

Providing Adolescent Friendly Health Services

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UK Adolescent Medicine

5/9/2025



Objectives

By the end of this presentation, participants will be able to

- List at least 3 reasons *why* adolescent friendly health services are important
- Describe the HEADDSSS screening for obtaining adolescent social histories
- Express the importance of confidential health services for adolescents and name strategies to help preserve confidentiality
- Identify strategies to create a welcoming clinic environment for adolescents



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

Adolescents

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



Fast facts

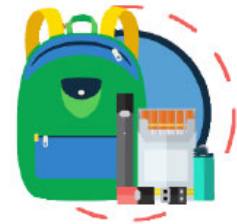
In the United States:



**21.2% OF
ADOLESCENTS**
aged 12 to 19 have obesity.



2 IN 5 STUDENTS
has a chronic health condition.

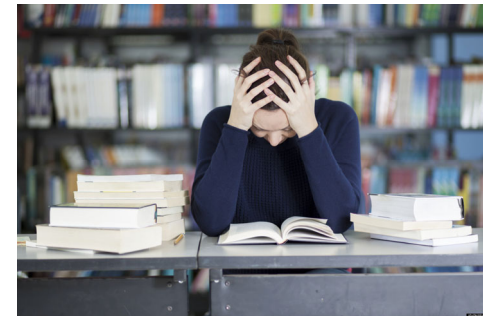
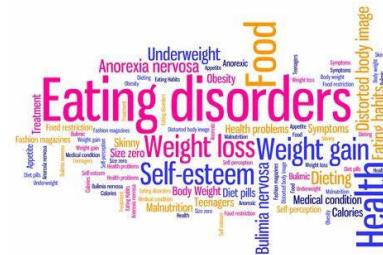


**23.6% OF HIGH
SCHOOL STUDENTS**
use at least one tobacco
product.

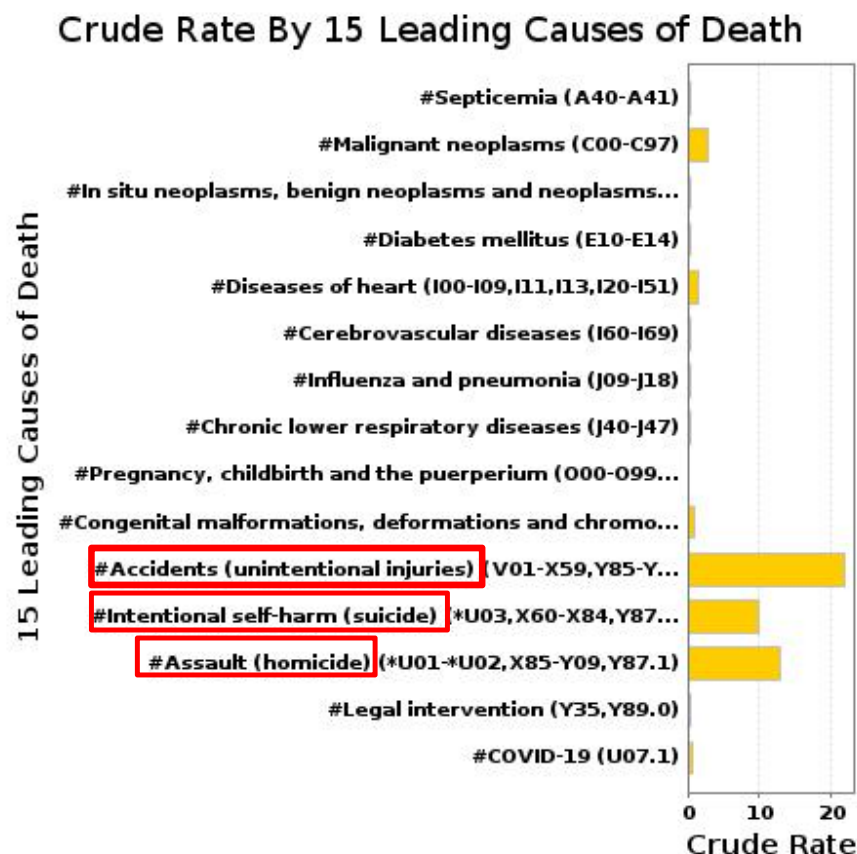
Why focus on Adolescent Health?

