



**Adolescent Reproductive and Sexual  
Health Education Project (ARSHEP)**

# **Adolescent Friendly Health Services**

**Taking a full medical history with  
adolescents**

**Advocates  
for Youth**  
Young. Powerful. Taking Over.



www.advocatesforyouth.org



**Advocates  
for Youth**

Young. Powerful. Taking Over.

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**Our Bodies. Our Lives.  
Our Movement.**



Sign up for updates and support sexual equality for youth:

**Advocates**

**for Youth**

Young. Powerful. Taking Over.



This presentation was originally created by Physicians for Reproductive Health as part of the ARSHEP curriculum



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**Advocates for Youth believes in the use of inclusive language when talking about people and their bodies**

**Inclusive language includes:**

- **People with penises/uteruses/vaginas**
- **Pregnant person**
- **When **they** tell you**
- **Patient/client**

**We will only be using the words male/female and men/women when referring to the language used directly from a study**



**Presenter  
Photo**

**Presenter Name**

**pronouns**

**Presenter bio, social location,  
or any other info presenter  
wants to share about  
themselves!**

# Objectives

**1**

Describe elements of adolescent-friendly health services

**2**

Identify key barriers to health care access faced by adolescents

**3**

Utilize the HEEADSSS model of patient interviewing

## RIGHTS.

Young people have the **right** to accurate, unbiased information about their health and access to the full range of sexual and reproductive healthcare without discrimination or coercion.

## RESPECT.

Young people deserve **respect** for their bodily autonomy, their ability to make informed decisions about their own lives and well-being.

## RESPONSIBILITY.

Medical providers and healthcare systems have the **responsibility** to provide confidential, accessible, respectful care to youth that is equitable and free from bias.

# For the most part, adolescents...

## ARE...

- Healthy
- Resilient
- Learning to be independent

## ARE NOT...

- Big children
- Little adults

**EACH ADOLESCENT IS AN  
INDIVIDUAL**

# Why focus on adolescent health?

Reduce death and disease,  
now and for the rest of their  
lives

Fulfill the rights of adolescents  
to health care, especially  
reproductive health care

Support in developing into  
healthy adults

# Why are adolescent-friendly services important?

## Services that are not youth-friendly can lead young people to:

- Withhold important details about their health or behavior
- Leave the clinic or nurse's office without getting the care they need
- Choose not to follow through with treatments
- Refuse or forget follow-up care

# Adolescent-Friendly Health Services are...

- ✓ Adolescent-specific
- ✓ Racially equitable and welcoming to LGBTQ+ youth
- ✓ **Accessible time and location**
- ✓ **Free or low-cost**
- ✓ Confidential and respectful of young people's autonomy
- ✓ Multi- and interdisciplinary
- ✓ Provides comprehensive care, including sexual and reproductive health care
- ✓ Supports teen-parent communication
- ✓ Supports youth transitioning into the adult medical care system

# CASE DISCUSSION



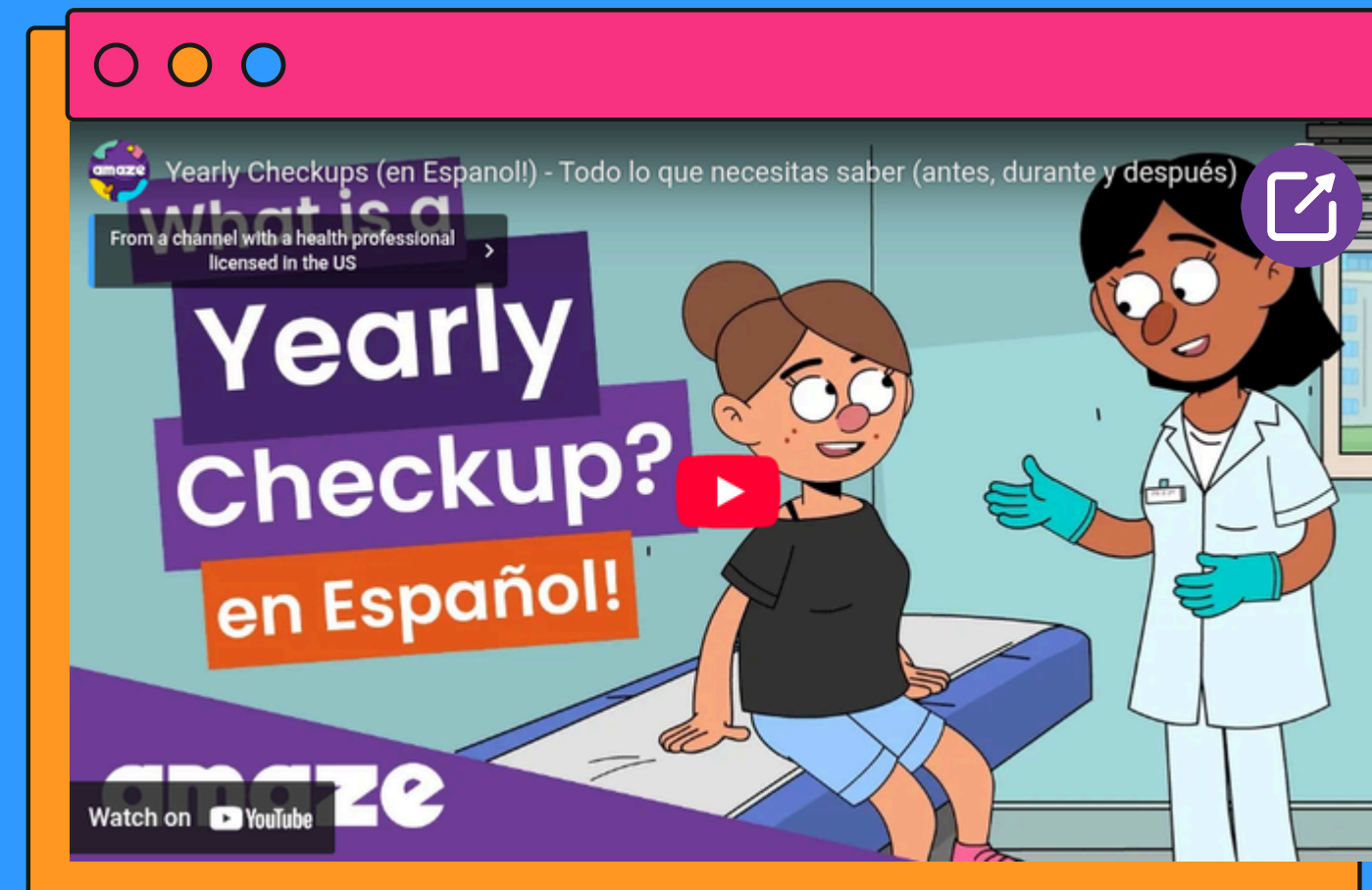
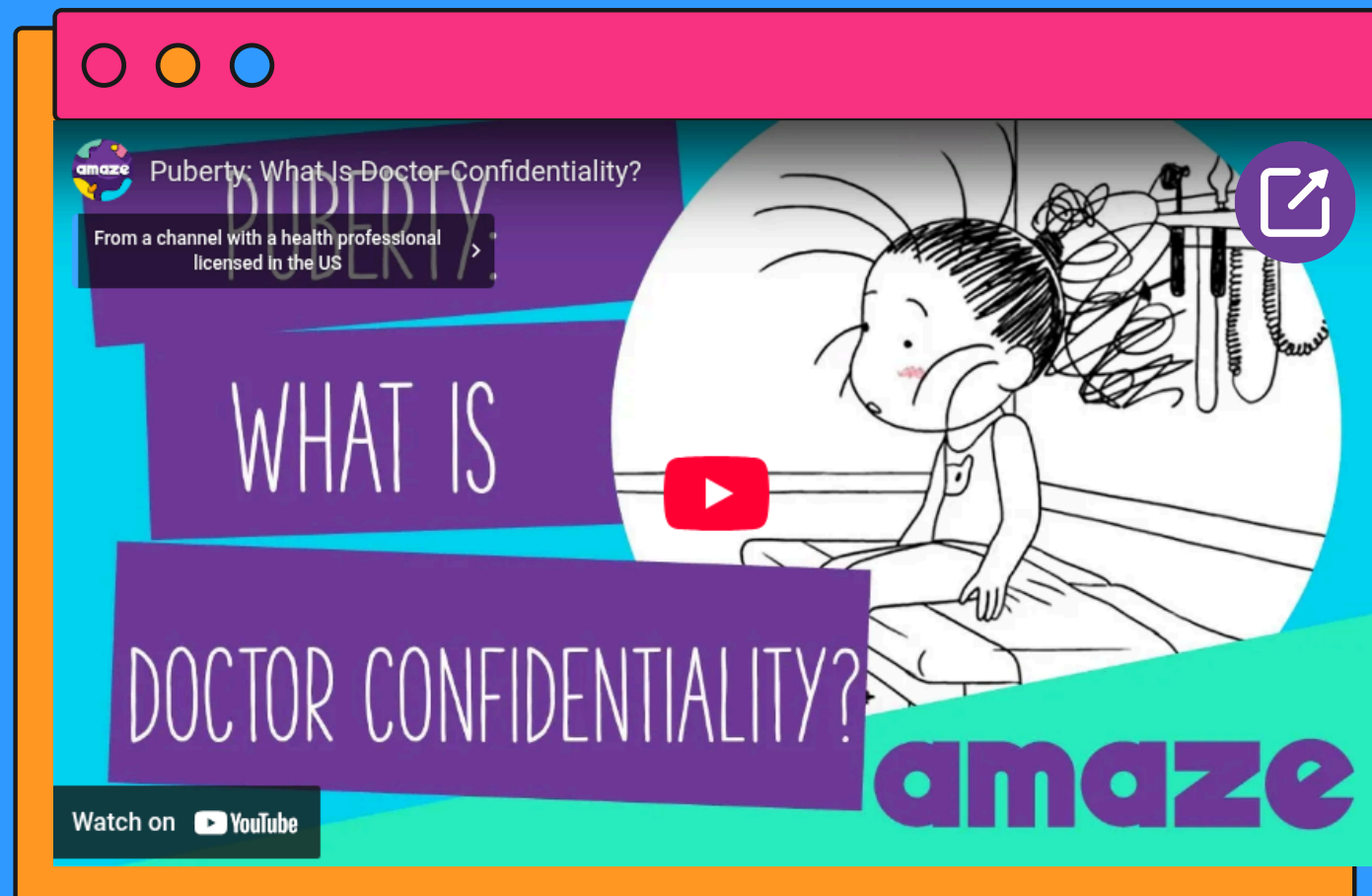
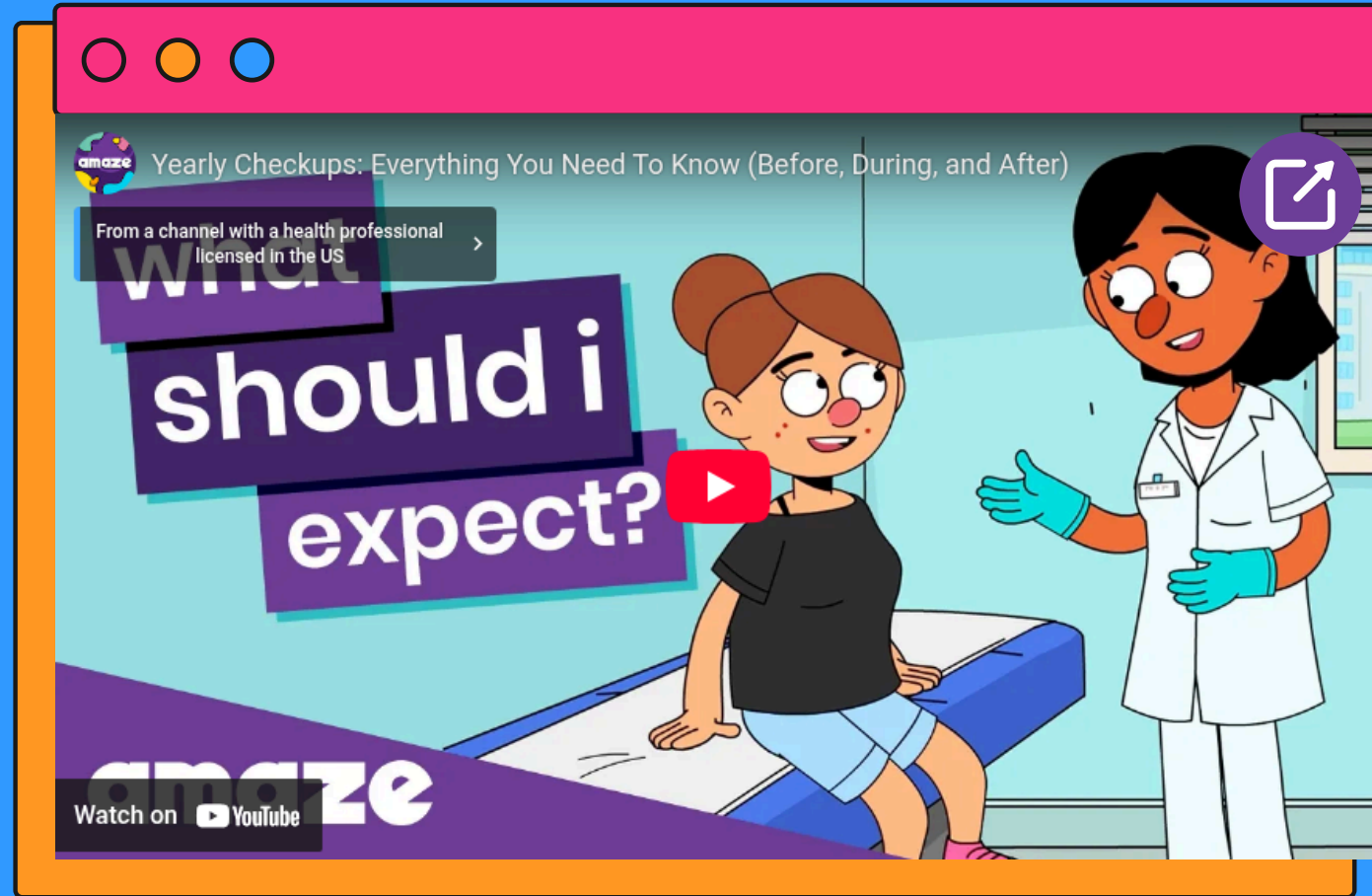
**MICHELLE**



