



Communicating with Adolescents

Ana M. Puga, MD

Comprehensive Family AIDS Program

Ft. Lauderdale, FL





Objectives

- Stages of adolescent development
 - Cognitive
 - Psychosocial
- Use of Psychosocial Health Risk Screening Tool (HEADSS)
- Impact of development on HIV positive youth
- Case studies



Overview of Adolescence

- Physical, cognitive, and emotional changes
- Developmental tasks
 - Defining a sense of identity
 - Establishing autonomy
 - Exploring sexual and substance use decision-making
 - Establishing positive, intimate peer relationships
 - Mastering abstract thought processes



Cognitive Development

- Shift from concrete to abstract
 - Cause and effect
 - See hypothetical situations
 - Think about future; establish goals
 - Introspection and decision-making
 - Increase independence
 - Seek advice from peers/media
 - Social conscience
 - Take on more responsibilities
 - Develop sense of values



Cognitive Development

- Shift from concrete to abstract leads to these NORMAL behaviors:
 - Argue for sake of arguing
 - Jump to conclusions
 - Be self centered
 - Constantly find fault in adult's position
 - Be overly dramatic



Emotional Development

- Sense of identity: develops through process of experimenting with different ways
 - Self-concept
 - Set of beliefs about oneself- attributes, roles, goals, interests, values, religious and political beliefs
 - Self-esteem
 - How one feels about one's self concept
- Relationship skills- how to get along with others/make friends
 - Recognizing and managing emotions
 - Developing empathy
 - Learning to resolve conflict constructively
 - Developing a cooperative spirit



Social Development

Social group	Early (ages 9-13)	Middle (ages 14-16)	Late (ages 17-19)
Peers	Center shifts to friends Same sex peer group Strong desire to conform and be accepted by peers	Peer groups give way to one-on-one friendships & romances Gender mixed peer groups Dating begins Less conformity and more tolerance of individual differences	Serious intimate relationships begin to develop
Family	Increase conflict Family closeness is most important protective factor	Increase conflict Family closeness is most important protective factor	Family influence in balance with peer influence



Behavioral Development

- Risk-taking
 - Shapes identity
 - Try out new decision making skills
 - Develop realistic view of self
 - Gain peer acceptance and respect
- Provide opportunity for health risk pathways



Behavioral Development

- Risk-taking behaviors that are beyond normal
 - Begins early, age 8 or 9
 - Are on-going rather than occasional
 - Occur in a social context with peers who engage in the same activity



HEADSS

- H= home
- E= education/employment/eating/exercise
- A= activities and peer relationships
- D= drug use/cigarettes/alcohol
- S= sexuality
- S= suicide/depression/mood
 - S=safety, spirituality



HEADSS

- Start with review of confidentiality
- Open ended, non judgemental questions
- Normalize with third person
- Guide not script
- Listen to verbal and nonverbal responses
- May be done in parts



Confidentiality exceptions

- Youth is threatening to harm or kill self
- Someone is threatening to harm/hurt youth
- Youth is at risk of harming someone else



HEADSS

- Youth alone
- Give introduction, relate to getting to know them better and discuss things that may impact their health
- Give an out for sensitive questions
- Ask permission
- Allow for questions, be flexible with order



Case Study

- Maggie is a 17 year old Latina who just found out she was positive after donating blood at her school. She is here for her first visit.
- Her baseline labs show a viral load of 32,000 copies/ml and a CD4 of 670. She also tested positive for chlamydia and gonorrhea.
- Let's role play the visit

Adolescent Development & HIV



- **Perinatally Infected Youth**
- Have spent their lifetimes coping with their illness
- Parents are aware of infection and engaged in care
- Many struggle against parents and providers to establish their independence
- **Behaviorally Infected Youth**
- Just beginning to cope with their illness
- Parents often unaware of infection, so patients navigate care alone
- Less in need of asserting independence from providers



Autonomy and Independence

- Becoming an autonomous, self-directive person is a fundamental psychosocial task of adolescence.

“I want to come to my appointments by myself”

Provider and Family Perspective Autonomy and Independence



- Nurturing versus pampering/enabling
- Balancing between giving teen autonomy and risking his/her getting sick
- Fearing loss or limitations in control, lack of power
- Using another provider for “the sex talk” in long-term provider-child relationships

Parental Issues

Autonomy and Independence

- Expectations that the teen *should* be independent and self-sufficient
- or
- Fear of letting go
 - Going away to college
 - Getting their own apartment
-
- “We have to remind her to take her medicine every night—how will she do it if she lives on her own?”



Body Image

- Adolescence is a time to define oneself; body image is in the forefront.

“Am I developing normally?”

“Do I look OK?”

“Am I sexually attractive?”



