General overview/Communicating with young people

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Objectives

Overview of Adolescent development

Communication

Common Conditions

- Eating Disorders
- Functional Disorders
- Chronic Fatigue Syndrome

Adolescent Sleep

Conclusion

Adolescent Psychological/Cognitive Development

Early (10-13 years)

Concrete thinking but with development of early moral concepts

Progression of sexual identity development: development of sexual orientation

Reassessment and restructuring of body image in face of rapid growth

Mid (14-16 years)

Emergence of abstract thinking
Self seen as "bullet-proof“

Growing verbal abilities;
Adaptation to increasing educational demands

Conventional morality (identification of law with morality)
Development of fervently held ideology (religious/political)

Late (17-19 years)

Complex abstract thinking

Post-conventional morality (ability to recognise difference between law and morality)

Increased impulse control

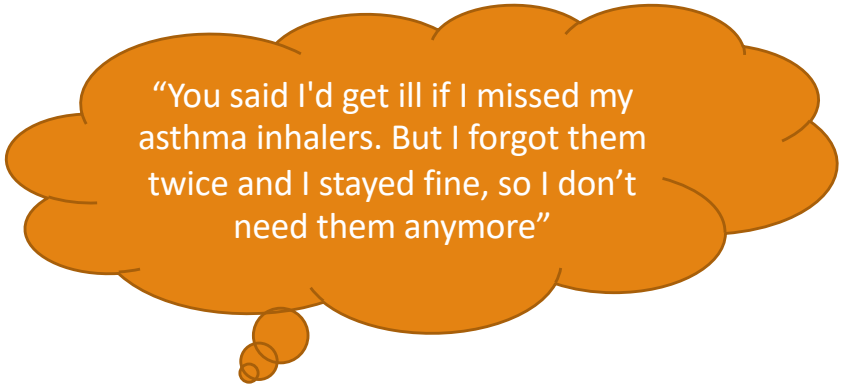
Further completion of personal (and sexual) identity

Further development or rejection of ideology and religion

Christie D, Viner R. Adolescent development. BMJ. 2005;330(7486):301-304. doi:10.1136/bmj.330.7486.301

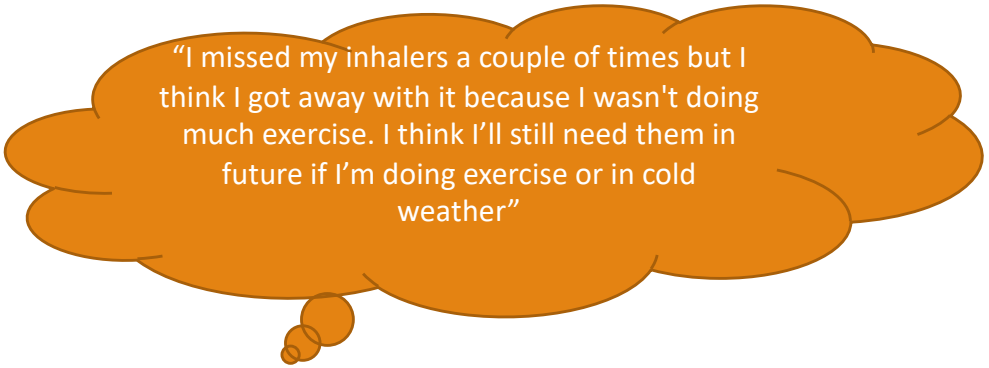
CONCRETE THINKING

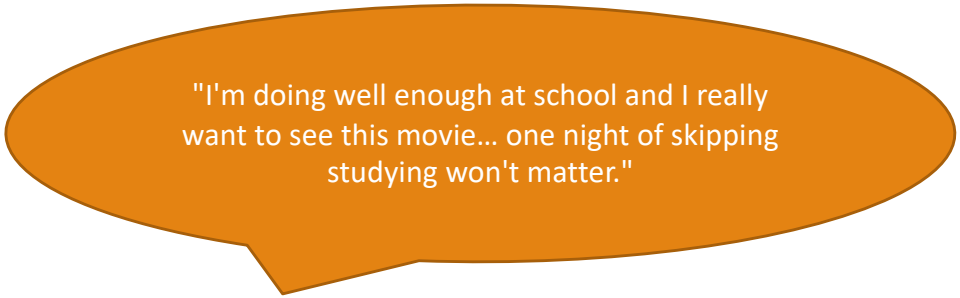
Things are either right or wrong, great or terrible, without much room in between.

