

Society for Adolescent Health and Medicine (SAM)

Trip Report

Kim Scott (MBBS, MPH)

This years annual theme was Adolescent Health - "The Integration of Art and Science" April 7-10, 2010

WEDNESDAY

"Leadership is a Verb: Becoming a change agent in Adolescent Health".

Led by Lydia Shrier (MD, MPH)

Understand Characteristics of Leaders and Leadership

Reflect on your leadership strengths and weaknesses

Clarify and prioritize your fundamental values

Set the example for others by aligning your actions with your shared values

Express your vision for the future and how you will inspire others to share in it.

Leaders inspire and bring people together to achieve sustainable results, to improve the lives of a population.

As a leaders one should be able to:

Inspire Others

Forward Looking

Competent

Honest

Ambitious

Broad Minded

Caring

Cooperative

Good leaders are usually self aware, have character, listen, put people first, are skilled communicators, empower others, are compassionate collaborators, use foresight, exercise moral authority and are system thinkers. Servant Leadership is about listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, growth and building community. An ethical use of power, collaboration and trust are critical.

Other qualities explored were one striving to be one who is trusted, takes the initiative, uses good judgment, speaks with authority, strengthens others, is optimistic and enthusiastic, never compromises absolutes, leads by example, is free of bias and favoritism, is committed to lifelong learning and doesn't forget to ask

"Tell me what you need to make your job better?" Figures out what makes people move and how to network to get support from colleagues

Individual and Collective Values were reflected on using a pack of cards with a multiple set of values. Each person was then asked to discuss an example of a project or process of change that they (successfully) led and one they would like to lead in the future. A personal action plan was then prepared for the short term 0-2 years and the long term 3-5 yrs including 1) Leadership goals and planned project, 2) Competencies, Personal Strengths and Values Required to meet those goals 3) Barriers and Personal Challenges 4) Steps, Strategies and Resources to Succeed in Meeting those goals (e.g. training, space, money, mentor) 5) Indicators of Success- Milestones e.g. group leader, promotion etc)

"It is so exciting to see what people can do when they are given the opportunity. So often they exceed others expectations, even their own!"

Advocacy for Public Health: Preparing and Giving Testimony Led by Robert Blum (MD, MPH, PhD) and Renee Jenkins (MD)

When giving testimony remember to:

- Initiate emotion
- Explain facts
- Explain successes
- Persuade
- Provide concrete examples

Be clear

Combine data with stories: integrate human experiences or clinical experiences with empirical data

Make the data understandable:

Use humour

Be humble

Be accurate but not precise
Speak with conviction

Create a 2 min "elevator speech" to sell your project

THURSDAY

Attention Deficit Hyperactive Disorder Workshop

Common symptoms:

- Distractibility
- Impulsivity
- Frustration Tolerance
- Regulation of Attention
- Behavioural Inhibition
- Aggression
- Argumentative
- Working memory impaired

PTSD also has startle reflex, repressed memories-"flash backs"
See Caddra.ca for info on ADHD.

Highly under diagnosed and undertreated. Causes traffic accidents, homicide, suicide, increased risk of STIs, substance use.
Need a psychosocial history and psychometric testing

First line drugs are Stimulants- have a high response rate - come in multiple dosage strengths. Other drugs e.g. Adderall, Guanfacine, Atomoxetine.
Potential Side effects: Somnolence, Fatigue, Abdominal Pain (constipation-rare), Headache

Look at Behavioural therapy and medication vs. medication alone (some do just as well with medication alone). Need ADHD coaches!

Dr. Abigail Harrison is to run a clinic once/quarter with project children? -
To discuss (abby@cwjamaica.com)

Violence Prevention Workshop

Elizabeth Miller MD, MPH University of California Davis, School of Medicine

- key epidemiologic findings on the effects of lifetime exposure to violence and described identified risk and protective factors for adolescent violence.
- Explored prevention and intervention implications from research data on lifetime exposure to violence.