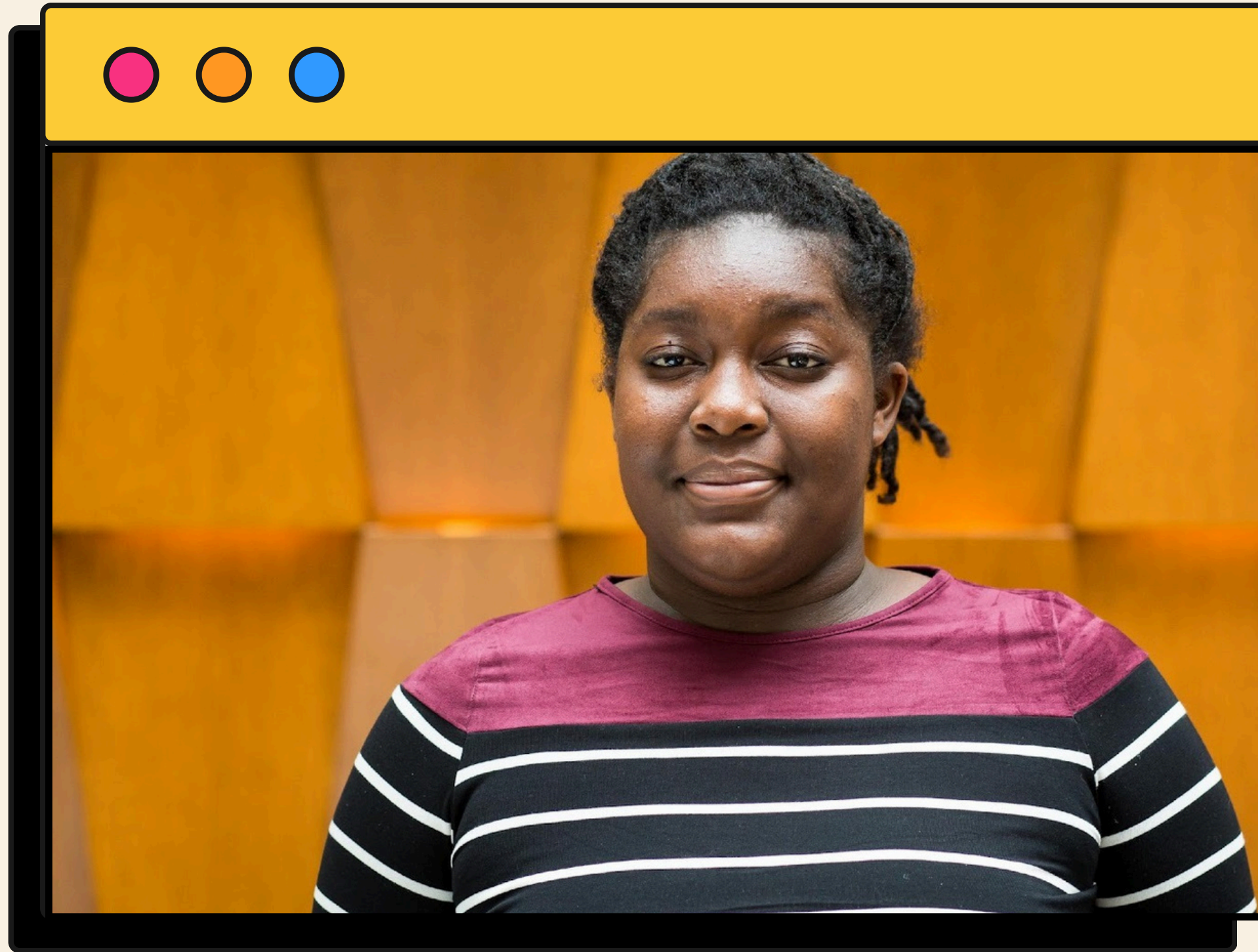
- Healthy 15-year-old
- She has some questions about her health but is embarrassed to talk about it in front of her parents

**What are Michelle's options?**

# AMAZE: Accessing Sexual Health Care



# CASE DISCUSSION



**What are some barriers that might prevent a young person from getting the care that they need?**

**Changes during adolescence are shaped by:**

**Family**

**Socioeconomic  
Status**

**Peers**

**Religion**

**Race/Ethnicity**

What other internal and external factors affect a young person's experience of adolescence?

