

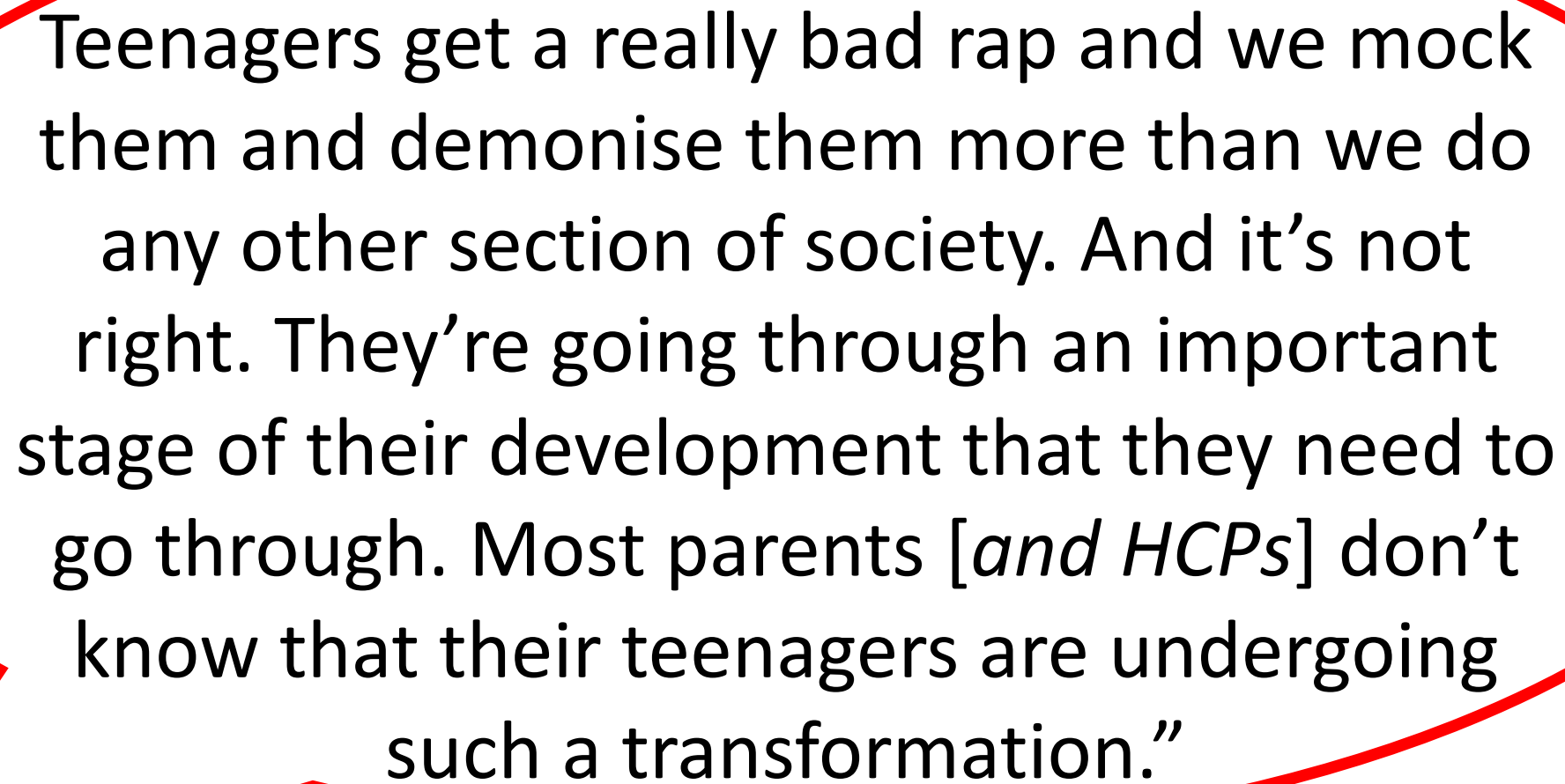
# What is special about adolescence and how to meet young peoples' needs in transition

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Teenagers get a really bad rap and we mock them and demonise them more than we do any other section of society. And it's not right. They're going through an important stage of their development that they need to go through. Most parents [*and HCPs*] don't know that their teenagers are undergoing such a transformation."