Workshop dealt mostly with looking at Violence Injury Protection and Risk Screen (Eric Sigel 2009)

- 1) Do your parents expect you to do well at school? - most of the time, sometimes, rarely/never
- 2) Are your grades mostly A's, B's, C's D's F's
- 3) Have you been suspended from school in the last year (Biggest predictor of violence)
- 4) How many fights have you been in during the last year 0, 1, 2 , 3 more than 3
- 5) Have you ever smoked marijuana or used other drugs?
- 6) Have you or your friends ever been in trouble with the law?
- 7) Are you or your friends involved with a gang?
- 8) Do you feel you are hyperactive or have you ever been diagnosed with ADHD
- 9) Have you been injured in a fight
- 10) When was the last time you hurt someone in a fight
 - past month, 1- 6 months, 6-12 months ago, > 1 year, never
- 11) When was last time you watched a fight (same as 10)
- 12) How many times has someone beat you up in the last 6 months 0-6 >6
- 13) How many times has someone asked you to fight 0-6, >6

Sensitivity, Specificity and Predictive Value for this Screening tool has been assessed already

Connected Kids brings an asset based approach to anticipatory guidance focusing on helping parents and families raise resilient kids - see www.aap.org/connectedkids

What do you like best about yourself?

Can you get a gun if you want to?

How do you get along with your friends?

Do you have someone to talk to when you are sad or mad?

Ask about FISTS (Fighting, Injuries, Sex, Threats, Self Defense)

5 Protective Factors and 13 Risk Factors are strongly associated with future violence related injury.

Can do Victimization Screens and Aggression Screens

UC San Francisco Outpatient Clinic; Charles Irwine, Jyothi Marbin MD implementing this in "wrap around services"

FRIDAY

Improving Resiliency and Changing Trajectories for Sexually Exploited youth. Elizabeth Saewyc, PhD- saewyc@interchange.ubc (Minnesota)

Sexually abused teenagers involved in 75 min "empowerment group sessions", Sports, homework help . Referred children do Social hx, Past Medical Hx, Past Educational hx. Screened for anxiety, depression, PTSD, Sexual and Physical Abuse, ADHD. Physical exam (Review of systems), Education about contraception, Immediate access to condoms and other contraceptives, health education provided, Anticipatory guidance on pregnancy and STIs, nurse practitioner students get them a library card, tries to get them into camps, advocates for involvement in youth dev programmes. Meet initially with parent and young teen. Ask

1) What are 5 things that would make your relationship better at home?

2) What do you really like about your child? Overall tried to build on the 7 Cs of Resilience

After 6 months in programme compared to their own baseline found:

- 1) Improved family connection
- 2) Improved ability to talk to parents
- 3) Increased perception that other adults care
- 4) Improved school connectedness and grades
- 5) Higher self esteem
- 6) Lower emotional distress
- 7) Reduced suicidal ideation

SATURDAY

Developing a Community Participatory Action Research that works. - Susan Taylor Brown. LEAH

Research Principal- Identifies research, develops and maintains knowledge base

Research Partner- Jointly develops design, gathers, analyzes and presents data

Interviewer/Moderator: Conducting interviews, leads focus groups, jointly involved in survey development

Advisor- brings experience, evaluates literature, advises, manages project as member of team

Object of Respondent-cooperates in research, shares information (e.g. interview or survey)

Apart from the excellent workshops a host of research data was presented: Dr Guyatt spoke on "A Case for Evidence-Based Adolescent Medicine" With EBM comes understanding and power. One must be able to differentiate quality evidence from speculation and not be misguided by "over enthusiastic experts". Is important to help patients understand tradeoffs and therefore clinicians must be aware of the best estimates of those desirable and undesirable consequences, and the uncertainty associated with these estimates so as to help their patients choose between competing alternatives. One common rule of thumb is, do not go to people with conflicts of interest for care.

Research papers presented included: Parents Understanding of the Discovery, Reporting and Aftermath of Middle School Bullying: An Interpretive Account, Religiosity as a Protective Factor against HIV risk among Young Transgender Women. Adolescent Sex Partner Compromise and Association with STI Risk Behaviour, Vitamin D Deficiency, Who, Where and How do young people Die? Is family acceptance enough for GLTB youth? Abstinence Education: Enough Already? African American Late Adolescent Cultural Models of Infidelity, Is Cultural Connectedness a Protective Factor? Early Adolescent Social Representations of Wellness: A Participatory Action Research Study, Do families know what adolescents

want? An end of life survey of adolescents with HIV/AIDs and their families, Cultural norms and Sexual Risk Behaviour among Tribal Adolescents in Vadodara, India. The rules of Engagement; Exploring Use of Condoms by a Sexual Partner Type Taxonomy of Black Adolescent Mothers in the US. THESE papers along with the MANY others presented may be found in the Journal of Adolescent Health March 2010 edition.

As always this 4 day workshop was well worth attending.