# ADOLESCENT DEVELOPMENT

**Adolescence is a critical period of development and change.**

## BIOLOGICAL/ PHYSICAL

- Puberty and physical growth

## COGNITIVE

- Brain development, ability to perform more complex cognitive tasks, regulation of impulse control

## EMOTIONAL

- Developing capacity to understand feelings, learning healthy coping mechanisms
- Many mental health problems present initially during adolescent years

## SOCIAL

- Forming healthy relationships
- Understanding gender identity, sexual orientation and developing sexual identity

# ADOLESCENT DEVELOPMENT

**Early Stages:**  
**11-14 years**  
**old**

## PHYSICAL

- Growth spurt
- Begin sexual maturation
- Increased interest in sexual anatomy

## COGNITIVE

- Think concretely
- Begin to develop advanced reasoning skills, understand hypotheticals

## EMOTIONAL

- Beginning to establish autonomy from parents/family

## SOCIAL

- Form same-gender peer groups
- Compare self to others and often try to fit in with peers

# ADOLESCENT DEVELOPMENT

**Middle  
Stages:**  
**15-17 years  
old**

## PHYSICAL

- Completion of puberty
- Skeletal maturity for females (males continue to grow in height into early 20s)

## COGNITIVE

- Develop abstract thought
- Learn to think reflectively

## EMOTIONAL

- Developing a stronger sense of identity
- Risk-taking behaviors
- Often greatest parent/family conflict

## SOCIAL

- Peer groups often mixed-gender
- Increased awareness of and interest in sexuality

# ADOLESCENT DEVELOPMENT

**Late Stages:**  
**15-17 years**  
**old**

## PHYSICAL

- Adult body appearance
- Males reach adult height

## COGNITIVE

- Plan for the future
- Develop meta-cognition (thinking about feelings and how others perceive them)

## EMOTIONAL

- Identity is distinct from peers, parents and family
- Ideas and opinions become more settled
- Mature personal value system

## SOCIAL

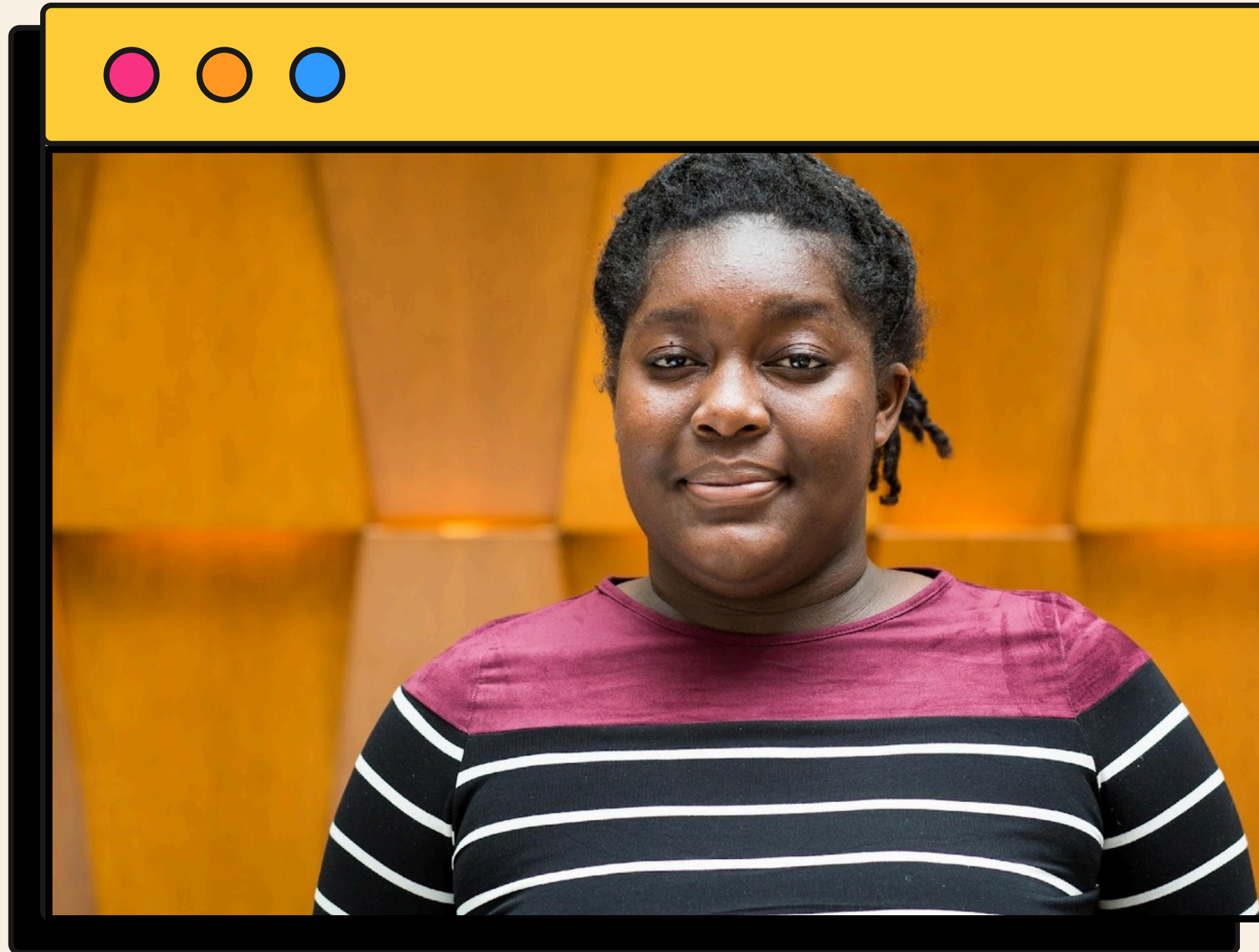
- Focus on intimacy and formation of stable relationships

**CONFIDENTIALITY**

**&**

**CONSENT**

# CASE DISCUSSION



- Michelle goes with her dad to her annual check-up at her doctor's office
- In the waiting room, she notices a sign about confidentiality
- She also sees brochures and posters with information on some of the topics she is interested in

**It's important that Michelle knows she can receive confidential care here!**

# CONFIDENTIALITY IN ADOLESCENT HEALTH CARE

**CLINICALLY  
ESSENTIAL**

**DEVELOPMENTALLY  
EXPECTED**

**SUPPORTED BY  
EXPERT CONSENSUS**

# SAMPLE POLICY



**Our policy on confidentiality:**

**Our discussions with  
you are private.**

We hope that you feel free to talk  
openly with us about yourself and your  
health. Information is not shared with  
other people unless we are concerned  
that someone is in danger.



# DISCUSS CONFIDENTIALITY IN ADVANCE

## Inform parents about the confidentiality policy up front before a visit

- Send a letter home:
  - Detailing when parent will or will not be included in the clinical visit
  - Discussing billing issues (e.g., routine STI testing, etc.)
- Display materials discussing importance of doctor/patient confidentiality



# ADOLESCENT CONFIDENTIALITY: WORKING WITH PARENTS



It can be helpful to send your youth patients AMAZE videos before the appointment! It can make youth feel more prepared for what the visit will look like!

