

ADOLESCENT CONTRACEPTIVE COUNSELING AND SAME DAY STARTS

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What providers dread about interactions with adolescents

- Narcissistic, self absorbed
- Disrespectful
- Giggling
- Bravado
- Personal invulnerability
- Flip-flopping
- Impulsive behavior
- Intensity of behavior
- Discomfort with adolescent sexuality
- Challenge to interview



What adolescents dread about interactions with providers

- ▣ Being judged
- ▣ Disrespectful of her decisions
- ▣ Minimization of seriousness of her life
- ▣ Threat to burgeoning autonomy
- ▣ Gulf between our worlds
- ▣ Natural alignment with parent



Adolescence

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

- Goals

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



Early Adolescence (11-14)

- 3.4% of girls have sexual intercourse before age 13
- Many will engage in some exploratory sexual activity
- Goal of anticipatory guidance:
 - ▣ Protecting children from harm without provoking harmful experimentation
 - ▣ Major task: coming to terms with body image
 - ▣ Major threat to health: denial of emerging sexual identity



Middle Adolescence (15-17)

- At exit, 64% will have had sexual intercourse
- Sexual experimentation is normative
- Reliance on peers for information and decision-making validation
- Major developmental task: Developing a personal identity
- Major threat to health and safety:
 - ▣ Role experimentation
 - ▣ provoking a reaction in onlookers to help them gauge the relative merits of each identity



Late Adolescence (18- 25)

- 70-90% will have had sexual intercourse
- less concerned about their bodies and identities
- Diminished need for risky, provocative experimentation
- Major developmental task: planning for the future
- Major threat to health: Misplaced/idealized expectations; equation of emotional and physical safety



Set the foundation

- Normalize conversations about sexual health
- Build trust and rapport
 - ▣ Teens want to talk about sexual health
 - ▣ Providers seen as a trusted resource
- Use gender neutral language
 - ▣ Avoid assumptions sexual orientation
- How do we start?
 - ▣ Get the parent out of the room
 - ▣ Temper your expectations for the conversation
 - ▣ Use peer comparators and understand their influence



Stages of Adolescence	Cognitive Development	Social-Emotional Development	Counseling Considerations	Examples
Early 11–14 y	Growing capacity for abstract thought	Extremely self-conscious	Ideal time for anticipatory guidance	“Remember when we talked about the importance of not texting and driving before you even had your driver’s license”
	Mostly interested in the present	Tendency to return to “childish” behavior	Break the ice by framing the discussion as just another preventative health and safety discussion	“You wouldn’t be friends with someone who yelled at you or who made you feel bad about yourself”
		Greater interest in privacy		Develop guidelines for intimate partner selection Encourage the patient to use the same guidelines in choosing an intimate partner that she uses to pick close friends
Middle 15–17 y	Greater capacity for setting goals	Intense self-involvement	Counterbalance what friends say/myths with accurate sex and contraceptive information	Ask “what kinds of things have you heard about IUDs?”
	Continued growth of abstract thought	Drive for independence	Ask what they have heard first	“I understand why you may be worried due to all the negative stories out there”
		Greater reliance on friends	Follow up with correct information about the method	Use theoretical role-playing Make the discussion less personal by asking about situations their “friends” may have dealt with. Have them put themselves in this situation Directive counseling Evidence-based discussions that simultaneously direct and guide the choices they make while teaching them the skills they need to make good decisions
Late 18–20 y	Ability to delay gratification Can reason through problems Concern about the future	Firmer sense of identity Increased emotional stability Desire intimacy/serious relationships	Focus on safe sex and avoiding sexual morbidity as a way of acquiring goals and attaining intimacy	“Let’s talk about how to ensure you are safe.” “I know you plan on going to college this year and you would really hate for anything to mess up those plans.”