- 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

Health risks in adolescents

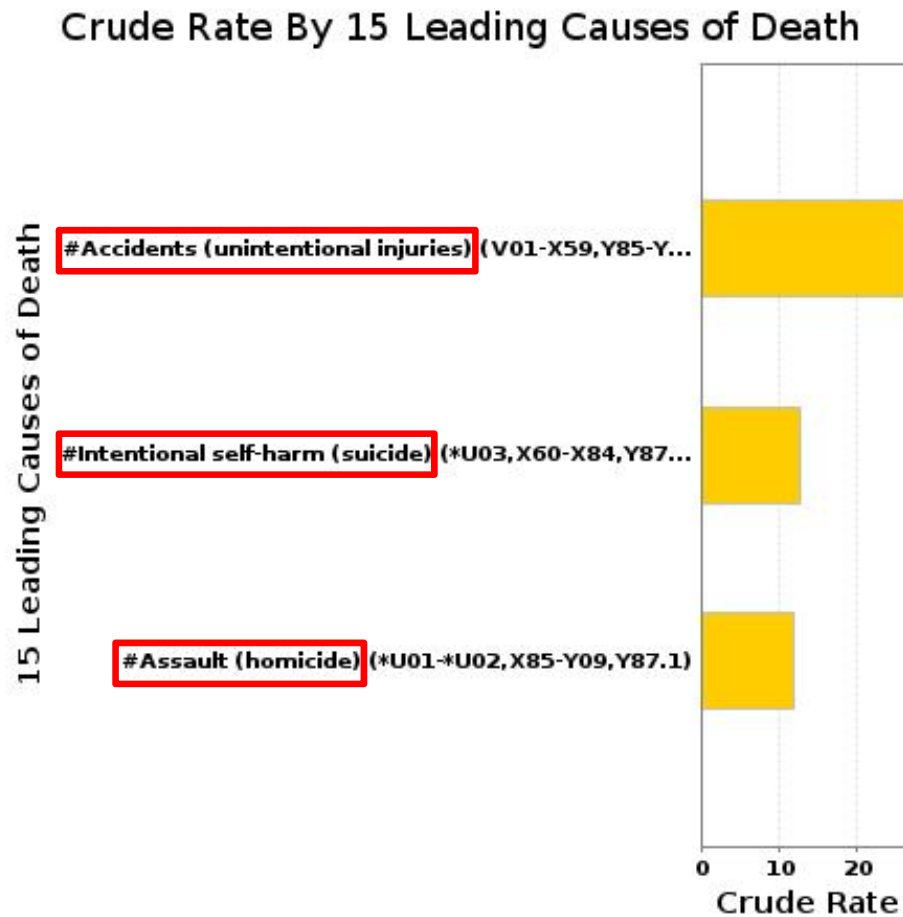


Mortality Among Teenagers Aged 15-19; Years 2018- 2023



Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html> on May 2, 2025 12:59:20 PM

Adolescent Mortality in Kentucky



Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html> on May 2, 2025 1:13:45 PM

UK Adolescent Medicine

- Patients age 12- 25 years
- Well-child checkups and immunizations
- Mental health
- Reproductive health
- Young parents program
- Disordered eating
- Gender identity concerns
- Sports physicals





5/21/2025



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HEALTH
FOR ALL



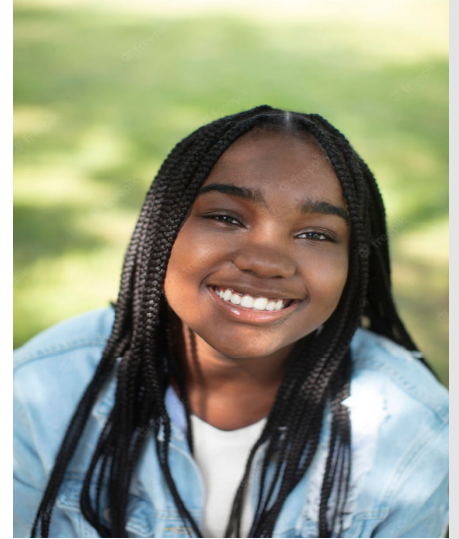
SEX EDUCATION PROTECTS HEALTH

Priorities in Adolescent Visits

- Social Determinants of Health
- Physical growth & development
- Emotional well being
- Risk reduction
- Safety