# Outline

- What is adolescence?
- What is special about it?
  - Brain development
- What is developmentally appropriate care?
  - Strengths based, promotes resilience
- How can you tailor everyday work to make it developmentally appropriate and young person friendly?
  - communication
- Useful reading/watching

# What is adolescence and young adulthood?

“That awkward period between sexual maturation and the attainment of adult roles and responsibilities”

WHO definitions

Adolescence 10-19

Young people 10-24

**Important in both  
paediatric and  
adult services**

# Tasks of Adolescence

Move from dependent child to independent, resilient adult

- Biological/sexual maturation
- Adult thinking
- resilience
- Develop personal identity
- Sex, drugs 'n' rock and roll.....risky behaviours
- Education/vocation
- Autonomy in healthcare

# AYA have poorer outcomes and more mental illness than children or adults

**Asthma and epilepsy:** control poorer in adolescents than children

**Cancer:** least improvement in survival than children or adults

**Renal Transplants:** 18-25 year olds greater risk of graft loss cf <18, or 25-35.

Kiberd JA, BMC Nephrology 2011;12:54, doi:10.1186/1471-2369-12-54.

**Diabetes:** mortality highest 15-35 yrs

Nakhla M, et al. Paediatrics 2009;124:e1134.

**High rates of mental illness in AYA**

11.5 % 11-16 year olds have a mental health disorder

68% increase in admissions for DSH 2001-2011

Key Data on Adolescence 2013 <http://www.youngpeopleshealth.org.uk/3/resources/17/key-data-on-adolescence/>

# Adolescents and young adults (AYA) are special – is it all hormones?

- Puberty specific maturational changes in
  - Romantic + sexual interest
  - Reward seeking behaviour
  - Emotional intensity
  - Sleep patterns
  - Appetite
- But Puberty is not the whole story

Dahl and Hariri (2005) Journal of Research  
on Adolescence 15 (4) 367–382,

# The developing adolescent brain

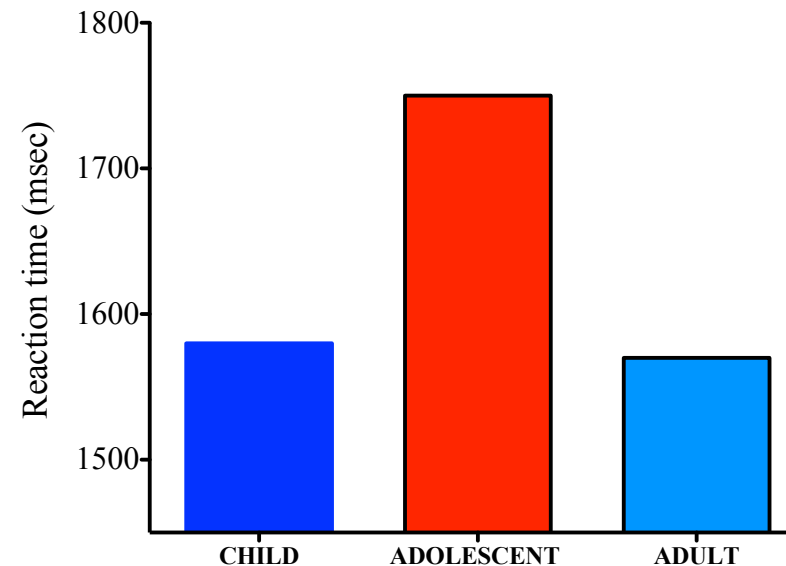
- Limbic system develops before the cortex
  - **Limbic system** connects emotional and sensory responses = 'brain accelerator'
    - Drives impulsive behaviour
  - **Frontal/pre-frontal cortex** responsible for adult executive functions = brain 'brake'
    - abstract thought, impulse control/delay gratification, understanding the longer term

**Young people think differently**



# Young people think differently

- Is it a good idea to swim with sharks?
- Is it a good idea to set your hair on fire?



