Integrating Positive Youth Development into Your Office Practice

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Bright Futures Guidelines—3rd Edition

The Centerpiece of the Initiative

Bright Futures:
Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition
What Is Bright Futures?

Bright Futures is a set of principles, strategies, and tools that are theory based, evidence driven, and systems oriented that can be used to improve the health and well-being of all children.
Bright Futures Mission

The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.
Bright Futures Guidelines Promote Healthy Outcomes for All Children

- Attaining a healthy weight and BMI, normal blood pressure, vision, and hearing
- Pursuing healthy behaviors: nutrition, physical activity, safety, sexuality, and substance use
- Accomplishing developmental tasks: social connections, competence, autonomy, empathy, and coping skills
- Having a loving, responsible family supported by a safe community
- For children with special needs or chronic health problems: achieving self-management skills and freedom from barriers to reaching their potential
The Focus: Assets or Deficits?

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<tr>
<th>TABLE 6</th>
<th>Comparison of Asset and Deficit Models</th>
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<tbody>
<tr>
<td>Asset Model</td>
<td>Deficit Model</td>
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<tr>
<td>Positive family environment</td>
<td>Abuse or neglect</td>
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<td>Relationships with caring adults</td>
<td>Witness to domestic violence</td>
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<td>Religious and spiritual anchors</td>
<td>Family discord and divorce</td>
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<td>Involvement in school, faith-based organization, or community</td>
<td>Parents with poor health habits</td>
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<td>Accessible recreational opportunities</td>
<td>Unsafe schools</td>
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<td>Unsafe neighborhood</td>
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15 to 17 Year Visit

Priorities for the Visit
The first priority is to address the concerns of the adolescent and his parents. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 3 Middle Adolescence Visits. The goal of these discussions is to determine the health needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent throughout adolescence. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Including all the priority issues in every visit may not be feasible, but the goal should be to address issues important to this age group over the course of the 3 visits. These issues include:

- Physical growth and development (physical and oral health, body image, healthy eating, physical activity)
- Social and academic competence (connectedness with family, peers, and community; interpersonal relationships; school performance)
- Emotional well-being (coping, mood regulation and mental health, sexuality)
- Risk reduction (tobacco, alcohol, or other drugs; pregnancy; STIs)
- Violence and injury prevention (safety belt and helmet use, driving [graduated license] and substance abuse, guns, interpersonal violence [dating violence], bullying)
15 to 17 Year Visit

- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Forms a caring, supportive relationship with family, other adults, and peers
- Engages in a positive way in the life of the community
- Displays a sense of self-confidence, hopefulness, and well-being
- Demonstrates resiliency when confronted with life stressors
- Demonstrates increasingly responsible and independent decision making
Comprehensive Screening Sticker

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<tr>
<th>Date of Screening: ____________</th>
<th>Check Indicates a Preventive Screening</th>
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<tr>
<td>Nutrition/Physical Activity</td>
<td>Emotional Wellbeing/ MH:</td>
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<td>Substance Abuse</td>
<td>Coping/Resiliency</td>
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<td>Sexual Activity</td>
<td>Competence (School)</td>
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<td>Violence/ Injury Prevention</td>
<td>Connectedness</td>
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<td>(Family, Peers, Community)</td>
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<td>Oral</td>
<td>Decision Making</td>
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<td>Self Confidence/Hopefulness</td>
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<td>Puberty/Sexuality</td>
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<tr>
<th>CRAFFT? Yes No</th>
<th>2+ or -</th>
<th>Office Intervention</th>
<th>Referral</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
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</table>
The Vermont Youth Health Improvement Initiative
We do not Believe in ourselves until someone reveals that deep inside us something is valuable, worth listening to, worthy of our touch, sacred to our touch. Once we believe in ourselves we can risk curiosity, wonder, Spontaneous delight, or any experience that reveals the human spirit.
Steps Toward Adopting a Strengths Approach

• Use a strength-based framework drawn from the literature
• Identify/ask about youth strengths
• Comment on youth strengths to youth and parents or teachers when appropriate
• If a behavior change is needed, use a shared decision-making strategy
• Ask for feedback from youth to establish a youth friendly practice environment
Basic Principles

• All children and families have strengths.

• Teens and families may have some things they need to change, but they also have assets or strengths that have helped them develop.

• Strengths will help a an adolescent stick with recommended behavior changes.

• A parent’s and family’s strengths will help them make changes together with their child.
Circle Of Courage, by Lakota Artist George D Bluebird, Sr.

