Meeting Teens "Where They Are": Enhancing Delivery of Teen-Centered Sexual and Reproductive Health Services in SBHCs

- **CASBHC**
- **MAY 2, 2019**

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Objectives

- Learn key points about adolescence and teen decision-making
- Describe management of common side effects and concerns experienced by adolescent patients with regards to their method choice
- Learn (and practice!) patient-centered counseling techniques to effectively engage adolescents in their care
- Discuss strategies to address barriers unique to SBHC settings, including confidentiality, parent education and community resistance

What else are you hoping to walk away with today?

What do you think…?

- I will read six statements.
- After each statement, stand on the side of the room that corresponds to how you feel about this statement.

- Have you thought about these statements before?
- Has your opinion about these things changed at all throughout your life?
- Why does this matter?

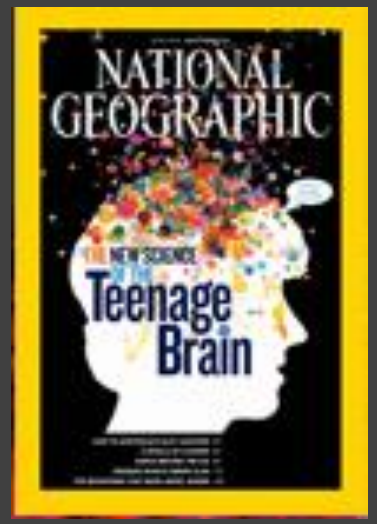
Adolescence

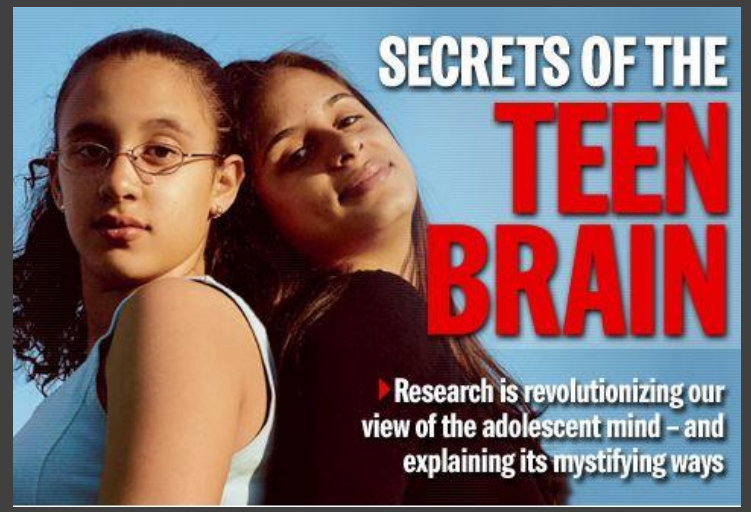
The process of cognitive, psychosocial, sexual and moral growth and development that transforms dependent children into independent self-sufficient members of society

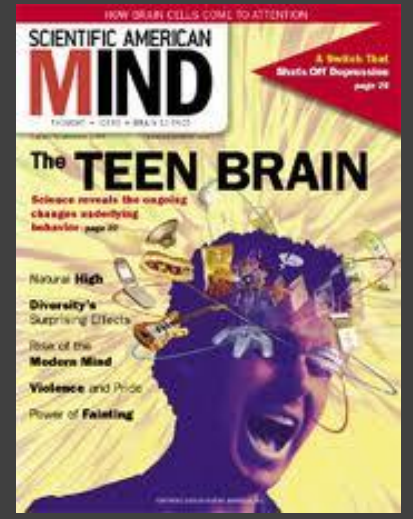
Puberty

Puberty involves a set of neurobiological changes that are critical for the social, emotional, and cognitive maturation necessary for reproductive success

THERE IS NO WAY,
MAGIC ISN'T INVOLVED.


