

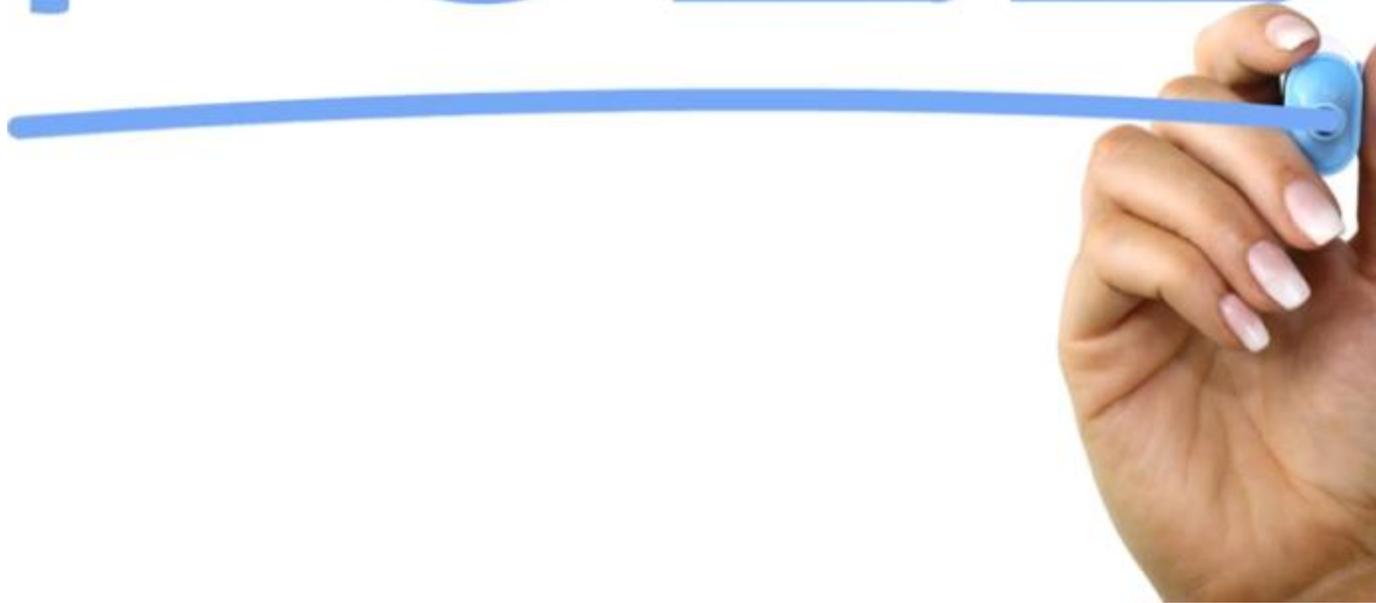
Assessing and Engaging Adolescents



Objectives

- Participants will understand the implications of the adolescent developmental process for effective engagement
- Participants will understand the unique considerations required when working with adolescents and their caregivers through the CoCM process

POLL



Session Introduction

Working with adolescent patients and their caregivers requires:

- Awareness
- Sensitivity
- Respect
- Flexibility

Collaborative Care Process with Adolescents

The Groundwork
and Getting Started



BHCM Starting Point



BHCM Awareness

Being aware of your own starting point helps you identify possible catch points and be prepared to manage reactions

When we can empathize with the adolescents that we're working with, it's easier to extend compassion and understanding

Parent Caregiver Starting Point



Caregivers...



Often worried and/or tired

May fear judgement

Unaware of developmental implications

Have competing demands/priorities

Feel their perspective is more valuable

Carry generational/cultural "shoulds"

Parent/Guardian Engagement

- Listen and validate
- Work toward understanding the family context
- Arrange meaningful responses to any basic needs
- Establish operable communication pathways (address barriers)
- Explain the CoCM program as a response to their concerns