## Circle of Courage and Adolescent Development

<table>
<thead>
<tr>
<th>Generosity</th>
<th>Belonging</th>
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<tr>
<td>Demonstrating honesty &amp; caring; contribute to family, community; empathy</td>
<td>Develop healthy interactions and relationships within and beyond the family</td>
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<table>
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<tr>
<th>Independence</th>
<th>Mastery</th>
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<tr>
<td>Establish an identity and sense of self-efficacy; practice independent decision making</td>
<td>Find something meaningful to do in life</td>
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<td></td>
<td>Learn and maintain good health habits</td>
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Ready Brochure

If you would like more information on adolescent parenting issues, please call the Vermont Parents Assistance Line at 1-800-PARENTS.

Most parents have instinctively been building their children’s strengths since infancy but sometimes the positive messages can become buried in adolescence.

VERMONT FAMILIES Talk!

Vermont Department of Health
108 Cherry Street
Burlington, VT 05401

Are you worried about early and risky sexual behavior, drugs, drinking and school failure?

relationships
energy
awareness
decision maker
yes
READY

There seems to be a lot of negative news for parents to hear. However, there is good news for parents based on our most recent years of research. Researchers have been finding that parents can help prevent problem adolescent behaviors and promote healthy development by helping their teens build on their strengths.

The Vermont Child Health Improvement Program has developed an approach called READY, based on that research. The READY plan outlines areas of strength that will help adolescents grow successfully through their teen years. It offers parents a way to focus on those areas of strength and help their teens in a positive way.

R stands for relationships. Parents of children should build strong relationships with the other important people in their life. A teenager who feels strong bonds with family members and friends is more likely than parents may think to adopt their parents' values, especially when they feel loved and connected.

E stands for energy. It is the energy to give to the things they enjoy. Many parents of strong, resilient teenagers have spent considerable effort helping their youngsters find activities that they enjoy and that give them a way to happily participate.

A stands for awareness. It's awareness of the world around them, their place in the world and their contribution. A healthy adolescent is growing into that awareness. That awareness is leading to a sense of direction and belonging, of learning how to make his or her own contribution. One way to develop this strength is through volunteer activities. Parents can help their teens learn to be contributors, enjoying a positive relationship with their community.

D stands for decision maker. Adolescents who learn how to get things done and can control their behavior will have an important strength in avoiding adolescent risk behaviors. This is a major strength that leads to success in school and in extracurricular activities. Parents can have an important role in providing opportunities for their youth to become successful decision makers.

Y stands for “Yes.” A strong teenager will say yes to healthy behavior, be or she will not wall play hard, work hard. Parents can help by modeling that healthy behavior and affirming it when they see it in their own children.
HEADS

Home
Education
Activities
Diet/Drugs
Sexual Activity/Sexual Identity
Suicide/Depression
Safety

Belonging
Mastery
Generosity/Independence


<table>
<thead>
<tr>
<th>HEADS</th>
<th>Adolescence Risk and Strength Assessments</th>
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<tr>
<td>Home</td>
<td>Belonging</td>
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<tr>
<td>Education</td>
<td>Mastery</td>
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<tr>
<td>Activities</td>
<td>Generosity, Independence</td>
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<tr>
<td>Drugs</td>
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<tr>
<td>Sexual Activity/Sexual Identity</td>
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<tr>
<td>Suicide/Depression</td>
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<td>Safety</td>
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Older Teens: READY FOR LIFE

- **R** Relationships with friends, other students, co-workers and family
- **E** Energy to find things you enjoy
- **A** Awareness of the world around you, your place in the world and your contribution
- **D** Independent Decision Maker; Knows how to get things done and can control behavior
- **Y** Say “Yes” to healthy behavior; Eat well, play hard, work hard

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**The 5 C’s - Competencies**

- CONTRIBUTION
- CONFIDENCE
- COMPETENCE
- CONNECTION
- CHARACTER

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Dr. Paula Duncan, Youth Health Director, VCHIP

VCHIP Screening Reminder Sticker

Date______

- Nutrition
- Physical Activity
- Substance Abuse
- Sexuality Related Behavior
- Unintentional Injuries
- Emotional Health/Suicide

• Generosity
• Independence
• Mastery
• Belonging

CRAFFT? Y / N
2+ or -

Office Intervention Y/ N
Referral Y / N

✓ Check indicates a preventive screening
Youth Health Improvement Initiative

Pre and Post Intervention Screening

% of Youth

5/6 Risks Assessed

3/4 Strengths Assessed

Duncan 2005

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Example Adolescent Interview Questions

• How do you stay healthy?
• What are you good at?
• Who are the important adults in your life?
• What are your responsibilities at home?
• What do you like to do after school?
• If I were an employer, what are all the things that would make me want to hire you?