NATIONAL
GEOGRAPHIC
Teenage
Brain


SECRETS OF THE
TEEN
BRAIN
Research is revolutionizing our view of the adolescent mind – and explaining its mystifying ways


SCIENTIFIC AMERICAN
MIND
The TEEN BRAIN
Natural High
Violence and Pride


TIME
SECRETS
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- *Myth*
  - Broken
  - Missing
  - Immature

Adolescent Developmental Tasks

- Build autonomy and independence
- Establish identity (including sexual)
- Develop social competence
- Acquire cognitive abilities
- Abstract thinking skills

Adolescent Developmental Tasks

- New coping skills in areas such as decision making, problem solving, and conflict resolution
- Identify meaningful moral standards, values, and belief systems
- Understand and express more complex emotional experiences
- Form friendships that are mutually close and supportive


Cold Situations and Hot Situations

Desire
Development of Sexual Self Concept and Sexual Self Efficacy
Sexual Behaviors

	Early (11-14yo)	Middle (14-17yo)	Late (18-21yo)
Physical	Rapid physical changes		
Social	PEERS, PEERS, PEERS	• Independence • Peers strong influence • Identity development	• ↑ sense of identity • ↑ independence
Cognitive	• Concrete • Low impulse control	• ↑ ability for abstract thinking (but still limited/ stress)	• Abstract thought more established
Sexual	Preoccupation w body/ comparison w others ↑ curiosity (anatomy) ↑ sexual feelings	• Exploration (gender roles) • Awareness of sexual orientation • Sexuality heightened	Acceptance of sexual identify
Sexual behaviors	Exploration (masturbation, same sex exploration)	• Exploratory and experiential (NORMAL) • Sexual debut (AA in US): 16·5 yo • Brief, self serving relationships	• Intimate relationships • 70-90% have had intercourse

Sexual self efficacy

- *"Confidence and comfort with sexuality, including the ability to request or refuse to engage in specific sexual activities, to obtain sexual comfort, and to communicate openly with their partner and others about matters of sex"*

Anderson RM. 2013

What are the current paradigms?

- Abstinence Only
- Sex as Risk Taking

Provider and Sex

- How do we talk about sex?
- What are our beliefs about adolescent sexuality?
- How comfortable are you talking with sexual minorities about childbearing?
- How do you react when confronted with a client situation that does not fit your expectations?
- Does the situation provoke feelings of anxiety and discomfort?

Alternative model for teen sexual health

- "Adult acceptance of adolescent sexuality makes it easier for teens to recognize they are sexual beings, plan sexual acts, negotiate sexual interactions and ask for assistance when they need it." *(Schalet A, 2011)*

- Attention to skills, relationships and resources youth need for sexual health
- Positive sexual development

"Abstinence- Only"

- Sexuality = Sex ("either-or").
- No tools for exploration of intimacy & relationships
- No discussion of "readiness" outside of marriage
- External code of behavior
  - NOT empowerment to make self directed choices (as we do with all other areas of development)
  - In contrast to internal desires (guilt, shame, parental disappointment/conflict)

Sex as "risk taking"

- Teen sex "portrayed as experimental, inept and innately dangerous" *(Schalet 2004)*
- Research focuses on it as **"risk taking"** that needs to be "controlled" *(Fortenberry 2003)*

- Instills a sense of fear rather than control
- Does not discuss positive or pleasurable aspects of sexuality (and skills to attain them)

SEXUAL HEALTH

State of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. **Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence**. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled."

Adolescent Sexuality

- Consequences of teenage sexual activity are not a developmental inevitability
- 93% of Dutch adolescents reported using condoms at last sex
- Adolescent sexuality is not pathological simply by virtue of being adolescent
- American culture (uniquely) fails to support teenagers sexual development
  - Sexual health education
  - Reproductive health services
  - Open communication with adults
- Teenagers are capable of navigating the transition to sexually mature adults without negative health outcomes

Reproductive Autonomy

Reproductive Autonomy

Human right to maintain personal bodily autonomy to have children, not have children, and parents the children they have in safe and sustainable communities.

Confidentiality

Adolescent Confidentiality

- Developmental Need
- Clear explanations and reassurances regarding confidentiality, privacy and informed consent
- Reassure and discuss frequently
  - Normalize for both parent and adolescent the need for privacy and talking with adolescent alone.
- If not assured, teens will withhold vital information
- Opportunity to build rapport
- Fits with desire for autonomy and focus on privacy
- State specific laws available at guttmacher.org

Adolescents and Confidentiality

Emphasize	Emphasize the protections of confidentiality
Explain	Explain the limits within the context of caring rather than the law
Specific	Be specific about what can and cannot be managed confidentially
Avoid	Avoid the word “except”
Build	Build rapport, act trustworthy
Communicate	Communicate how you will manage the gray areas
Supplement	Supplement discussion with with other materials