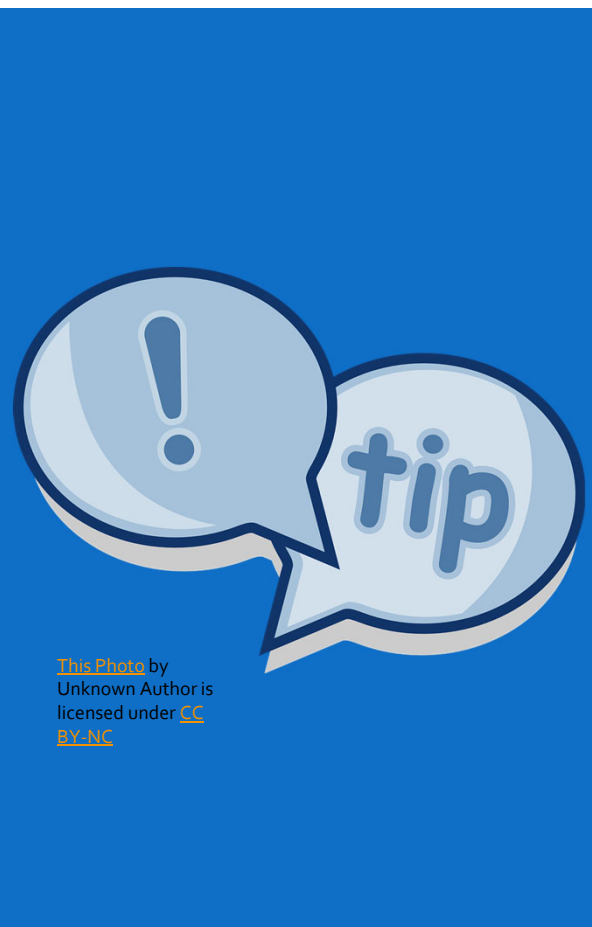
Case discussion

- Mia is a 15-year-old girl who has come to your clinic for an annual well visit. She is in the room with her mother.
- **Do you allow Mia's mother to stay?**



Confidentiality sample statement

“What we discuss in this room will be confidential – that means between you and me. I will not reveal any information your parents, teachers or anyone else unless you give me permission. The only exception is if there is a safety concern, in which case I am required to take immediate action. ”



- **Interviewing tips:**

- Give the adolescent your **full attention** – don't just look at the computer. Teens have a 6th sense as to whether you are truly listening and care about what they are saying!!
- With adolescents, you must talk about “**the little things**” before talking about “the big things” (build rapport)
- Some parts of the HEADSSS screening are OK to discuss with parents/guardians in the room



- **More Interviewing tips:**

- DON'T ask the teen: Do you have anything you want to talk to me about in private?
- Instead, provider should gain consent from teen and parent/guardian at regular visits (including sick visits) to talk with teen confidentially
- Nonjudgmental. Listening is incredibly important. Avoid giving advice/recommendations until history is obtained.



- **More Interviewing tips:**

- If parent/guardian doesn't want to leave or adolescent doesn't want them to leave, it's OK
- Beware, though, of safety issues (abuse, human trafficking) if person accompanying adolescent refuses to leave
- Consider sign in bathroom "write on your urine cup in red marker if you are in danger" or similar signal to healthcare team

Who will teen engage with?



Vs.



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HEEADSSS

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

Klein DA, Goldenring JM & Adelman WP. *Contemporary Pediatrics*. 2014.

SHEEADSSS

- **S: Strengths**
- H: Home
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Home

~~Do you get along with mom
and dad?~~

- Who lives with you?
- How do you get along with *** ?
- Safety at home?

★ Trusted Adult -Who can you trust to discuss difficult personal matters?



Education & Employment



- ~~How are you doing in school?~~
- “Ok, fine, good”
- Tell me about school.
- What do you like about it and what don’t you like?
- What are you good at in school and what are you not so good at?
- Academic performance
- Future plans
- Work: How many hours of work?

Eating

~~Are you eating well?~~

- Tell me about your diet and appetite.
- Tell me what you think about your weight and shape

OR

- Tell me what you like and what you don't like about your body
- Follow up questions about diet, eating habit, dieting behaviors, restricting, purging, bingeing
- Focus on attitudes, behaviors, not on numbers!
- Goal is improving overall health, not attaining a particular weight



Activities

"Hanging out"
"Bored all the time"

~~Do you have any activities outside of school?~~

- What do you do for fun?
- How do you like to spend your free time?
- Hobbies, clubs, religious/spiritual activities?
- What do you like to do for physical activity?
How much do you do in a week?