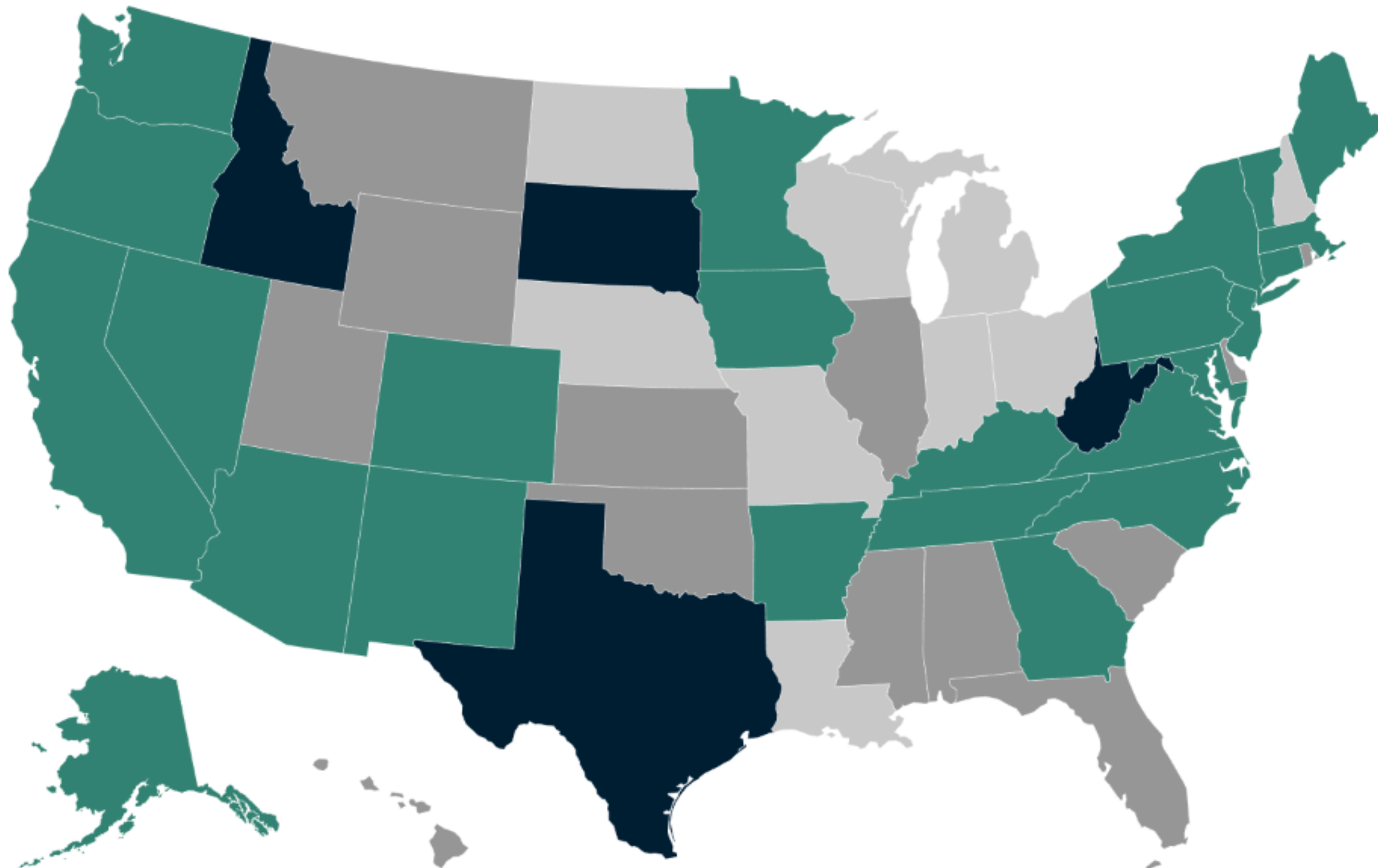
# MINOR CONSENT IN HEALTH SERVICES

- Providers must work within the bounds of state laws regarding the rights of adolescents to consent for sexual and reproductive health services, including contraception and testing and treatment for STIs
- In addition, care may be limited by school district policy – for example, regarding the prescription of contraception or provision of condoms

Map accurate as of August 11, 2025

## Contraceptive Consent Laws for Minors Vary Considerably Across the Country

- Parental consent required (4 states)
- Certain minors have right to consent, no laws allowing or prohibiting other minors (13 states)
- No laws allowing or prohibiting minors to consent (9 states)
- Minors have right to consent to contraceptive care (24 states and D.C.)

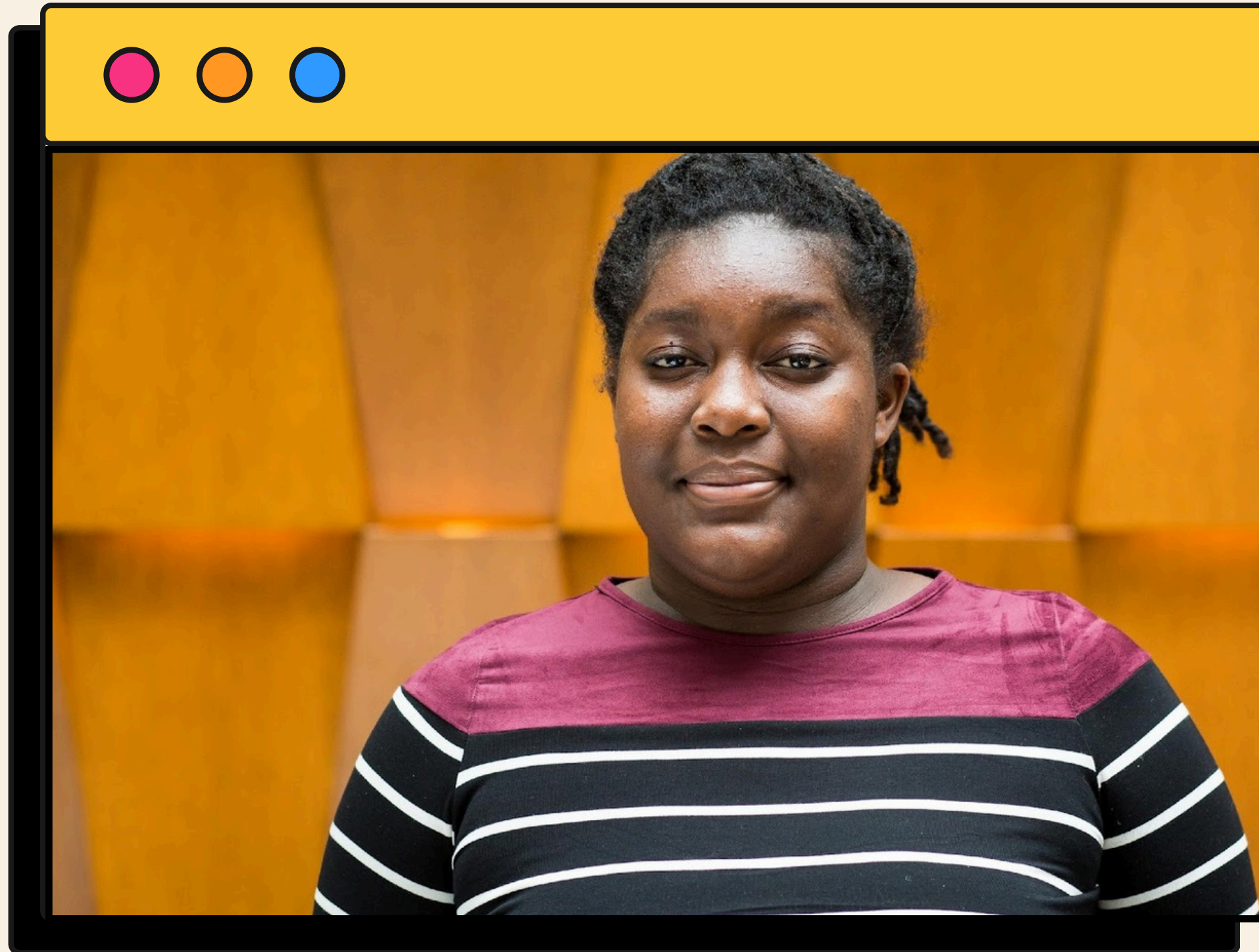


Note: Some states allow certain minors, such as individuals who have been pregnant, reached a certain age, or have a referral to consent to contraceptive care. In Texas, parental consent required even at Title X sites

Source: KFF analysis of state statutes as of August 11, 2025 • [Get the data](#) • [Download PNG](#)

# THE CLINICAL INTERVIEW

# CASE DISCUSSION



- After talking with Michelle and her dad together about their questions and concerns, the doctor asks her dad to step out of the room and wait in a separate area
- Her doctor tells Michelle that this discussion will remain private unless they become concerned that she or someone else is in danger

# **TAKING A HISTORY: THE HEEADSSSS MODEL**

**H:** Home

**E:** Education/Employment

**E:** Eating

**A:** Activities

**D:** Drugs & Alcohol

**S:** Sexuality and Gender Identity

**S:** Suicide/Depression

**S:** Safety

**\*:** Additional questions:  
Strengths, spirituality

# STRENGTHS BASED APPROACH

Sometimes questions about strengths can precede the rest of the HEEADSSS assessment.

- Identify strengths early and reinforce them
- Look for examples of past difficulties that your patient has successfully overcome
- Use reflective listening and pause
- Create a comfortable, trusting, nonjudgmental setting



## “Where do you live and who lives there with you?”

- What are relationships like at home?
- Can you talk to anyone at home about stress? Who?
- What are the rules like at home?
- Is there a gun in your home?
- Ever been homeless or in shelter care?
- Ever been in foster care or group home?



## **EDUCATION/ EMPLOYMENT**

### **“How are things going at school?”**

- Do you feel connected to your school? Do you feel as if you belong?
- How many days have you missed in the past year and what was the reason?
- What are your grades right now? Is that different from how you’ve done in previous years?
- Have there been any recent school changes?
- What are your educational and life goals?



## **EDUCATION/ EMPLOYMENT**

### **“Are you working? Where?”**

- What type of work do you do?
- How many hours a week?
- Do you help to pay for things at home?
- What are your future career interests?