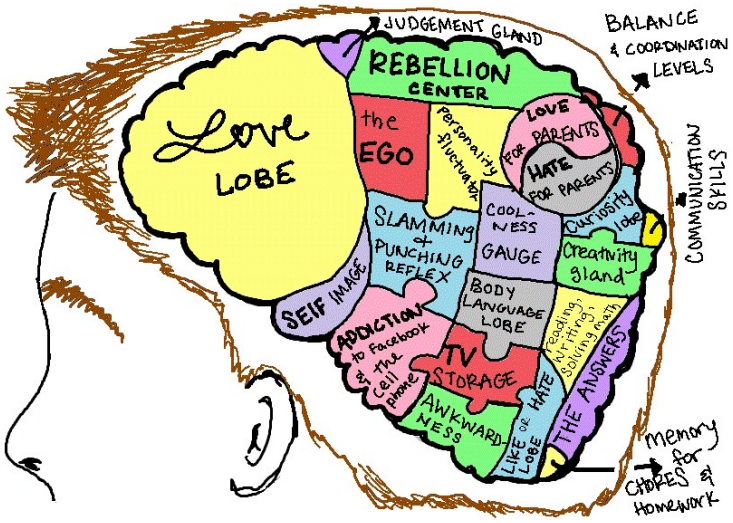


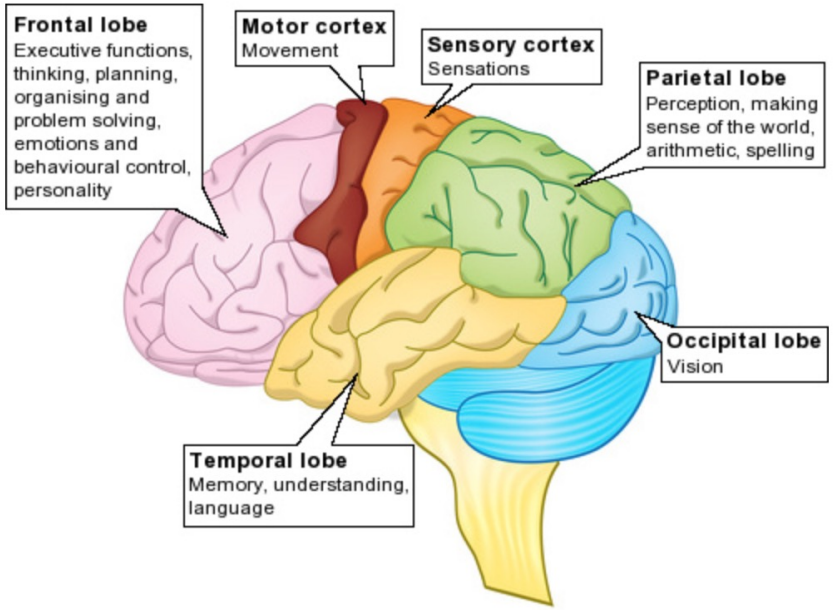
ABSTRACT THINKING

Ability to consider "the big picture," but may still lack the ability to apply it in the moment









Brain development

THE TALL TEEN IS NOT NECESSARILY A MORE MATURE THINKER!

https://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain?language=en

So what do we do? How do we get them to work with us?

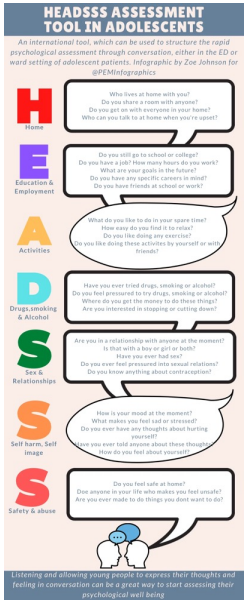


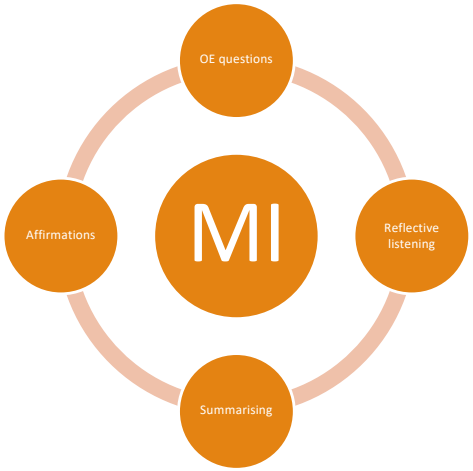
Practical Approach to Communication



Psychosocial Assessment (HEEADSSS)

