

Introduction

This Spark introduces your team to elements of an adolescent-centered environment and outlines key staff and provider behaviors that are essential to providing youth-friendly care. It is meant to begin the process of becoming a more welcoming environment to young people, to suggest possible avenues for improvement, and to trigger discussions about a range of issues related to providing patient-centered care for young people.

Objectives

By the end of this Spark training, participants will be able to:

1. Identify youth-friendly behaviors
2. Identify characteristics of youth-friendly organizations

Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector
- Speakers
- Video: give yourself time before the Spark to test the video and sound.
- Copies of the *Being Youth-Friendly Spark Handout* for all participants
- Writing utensils for all participants

Additional Resources

If you or your colleagues would like to learn more about this Spark topic, take a look at these additional resources.

- See this CDC handout, [A Teen-Friendly Reproductive Health Visit](#), for an illustration of how youth-friendly practices improve care for both youth who are and are not sexually active.
- A collection of youth-friendly (and printable) infographics, posters, and other materials for clinical settings can be found on the [AHI website](#).
- Physicians for Reproductive Health has a free, evidence-based series of [modules on best practices](#) for youth-serving professionals in adolescent reproductive and sexual health. Contents can be freely edited and shared, and the modules are frequently updated with new information.

Citation

If you plan to modify this resource, please cite or credit as: Being Youth Friendly. Spark Training developed by the Adolescent Health Initiative at Michigan Medicine; October 2021; Ann Arbor, MI.

Facilitator's Note:

Before you begin, keep in mind that everyone participating in the Spark comes with their own unique intersecting identities that inform their experiences, and in this case, impact how they think about adolescent health. Consider how those identities shape your experience or may be shaping the experiences of the people moving through the Spark together.

For the most up to date version of this training, be sure to check AHI's website at www.adolescenthealthinitiative.org/Spark-trainings

Please direct any questions or inquires to the Adolescent Health Initiative at adolescenthealth@umich.edu.



Key of Icons

= Slide change = Estimated duration of topic = Script for facilitator = Note for facilitator

Intro/Hook (5 minutes)

1 – TITLE SLIDE

Today we’re going to do a 15-minute mini-training, also called a Spark, to look at ways we can best meet the needs of the youth we serve. This Spark is on Being Youth-Friendly.

Introduce yourself/yourselfes.

2 – FIND SOMEONE WHO...

Pass out handouts.

To help us think back to our own experiences as youth, we’re going to do a quick activity. Turn to the people around you and find someone who agrees with or completes the task on your handout. After they complete the task, fill in their name on your handout. Talk to as many of your coworkers as you can over the next few minutes.

Give people a couple of minutes for people to fill out their sheets.

Let’s take a moment to share some answers. Please raise your hand if:

1. You would rather hold a baby than talk to a teen.
2. You can recall a recent positive interaction with a teenager
3. You can name 2 things that are hard about being a teen

The purpose of this activity was to help us think back to our own experiences as young people, and to remind ourselves that it might take special effort for us to meet their needs as we provide patient-centered care, from the front desk, to the exam room, to check out.

If you are facilitating this Spark virtually, use the following script/activity instead.

To help us think back to our own experiences as youth, we’re going to do a quick activity. Since we’re meeting virtually we’ll do this slightly differently than if we were in person. In the chat, respond to these prompts:

Read prompts one at a time and allow participants to respond in the chat.

What is something that is hard about being a teen?

What is something that is hard about working with teens?

What is something that is enjoyable about working with teens?

The purpose of this activity was to help us think back to our own experiences as young people, and to remind ourselves that it might take special effort for us to meet their needs as we provide patient-centered care, from the front desk to exam room to check out.

Key Concepts (5 minutes)

3 – TEENS SPEAK

 Let's hear from teens directly in this three-minute video about how they want to be involved in their health care. The teens in the video are from the Adolescent Health Initiative's Teen Advisory Council. As you watch, keep these questions in mind: What might happen when youth **don't** feel comfortable accessing services? What might happen when they **do** feel comfortable?

 Click link on the slide to play video, or use: <https://youtu.be/vAu5ad827I8>.