Adolescent Sexual Development

STAGE	FACTS	TIPS
<p style="text-align: center;">EARLY ADOLESCENCE</p> <p>Females: 9-13 years Males: 11-15 years</p>	<ul style="list-style-type: none"> ▶ Puberty/Concern with body changes and privacy. ▶ Development of first crush as a milestone to sexual orientation. ▶ Concrete thinking, but beginning to explore new ability to think abstractly. ▶ Sexual fantasies are common. ▶ Masturbation is common. ▶ Movement towards defining sexual identity. ▶ Sexual intercourse is not common. 4.9% of high school females and 13.5% of high school males had first intercourse before the age of 13.¹ 	<ul style="list-style-type: none"> ▶ Begin discussing healthy relationships using examples from friendships or concepts such as, “what are you looking for in a friend?” ▶ Focus on current issues facing the teen instead of future possibilities. Relate decision-making techniques to everyday situations instead of having him/her visualize what may happen in the future. Avoid asking questions framed with “why.” ▶ Use health education materials with lots of pictures and simple explanations. Typically, males are not receiving as much information about puberty and body development as girls at this age. ▶ Focus on issues that most concern this age group (weight gain, acne, physical changes).
<p style="text-align: center;">MIDDLE ADOLESCENCE</p> <p>Females: 13-16 years Males: 15-17 years</p>	<ul style="list-style-type: none"> ▶ Increasing concern with appearance. ▶ Peer influences are very strong in decision making. ▶ Experimentation with relationships and sexual behaviors is common. ▶ Concerned about relationships. ▶ Sexual intercourse is increasingly common. 44% of high school tenth graders and 56% of high school eleventh graders have had sexual intercourse.² ▶ Increased abstract thinking ability. ▶ Full physical maturation is attained. ▶ Dating is common. ▶ Sexual behaviors do not always match sexual orientation. ▶ Often aware of theoretical risk but do not see self as susceptible. 	<ul style="list-style-type: none"> ▶ Listen more and talk less. ▶ Help teens identify the characteristics of a healthy relationship and assess their own relationship quality. ▶ Peer counseling can be effective with this age group. ▶ Focusing on health promotion, prevention and harm reduction is key. ▶ Avoid making assumptions about sexual orientation and behaviors. ▶ Help provide gay and lesbian youth with positive role models and support systems. Assess family response to youth’s sexual orientation. ▶ Be aware youth with disabilities, like their non-disabled peers, may be engaging in sexual behaviors and have questions around their sexual orientation ▶ Reinforce parent-child communication about sexual decision making and forming healthy relationships.
<p style="text-align: center;">LATE ADOLESCENCE</p> <p>Females: 16-21 years Males: 17-21 years</p>	<ul style="list-style-type: none"> ▶ Firmer and more cohesive sense of identity. ▶ Attainment of abstract thinking. ▶ Ability to establish mutually respectful/trusting relationships. ▶ Firmer sense of sexual identity. ▶ Concern for the future. ▶ Feelings of love and passion. ▶ Increased capacity for tender and sensual love. 	<ul style="list-style-type: none"> ▶ More abstract reasoning allows for more traditional counseling approaches. ▶ Acknowledge and support healthy relationships or the choice to not be in a relationship.

¹Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance-US 2007. *Morbidity and Mortality Weekly Report*. 2008; 55(SS-4).

²Ibid.



Adolescent Sexual History

- Sexual orientation –
 - Have you ever had a crush? Some of my patients your age (at your school) have started dating? Have any of your friends started dating (started having sex)
 - Are you attracted to girls guys or both.
- Sexual activity –
 - Sexuality and relationships are things that many teens are dealing with; and different people are at different points in exploring these issues. Have these issues come up for you? How?
 - What do you consider “having sex”?
 - Have you ever had sex?
 - How do you feel about having sex? Is it a good thing or a bad thing for you?
- Reproductive life planning
 - What are your future plans or goals? What do you want to do when you grow up? Do you want to have children in the future? When? How old do you want to be when you have your first baby?
- STD prevention –
 - what are you doing to prevent STIs?