Confidentiality and Clinical Encounters

- Don't assume confidentiality is well understood by teens
- Developmental need for teens
  - Fits with desire for autonomy and focus on privacy
- Opportunity to build rapport
- Normalize for both parent and adolescent
  - need for privacy and talking with adolescent alone
- If confidentiality is not assured
  - withhold vital information in a visit
  - may forgo necessary health care

Informed Consent and Clinical Encounters

Offer straightforward, honest communication

No medical jargon

Individualize the message

Maintain adolescent's autonomy

- Informed, voluntary decisions

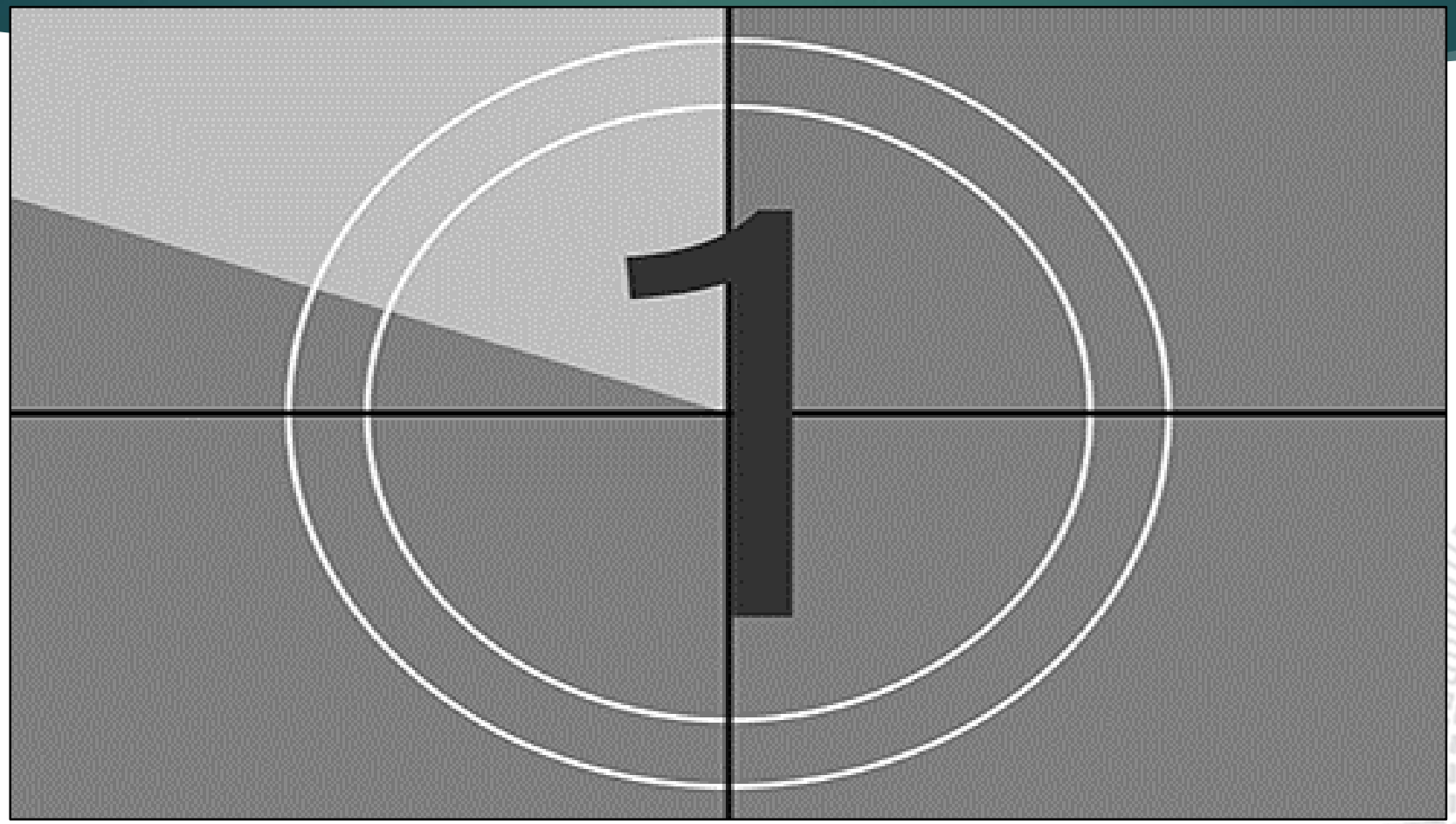
Transparency

- No omissions, tricking and trapping

Provide diagnosis and treatment as options

- STI testing
- Contraception
- Pregnancy testing
- Screening depression, violence and drug use

Video Examples



What went well?