 **EATING**

## “How would you describe your diet?”

- How many fruits and vegetables do you eat in a typical day?
- Have there been any recent changes in your weight?
- Have you dieted in the past year? How? Have you done other things to control your weight?
- Does your weight or body shape cause you stress or worry?

**QUICK NOTE...**

## QUICK NOTE...

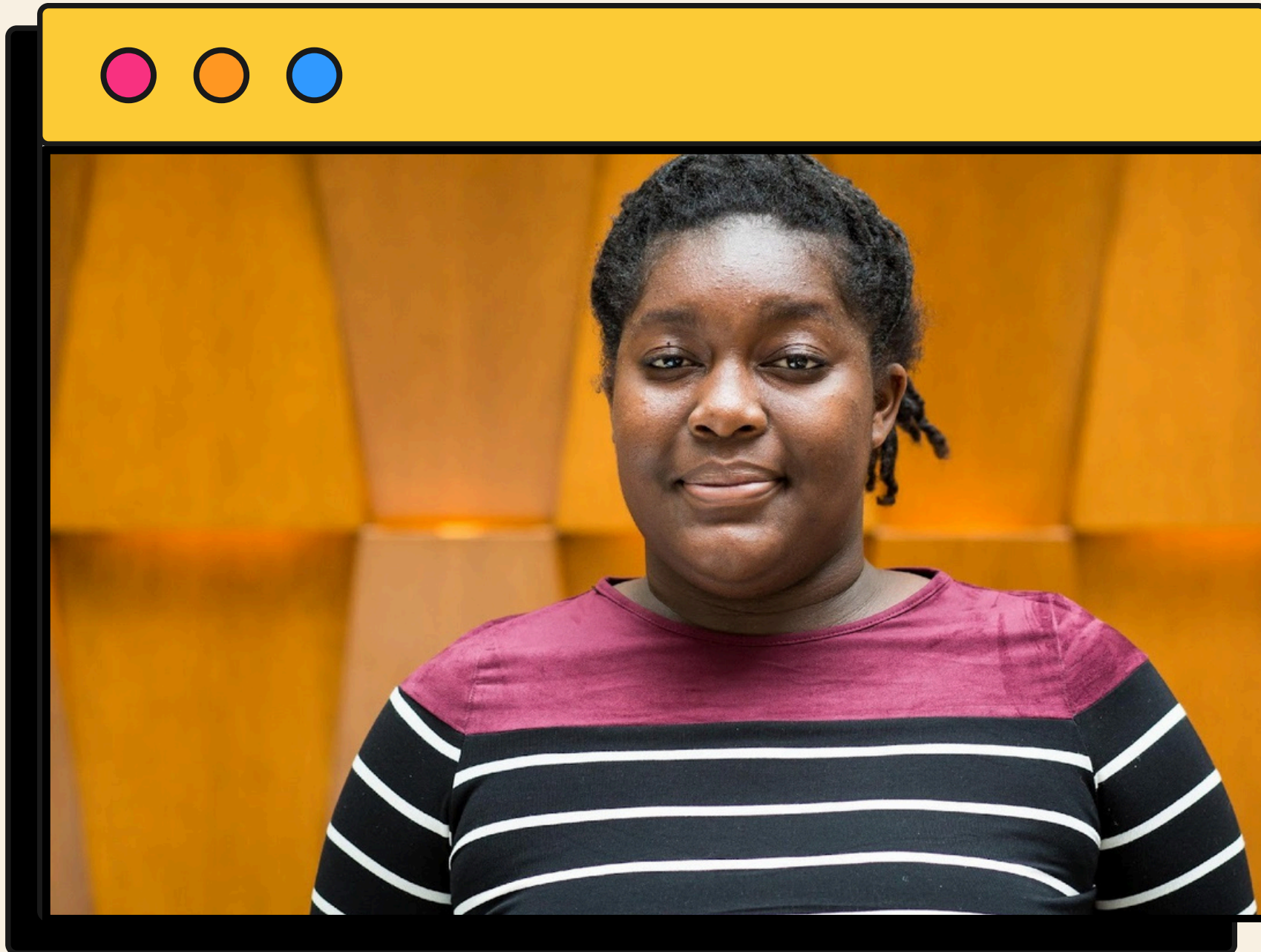
# ABOUT WEIGHT STIGMA

- Weight stigmatization or “fat-shaming” is pervasive, including in healthcare settings, and it is harmful to patients
  - Physicians with weight bias spend less time examining and educating patients with higher BMI
  - Patients with higher BMI are less likely to seek preventive care
- Overall incidence of eating disorders is stable, but they are increasingly being diagnosed in children less than 12 years old, males, and minority youth



# CASE DISCUSSION

Michelle's doctor takes a thorough social history and finds:



- **S:** Michelle feels her **strengths** are having a good relationship with her parents and being a loyal friend to others
- **H:** Michelle's parents are divorced, and she and her younger brother spend time at each of their **houses**
- **E:** She is in 10th grade and enjoys most of her **classes**. She worked during the summer but is **not currently working**.
- **E:** Michelle thinks she is a healthy weight and believes that she mostly **eats** healthy food

 **ACTIVITIES**

**“What do you like to do for physical activity? Do you feel you’re getting enough physical activity to be healthy?”**

- How do you like to spend your free time?
- Hobbies, clubs, religious/spiritual activities?
- Do you play any sports?
- How many hours of television/computer per day?

**QUICK NOTE...**

# PHYSICAL ACTIVITY

## AMONG US HIGH SCHOOL STUDENTS...

46.3%

Were physically active for at least 60 min/day on 5+days

36% of females | 56% of males

51.9%

Played at least one sport

48.1% of females | 55.7% of males

15.9%

Were NOT physically active for least 60 minutes at least 1 day a week

20.4% of females | 11.5% of males



## **DRUGS & ALCOHOL**

**“Do any of your friends smoke, drink, or use drugs? How frequently and how much?”**

- Do you smoke cigarettes? If so, how often?
- Do you use electronic cigarettes or vapes?  
How often?
- Do you drink alcohol?
  - What kind: beer, wine, hard liquor?
  - Any blackouts? Ever pass out? Vomit?
- Do you use any other drugs or substances to get high?

# SCREENING

## CRAFT SCREENING FOR SUBSTANCE USE

During the past 12 months, on how many days did you:

- Drink more than a few sips of beer, wine, or any drink containing alcohol?
- Use any form of marijuana (by smoking, vaping, dabbing, or in edibles) or synthetic marijuana (K2, spice, etc)?
- Use anything else to get high?

## SCREENING

# CRAFFT SCREENING FOR SUBSTANCE USE

**C:** Have you ever ridden in a **car** driven by somebody (including yourself) who was “high” or had been using alcohol or drugs?

**R:** Do you ever use alcohol or drugs to **relax**, feel better about yourself, or fit in?

**A:** Do you ever use alcohol or drugs while you are by yourself, **alone**?

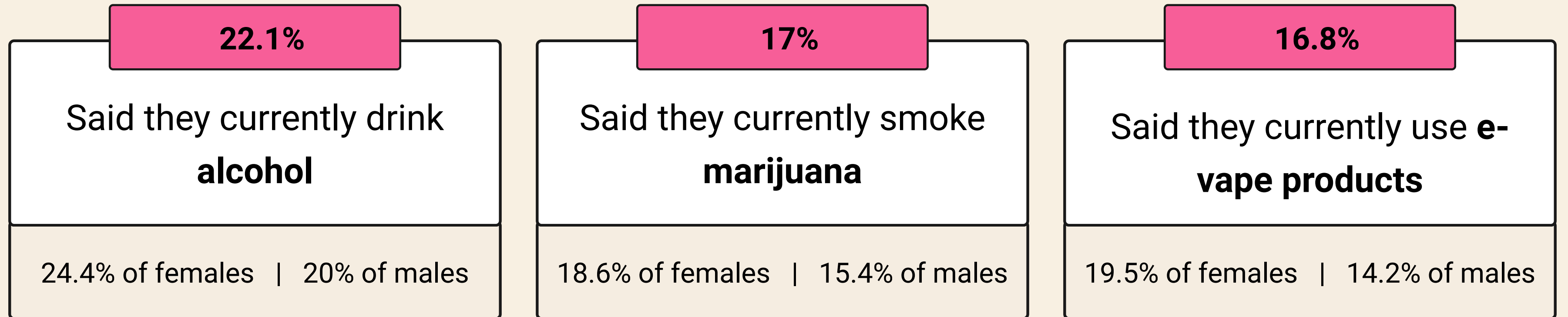
**F:** Do you ever **forget** things you did while using alcohol or drugs?

**F:** Do your **family or friends** ever tell you that you should cut down on your drinking or drug use?

**T:** Have you ever gotten into **trouble** while you were using alcohol or drugs?

# DRUG & ALCOHOL USE

## AMONG US HIGH SCHOOL STUDENTS...



# **SEXUALITY &**



# **GENDER**

# **IDENTITY**

## **First, introduce and normalize the topic.**

- "I'm going to ask you some questions about your gender and sexual health now. I know these are private, but they are also a really important part of health and I ask these questions of all of my patients."

