mother still *“bugs him too much”* about going out, but that she is allowing him to go out with his friends more, and that they are fighting much less at home.

**What role do you as a primary care clinician have in the therapy process?** Vlad and his mother would benefit from supportive counseling and family therapy to work out their conflicts. Once the acute problems have been addressed, the family and therapist may decide that ongoing therapy is not needed. However, if they believe that similar issues will arise again and again, ongoing sessions may be warranted. Even if the family and the therapist come to an agreement that the sessions may end, the family needs to know that they may always return if the conflicts worsen.

You may help coordinate the sessions, and may help Vlad apply what he is working on in therapy to his health functioning. You will also support Vlad through the therapy process—the family

therapist treats the entire family. You are first and foremost Vlad's physician. He needs to realize that he is your priority, but lives within the context of family and community. Many health care practices in communities do not have a mental health clinician in the office setting but can develop liaisons with social workers, psychologists, and psychiatrists in the community who can provide counseling to teens and their families.

**Refer back to group's learning agenda and summarize the key teaching points that were made. This will give the group a sense of accomplishment, and emphasize the important messages. Suggest further sources of reading or other information if there are agenda items that were not covered in the discussion.**

**Independent Learning/Prevention Exercises:** Facilitators may wish to assign "Independent Learning/Prevention Exercises" to the group, particularly if time constraints hinder the completion of the case. The following list includes suggestions to explore the available community resources that focus on Early Adolescent Health Screening Issues, as well as other areas of pertinent interest that can be integrated during or after the session. If the exercise is done in the absence of the facilitator, learners should take notes on their experience, then discuss with a faculty member for feedback.

1. Practice HEADSS questions with next 3 early adolescent patients.
2. Visit a middle school Health Education class and look at the curriculum.
3. Invite the state Adolescent Health Coordinator to discuss public health initiatives to improve the health of 10-14 year-olds.
4. Talk to a parents' group about health issues of young teens.
5. Initiate a bike and skateboard safety program through your hospital or community.
6. Assess the availability of after-school programs for middle school students in your community.

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*"Is there anything else that she might be worried about? Has she ever gotten really mad at you for anything?"*

*"No, not really. Except, well, I guess there was that one time. She found some cigarettes a couple months ago in my room. I don't really smoke them anymore, but she thought I had started again."*

*"When did you used to smoke?"* you ask.

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**Handout #1: Bright Futures HEADSS Questions**

Precede the questions by the statement, *“I ask all my patients these questions.”*

<i>Home:</i>	<p>Who lives with you at home?          How do you get along with family members?          If the teen lives with one parent: How often do you see the parent who does not live with you? What do you do together?          What types of responsibilities do you have at home?          What would you like to change about your family if you could?</p>
<i>Education:</i>	<p>What grade are you in? At what school?          What kind of grades do you make?          What is your favorite class? What is your least favorite class?          How often do you miss school? How often are you late for school?</p>
<i>Activities:</i>	<p>What do you do for fun?          What do you and your friends do outside of school?          What kind of exercise or organized sports do you do? Have you been injured in sports?          How much time each week do you spend watching television or videos? Playing video games?</p>
<i>Drugs:</i>	<p>Do any of your friends smoke cigarettes or chew tobacco? Do any of your friends drink alcohol? Have they tried other drugs? Any inhalants?          Have you ever tried smoking cigarettes? Do you still smoke?          Do you ever drink alcohol? What is the most you have ever had to drink at one time? Have you ever done anything you later regret after drinking?          Have you ever tried other drugs? How often?          Have you ever been in a car where the driver was drinking or on drugs?          Have your friends ever tried to pressure you to do things that you don't want to do? How did you handle that?</p>
<i>Sex:</i>	<p>Has anyone talked with you about what to expect as your body develops? Have you read about it?          Do you think that you are developing pretty much like the rest of your friends?          Do your friends date? Have sex?          Have you started dating? How often do you date?          Do you date one person or a lot of people?          Do you have any concerns or questions about sex?          Have you ever had sex before?          Do you feel support from your family, friends, and community to delay sexual intercourse?          Have you ever been pregnant (or gotten someone pregnant)?          Have you ever had a sexually transmitted infection?          Do you use any kind of birth control? What kind?          Have you ever used condoms? How often do you?          Has anyone ever touched you in a way you didn't like? Forced you to have sex?</p>
<i>Suicide/ Emotional Health:</i>	<p>What do you do to make yourself feel better when you are down or blue?          Do you know if any of your friends or relatives have tried to hurt or kill themselves?          Have you ever thought about hurting yourself or killing yourself?          Have you ever been in trouble with the law?</p>

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9. Slap GB, Jablow MM. *Teenage Health Care: The First Comprehensive Family Guide for the Preteen to Young Adult Years*. New York: Pocket Books; 1994.
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### **Suggested Readings (Annotated):**

**Gans JE, Alexander B, Chu RC, Elster AB. The cost of comprehensive preventive medical services for adolescents. *Archives of Pediatrics and Adolescent Medicine* 1995;149:1226-1234.** This article addresses the need for clinical preventive services for 11-21 year old males and females. Preventive services include screening, health promotion, and immunizations. Cost estimates for these services are discussed.

**Joffe A, Radius SM. Health counseling of adolescents. *Pediatrics in Review* 1991;12(11):344-351.** This article present the importance of health counseling as a fundamental aspect of health care for adolescents and a natural extension of the concept of anticipatory guidance.

### **Educational Resources on the World Wide Web:**

*American Academy of Child and Adolescent Psychiatry - Facts for Families.* This site provides access to the AACAP's award winning "Facts for Families" pamphlet series on various developmental topics. The information sheet Young Adolescent Health Screening are entitled "Normal Adolescent Development-Middle School and Early High School Years" #57 and "Parenting: Preparing for Adolescence" #56.

<http://www.aacap.org/publications/pubcat/facts/htm>

<http://www.TeenGrowth.com> focuses on producing reliable materials on adolescent advocacy and health issues as well as providing informative entertainment for adolescents. It can answer common questions from teens about their body, emotions, health, friends, sports, school, family and sex. The site is comprised of contributions from pediatricians, educators, internet professionals, and teenagers committed to improving the lives of adolescents.

Check the complete 1999 and future YRBS results available from the Center for Disease Control and Prevention web site: <http://www.cdc.gov/nccdphp/dash/yrbs/index.htm>