4 – TEENS SPEAK

 Discussion: Thinking about the video and the perspectives of youth, what might happen when they don't feel comfortable with their health care experience?

 Pause to allow people to answer and then click for the next question.

 And what might happen when they do feel comfortable?

 Consider sharing a brief story from your own experience working with teens.

5 – THE DEVELOPING TEEN BRAIN

 While teens are in this transitional stage of life, we know from research that teen brains are at a critical point of development. The part of the brain that controls executive functioning and thinks about long-term consequences is not fully developed until the mid-20s. When teens make decisions that seem questionable to us as adults, it's helpful to remember that this can be developmentally appropriate, even if we don't understand it.

6 – RISK-TAKING

 A great example of how teen brain development is unique to this age has to do with risk-taking. People of all ages take risks, but it's at its peak during adolescence. There are emotional risks, social risks, and physical risks that all help adolescents to build their identity.

7 – RISK-TAKING BEHAVIORS

 But, some risks can be unsafe. Adolescents often take more risks related to things like alcohol and other drugs, distracted driving, suicide, not wearing a seatbelt or not practicing safe sex. These behaviors are more likely in this age group as compared to other ages. This also means that there are opportunities for prevention, and we could change the outcome for a teen through consistent screening and counseling.

So, if their behaviors are developmentally appropriate, as challenging as they may be, what can we do as adults, to help them along the way?

Application (5 minutes)

8 – YOUTH-FRIENDLY BEHAVIORS

 One of our main goals with becoming more youth-friendly is to look at how we interact with young people and help them feel welcome here. There are a lot of ways that health centers can be welcoming to young people, and we have 8 of these behaviors listed on the slides and at the bottom of your handout. For the next few minutes, we will review a couple of scenarios, and discuss which youth-friendly behavior that scenario relates to. There is no right answer, and for some there could be multiple answers.

9 – YOUTH-FRIENDLY BEHAVIORS

 Studies have shown that providers often don't counsel their adolescent patients with chronic illness on reproductive and sexual health, even though adolescents with chronic illness participate in sexual activity at similar rates to their peers without chronic illness. Which youth-friendly behavior does this relate to? Keep in mind that this is obviously an example of what not to do.

 Answer: #2. Provides and/or supports fair treatment and equal opportunity for ALL adolescent patients.

10 – YOUTH-FRIENDLY BEHAVIORS

 “My mom talks to her, she talks to my mom, I'm just there. I'm just there to get poked.” This is a quote from Luis at age 16 and is another example of a not-so-adolescent-friendly interaction. Which one does this relate to?

 Answer: #3. Listens to and objectively considers what adolescent patients have to say.

11 – YOUTH-FRIENDLY BEHAVIORS

 The following story is from Ray at age 23. “When I explained to the staff that I didn't have insurance, she was like, ‘Oh, there's this program, and there's this resource, you can get help here, or you can go this route,’ and it was just like wow, no one ever told me that. Otherwise, I felt doomed, and she kind of gave me hope. I've gone to other really nice places, and same thing, they were just positive about it, like ‘That's no big deal, we can work with that, and there's options.’ Whenever I was given options and I didn't feel hopeless, it was a good experience.” Which youth-friendly behavior is this an example of?

 Answer: #6. Patiently helps youth navigate referrals and any other systems that may be challenging.

 12 – YOUTH-FRIENDLY BEHAVIORS

 “You have to explain that nothing bad is going to happen if I’m honest.” What do you think Ciara is referring to when they say “nothing bad is going to happen?” Which youth-friendly behavior does this relate to?

 Answer: #1. Accurately discusses and applies confidentiality/consent laws with all adolescent patients.

 13 – THANK YOU!

 What initial ideas do you have to make sure these youth-friendly behaviors are a part of your everyday work?

 Pause to allow people to answer

 14 – THANK YOU!

 To keep this conversation going over the next month, I will share Sparklers, or case scenarios, that relate to being youth-friendly. I’ll post the Sparklers around the office in places that you all can easily see them. When you see a Sparkler, take a moment to read the scenario and think through the questions listed on the page. Thank you for your participation!

 Print and post Sparklers in areas your staff can see (e.g., lunchroom).