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.

- Assessment of Youth-Friendly Health Care: A Systematic Review of Indicators Drawn From Young People’s Perspectives
- Best Practices for Youth Friendly Clinical Services

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; August 2017; Ann Arbor, MI.
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/yourselves.

2 – TEEN YEARS ACTIVITY

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 ask them to fill in the squares on your handout by completing the sentences. 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.

1. What did people answer for the one about what was important to you when you were a teen?
2. What is hard about working with teens?
3. What is the best thing 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 the 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? 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 – which includes judgment and cause and effect – is not fully developed until the mid-20s. When teens make decisions that seem questionable, it’s helpful to remember that this can be developmentally appropriate, even if it’s frustrating for us to see.

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, and can be both good and bad. There are emotional risks, social risks, and physical risks that all help adolescents to build their identity.

7 – RISK BEHAVIORS

But, some risks can be unsafe. The CDC reports that 3 out of 4 adolescent deaths, diseases, and disabilities are a direct result of risky behaviors. This is disproportionately high compared to other age groups. This also means that there are opportunities for prevention, and we could change the outcome for a teen through good screening and counseling.

So, if their behaviors are developmentally appropriate, as challenging as they may be, what can we, as adults, do to help them along the way and we, as health care professionals, do to be truly patient-centered?

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 bottom of your Teen Years Activity sheet. 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 young people 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. Discusses with youth what information they share will be kept private.

13 – 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).