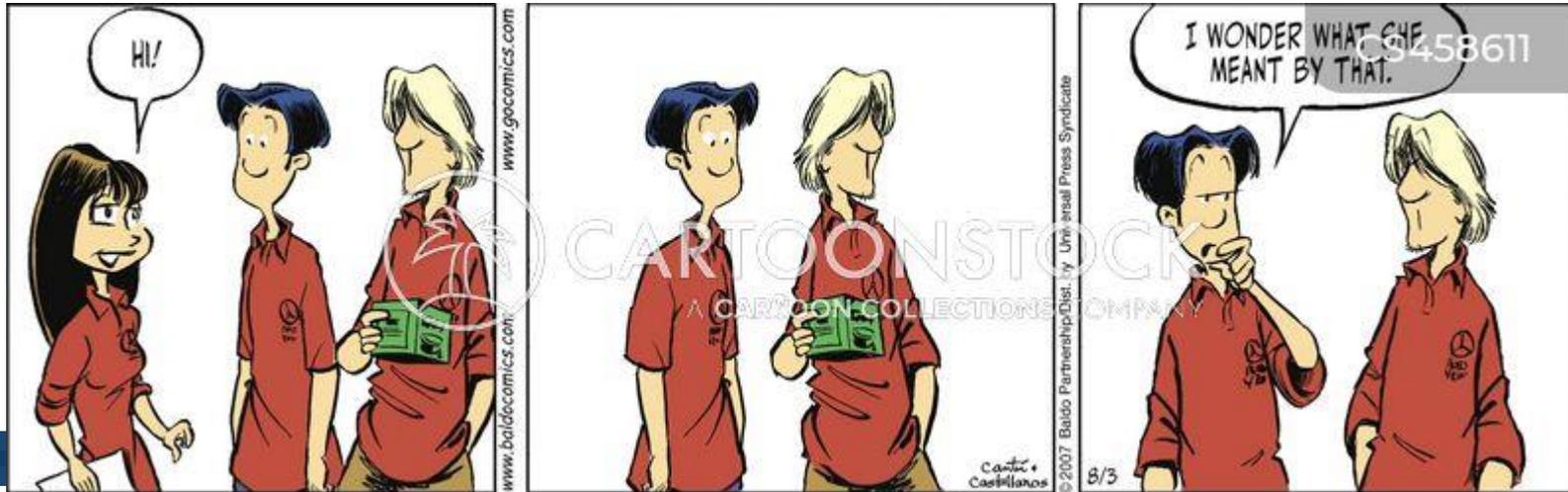
Adolescent Starting Point



WHEN IS THE WORLD GOING TO REALIZE THAT WE KNOW EVERYTHING?!



"When I left for school this morning, were we getting along, or did I promise never to talk to you again?"





Adolescent Developmental Highlights

- They are trying to function while entirely under bio psycho-social renovation
- The prefrontal cortex is undergoing a growth surge – emerging rational skills
- The limbic system is extremely active and in control – emotions lead
- They are seeking independence

Adolescent Engagement

- Listen to and validate feelings
- Work toward understanding the family context and challenges
- Remove barriers to participation/communication
 - Privacy
 - Concrete barriers
- Establish communication pathways that work for the family
- Explain the CoCM program as a response to their concerns

Bringing It Together:

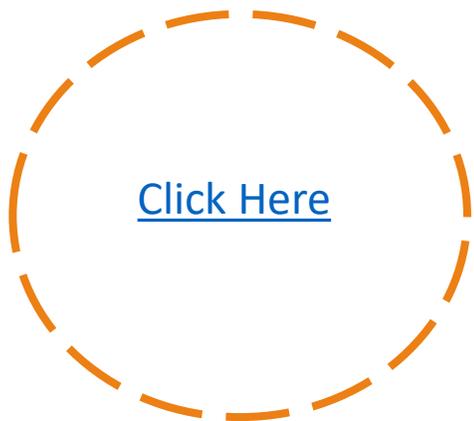
Motivational Interviewing



MI with Adolescents

- Particularly relevant to the developmental process of adolescence and emerging adulthood
- Effectively manages resistance
 - Resistance is a normal part of adolescence
 - Resistance commonly accompanies defensiveness
- Fosters the essential curious, genuine respect for the adolescent experience and the caregiver experience
- Creates a non-judgemental, validating environment for people from marginalized populations (LGBTQIA+, people of color, etc.)

Here's what it can look like...