What could be different?

MEGAN BLANCHARD
MSN, FNP-C

BC4U, CHILDREN'S HOSPITAL COLORADO

Methods

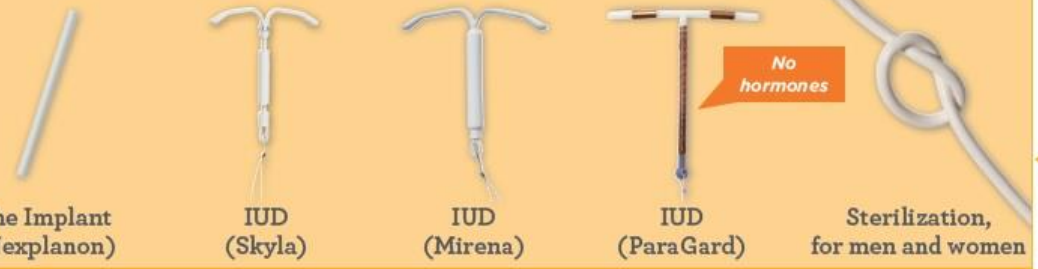
Do you have a sense of what's important to you in your birth control?

What answers we may hear…

- Past experiences
- What they know or have heard
- What friends / family use
- Efficacy
- Hormones
- Non-contraceptive benefits
  - Improves acne, periods
- Side effects to avoid
- Bleeding pattern
- Length of use
- Control over removal or discontinuation
  - "Something in body is weird"
- Ability to keep confidential

HOW WELL DOES BIRTH CONTROL WORK?

Really, really well



	The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
Works, hassle-free, for up to...	3 years	3 years	5 years	12 years	Forever

Okay

	The Pill	The Patch	The Ring	The Shot (Depo-Provera)
For it to work best, use it...	Every. Single. Day.	Every week	Every month	Every 3 months

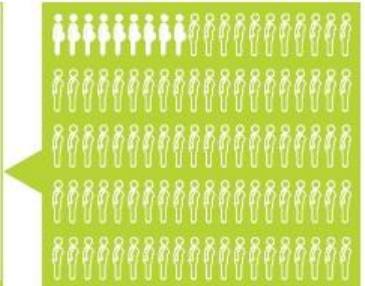
Not so well

	Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women

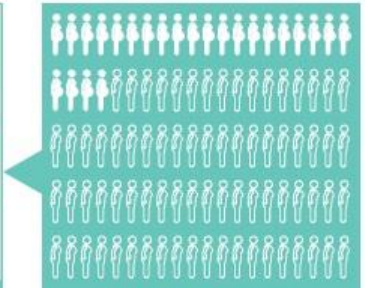
For each of these methods to work, you or your partner have to use it every single time you have sex.

What is your chance of getting pregnant?

Less than 1 in 100 women



6-9 in 100 women, depending on method



12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.

BEDSIDER
Bedsider.org

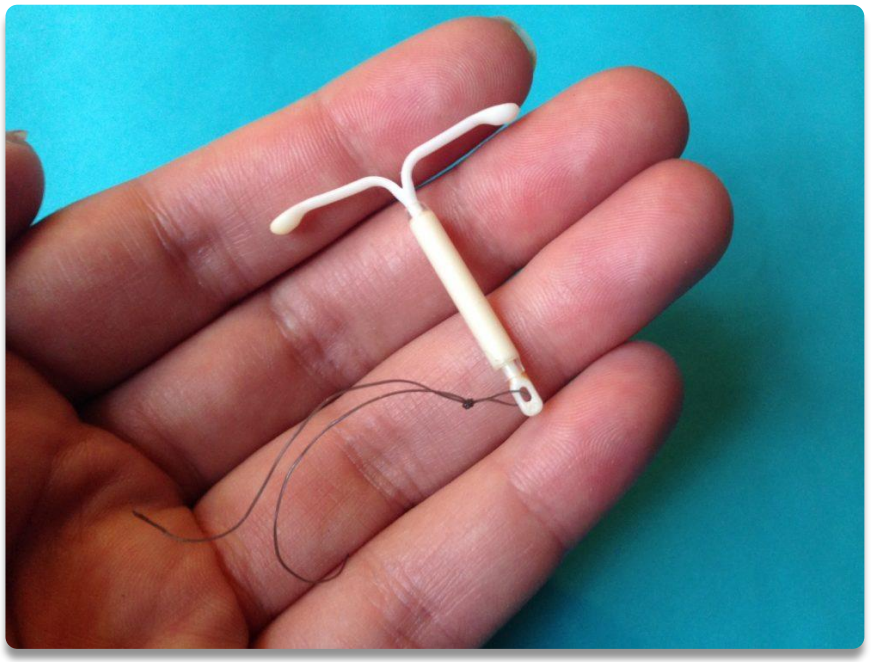
Bixby Center for Global Reproductive Health