Teen Perspective

Body Image

- “I want to be as tall as my friends”
- “When will my periods start?”
- “I can’t get a tube in my stomach—it will show...!”
- “How will I ever get a date?”



Peer Relationships

- The focus of adolescent relationships shifts from family to peers, and the peer group sets behavior standards.

“Yeah I have a tattoo—
all my girlfriends have one.”



Dynamics of Teen Behavior & HIV : Peer Relationships

- If friends are doing it—they want to do it too
 - Invincibility and risk-taking
 - Skin carving, tattoos, body piercing
 - Sexual experimentation
 - Drugs and alcohol
- HIV may or may not alter risk-taking behavior
- If they don't know their diagnosis and are asymptomatic, they can be "regular kids"



Sexuality

- Accepting one's physique
- Beginning to define self as a sexual being
- Forming new, more mature relations with both boys and girls
- Achieving masculine or feminine social role
- Preparing for commitment and family life

**“Nobody will love me—
how will I tell them about my HIV?”**



Adolescent Risk-Taking

- Drug and alcohol use impairs judgment, and can precede sexual activity
- Added significance in HIV-positive teens
- Provider responsible for education - secondary prevention



Effect of HIV on Sexuality

Perinatally Infected Teen

- Impaired body image—lower self esteem
 - Short/small for age
 - Illness effects
 - Medical appliances
- Delayed puberty
- Threatened sexual intimacy
 - Transmission issues
 - Disclosure issues



Teen Perspective

Sexuality

- Anxiety regarding
 - Sexuality
 - Sexual relationships
 - Reproductive and sexual functions
- “I have the same doctor since I was a baby; he’s like my parent. I can’t talk to him about sex. I don’t want to disappoint him.”
- “I’m going to yes them to death because I can’t tell them the truth.”



Provider Responsibility

Anticipatory Guidance

- Discuss sexual anatomy and function
- Discuss and provide or refer for contraception
- Teach “AIDS 101” regarding transmission
- Discuss safe and responsible sex
- Discuss behavioral skills to prevent transmission
- Encourage caregivers to recognize need for teen sexual identity
- Have videos, pamphlets, youth magazines in the clinic/office



Planning for the Future

- As abstract thinking develops, adolescents begin to plan for the future, defining their functional role in society, e.g. goals, education, job or career.

“I’m older now— I actually have to do something with my life.”



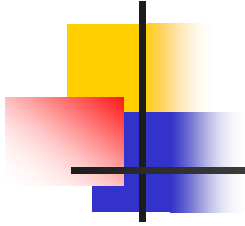
HIV and Plans for the Future

- Planning for the future is hard for teens
 - They were not expected to survive into adulthood
 - Their future *remains* uncertain
 - Many experience depression, loss, hopelessness and despair
 - Think about the future 5 years at a time
 - Career planning support
- Reproductive health/family planning
 - Many adolescents, HIV-infected or uninfected, want to have children
 - Can be a strong desire; they have personal sense of mortality
 - “I want to leave some part of me on the earth”
 - Assure teens that they **can** have children safely when the time is right



Conclusions

- Best practices include:
 - Open non judgmental communication with youth
 - Assess risks in all youth
 - Use a tool such as HEADSS
 - Recognize developmental stages and challenges
 - Adjust interventions based on risks and developmental stage



Case Studies



Jessica, 13 years old

- Jessica lives with her mother. Her mother did not want to disclose to Jessica until she was 12 and just disclosed 6 months ago, she is now 13. Her mother believes that Jessica is now old enough to be responsible for taking her medications on her own. Jessica's viral load has been undetectable since she was 5 and her T cells are 583.
- Jessica returns for a follow up visit 3 months later. She and her mother are arguing in the exam room about her not doing what she is supposed to. You complete an adolescent visit and draw her labs. When you receive the results, her viral load is 35,000 and her T cells are 345.
 - Who do you notify?
 - What developmental issues may be affecting this family?
 - How do you intervene?



Mariana, 17 years old

- Mariana is a straight A student and a model patient. She wants to go away to college but her grandparents are terrified. They say, “We have to remind her to take her medicine every night living here, how will she do it if she lives on her own?” They worry, “What doctors will take care of her?”
- Mariana’s CD4 count is 580 and her VL is undetectable—due to “constant supervision”
 - What are the issues?
 - What can you do for Mariana and her grandparents?



Tamara, 16 years old

- Tamara comes to your office for her routine care. As usual, her mother is with her. Tamara lets you know she wants to speak with you *alone*.
- Mom agrees to leave the room. Tamara says “I’m worried—my period is very late.” (She had menarche at 15 but has irregular periods). Her last period was approximately 6 weeks ago. She started to have sex 2 months ago—they used a condom, but it broke. She’s had sex twice since then with no problems with the condoms.
 - What are the issues?
 - Do you involve Mom? How?