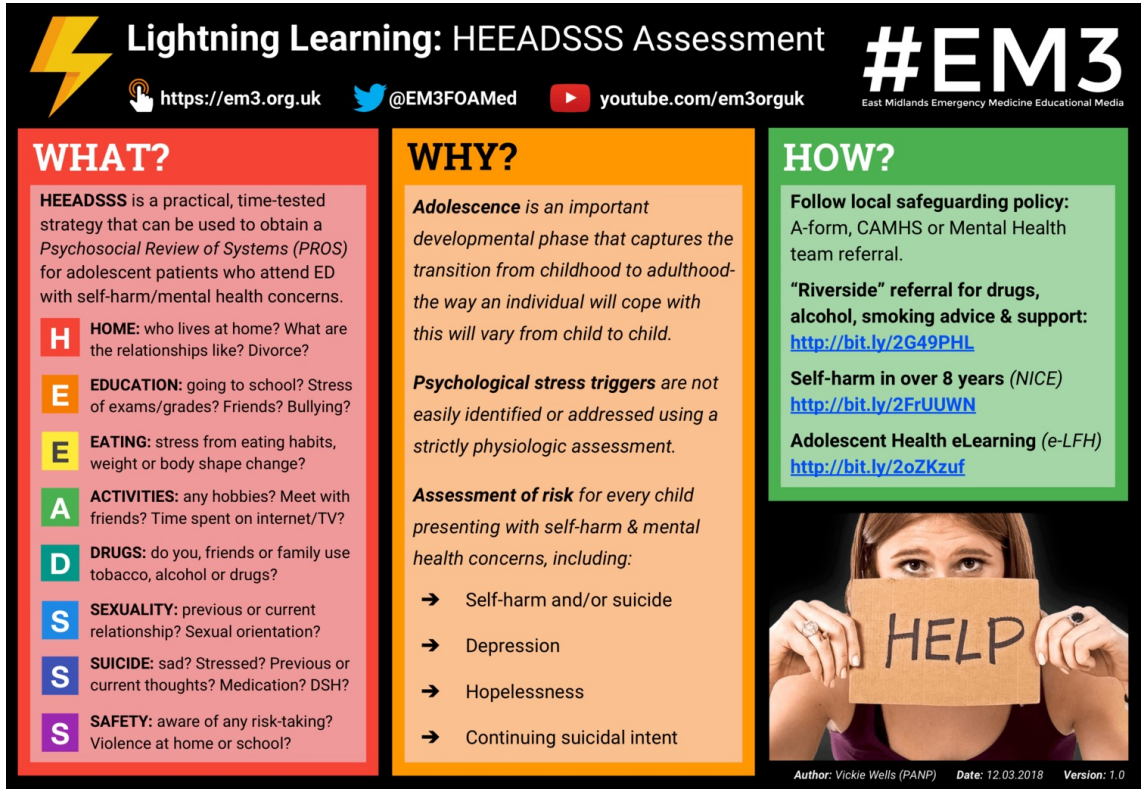
Motivational interviewing





Working with young people is the only time in clinical practice when doctors do not deal directly with adults

HEEADSSS assessment



- PDF Version available at: https://em3.org.uk/foamed/12/3/2018/lightning-learning-heeadsss-assessment
- Doukrou M, Segal TY. Fifteen-minute consultation: Communicating with young people-how to use HEEADSSS, a psychosocial interview for adolescents. Arch Dis Child Educ Pract Ed. 2018;103(1):15-19

Motivational interviewing:
To change or not to change



Put a mark on the line below to show how important changing is for you

1 2 3 4 5 6 7 8 9 10

Put a mark on the line below to show how confident you are in being able to change

1 2 3 4 5 6 7 8 9 10

Put a mark on the line below to show how much of a priority changing is for you

1 2 3 4 5 6 7 8 9 10

Not at all

Very

Eating Disorders

Myths

- Rare!
- Only affects girls
- A lifestyle choice
- Can only be diagnosed at low weights
- Not a serious illness

A single consultation about eating behaviour or weight and shape concerns is a strong predictor of the subsequent emergence of anorexia nervosa

—Lask et al 2005

Eating disorders

DSM V classifications

- Anorexia Nervosa
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Bulimia Nervosa
- Binge Eating Disorder
- Rumination Disorder
- Pica
- Other Specified Feeding or Eating Disorder (OSFED)
- Unspecified Feeding or Eating Disorder (UFED)

Eating Disorders



ANOREXIA NERVOSA (AN)

Persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health).

Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain (even though significantly low weight).

Persistent lack of recognition of the seriousness of the current low body weight.