Drugs



- ~~Do you do drugs?~~
- Are there kids in your school using drugs or alcohol?
- Do any of your friends use drugs or alcohol?
- How do you feel about it?
- Have you tried any smoking/vaping/juul?
- Tried any alcohol?
- Used any drugs to get high?
- Screening tools: CRAFFT, SBAR

★ Tip: avoid counseling/lecturing about any risky behaviors until screening is complete!

Sexual activity

~~Have you had sex?~~

- Some kids your age may be having sex. Have you had any such experiences?
- Tell me about any romantic relationships you have been involved in.
- Have any of your relationships ever been intimate (such as involving kissing, hugging)?
- Have any of your relationships involved sexual activity and if so, what kinds? (oral/anal/vaginal sex)
- What kind of protection did you use last time?

Obtaining a sexual history

Clinical environment

- create a welcoming environment, beginning at registration
- be trauma-informed
- let pt know that taking a sexual hx is an important part of regular medical care

“May I ask you a few questions about your sexual health and sexual practices? I understand that these questions are personal, but they are important for your overall health”

“I ask these questions to all my patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health”

Adolescents want
information from
their healthcare
provider.

We are a preferred
source of
information!



6 Ps of a sexual history

“Like the rest of our visits, this information is kept in strict confidence unless you or someone else is being hurt or is in danger.”

“do you have any questions before we get started?”

1. Partners
2. Practices
3. Protection from STIs
4. Past history of STIs
5. Pregnancy intention
6. Pleasure

*remember goal is to improve patient health, not simply to solicit full disclosure of sexual practices, esp. if pts are uncomfortable

Who should be tested

- **Everyone ages 13 to 64 years** should be tested at least once for HIV.
- **All sexually active women** younger than 25 years should be tested for gonorrhea and chlamydia every year.
- **Women 25 years and older with risk factors** should be tested for gonorrhea and chlamydia every year. Risk factors include having new partners, multiple partners, or a partner who has an STI.
- **Pregnant women** should be tested for syphilis, HIV, hepatitis B, and hepatitis C starting early in pregnancy. Repeat testing may be needed.
- **Pregnant women at risk** should also be tested for chlamydia and gonorrhea starting early in pregnancy. Repeat testing may be needed in some cases.

Sexually active men who are gay or bisexual and men who have sex with men should be tested:

- For syphilis, chlamydia, and gonorrhea at least once a year. Those with multiple or anonymous partners should be tested more frequently (e.g., every 3 to 6 months).
- For HIV at least once a year and may benefit from more frequent HIV testing (e.g., every 3 to 6 months).
- For hepatitis C, at least once a year, if living with HIV.

Anyone who shares injection drug equipment should get tested for HIV at least once a year.

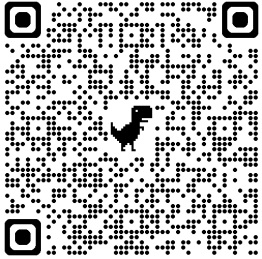
People who have had oral or anal sex should talk with their healthcare provider about throat and rectal testing options.

Suicide and Depression



5/21/2025

Image courtesy: <https://www.nbcnews.com/health/health-news/major-depression-rise-among-everyone-new-data-shows-n873146>



We care about
WHO YOU ARE



We care about
HOW YOU FEEL

**WE'RE
HERE**

As in, you can
ask us anything.

Suicide & Depression



- ~~Do you feel suicidal?~~
- Do you feel “stressed” or anxious more than usual?
- Do you feel sad or down more than usual?
- Were there days when you had thoughts of not wanting to live or that you are better off dead?
- Have you ever thought of hurting yourself or someone else?
- Self-injurious behavior
- Screening Tools : PHQ-9, GAD-7, ASQ

Suicidality

- Tell me more about what thoughts you are having?
- Are they volitional or involuntary?
- How often do they occur?
- How long do they last?
- Are these thoughts distractible?
- Have they increased in intensity or frequency?

Suicidality...

