



CLINICAL TOOLKIT: OFFERING ADOLESCENT AND TEEN-FRIENDLY CARE



Clinic Environment

Goal: To create developmentally appropriate spaces where adolescents feel that their privacy is protected.

- Many adolescents feel that Clinical Offices are not geared towards them

Actions:

- Remodel a distinct area of your clinic's waiting room and designate exam rooms to be welcoming (ex. Avoid primary colors and animals). Have some age-appropriate games/puzzles, art supplies, or reading material available. TIP: Include clinic WIFI password and phone chargers
- Train front desk staff to communicate with adolescents during check-in and check-out. All screeners and questionnaires should be given directly to the patient and filled out independently.
- Offer information about community resources and relevant health information in a semi-private area of the waiting room. Remember, this information might not only be helpful for the patient, but also their friends and acquaintances.
- Resources may include: Crisis Text Line, community events (music, film screenings, free language classes, etc.), meet-ups or support groups (volunteer opportunities, resume and college application assistance, tutoring, LGBTQIA youth groups, immigrant youth groups, etc.), sexual health information, substance use information, and mental health information including suicide hotline contact.

Communicating: Confidentiality and Introducing the One-On-One Visit

Goal: Every patient above the age of 11 or 12 needs to talk with their provider one-on-one. Not only does this provide better care but behavioral and sexual health confidentiality are protected by the law

- Research has shown that the discussion of health topics most important for adolescent morbidity and mortality (sexual practices, substance use, mental health, etc.) increases when patients get one-on-one time with their provider.
- Do you feel stuck talking with teens? Not to worry, most people feel that way. Here are some video clips with tips on how to approach the adolescent psychosocial interview: <http://www.communitycarenc.net/what-we-do/clinical-programs/pediatrics/engaging-adolescents-videos>
- For a refresher on NC laws about Minor's Consent, visit: <http://www.shiftnc.org/news-and-publications/position-statements/minors-consent>

Actions:

- Introduce the Mission Teen Clinic for Parents Brochure to families in your practice early and often so that they know what to expect when their child turns 11-12. TIP: Find parent brochure on Mission Children's Toolbox
- Develop a streamlined process for when parents will be present during the visit to be implemented the same way at every appointment:

- For example, one protocol might be: Parent + adolescent both get called back to exam room and discuss any acute health concerns and the “Education” portion of the HEADDSSS exam > Parent returns to waiting room. Provider and patient finish remainder of the HEADDSSS exam and visit. Please note, chaperones should be used for physical exam.
- Make sure adolescents have their own contact information listed in their chart. TIP: make a note whether their phone number is private and whether voicemails can be left.

Access to Services

Goal: Adolescent patients should be able to easily access healthcare, health information, and youth-centered activities that are targeted specifically towards their most important health needs.

- With school, after-school activities, or unpredictable family support or transportation, many adolescents find it difficult to present to care when they need to

Actions:

- Ensure that adolescents have your clinic’s contact information
- Offer public transportation routes, ridesharing options, and/or school telehealth services at the front desk as applicable
- Schedule some evening clinic hours or weekend hours so that adolescents do not have to miss school or interrupt a parent’s workday to visit the clinic

- If your clinic already offers supplementary health programs (support groups, cooking classes, exercise classes, etc.), don't forget about your adolescent patients! Consider targeted activities that address the biggest determinants of health in this patient population - exercise and nutrition, mental health and well-being, healthy relationships, etc.

Transition of Care:

Discussion of transition to adult care needs to begin in early adolescents. Visit [Mission Children's Toolbox](#) for suggested timeline and resources.



Additional Resources:

1. Crisis Text Line: www.crisistextline.org. Consider promoting with posters, rack cards, and business cards. Text HELP to 741741
2. A good reminder about the prevalence of sexual activity and associated risky behaviors in youth: <https://www.cdc.gov/healthyouth/sexualbehaviors/>
3. Want practice providing effective brief intervention techniques for addressing substance use and mental health concerns with adolescents? CME credit? Visit: www.aap.kognito.com for training simulations FREE to AAP members. Works with Chrome and Firefox