Top tier methods

Long-acting methods (LARC)

- Highly effective, long-acting, private
- IUDs and Nexplanon implant
- "Set it and forget it"
  - No need to remember: to take a pill every day, change patch or ring, return to clinic for Depo
- Good for "up to" ___ years
  - "This method is good for **up to** ___ years, but if you want to get pregnant or want it removed before then *for any reason*, just come in and we will remove it, and your ability to get pregnant will return to whatever is normal for you right away."

IUDs



- Hormonal IUDs
  - Mirena, Liletta: 52 mg of levonorgestrel (LNG)
    - Good for 5 years
  - Kyleena: 19.5 mg LNG
    - Good for 5 years
  - Skyla: 13.5 mg LNG
    - Good for 3 years
- Non-hormonal IUD
  - Paragard: copper
    - Good for 10 years

Dispelling IUD myths

- IUDs CAN be used for:
  - Nulliparous women
  - Teens
  - History of ectopic pregnancy, STI, PID
- IUDs DO NOT:
  - Cause ectopic pregnancy, infertility, abortion
  - Need to be removed for STI or PID treatment, or if inflammatory changes / actinomyces on pap

Hormonal IUDs

- Good for 3-5 years
- MOA: thickens cervical mucus, endometrial suppression, sometimes prevents ovulation
- Progestin-only
- Pros / non-contraceptive benefits
  - Reduces dysmenorrhea and menstrual blood loss
- Potential side effects
  - Menstrual changes, irregular bleeding, cramping

Paragard IUD

- Good for 10 years
- MOA: inhibition of sperm motility / viability, immune response may impair implantation
- Pros / non-contraceptive benefits
  - No hormones, "normal" cycle
  - Can be used as EC within 5 days after UPIC
- Potential side effects
  - Menstrual changes: heavier / longer, cramping

Nexplanon

- Good for 3 years
- MOA: prevents ovulation, thickens cervical mucus
- Progestin-only
- Non-contraceptive benefits
  - Ovarian suppression, reduced dysmenorrhea
- Potential side effects
  - Irregular bleeding (1 in 4-5 women have frequent or prolonged bleeding)

Increasing LARC access

Same day insertion

- "LARC can be inserted at *any time* during the menstrual cycle, as long as pregnancy is reasonably excluded" – ACOG

Devices on hand to quick-start when possible

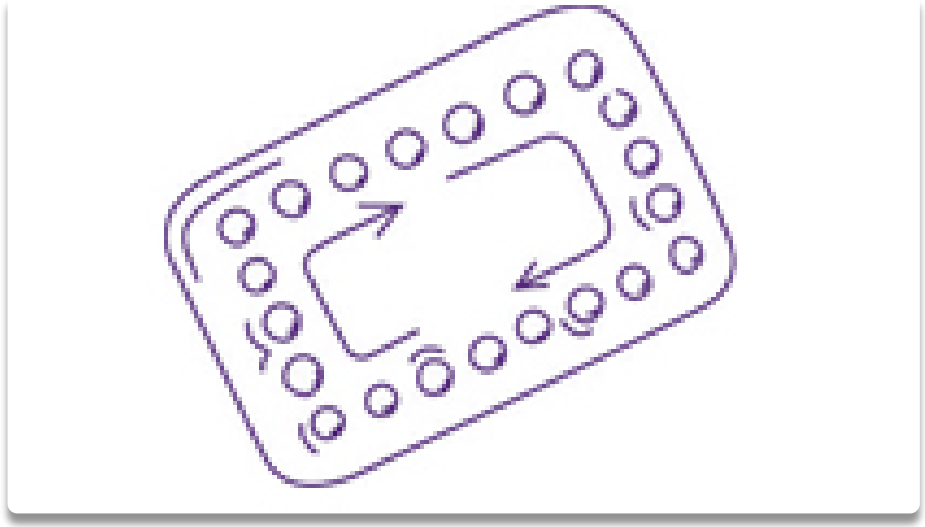
Bridge method for those unable to get method of choice same day