Confidentiality

- Developmental need
- Fits with desire for autonomy and focus on privacy
- Opportunity to build rapport

- Define confidentiality, scope and limitation
- Normalize for both parent and adolescent
 - ▣ need for privacy and talking with adolescent alone

- If not assured teens
 - ▣ withhold vital information in a visit
 - ▣ may forgo necessary health care

Counseling Adolescents

- Tiered Counseling – most effective to least effective
- What they know and have heard
- What friends and family using
- Use models, props and drawings
- Motivational interviewing (MI)
 - “a directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence.”
 - Pros and Cons List
 - What can you see that is good about this method? What can you see that is not good about it?
 - 10-point scale
 - importance of “not getting pregnant”
 - confidence “in using a method”





Same Day Insertions

Support for LARC use in Teens

American Academy of Pediatrics, Oct 2014:

“the first-line contraceptive choice for adolescents who choose not to be abstinent is a Long Acting Reversible Contraceptive (LARC), which is an intrauterine device or a subdermal implant”

Our role as clinicians is to ensure that teens have accurate ***knowledge*** about and the ***opportunity*** to use a LARC.

Connecting teens and LARCs

- ▣ LARC methods are among the best mechanisms to prevent teen pregnancy

Contraception

- Long acting
- Highly Effective
- Forgettable



Population

- Highly fertile
- Often ambivalent about pregnancy
- Hardwired for risk

- ▣ Support providers in using LARC and inserting same day
 - ▣ Any Woman, Any Time, Any Where

Make LARC Available



- ACOG Statement
 - LARC/intrauterine device (IUD) can be inserted at any time during the menstrual cycle as long as pregnancy is reasonably excluded
- Provider available to place any device
- Devices on-hand
- Same day insertions
- Connect teens with their method of choice
 - Quick start for all methods, when possible
 - Bridge method for those unable to get method of choice same-day
 - No benefit to multiple “pre-insertion” visits

Adolescents and QFP

- Defining quality to improve health outcomes as they relate to serving adolescents
 - Safety
 - Use USMEC, USPSTF and CDC recommendations as support for base practice on scientific evidence
 - Effectiveness
 - Full range of methods
 - Counseling that highlights efficacy
 - Client-Centered approach
 - Confidentiality
 - Encouraging the availability of broad range of methods
 - client guided decision making based on their needs and preferences
 - Culturally competent

Adolescents and QFP

- Timeliness
 - ▣ Support for quick start and same day insertions
 - ▣ ACOG Statement
 - *LARC/IUD can be inserted at any time during the menstrual cycle as long as pregnancy is reasonably excluded*
 - ▣ Connect teens with their method of choice
 - Bridge method for those unable to get method of choice same-day
 - No benefit to multiple “pre-insertion” visits
- Efficiency – avoid waste, maximize resources
- Equity – high quality care to all clients
 - ▣ Adolescents, LGBTQ, racial and ethnic minorities, LEP, disabilities
- Value – cost effective services
 - LARCs cost neutral within 2 years

Quality Family Planning Service Outcomes

- Accessibility
 - Adolescent Barriers
 - Adolescent friendly services
 - Clinic locations and hours,
 - Transportation
 - Concerns about confidentiality
 - Lack of awareness, myths and misconceptions
 - Provider comfort or bias, lack of training or knowledge

Concerns with Same Day Insertions

- “How can I be sure she’s telling me the truth about [condom use, date of last sex]?”
- “I would feel more comfortable finding out her STI results prior to insertion.”
- “Shouldn’t she take some time to think about it before she gets it? Teens change their mind every day.”
- “But the Nexplanon® package insert says to insert during her menstrual cycle.”

Same Day Inserts and Clinic Flow

□ Pre-visit

- Every reproductive age female is a LARC candidate

- Scheduling

- are you interested in discussing/changing your BC at this visit

- Check insurance

- LARC packs (consents, instruments, urine collected)

□ During the visit

- UPT, pull packs, ibuprofen, pre-certification