## **Do you think of yourself as a boy, a girl, or something else?**

- Are you interested in boys, girls, everybody, nobody, or not sure?
- Have you ever been in a romantic relationship?

# **SEXUALITY &**



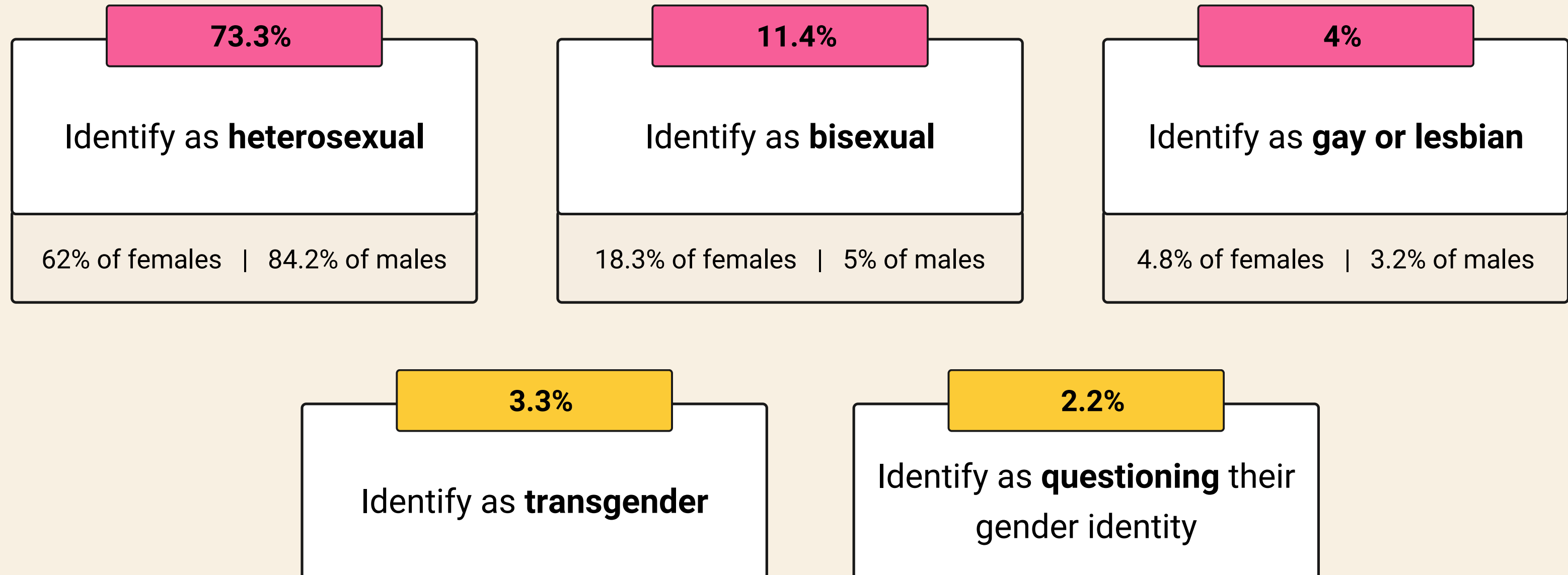
# **GENDER IDENTITY**

**Then, move onto sexual behavior.** Feel free to reiterate that you ask all of your patients these questions.

- “There are many ways of being sexual or intimate with another person: kissing, hugging, touching, having oral sex, vaginal sex, or anal sex.
- Have you ever had any of these experiences?
  - Which ones? With boys, girls, both or other genders?
  - How often do you use protection against pregnancy or sexually transmitted infections?
  - What kind of protection?”