No benefit to multiple "pre-insertion" visits

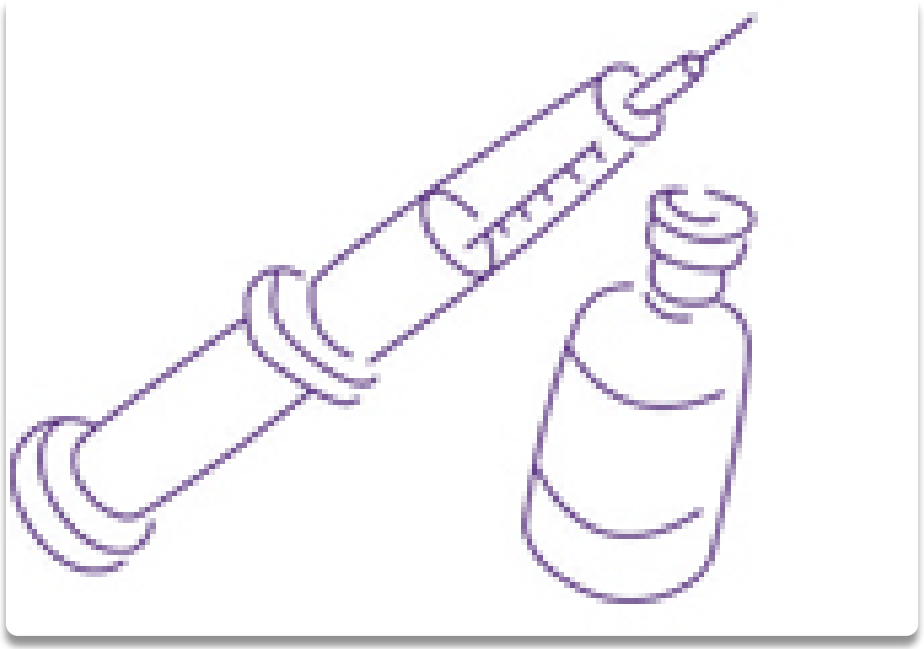
SECOND tier methods

Pill / Patch / NuvaRing

- Combined oral contraceptive pills, NuvaRing, and patch contain estrogen
- MOA: inhibits ovulation, thickens cervical mucus
- Non-contraceptive benefits
  - Menstrual regulation, can improve acne, hirsutism, and PMS, option for continuous use
- Potential side effects
  - Headaches, nausea, breast tenderness, mood changes, weight gain, irregular bleeding
- Progestin-only pills ("mini-pills")



DepoProvera

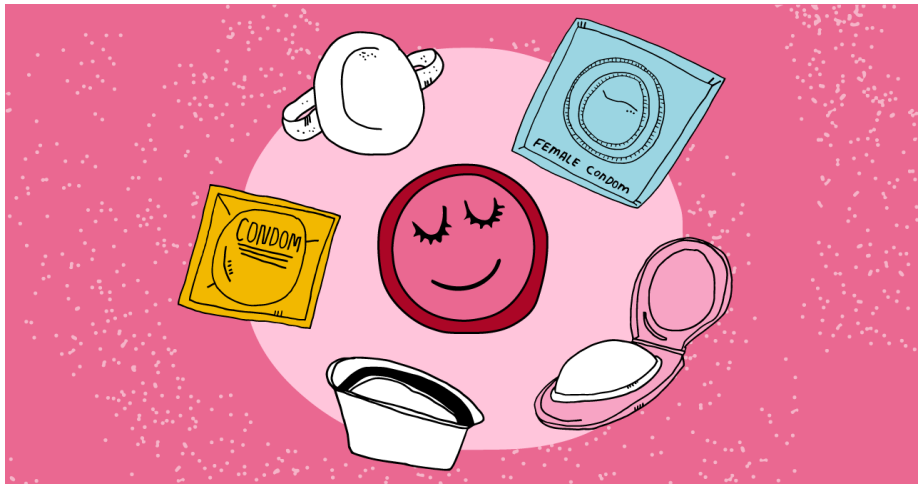


- Progestin-only injectable, lasts up to 15 weeks
- MOA: inhibits ovulation, thickens cervical mucus
- Non-contraceptive benefits
  - Most women have amenorrhea 2+ months after first injection, incidence increases with longer use
- Potential side effects
  - Irregular bleeding, weight gain, mood changes, bone density changes (reversible), delay in return of fertility

