Risk Reduction Strategies for Adolescent STD

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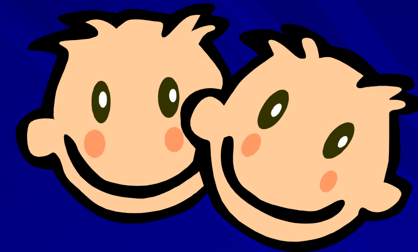
TEENS ARE NOT A DISEASE

www.teensarenotadisease.com

1,000,000,000 Teens Worldwide

From 1960 to 1990, the number of adolescents has doubled



1 out of every 5 adolescents in the world lives in India

Stages of Adolescence

- **Early 10-14 years old**
- **Middle 15-17 years old**
- **Late 18-21 years old**

Early Adolescence

- **Beginning of separation from family**
- **Giving up childhood hobbies, <u>but</u> wants to be non-adult**
- **Regress to childlike stage when faced with illness or fear**
- **Usually can be redirected with limit setting**
- **Same sex friends; best friend**
- **Major pubertal changes, privacy important**

Cognitive Development

IMAGINARY AUDIENCE

- **the sense that everyone is looking at them and is critical of them**

PERSONAL FABLE

- **the false belief in immortality or belief that "it couldn't happen to me"**

Middle Adolescence

- **Early abstract thinker, begins to argue**
- **Bored with family, “stupid”, anti-adult**
- **Sexual awareness; equals power**
- **More time spent with peers than family**
- **Employment may interfere with school**
- **Risk taking increases; involves driving, which involves cars, which involves a new “private space”**

Cognitive Development

ABSTRACT OPERATIONS

- **A widened scope of intellectual ability with an increased capacity for insight**
- **Develops around age 16**
- **The first time to start discussing long-term consequences**

Late Adolescence

- **Mostly abstract thinkers**
- **Likes family again, more adult/adult relationships**
- **Makes decisions based on future plans**
- **Relationships reflect give and take**
- **Moving towards one- person, meaningful relationship**

Normal Teen Behavior

It is normal for teens to be:

- **Reactive**
- **Rebellious**
- **Confused**
- **Prone to making errors**
- **Experimenting**
- **Exploring**

However, most health care providers are...

- **Adults**
- **Too busy and overworked**
- **Not very tolerant of teen behavior**
- **Wanting to help people achieve health**
- **Used to giving orders to get something done**
- **Feeling a sense of obligation to give a plan for improvement for problem patient behaviors**

Strategies to working with teens

- **Make the teen the center of attention for the encounter**
- **Approach the teen first and with respect**
- **Be non-judgmental and accepting**
- **Avoid argumentation**
- **Roll with the resistance**
- **Empower the teen**
- **Promote self-efficacy and self-respect**

Strategies to working with teens

- **Encourage teen to accept more responsibility and family to let this happen**
- **Transition reflects a *Rite of Passage***
- **Take time to establish rapport and confidence in your approach to care**
- **Health providers need to wash hands before and after exam**
- **Be sure to address psychosocial history**

Strategies to working with teens

As part of every general psychosocial screen

- **H**ome
- **E**ducation
- **A**ctivities
- **D**rugs/Depression
- **S**ex

CAGE

C- Have you ever felt that you should **C**ut down on your drinking?

A- Have people **A**nnoyed you by criticizing your drinking?

G- Have you ever felt bad or **G**uilty about your drinking?

E- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye opener)?

CAGE-AID

C- Do you ever feel that you should **C**ut down on your drug use?

A- Do people **A**nnoyed you by criticizing your drug us?

G- Do you ever feel bad or **G**uilty about your drug use?

E- Do you ever seek a drug as an **E**ye opener “the morning after”?

FAMILY CAGE

C- Have you ever felt that either of your parents should **C**ut down on their drinking?

A- Do they get **A**nnoyed at comments made about their drinking?

G- Do they ever feel bad or **G**uilty about their drinking?

E-Do they ever take a drink first thing in the morning to steady their nerves or get rid of a hangover (**E**ye opener)?

CRAFFT for Adolescents

- C (car)
- R (relax)
- A (alone)
- F (forget)
- F (family & friends)
- T (trouble)

CRAFFT for Adolescents

- C- Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?
- R- Do you ever use alcohol or drugs to RELAX, or feel better about yourself?
- A- Do you ever use alcohol or drugs while you are by yourself (ALONE)?

CRAFFT for Adolescents (cont.)

- F- Do you ever FORGET things you did while using alcohol or drugs?
- F- Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- T- Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Knight, JR, et. al. Arch Pediatr Adolesc Med 1999,153:591-596.

Getting Teens Motivated

- **Motivation is key to change**
- **Motivation is multidimensional**
- **Motivation is a dynamic and fluctuating state**
- **Motivation is interactive**
- **Motivation is a state of readiness or eagerness to change, which may fluctuate**
- ***Motivation can be <u>influenced</u>***

What influences motivation?

Trait	Example
Money	shift differential
Authority	IRS
Pain	“I give up”
Fear	“Am I pregnant?”
Empathy	“You really understand”
State of readiness	“I’m ready for a change and I’ll do it now.”