- Did you have a plan in mind? When/Where/How?
- How likely are you to put your plan in action?
- Have you done anything to prepare? Written a note? Practiced or come close already?
- Who is a person you can ask for help if these thoughts are severe/ frequent/ intrusive?
- What are some reasons for living?
- Safety planning- access to means, lethality

Social media



- Hours on social media
- Passive use or interactive
- Online bullying
- Social media use > 3 hours per day predicted heightened risk for mental health problems

Sleep



- Hours of sleep
- Difficulty falling or staying asleep
- Sleep hygiene

Safety



- Have you ever felt unsafe at home/school/in your neighborhood/in a relationship?
- Have you ever witnessed violence? Where? When?
- Firearm safety
- Bullying – school and social media
- Wheeled vehicle and bicycle safety
- Sports safety

Wrap-up

- Emphasize that your approach is nonjudgmental 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”

Universal Screening

- AAP recommends annual screening for depression, anxiety, suicide, and substance use
- i.e. PHQ9, GAD7, ASQ, CRAFFT or SBAR
- Dyslipidemia
- Hearing/Vision
- Tobacco/alcohol, or Drug use – CRAFFT, SBAR

Selective Screening

- Anemia
- HIV
- Oral health -fluoride deficiency in water
- STI – all sexually active girls and boys at high risk
- Tuberculosis
- Pap smear

Sample interview

- [18.19 Case: A Brief Routine SSHADESS Screen \(brightcove.net\)](#)

Immunizations

11-12 yo (6 th grade)	Tdap #1	MCV ₄ #1	HPV #1	
			6 months HPV #2	
16 yo		MCV ₄ #2		MenB #1
				6 months MenB #2
	10 years Tdap #2			

Creating Teen Friendly Environment

- Easy access and scheduling
- Clinic info, scheduling and resources online when possible for easy access
- Appt reminders
- Posters and infographics geared toward teens – at least one infographic or artwork, etc. geared toward teens in waiting area
 - Teens report they *don't* want generic info about eating vegetables, etc.
 - They *do* want to know more about nutrition, dangers of vaping and marijuana, dealing with social media pressures, debunking myths prevalent on social media, STIs, and birth control, healthy relationships
- Consider a specific exam room geared toward teens with art, health info



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HEALTH
FOR ALL



human
reproduction
programme
research for impact
UNEP · UNFPA · UNICEF · WHO · WORLD BANK

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Creating a Teen Friendly Environment



- Allowing time and space for adolescents to talk with healthcare providers confidentially
- Condoms and/or menstrual hygiene products on counters in exam rooms
- Have mental health and substance use resources ready and referral process in place
- Protocols for screening at least annually for depression, anxiety, suicide, and substance use (we use PHQ9-A, GAD-7, ASQ, and CRAFFT)
- Protocols and plans in place for positive responses to screening tools
- Provider comfort in motivational interviewing for substance use

Creating a Teen Friendly Environment

Risk Reduction Strategies

- Easily accessible info about birth control (paper and/or online)
- Consider providing “sample” birth control pills from clinic
- Discuss contraception with males (so they are informed and can talk with female partners)
- Discuss emergency contraception, offer to send script to pharmacy so pt can go ahead and pick up to have on hand if/when needed (\$\$ without a prescription)
- Discuss PREP
- Routine STI screenings – with new partners (vaginal self-swabs for women for GC, CT, trichomonas). Or urine testing for females and males. HIV testing at least once, then as needed

*discuss with teen that STI screening may show up on insurance claim or bill

Birth Control Method Options



Clients considering their birth control method options should understand the range and characteristics of available methods. Providers can use this chart to help clients consider their birth control method options. Clients should also be counseled about their options for reducing risk of STIs.

	METHOD	What is the risk for pregnancy?*	How do you use this method?	How often is this used?	What are menstrual side effects?	Other possible side effects?	Other things to consider?
MOST EFFECTIVE	FEMALE STERILIZATION	.5 out of 100	Surgical procedure	Once	No menstrual side effects	Pain, bleeding, risk of infection	Permanent
	MALE STERILIZATION	.15 out of 100					
	LNG IUD	.2 out of 100	Placed inside uterus	Up to 8 years	Spotting, lighter or no periods	Some discomfort with placement	No estrogen May reduce cramps
	COPPER IUD	.8 out of 100		Up to 10 years	May cause heavier, longer periods		No hormones May cause cramps
	IMPLANT	.05 out of 100	Placed in upper arm	Up to 3 years	Spotting, lighter or no periods		No estrogen May reduce cramps
MODERATELY EFFECTIVE	INJECTABLES	4 out of 100	Shot in arm, hip, or under the skin	Every 3 months	Spotting, lighter or no periods	May cause weight gain	No estrogen May reduce cramps
	PILL	8 out of 100	Take by mouth	Every day at the same time	Can cause spotting for the first few months Periods may become lighter	Nausea, breast tenderness Risk for blood clots	May improve acne May reduce menstrual cramps Lowers ovarian and uterine cancer risk
	PATCH	9 out of 100	Put on skin	Weekly			
	RING	9 out of 100	Put in vagina	Monthly			
	DIAPHRAGM	12 out of 100	Put in vagina with spermicide	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones
	EXTERNAL CONDOM	13 out of 100	Put over penis	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones No prescription
	VAGINAL GEL	14 out of 100	Put in vagina			Allergic reaction, irritation	No hormones
	WITHDRAWAL	20 out of 100	Pull penis out of vagina before ejaculation			No side effects	No hormones Nothing to buy
	INTERNAL CONDOM	21 out of 100	Put in vagina			Allergic reaction, irritation	No hormones No prescription
	SPONGE	24 out of 100	Put in vagina				
	FERTILITY AWARENESS-BASED METHODS	24 out of 100	Monitor fertility signs and abstain or use condoms on fertile days	Every day		No side effects	No hormones Increased awareness of fertility signs
	SPERMICIDES	28 out of 100	Put in vagina	Every time you have sex		Allergic reaction, irritation	No hormones No prescription
LEAST EFFECTIVE							