Questions adapted for California from the Adolescent Health Working Group: *Adolescent Health Care 101: The Basics* and the Vermont Child Health Improvement Program Youth Health Improvement Initiative
Example Parent/Guardian Questions

• What are your son’s strengths and talents?
• How are you helping your daughter become a good decision-maker?
• What are you doing to help your son have opportunities to contribute to your family or your community?
• What are some of the things you do together as a family?
Recognizing What’s There

• Some of the youth I see are really troubled. What if nothing seems to be going right?
  – All youth have strengths
  – Be aware of your own biases
Using the Information

• What am I supposed to do with this information?
  – Congratulate the adolescent on his/her strengths;
  – Document your discussion for follow-up and to remember in the next visit;
  – Discuss the adolescent’s strengths with the teacher or parent in front of the adolescent.
Enabling Positive Change

This student needs to make some important changes. Shouldn’t I point that out?

• All adolescents can use encouragement and improvement.

• A shared decision making approach involves allowing the adolescent to recognize and take steps towards healthier behavior (motivational interviewing).
Stretching Your Influence

• I barely have 5 minutes with each family/client. Is 5 minutes enough time to make a difference?

• You have allies:
  – Encourage office or school staff to establish a youth friendly environment that promotes strengths.
  – Show parents how to use strength-based approaches at home.
  – Refer youth to positive youth development programs.
Try a Strength-based Approach

• Assess dietary and physical activity habits
  – Seek what’s right and not just what’s wrong

• Calculate and plot BMI once a year
  – Offer feedback and engage the patient in taking responsibility for his/her health

• Counsel families
  – Tap the child and family’s assets and decision-making skills to make effective change
Example: Healthy Weight

• It looks like you’re making some healthy eating choices. We’ve talked about continuing to (walk to school, ride horses, etc…add activity here).
• Your decision to stay active is a very healthy choice!
• Would you like to take one of these “5-2-1-0” posters home to share with your family and friends?
Example: At Risk
(Prevention Plus)

- It looks like you’re making some healthy eating choices. And it’s great you’re making such great progress at school. Do you have any questions about food choices at school? Any questions about being active at home or school?

  - Start with praise, mention strengths, then ask for questions.
  - If no questions, ask: “Would it be alright if we discuss your growth and development today?”
Healthier Weight: Open the Encounter

• Ask Permission
  – Would you be willing to spend a few minutes talking about how to stay healthy?

• Share BMI
  – Your BMI is at the 94%ile – the recommended level is below the 85%. What do you make of this?

• Ask a Question
  – What have you tried already to work towards a healthier weight?
Assess Readiness

• On a scale of 1-10, how important do you think it is to make a change?
• How ready are you to make a change now?
• Explore the answer:
  – Why a 5?
  – Why a 5 and not a 3?
  – What would it take to move you from 5 to 7?
Readiness to Change Scale

HOW READY ARE YOU TO MAKE CHANGE?

To determine where an adolescent falls on the spectrum, use a tool like the one below:

<table>
<thead>
<tr>
<th>NOT READY</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>READY</th>
<th>10</th>
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1. Once a behavior is identified as one that might be changed, ask the teen where he or she sees him or herself on this scale.
2. Ask a straight question, “Why a 5?”
3. Ask a backward question, “Why a 5 and not a 3?” This elicits why he or she wants to change.
4. Ask a forward question, “Why a 5 and not a 7?” This elicits the barriers to change perceived by the teen.

Sources:
1. Steve’s Primer of Practical Persuasion and Influence, Copyright © SBB, 1996-00
   http://www.as.wvu.edu/~sbb/comm221/chapters/stages.htm
2. University of South Florida Community and Family Health
   TRANSTHEORETICAL MODEL/STAGES OF CHANGE
   http://ls.hsc.usf.edu/~kmbrown/STAGES_of_Change_Overview.htm
3. Kaiser Permanente Regional Health Education
Tailor the Intervention

• Not Ready (0-3)
  – What might need to be different for you to consider a change in the future?
  – Could I give you some information to help?

• Unsure (4-6)
  – What do you see as your next steps?