Motivational Interviewing

- **A technique and clinical strategy designed to enhance the patient's motivation or willingness to change**
- **A therapeutic style intended to help providers work with patients to address ambivalence, with resultant change of behavior which improves health outcomes**
- **This is a way of interacting with patients**

Transtheoretical Stages of Change Model by Prochaska and DiClemente

- **Precontemplation—not considering change**
- **Contemplation—considering, but ambivalent**
- **Determination—preparing to change**
- **Action—involved in change**
- **Maintenance—sustaining change**
- **Relapse—may be undecided again**

Stage of Change--Precontemplation

Strategies for the Provider[1]

- **Establish rapport, ask permission and build trust**
- **Raise doubts or concerns about the behavior by**
  - **Exploring consequences of actions**
  - **Elicit the patient's perception**
  - **Offer factual information**
- **Exploring the pros and cons of the behavior**
- **Express concern and keep an open door policy**

Resource

- 1. Based on “Enhancing Motivation for Change in Substance Abuse Treatment”, Treatment Improvement Protocol (TIP) Series 35, William R, Miller, Ph.D., U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Service Administration, Center for Substance Abuse Treatment, 1999, reprinted 2000. Publication No. (SMA) 00-3460. Material is public domain and may be obtained by calling (800) 729-6686.

Stage of change—*Contemplation*
Strategies for the Provider

- **Normalize ambivalence**
- **Help “tip the decisional balance scales” toward change by:**
  - **Weighing the pros and cons of change**
  - **Changing extrinsic to intrinsic motivation**
  - **Examining the patient’s values in relation to change**
  - **Emphasizing the patient’s free choice, responsibility and self-efficacy for change**
- **Elicit self-motivational statements of intent and commitment**
- **Summarize self-motivational statements**

Stage of change—*Determination*

Strategies for the Provider

- **Clarify the patient's goals and strategies for change**
- **Offer a menu of options for change**
- **With permission, offer expertise and advice**
- **Negotiate a change plan and behavior contract**
- **Consider and lower barriers to change**
- **Help the patient enlist social support**
- **Elicit what has worked in the past or for others**
- **Have the teen tell parents or others about the change**

Stage of change—*Action*
Strategies for the Provider

- **Support realistic goals through small steps**
- **Acknowledge difficulties encountered in early stages of change**
- **Help identify high-risk situations for relapse**
- **Help identify appropriate coping strategies or skills**
- **Assist in finding reward for behavior change**
- **Assess the social support and be a resource for new choices**

Stage of change—*Maintenance*
Strategies for the Provider

- **Support changes by verbal and/or non-verbal reinforcement**
- **Affirm and celebrate self-efficacy**
- **Anticipate pitfalls**
- **Maintain supportive contact (be available)**

Stage of change—*Relapse*
Strategies for the Provider

- **Help the patient re-enter the change cycle**
- **Commend willingness to reconsider a positive change**
- **Explore what happened and use it as a learning opportunity**
- **Assist in finding new coping strategies**
- **Maintain supportive contact**

A novel strategy…

ABSTINENCE!!!!

“Real Men” know about contraception

– “I’m too big to wear a condom.”
– “I don’t wear one because it cuts down on the feeling too much.”
– “Once my stallion is out of the barn, he don’t stop to put on a raincoat!”
– “I always use a condom to have sex, but I don’t use one with my regular girlfriend. That might make her think she can’t trust me!”

Male Condom

- Usually latex rubber but lambskin (actually intestine) and polyurethane available
- Nonoxynol-9 spermicide; has not been scientifically shown to provide additional contraceptive protection
- Some studies suggest that nonoxynol-9 may increase the risk of HIV/AIDS secondary to irritation
- Cannot be used with oil-based lubricants or lotions

Female condom

- Lubricated polyurethane
- Closed end with a small ring inserts into vagina
- Open end hangs out of vagina to provide some contact protection
- Very expensive--~$2.00 each
- Bulky
- Not accepted by teen couples

Diaphragm

- Prescription required
- Sized by health professional
- Can be inserted up to 4 hours before intercourse and should be left in place for up to 6 hours but not longer than 24 hours after sex
- Must be used in conjunction with a spermicide
- Not widely accepted by teens

Cervical cap

- Prescription required
- Sized by a health professional
- Fits snugly over the cervix
- Can be worn for up to 48 hours
- Used with a spermicide
- Prolonged use (oops, I forgot it was in there) may carry risk of toxic shock syndrome or an unpleasant vaginal odor or discharge

Sponge

- Withdrawn from the market in 1995
- Reappeared on the market in 2005
- Polyurethane donut-shaped device containing nonoxynol-9
- Inserted to cover the cervix
- Loop designed to ease removal
- Should not be left in more than 30 hours and can be placed up to 24 hours in advance

Strategies to working with teens

- **Recommend adolescent immunizations**
  - **HPV, Herpes vaccines on horizon**
- **Be concrete with rationale**
  - **Indirect--Need for hepatitis A vaccine for those that eat in fast food places**
  - **Direct--Some discussions may need to be very explicit to point out the risks, e.g. same sex behavior and risk for hepatitis A, B**

Additional Strategies

- **Give teens one adult in their lives that has a meaningful, respectful, trusting relationship with the teen**
- **Guarantee access to health care for all teens, independent of financial class**
- **Fund more preventive efforts at the national level**
- **Maintain a national immunization database**

Additional Strategies

- **Keep working on being creative and "thinking outside the box"**
- **Enjoy working with teens**
- **Honor and value teens**
- **Make a commitment to improve**
- **Work <u>with teens</u> for more improvement**
- **Reward good behavior—providers, parents, teens, schools, public health, etc.**

Finally, as the last resort…

When all else fails…