THIRD tier methods

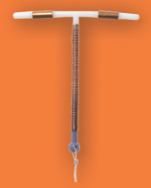
Barrier methods

- Only way to protect against STIs!
  - Encourage dual method use (BC + condom)
- Discuss proper use, partner negotiation



- External and internal condoms, diaphragm, spermicide

OOPS! EMERGENCY CONTRACEPTION: BIRTH CONTROL THAT WORKS *AFTER* SEX

Types of emergency contraception	How well does it work?	How soon do I have to use it?	How do I use it?	Where can I get it?
 ParaGard IUD	Almost 100% effective 	Within 5 days	It's placed in the uterus by a doctor or nurse Keeps working as super effective birth control.	From a doctor, nurse, or at a clinic Say it's for EC so you are scheduled quickly.
  Ella	 Less effective if over 195 pounds. Try an IUD.	ASAP Works better the sooner you take it, up to 5 days.	Take the pill as soon as you get it Remember to use it every time you have unprotected sex.	From a doctor, nurse, or at a clinic Get an extra pack for future emergencies.
 Plan B One-Step or a generic	 Less effective if over 165 pounds. Try ella or an IUD.	ASAP Works better the sooner you take it, up to 3 days.	Take the pill as soon as you get it Remember to use it every time you have unprotected sex.	At a pharmacy, no prescription needed Get an extra pack for future emergencies.

BEDSIDER Bedsider.org

Bixby Center for Global Reproductive Health

For more information, check out not-2-late.org

Medical Eligibility Criteria (MEC)

- Clinical tool for safe contraceptive prescribing
- App: CDC Contraception US MEC / US SPR

US MEC
US SPR
CDC

Key:	
1 No restriction (method can be used)	3 Theoretical or proven risks usually outweigh the advantages
2 Advantages generally outweigh theoretical or proven risks	4 Unacceptable health risk (method not to be used)

Bedsider.org

- Medically accurate, teen-friendly information on all contraceptive methods
- Will set up reminders for contraception adherence and appointments
- Patient testimonials
- Free provider resources

How do I manage side effects with my birth control?

Information Sandwich

One piece of information with a question on each side:

- How would that be for you?
- Knowing that how would it be for you…?
- Has it ever happened before?
- How did you manage it?
- Do you have a sense of how you would manage it?

Information Sandwich

Q: “How would it be for you if you didn’t get your period while you are using the implant?”

A: “That would not be good”

Q: “What is it about not getting your period that concerns you?”

A: “My mom said it’s not healthy not to get my period”

An example: The Information Sandwich

- **The YES:** “Your mother is completely right, when you are not on contraceptive hormones it is important to get you period every month, it’s great that you know that...
- **The Science:** Interestingly, if a woman is using contraceptive hormones it keeps her uterus very healthy and thin. It actually prevents cancer of the uterus”
- **Question:** “Knowing that, how would it be for you not getting periods?”

Break!

Patient-Centered Counseling Basics

Teens want this information…

…but limit the amount of information…

- Humans do not integrate much of the information provided
- **More information = less retention**
- Focus on the specific needs and knowledge gaps
- Whenever possible give information that is in response to their questions

Ask More Questions.

Talk Less.

Counseling Tips and Tricks: OARS (principle of MI)

- **O**pen ended questions
- **A**ffirmations
- **R**eflections
- **S**ummaries

Tips and Tricks

Build Rapport

- Ask about their goals, hobbies, interests, school
- Refer back to them during the visit
  - *It sounds like you are incredibly busy with all that you have on your plate with work and school.*

Re-phrase

- *So I hear you saying…do I have that right?*
- *It sounds like….is that what you mean?*

Tips and Tricks

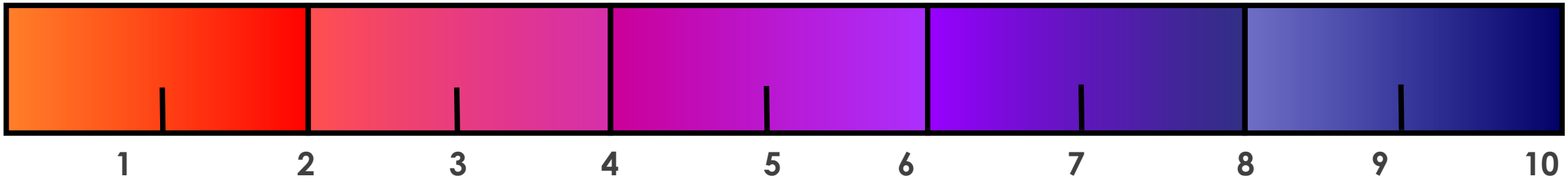
Alternatives

- *Many of my patients say that they worry about weight gain with birth control, is that what you mean?*
- *Wow, so you feel pretty strong about avoiding all the side effects you had from the pill and shot, is that accurate?*