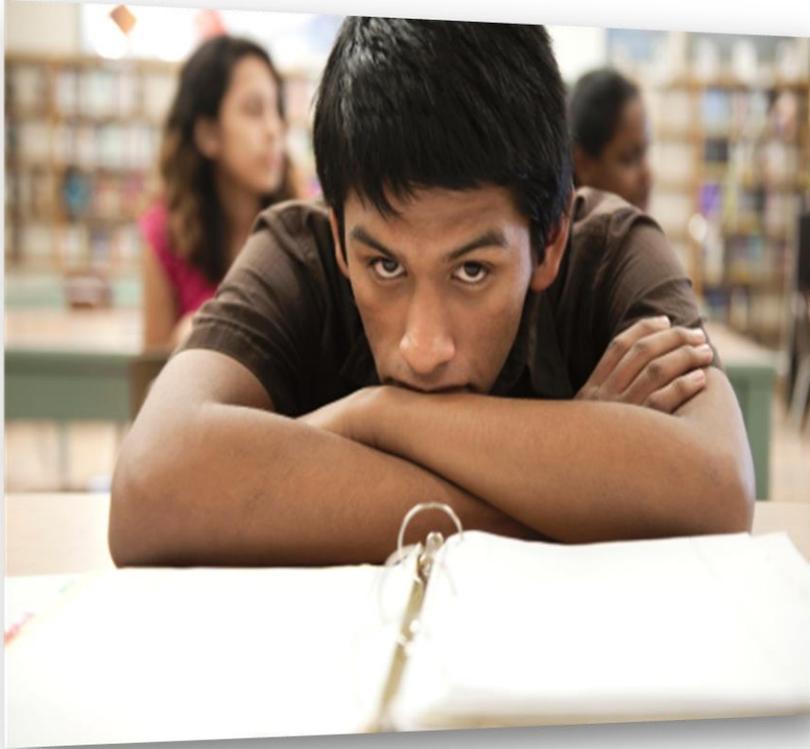


Collaborative Care Process with Adolescents

Process overview and
adaptations



Remember Ben?



- Ben is a 15 year-old male whose parents presented concerns to his PCP re: Ben struggling in school, decreased concentration, incomplete school-work, and falling grades. He reportedly isolates in his room and has lost interest in previously enjoyed activities. Ben is up late on social media and struggles to get up in the morning for school. Mom reports he is irritable and sometimes short with others. Ben says he is just fine and wants to be left alone.

SCREENING

- Need to elicit information from both the caregiver and the adolescent
- Provide opportunity for the adolescent patient and their parent/primary caregiver to respond independently
- Review clinic workflow to ensure this process can privately occur routinely
- The BHCM may screen further once a patient is referred as initial responses can change

SCREENING:

Tools

CoCM required:

- PHQ-9M/PHQ-A 12+
[Control-click for PHQ9M](#)

CoCM recommended:

- GAD-7 12+*
[Control-click for GAD-7](#)
* [Source](#)

Additional assessment tool consideration:

- Columbia (suicide)
[Control-click for Columbia Suicide Risk Assessment](#)
- CRAFT (substance abuse)
[Control-Click for CRAFT](#)
- ACES measures (adverse child experiences)
[Control-click for ACES screening tools](#)
- Y-PSC 17 (behavioral health symptoms)
[Control-click for Y-PSC 17](#)
[Control-click for the PSC-17](#)
- RAPPS, GAPPS, etc. (complete health)
[Control-click for RAPPS](#) \$
[Control-click for GAPPS](#) \$

SCREENING:

Applied to Ben

Ben completes the PHQ9 and scored 12. His mother looks over his answers since she's in the exam room with him. By the time the PCP comes in his mom expresses her concern that Ben's score is much higher than he let on.

- Is there a way to address this from a workflow perspective?
- Is there a way the PCP can address this to get both of their perspectives without either feeling invalidated?

REFERRAL TO CoCM

- **Inform** the parent/caregiver AND the adolescent about the program and give opportunity to ask questions
- **Early Intervention** is important to prevent symptom amplification
- **Normalize** the need for intervention and destigmatize
- **Address** medication possibility early to reduce resistance later
- **Consent** needs to be obtained from someone legally able to do so

REFERRAL:

Applied to Ben

The PCP talks to Ben and his mother separately and then brings them both back together at the end of the visit with a recommendation for CoCM. Ben is adamant that there's nothing wrong with him and he's not going to take any medication.

- How could a PCP or BHCM respond to him using MI to keep him in the conversation?
- Is there a way to normalize Ben's reaction that would validate his perspective and still leave the door open for CoCM?

CoCM ASSESSMENT

- Infused with the spirit of Motivational Interviewing throughout
- Developmental awareness is critical – for everyone
- Engagement of both the adolescent and the parent/caregiver is important in this process

*** remember their starting points***

ASSESSMENT:

Explain the Process and Rationale

- Give them the steps from screening through termination
- Explain the roles of the BHCM, the PC and the PCP in this process
- Explain that this approach has been effective for adolescents and adults alike

ASSESSMENT:

Sources and Set Up

Sources of Information:

- Solicit parent/caregiver input, and in some cases teacher or other's responses, in addition to adolescent's responses

Setting up the expectations:

- Patient and caregiver interviewed separately and together if that is comfortable for the patient
- Be upfront and specific in explaining confidentiality guidelines

ASSESSMENT:

A note on confidentiality

Be honest

- With teens
- With parents

Be specific

- What
- With whom
- When
- How

Be informative on legal impact

- Minor Consent Laws
- 21st Century Cares Act

ASSESSMENT:

Give Adolescents S.P.A.C.E. (applies to parents as well)

S: Straightforward

P: Peer/Respect

A: Authentic

C: Curious

E: Even/Neutral

ASSESSMENT:

Give Ben
and his
Mom

S.P.A.C.E:

What does this
sound like?