• Ready (7-10)
  – What are your ideas for making this work?
  – What might get in the way?
  – How could you reward yourself along the way?
  – On a scale of 1-10, how confident are you?
Shared Decision-Making

• What might need to be different for you to consider making a change in the future?

And/Or

• Could I give you some information about healthy activities [i.e. food choices] to help you think about this?
Negotiate the Agenda

• Ask for Patient’s Ideas
  – What do you think you could try as far as healthier eating or increasing activity?

• Make some recommendations
  – Some of my patients find this helpful (5210)

• What would you like to try first?
Simple Message for Everyone

What can YOU do to help keep kids healthy?
Follow the 5-2-1-0 countdown to good health!

5: Eat at least 5 servings of fruits & vegetables on most days
2: Limit screen time to 2 hours or less daily
1: Participate in at least 1 hour or more of physical activity every day
0: Avoid soda & sugar-sweetened drinks; limit fruit juice to half cup or less per day.
   Instead, encourage water and 3-4 servings/day of fat-free milk.
Ready for change

• If the adolescent appears ready to change:
  – Try to start with one goal, or one goal for nutrition and one for physical activity.
  – Allow the adolescent to choose a goal.
  – Make a plan for follow-up (even if adolescent isn’t ready to change).

• Consider using a tool to document your discussion that the patient signs & takes home
# FIT & HEALTHY CHANGE PLAN

## How Important is it to Make a Change?
**How Ready am I to Make a Change Now?**

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### Nutrition
- **Change:**
- **How will I make this happen?**
- **Who or what can help me?**
  - My strengths:
  - My family’s strengths:
- **What can get in the way?**

### Physical Activity
- **Change:**
- **How will I make this happen?**
- **Who or what can help me?**
  - My strengths:
  - My family’s strengths:
- **What can get in the way?**

## How Confident Am I That I Can Make This Change?

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Return visit: _________________________________________________
_______________________________________________________________________

Patient Signature ___________________________ Parent Signature _________ Clinician Signature
Explore Ambivalence

• What are the advantages of keeping things the same?
• What are the advantages of making a change?
Tips for Involving Parents/Caregivers

- First discuss the idea with the adolescent.
  - Problem-solve if necessary.
- Offer help and support talking with parents.
  - Suggest activities and menus.
- Have resources available for parents and adolescents
  - Handouts, counseling options
Close the Encounter

• Summarize
  – Lets look at what you’ve worked through
• Show appreciation
  – Thank you for being willing to discuss this!
• Express confidence
  – I know that you can do this!
• Arrange follow-up
  – I’d like you to come back in ________ so we discuss what other thoughts you’ve had and how your plan is working out
Helping Skill
Comprehensive Health Education
Foundation – Natural Helpers-1999

• Identify the problem
• Explore Options
• Think through possible consequences
• Make a plan
• Follow-up
Strength Based Approaches

• “What’s right with you is more powerful than what’s wrong with you” (Henderson)

• “Someone pointed out my strengths to me, when I really didn’t think I had any.”

• “When I interact with students around their strengths, the interaction is more positive – I’m enjoying what I do more!”
Steps Toward Adopting a Strengths Approach

• Use a strength-based framework drawn from the literature
• Identify/ask about youth strengths
• Comment on youth strengths to youth and parents or teachers when appropriate
• If a behavior change is needed, use a shared decision-making strategy
• Ask for feedback from youth to establish a youth friendly practice environment
Rochelle, age 15

• Rochelle and her mother come in for a check up.
• Mom expresses concern about Rochelle’s weight.

• Clash more than before
Rochelle, age 15

- 9th Grader, gets all A’s
- BMI increasing since 5th grade
- Diet “OK”, fruits & veggies, 2% milk, lots of cheese, soda at school
- No basketball this year – babysits younger brother after school
- More than 3 hours screen time
Rochelle, age 15

- Denies the use of tobacco, alcohol, marijuana, other drugs
- Not interested in romantic relationships at this time. Sort of had a boyfriend in 8th grade, never sexually active
- Always wears seatbelt
- Gets sad sometimes, but never considered hurting herself
- Wants to be nurse practitioner
What are Rochelle’s Strengths?

• Generosity
• Independence
• Mastery
• Belonging
What are Rochelle’s Risks?

- Nutrition
- Physical Activity
- Substance Abuse
- Sexuality Related Behavior
- Unintentional Injuries
- Emotional Health/Suicide
References


Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity – 2007
www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm
Contact Information

VCHIP Contacts
www.vchip.org

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