Health supporting behaviors

- Highlight condom use, adherence to a method, exercise, diet improvement

Intention Ruler



"How do you feel about getting pregnant right now? On a scale of 1-10. 1 being the worst feeling you can imagine, and 10 being the happiest you could possibly feel."

Melanie Gold DO

Teach Back

"I've just gone over a ton of information and I'm not always as clear as I would like to be…"

or

"Just to be sure I didn't forget to tell you something…

…can you tell me

Accept Ambivalence

- Help patient explore and resolve their own ambivalence
  - Ex: Whether you use condoms is completely up to you. I definitely don't want you to feel pressured to do anything that you don't want to.
- **Expect**, find, accept, and show ambivalence
- Just showing the discrepancy is a powerful way to help patients make the choice that feels best to them
  - "On the one hand…"

What now?

Rather than…

- **Do you have any questions?**
- **Do you understand?**

Try…

- **What do you think you will do?**
- **What birth control are you thinking can help you… (fill in with her stated goal)?**
- **What do you see as your options?**
- **Where do we go from here?**
- **What happens next?**

“SOY” approach to answering tough questions

- For some people…
- For others…
- For you…

Ex: For some people, it is very important to plan a pregnancy in their life, for others it is not very important, for you, you get to decide what you want to do.

Let’s bring it all together….

Role Plays

- Get into groups of 3 to practice MI techniques
  - 1 person is the patient
  - 1 person is the provider
  - 1 person is the observer
- You will switch roles after each scenario
- You will have 10 minutes per scenario
  - 5 minutes to role play
  - 5 minutes in your small group to discuss
- After all role plays, we will discuss as a larger group for 20-30 minutes

Role Play

- If you are the provider…
  - Use the patient centered counseling tips, MI skills and SOY approach that we just discussed in your scenario
  - Keep questions open ended and roll with resistance, ambivalence is ok!
- If you are the patient…
  - Think about patients you visit with and do your best to emulate those experiences
  - Be real-- try to resist and be ambivalent as necessary.

Role play

- If you are the observer…
  - You will have a half sheet to check off techniques and take notes on the provider's interactions with the patient.
  - At the end of the 5 minute role play, offer feedback to the provider about what skills they used.

An example…

- 16 year old female comes in for birth control. She recently started dating her boyfriend and thinks they are getting serious. She is thinking of having sex and wants to be prepared.
  - What do you do?

Now it's your turn…

Scenario 1

- A 14 year old female wants to stop depo because she has “baby fever”, and “if she gets pregnant, she gets pregnant.”
  - What do you do?

Scenario 2

- A 16 year old female comes in to the clinic wanting Plan B. You saw this patient last week for a physical where she said "I don't want to have sex until I'm older, like college."
  - How would you work with this patient?

Scenario 3

- A 17 year old male comes in for a std test because he wants to get “checked out”. Through talking to him, you find he uses condoms “once in awhile”.
  - How do you respond?

Group Debrief/Discussion

- What went well in these scenarios?
- What was easy?
- What was challenging?
- How could these conversations have gone differently?

SBHC-specific considerations

Parent/Caregiver Engagement

Connectedness

- Parents are the greatest influence regarding sexual decision making and values in teens
- Connectedness with parents and other caregivers can have positive health effects
  - Delay of sexual debut
  - Increased contraceptive use
- Providers can help parents bridge this gap instead of leading to secrecy/ betrayal/ disappointment

What should I tell parents…?

- Encourage honest and open communication
- Parents/caregivers should communicate their values and beliefs but recognize that their children have difference perspectives and experiences
- Parents/caregivers should model healthy relationships (or discuss unhealthy ones)

- What else do you think works well with parents?

Community Engagement

We want to know…

- What are challenges you experience in providing adolescent sexual and reproductive health care in SBHCs with the community?
- How have you addressed these challenges?

Thank you!

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