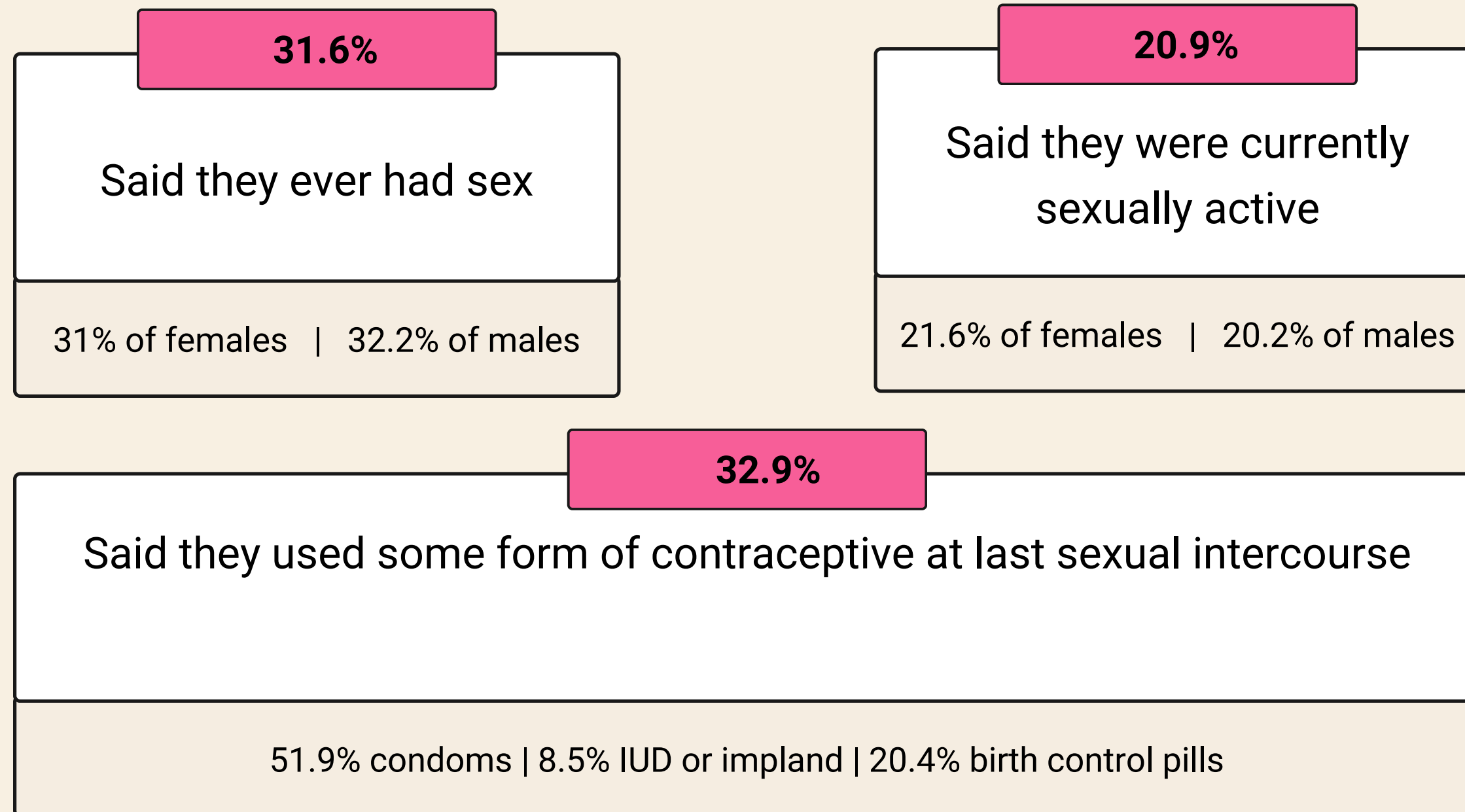
# GENDER IDENTITY & SEXUAL ORIENTATION

## AMONG U.S. HIGH SCHOOL STUDENTS...



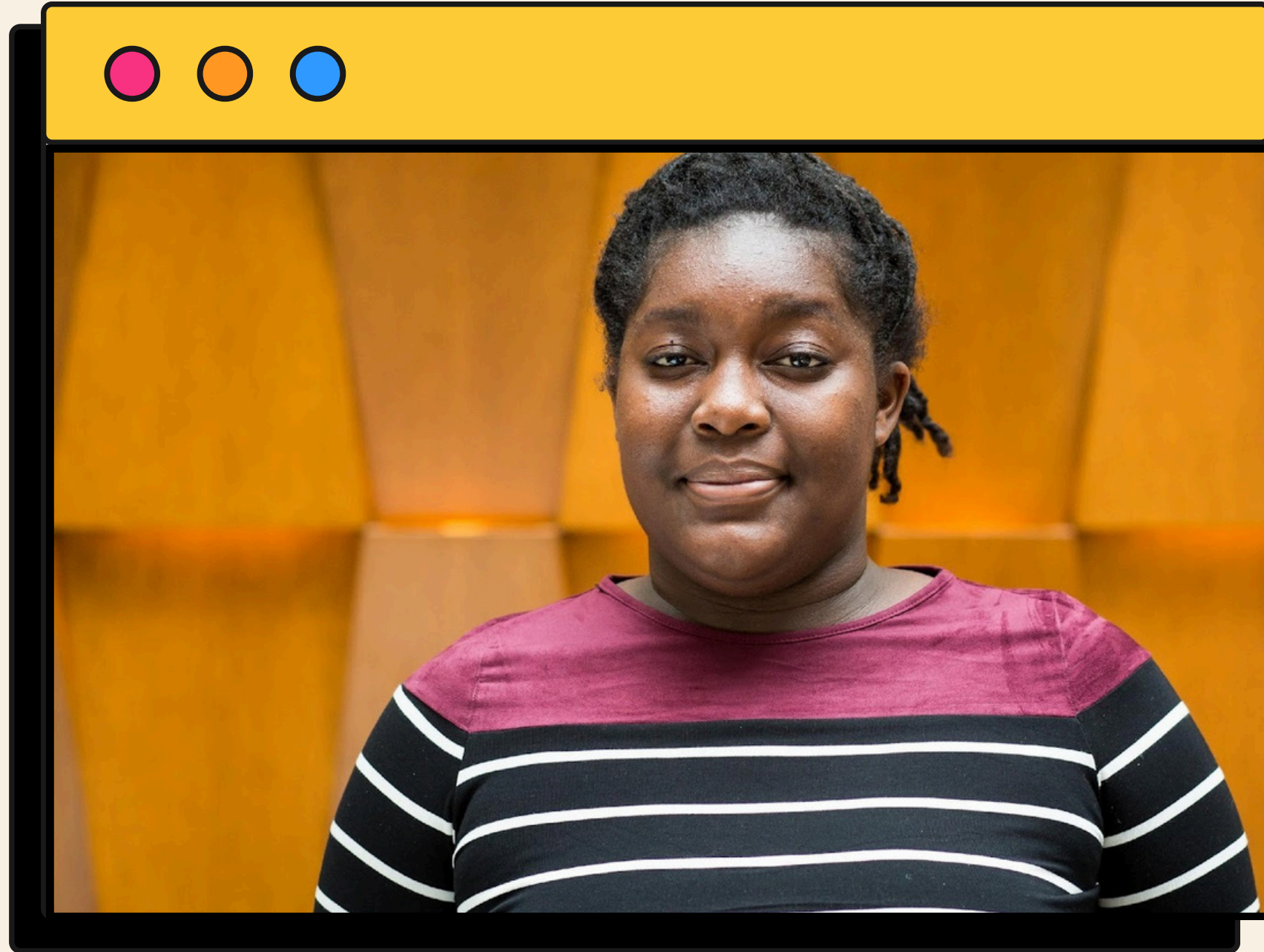
# SEXUAL BEHAVIOR & CONTRACEPTIVE USE

## AMONG U.S. HIGH SCHOOL STUDENTS...



# CASE DISCUSSION

**Michelle's doctor continues the social history:**



- **A:** She plays volleyball and is in a few other extracurricular **activities**. She admits to spending a lot of time **texting and using social media** on her phone, especially in the evening.
- **D:** Michelle has tried **alcohol once and marijuana a few times**, but hasn't tried any other drugs
- **S:** Michelle identifies as a **girl**. She has recently started a new relationship with a **male partner**. So far, they've only kissed but she is thinking about having sex and **has some more questions**.



# **SUICIDE & DEPRESSION**

**“How often do you feel stressed or anxious?**

**How often do you feel sad or down?”**

- How do you handle those feelings? Who do you turn to for support?
- Have you ever seen a counselor or therapist?
- Are you having trouble getting to sleep?
- Have you ever thought of hurting yourself or someone else?

# DEPRESSION & SUICIDE

## AMONG U.S. HIGH SCHOOL STUDENTS...

**39.7%**

Felt sad or hopeless almost  
everyday for 2 or more weeks in a  
row

52.6% of females | 27.7% of males

**20.4%**

Seriously considered  
attempting suicide

27.1% of females | 14.1% of males

**9.5%**

Attempted suicide in the  
past year

12.6% of females | 6.4% of males

# MENTAL HEALTH & LGBTQ YOUTH

## AMONG LGTBQ YOUTH:

66%

Report experiencing recent symptoms of anxiety

50%

Reported wanting mental health care and were not able to get it

## AMONG TRANS AND NON- BINARY YOUTH:

46%

Have seriously considered suicide

14%

Have attempted suicide

# AMAZE: Puberty, Feeling Depressed, Happy and other Emotions



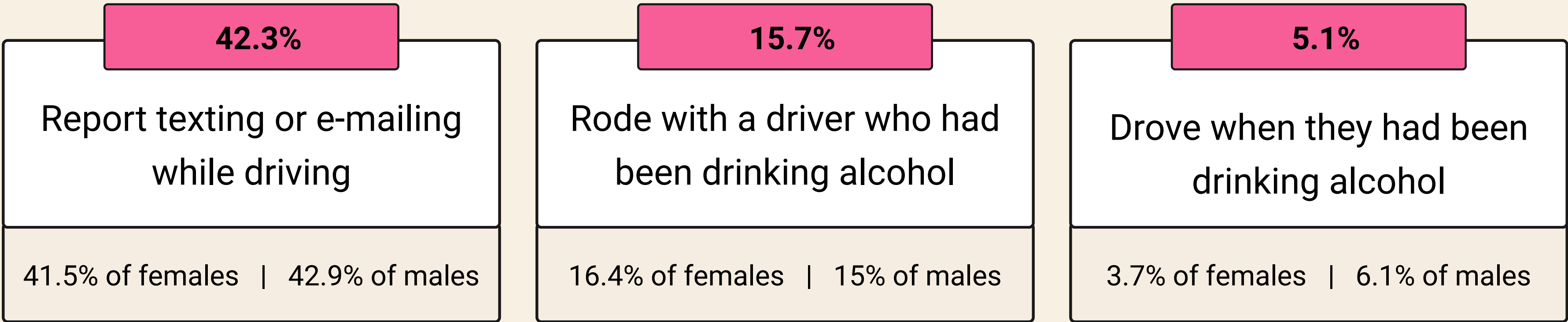
 **SAFETY**

- Do you always wear a seatbelt in the car?
- Do you drive? How often do you send text messages while driving?
- How often have you ridden with a driver who was drunk or high?
- Is there a gun in your home? How is it stored? Who has access to it?
- Have you ever been bullied on-line?

Teen drivers ages 16-19 years are 3x as likely to be in a fatal crash as drivers over 20

# SAFETY

## AMONG U.S. HIGH SCHOOL STUDENTS...





**SAFETY:**  
**INTERPERSONAL**  
**VIOLENCE**

- Do you feel safe at home? At school? Does anyone in those places hurt you or threaten you?
- Does anyone at school put you down or make you feel bad about yourself?
- Does your romantic partner put you down or make you feel bad about yourself?
- Does he/she/they hurt you physically or threaten you?
- Does he/she/they try to control you or isolate you from friends and family?



## **SAFETY:** **SEXUAL VIOLENCE**

- Have you ever been forced to have sex or been touched sexually when you didn't want to be touched?
  - By whom and is this still going on?
  - Who did you tell? Did they believe you and support you?
  - How does it affect your day-to-day life?
  - Have you ever talked about it with a counselor or therapist?