Adapted from:  
Reyna and Farley 2006  
Baird and Fugelsang 2004

# AYA are not impaired mini-adults but people with great potential.....

- Increased sensation seeking and reduced self control drives risky behaviours, FOMO, peer pressure and acute self consciousness
  - These are normal for AYA, neurocognitively driven and 'necessary' not character flaws
  - Evolutionarily advantageous at the group level but disadvantageous to the individual

## What this means for healthcare

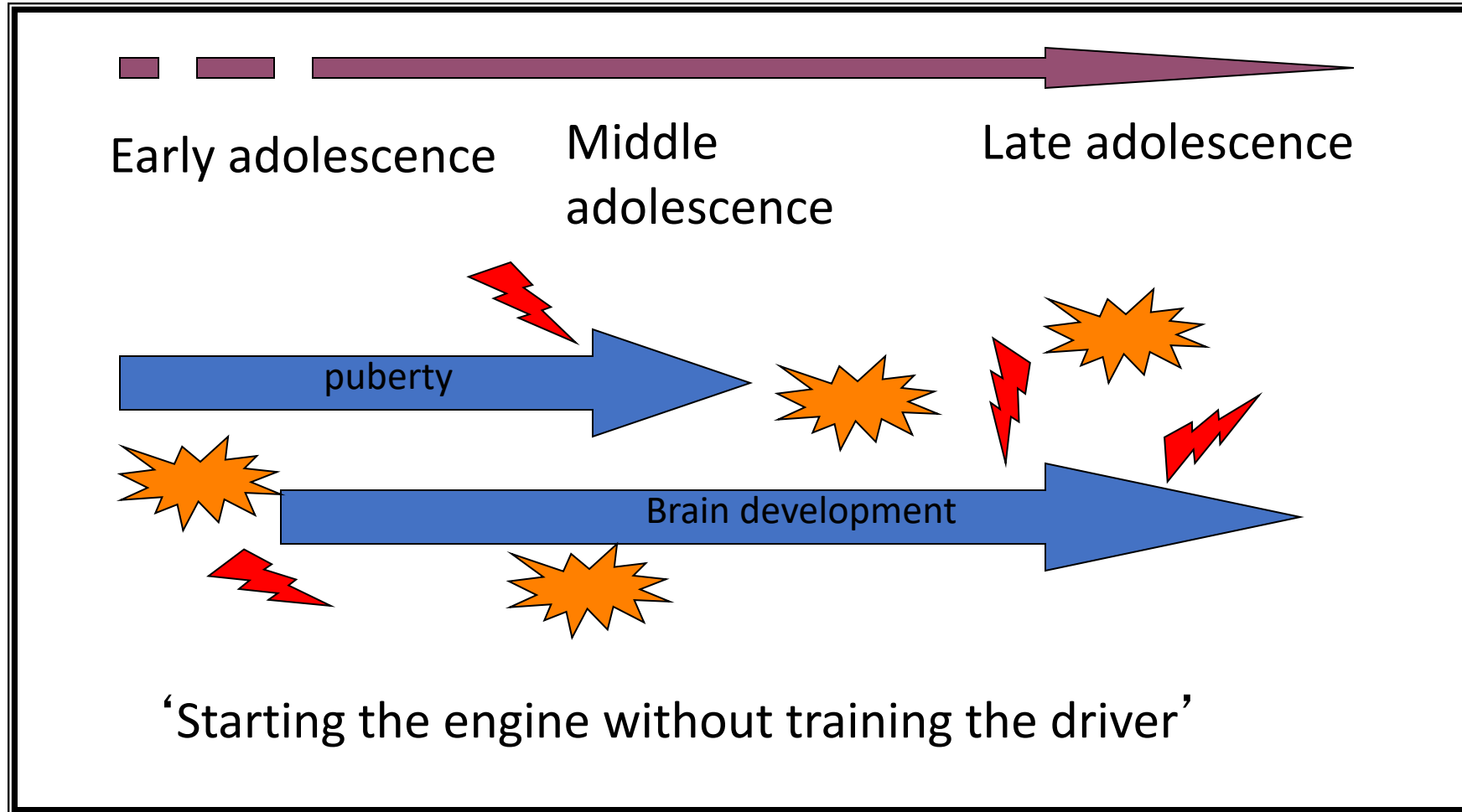
- Ill young people *more* likely to engage in risk-taking behaviour
  - *Suris et al 2008 Pediatrics e1113-1118*
- Health risk behaviour related to non-adherence
  - *Lurie et al 2000 Ped Transp 200-206*
- Parents think teens use drugs/alcohol .....but not *their* teen
  - *Fisher et al Pediatrics 1992 335-341*