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method. Other methods of birth control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception—emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduce risk of pregnancy. Reliance for effectiveness rates: (1) Contraceptive failure in the United States, Contraception 2011; 83:327–404. Sundaram A. Contraceptive failure in the United States. Perspectives on Reproductive Health 2012; 46:7–16. Other references available on www.rhntc.org. This publication was supported by the Office of Population Affairs (Grants PPA0006030, PPA0000006) and the Office on Women's Health (Grant ASTW0000-00-01-00). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

A few counseling tips

- Discuss age to consent to sex in KY is 16 yo, encourage waiting longer to initiate sex
- If not sexually active and not using substances say “you are with the majority of your peers in not being sexually active and not using substances
- ★ Ask pt to name refusal skills (can be used for any peer pressure, esp. substance use and sexual activity) discuss for a minute or two
- ★ Risk reduction/MI for substance use:
 - Negative effects of use?
 - Thought about cutting down?
 - Willing to stop using at one point in the day? (i.e. before school, during school, or before bed)
 - Avoiding use alone or when driving
 - Fentanyl test strips, Narcan
 - “code word” for parent/guardian to pick up youth from event/friend’s house if teen is uncomfortable

WE NEED TO LEARN ABOUT



RESPECT, EQUALITY AND CONSENT

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A few notes about confidentiality

- Ask for verbal consent from teen and parent/guardian prior to speaking with teen alone
- be mindful of documentation, consider not sharing note to pt portal (in Epic) if pt states they don't want their parent to know something they told you
- Be mindful of after-visit summaries and info that's included
- Consider nursing staff asking adolescent pts their personal phone number during rooming process to relay any STI results
- Consider marking results in Epic as "manual result" so the pt doesn't see a positive STI screening result before you do

In conclusion

- Adolescents need different care than children and adults!
- Being sensitive to their needs, listening, and supporting their health goes a long way!
- Taking care of adolescents can be especially rewarding
- Adolescent care is skill that improves with practice!

How are you feeling now about providing healthcare to adolescents? Any changes? Thoughts?

Nobody has responded yet.

Hang tight! Responses are coming in.

Questions?



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Resources

- American Academy of Child & Adolescent Psychiatry. Resources for primary care. www.aacap.org/AACAP/Resources_for_Primary_Care/Home.aspx
- American Academy of Pediatrics. Bright futures. <http://brightfutures.aap.org/>
- Center for Young Women's Health. www.youngwomenshealth.org/
Centers for Disease Control and Prevention. Adolescent and school health. www.cdc.gov/HealthyYouth/index.htm
- Klein DA, Goldenring JM, Adelman WP. HEEADSSS 3.0: The psychosocial interview for adolescents updated for a new century fueled by media. Contemporary Pediatrics. 2014.
- Physicians for Reproductive Health. ARSHEP Presentations & Case Videos. <https://prh.org/arshep-ppts/>
- [Chapter 32: The SSHADESS Screening: A Strength-Based Psychosocial Assessment \(aap.org\)](#)
- Society for Adolescent Health and Medicine (SAHM). www.adolescenthealth.org/
- WHO: adolescent health. https://www.who.int/health-topics/adolescent-health#tab=tab_1
- Michigan Medicine, University of Michigan. Youth-friendly materials. <https://www.michiganmedicine.org/community/community-health-services/adolescent-health/resources-type/youth-friendly-materials>
- Reproductive Health National Training Center. RHNTC. Trainings and resources. <https://rhntc.org/>