# SEXUAL VIOLENCE

## AMONG US HIGH SCHOOL STUDENTS...

19.2%

Were bullied on school property

21.9% of females | 16.6% of males

10.4%

Experienced physical dating violence in the past year

11.4% of females | 9.3% of males

5.9%

Experienced sexual dating violence in the past year

9.3% of females | 2.9% of males

8.6%

Report ever being forced to have sexual intercourse

13.3% of females | 4.3% of males

# VIOLENCE AND TRANS YOUTH

## AMONG US HIGH SCHOOL STUDENTS WHO IDENTIFY AS TRANSGENDER

42.6%

Were bullied on school property

23.3%

Experienced physical dating violence in the past year

22.3%

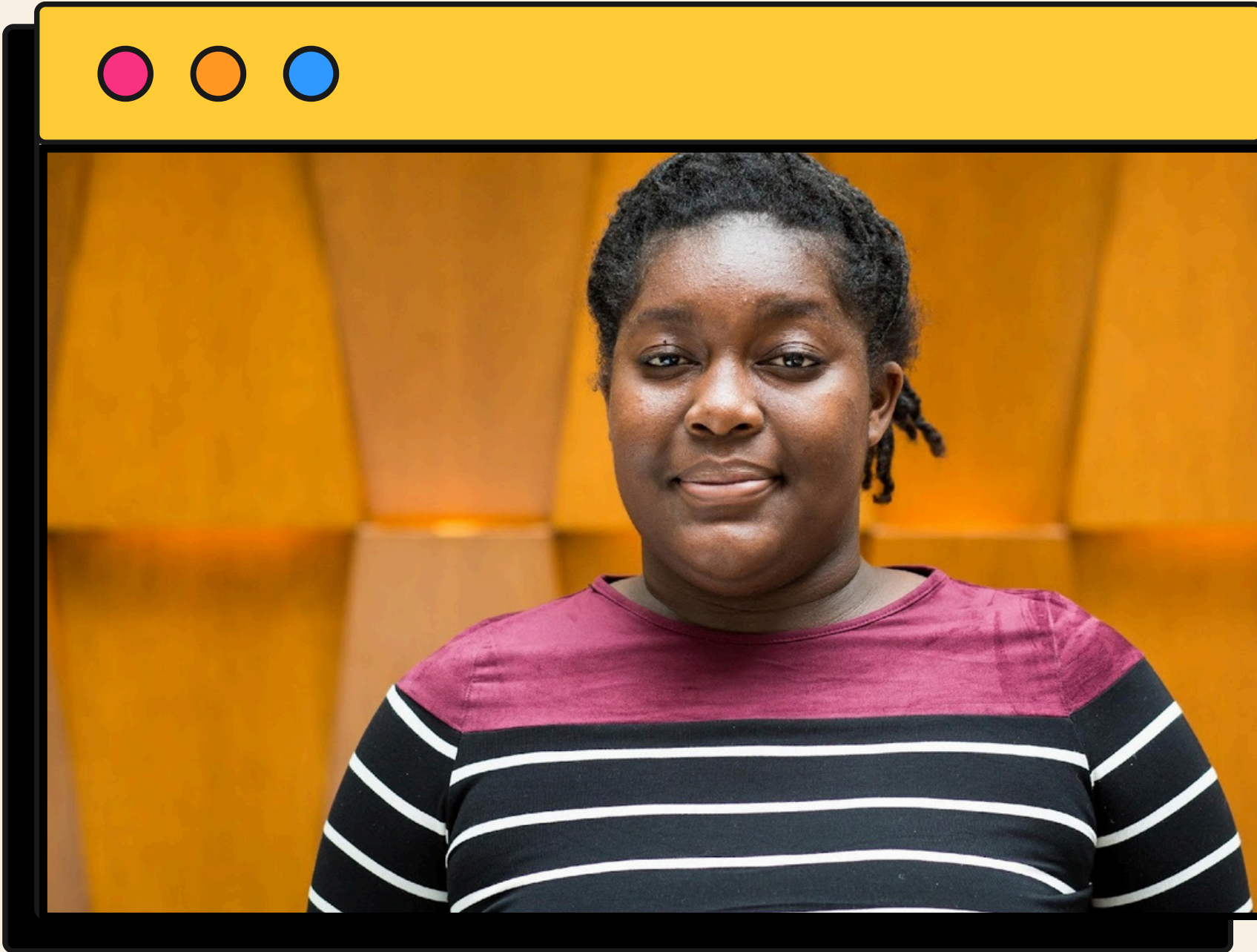
Report ever being forced to have sexual intercourse

11.9%

Experienced sexual dating violence

# CASE DISCUSSION

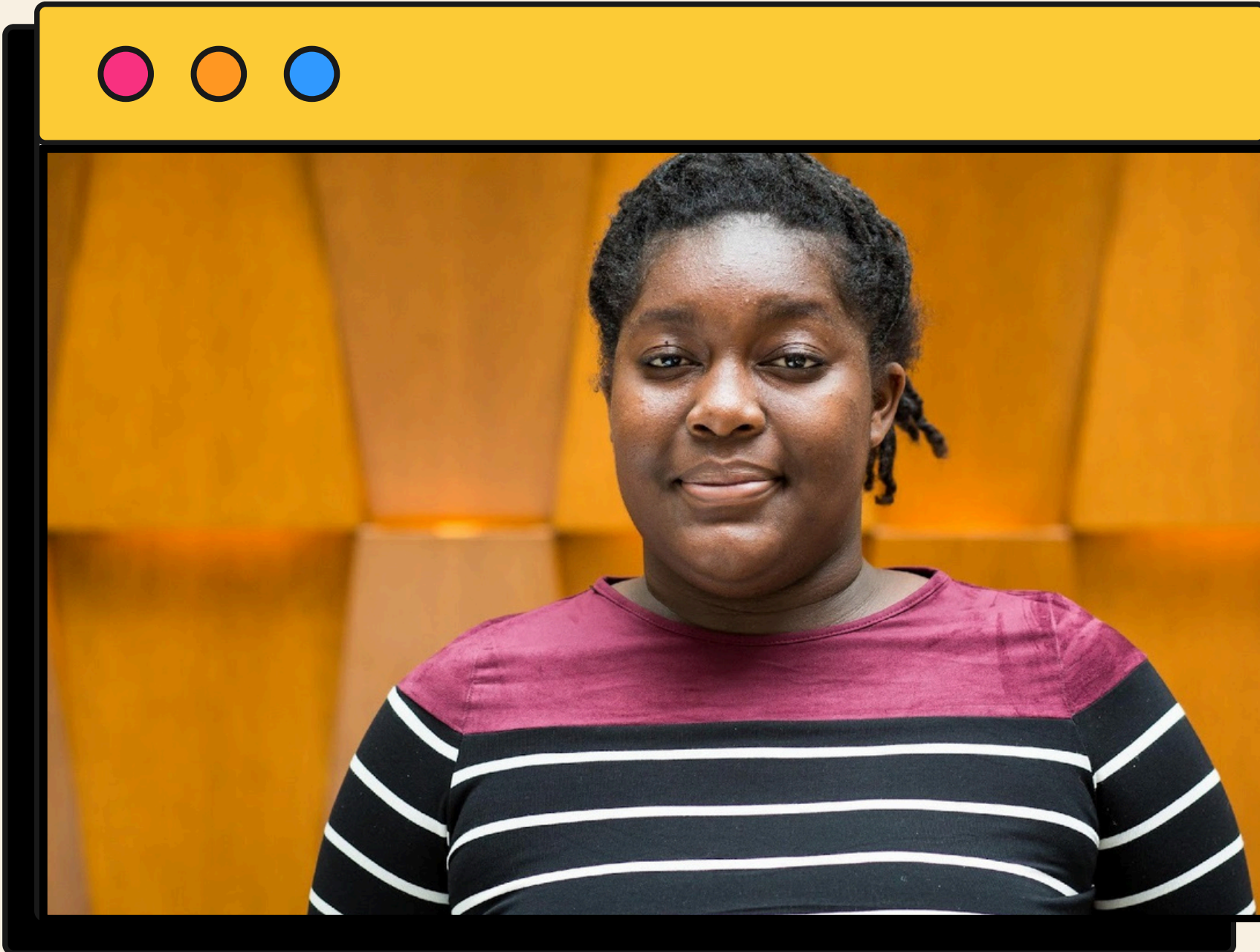
## Michelle's doctor continues the social history:



- **S:** Michelle says her parents' divorce two years ago was stressful and she sometimes feels **sad** about it. She **denies ever feeling suicidal** and says she talks with her best friend or her aunt when she feels sad.
- **S:** She always wears a seatbelt and has never ridden with a driver who was drunk or high. She says her best friend is 16 and sometimes texts her while driving. She wishes she wouldn't do that because **it isn't safe.**

# CASE DISCUSSION

**In response, Michelle's doctor:**



- Answers questions about sexual health, contraception, and preventing STIs
- Tells her she has a right to and can consent to confidential sexual health care
- Discusses marijuana use and highlights some of the negative effects it can have on brain development. Michelle didn't know about this.
- Offers to refer Michelle to the counselor at the clinic to talk about the things in her life that are stressful or sad

**Questions? Discussion?**

# A note about AMAZE



The videos featured in this training were brought to you by AMAZE.org, which is a free resource dedicated to providing comprehensive sexuality education to youth, parents, educators, and healthcare providers

AMAZE.org provides adolescents with the medically accurate, age-appropriate, honest information they need to develop into sexually healthy adults

# YOU CAN BRING AMAZE INTO YOUR CLINICAL SETTING

- **Great materials for patients and families with links to AMAZE videos**
- **Show AMAZE videos in your waiting room or exam rooms**
- **Link videos to electronic health records and add to patient portals**
- **Create video playlists to embed in your clinic's website**



Contact AMAZE at  
**Info@amaze.org**

To get materials, offer ideas, or  
get help acquiring video files

# AMAZE HAS...

**OVER 100  
MILLION VIEWS  
ON YOUTUBE**

**300,000+  
YOUTUBE  
SUBSCRIBERS**

**MORE THAN 300  
VIDEOS TO  
CHOOSE FROM**



**Sexuality, Faith,  
and Culture**



**HIV and  
Health  
Disparities**



**Sexuality and  
Reproductive  
Rights of People  
with Disabilities**



**A Yearly  
Checkup:  
What to  
Expect**

# Resources or Tools

## NAHC Quality 4 Teens



Quality Improvement (QI) package offering clinical and youth-friendly goals and strategies to help health centers reduce unintended pregnancy/sexually transmitted infections and promote adolescent sexual health

## 3Rs Curriculum



K-12 comprehensive and inclusive sex ed curriculum for educators. Free lesson plans, activities, and supplemental materials.

## Guttmacher Institute State Laws & Policies



Fact sheets providing overview of current state laws and policies concerning SRH and adolescents

## PRH



A network of providers advocating for equitable reproductive health care, dignity, and freedom for all.



**Questions or Comments?**

All references are available upon request or can be found in slide speaker notes.

## ACKNOWLEDGEMENT

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# Thank You!



Adolescent Reproductive and Sexual Health Education Project (ARSHEP)