Straightforward

Peer/Respect

Authentic

Curious

Even/Neutral

GOAL SETTING

- All perspectives to be considered
- Goal choice to be agreed upon
- Adolescents and Caregivers can have different motivations for choosing the same goal

GOAL SETTING:



Step 1: Define the team

- Adolescent, Caregiver, BHCM, PCP, PC, others as appropriate
- Stress the need to work together and be open to each other's feedback and ideas



2

Step 2: Clarify Expectations

- Developmentally appropriate and respectful
- Changes are required from everyone
- There may need to be parallel goals (goals for the adolescent and the parent)
- Self-Management plans are unique to their family

GOAL SETTING:



Step 3: Be S.M.A.R.T.

- S: Specific
- M: Measurable
- A: Attainable (no **all or nothings** here)
- R: Realistic
- T: Time bound

Worksheet for Change



The change I want to make is...



Some barriers that could get in my way are:

Three reasons I want to make the change are:

- 1.
- 2.
- 3.

Solutions to overcome these barriers are:



- 1.
- 2.
- 3.



Some people who can support me:

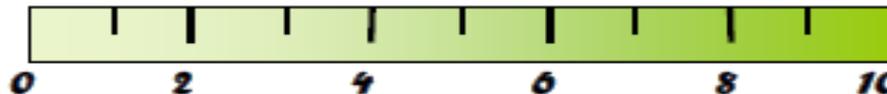
The steps I will take to change are:

- 1.
- 2.
- 3.

I will know my plan is working if:



How confident are you that you can make this change?



Special Considerations

Scheduling

Availability

- Typically, afternoons and evenings
- Ask them when is the best time for them
- Help them calendar in their phone and set reminders

Accessibility

- Have your number identified in their phone, suggest ringtone
- Ask them what the best way to reach/share information with them is
- Establish how follow up sessions are going to happen
- Establish how follow up measures are going to be provided and returned

Medication Adherence

Developmental reminders

- Independence
- Self efficacy
- Hesitant to discuss concerns/questions/resistance

Setting it up for success

- Destigmatize/Normalize
- Educate
 - What can they expect?
- Plan
 - Who keeps, gives, picks up, pays for, and reminds; and how are missed doses handled, reacted to and recovered from?

Following it up

- Be specific (RE: Medication - what time of day, how do you remember, what do you do when you forget, how many days taken a week, when was the last time you took it? etc.)

The Role of the Schools in CoCM

- Get consent to communicate with school counselors and social workers as needed
- Schools sometimes have support resources that can support goals set in CoCM
- Coaching the parents to bridge and coordinate with school service providers
- IEPs and 504 plan education and advocacy can be provided as needed to support behavioral intervention plans and/or goals

[Control-click for 504 Plan information](#)

[Control-click for IEP information](#)

[Control-click for information on requesting an IEP/504](#)

Other Players

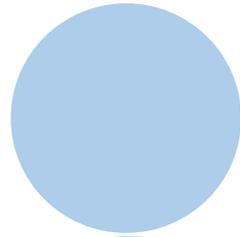
Talk to the patient and the family about community resources that are willing to involve or that you need to involve:

- Courts/Probation Officers
- Community Based Therapists
- Coaches
- Ministers
- Protective Services

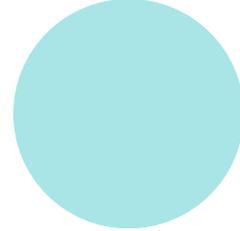
IMPORTANT

All will require additional, specific consent to release/share information.

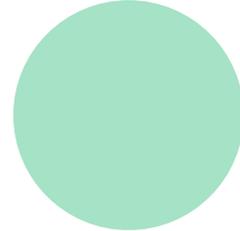
TAKE AWAYS



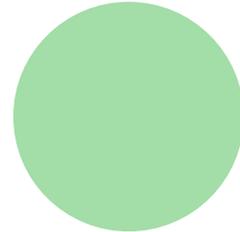
CoCM is evidence based and easily adapts to an adolescent population.



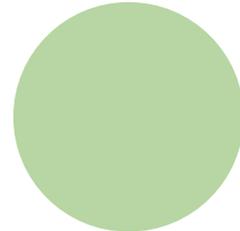
Each CoCM stage requires adjustment when working with adolescents and caregivers



Motivational Interviewing is a critical part of the model and particularly applicable to adolescence.



Give adolescents S.P.A.C.E.



Be ready to be patient, flexible and responsive with adolescents and parents.

QUESTIONS?

Additional Resources

- Naar-King, S., and Suarez, Mariann. (2013). *Motivational Interviewing with Adolescents and Young Adults* . The Guilford Press.