Commonest cause of weight loss in teenage girls

AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

An Eating or Feeding disturbance as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

Significant loss of weight (or failure to achieve expected weight gain or faltering growth in children/ Significant nutritional deficiency

Dependence on enteral feeding or oral nutritional supplements

Marked interference with psychosocial functioning

The behaviour is not better explained by lack of available food or by an associated culturally sanctioned practice.

There is no evidence of a disturbance in the way one's body weight or shape is experienced.

The eating disturbance is not attributed to a medical condition, or better explained by another mental health disorder.

When it does occur in the presence of another condition/disorder, the behaviour exceeds what is usually associated, and warrants additional clinical attention.

Functional (neurological)Disorders



An umbrella term for a variety of genuine neurological symptoms which are caused by abnormal nervous system functioning but not structural disease. Often physically disabling and can co-exist with other conditions

- Problem with functioning rather than the structure of the nervous system
- No damage to the nervous system

FND is not the same for everyone:

- Motor symptoms
  - Weakness, walking and balance problems, involuntary movements
- Sensory symptoms
  - Pain, tingling , numbness
- Speech disorders
- Problems with memory and concentrations
- Bladder and bowel symptoms
- Fatigue

Chronic pain

- Acute pain arises from tissue damage
- Chronic pain usually arises from changes in pain processing, so that pain is perceived even though no tissue damage is present

- Headaches
- Abdominal pain

Hoover’s sign



Test hip extension – it’s weak



Test contralateral hip flexion against resistance – hip extension has become strong

Chronic Fatigue Syndrome

Additional Symptoms:

- Dizziness +/- fainting
- Nausea
- Abdominal pain
- Constipation/Diarrhoea
- Sensitivity to touch/light or noise
- Reduced cognitive ability

Severe and disabling new-onset fatigue that lasts for at least 6 months

Causing substantial reduction in previous levels of activity(education/social/personal/sport)

Accompanied by 4 or more of the following symptoms:

- Impaired memory or concentration,
- Recurrent sore throats
- Tender cervical or axillary lymph nodes
- Muscle pain/multiple joint pain or aches
- New headaches
- Unrefreshing sleep
- Post-exertional malaise/fatigue typically delayed by >24 hours with slow recovery

No other medical or psychiatric illness causing symptoms

Nijhof SL, Maijer K, Bleijenberg G, Uiterwaal CS, Kimpen JL, van de Putte EM. Adolescent chronic fatigue syndrome: prevalence, incidence, and morbidity. Pediatrics. 2011;127(5):e1169-e1175

Approach

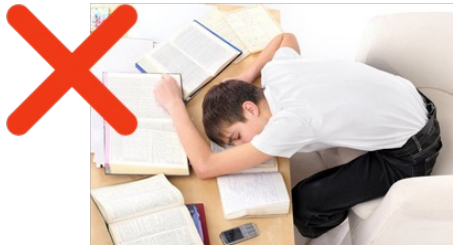
Empathy

Emphasize positive signs (Recognition of typical patterns)

Emphasize normal structure of organ systems

Refer for ongoing multi-disciplinary care

Sleep hygiene





Sleep Tips for teenagers

Schedule: Wake up and go to bed at about the same time on school nights and non school nights

Weekends: Don’t sleep in on weekends to “catch up” on sleep

Naps: Avoid day time naps!

Exercise: exercise regularly. Avoid close to bedtime

Limit screen time before bed: Turn off televisions, computers and mobile phones

Snack: Light snack before bed, not a full meal in the hour before bed

Caffeine: Avoid from late afternoon

Only use your bed for sleep

Drugs, alcohol and smoking interfere with sleep

Resources/Apps

Improve sleep quality. Reduce stress/anxiety. Guided meditations

What's up mental health app

Features a personal diary, breathing control techniques, forums to talk with people who may be experiencing similar feelings, quotes, coping strategies and many more

MindShift

An app which aims to help you relax, manage any worries and keep track of feelings

SAM – Self help for anxiety management

HEADSPACE

Meditation and mindfulness tools

Cove – Music app

Clinically approved to help you self-manage your mental health using music therapy principles in an easy and enjoyable way
Express emotions through music

Conclusion

Actively promote mental health - Early intervention leads to better outcomes

Encourage young people to ask for help!

See young people by themselves as well as with parents

Assure confidentiality in all clinical settings

General practice studies show that teenagers receive shorter average consultation times from their family doctors than do children or adults.

Be empathic, respectful, and non-judgmental

Listening is crucial for a deeper understanding and suitable approach and intervention

If appropriate, take a full adolescent psychosocial history

Be yourself!

Thank you