# Psychosocial screening – ask the right questions...and ask them alone

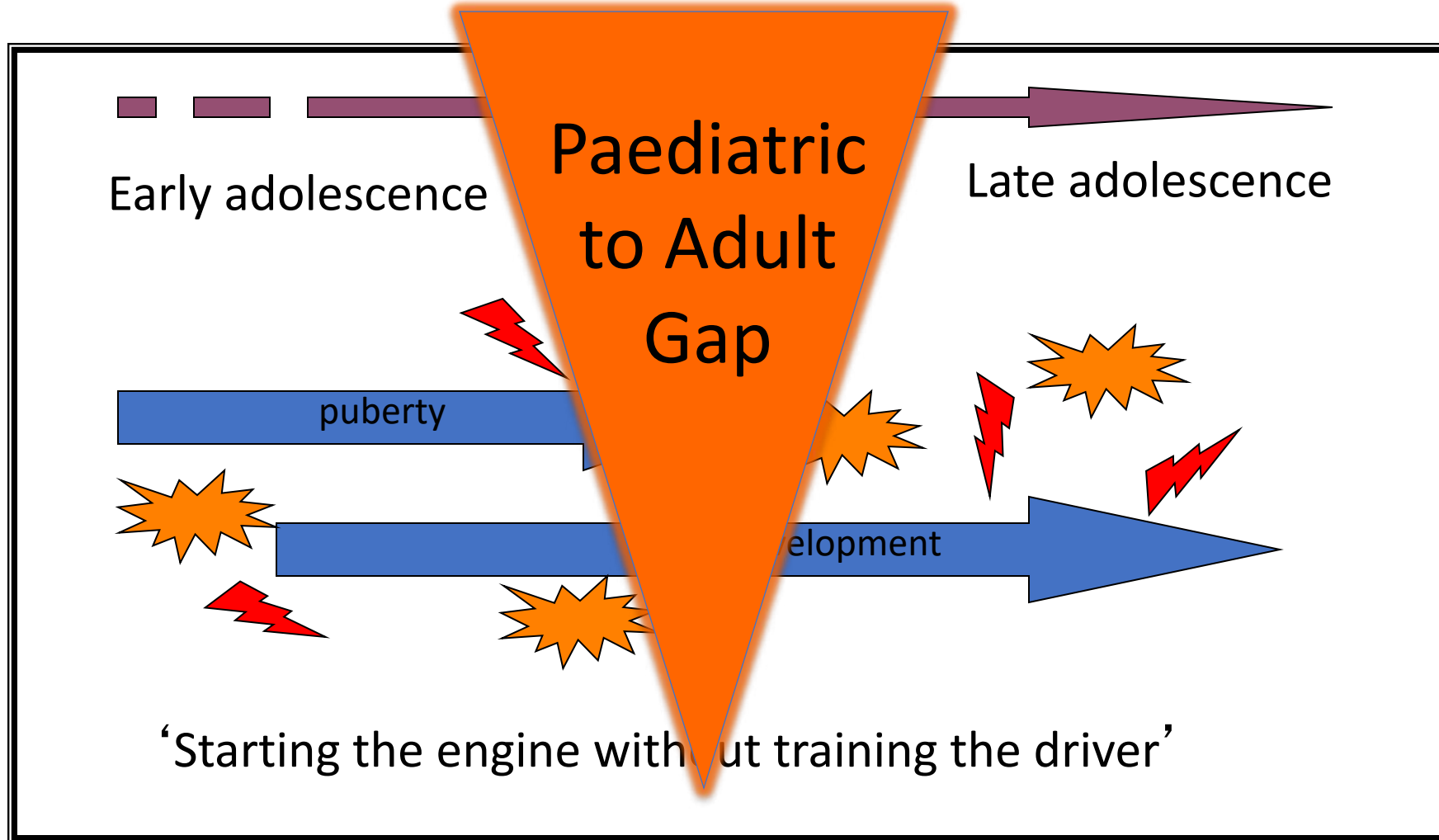
## HEEADSSS 3.0

- Home
- Education
- Eating
- Activities
- Drugs and alcohol
- Sexual health
- Suicide/spirituality/sleep
- Social media/general safety

# The mismatch



# The mismatch



# Transition bridges the gap

ALL children move from childhood to adulthood

Young people with ill health have more to lose if they 'fall into the gap' while growing up

multi-faceted, active process that attends to the medical, psychological and educational + vocational needs of *adolescents* as they move from child to adult-centered care

# What is adolescence and what is special about it?

- Distinct developmental stage
  - Not usually a priority in paediatric or adult healthcare
  - Transition is key + young adult focus in adult healthcare
- Characterised by developing brain and resulting behaviours
  - Ask the right questions in the right way
- Understanding what is special about AYA helps us to provide young person friendly healthcare and transition by
  - tailoring our individual care
  - tailoring our services

# Developmentally appropriate healthcare

‘Developmentally Appropriate Healthcare recognises the changing biopsychosocial developmental needs of young people and the need to empower young people by embedding health education and health promotion in consultations.

**Be young person friendly**



# Practical tips to providing developmentally appropriate healthcare

- Age banded clinics
- Split consultations should be the norm and explain
- Spend time establishing rapport, get trained in good AYA communication skills
- Are they concrete or abstract (today!)
- Summarise, promote the positive aspects and look for resilience
- Remember it is normal for AYA to 'fail to attend' clinic appointments
  - chase them and adjust discharge policy

# How to communicate with young adults who are transitioning

- Make it casual
- There is not a secret meaning to everything
- Don't just read off a sheet
- If the young person is not communicating
- Give us a smile! 😊
- Do take us seriously
- If some things don't work for me, please stop offering it (e.g. mindfulness)
- Joint decision making
- De-escalate at the end of the session, check in with how we are feeling

one thing we need to talk about is sex, drugs and rock and roll...

are you taking your pill to control periods? Or for other reasons?

one important issue when you take methotrexate is not getting pregnant - we talk to all our young people about this...



# Managing 'difficult' parents; being flexible with boundaries

Ask yourself what is the 'difficulty'?

- Parents (mothers) often coordinate care
  - And have often done this for many years
  - Have their own experiences of health care
  - May not have engaged with a GP
- Parents need support to enable detachment
  - And reassurance you will look after their AYA
- Many families are chaotic and stressed

# Managing 'difficult' parents; being flexible with boundaries

Have some strategies to hand

- Expect first consultation with family present
- Explain you would like to build a relationship and see AYA alone for some/all of next time
- Acknowledge how your service works and be explicit about constraints
- Discuss who you will negotiate care with
  - Consider a graduated plan where parents are gently disengaged and AYA become more resilient

# Summary

- Adolescents and young adults think differently
- Providing tailored care gets the best out of them
  - If all care was developmentally appropriate, transition would just happen
- Young person friendly care is
  - A bit about what you do
  - A bit about how the service is organized
  - Locally designed to fit the local context
- Adolescents and young adults are great to work with!

# Useful links

- [https://www.ted.com/talks/sarah\\_jayne\\_blakemore\\_the\\_mysterious\\_workings\\_of\\_the\\_adolescent\\_brain?language=en](https://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain?language=en)
- <https://www.theguardian.com/science/2018/aug/17/teens-get-a-bad-rap-the-neuroscientist-championing-moody-adolescents>
- Expand your HEADS, follow the THRxEADS! Chadi N et al 2017 *Paediatrics & Child Health*, 2017, 23–25 doi: 10.1093/pch/pxw007
- Colver A, et al. New understanding of adolescent brain development: relevance to transitional healthcare for young people with long term conditions *Arch Dis Child* 2013;0:1–6. doi:10.1136/archdischild-2013-303945
- Masten A et al Resources and resilience in the transition to adulthood: Continuity and change *Development and Psychopathology* **16** 2004, 1071–1094 Copyright DOI: 10.1017/S0954579404040143
- [www.bannar.org.uk](http://www.bannar.org.uk)
- Arthur's place