

# YouthCHAT Facilitation Guide

## Check In

- Sign in
- Name tags
- Handing out folders with handouts/survey
- Breakfast

## Introduction

- Welcome and personal introductions

(bullet points are only suggestions, you must use your own words)

- *Good morning ladies and gentlemen! Thank you very much for joining the Community Health Action Team for our YouthCHAT training session, which was created entirely by youth. We are a youth council that believes that through the arts we can inspire people to make healthy choices.*

- Logistics:
  - Bathrooms, phones, food etc.

Outline of the day:

- *We are going to begin the day with three teaching sessions taught by youth, about youth, followed by a final role-play. The main purpose of this program is to better prepare health professionals such as yourselves to help youth make healthy choices by using information from their perspective. There will be 2 scheduled breaks, and the training will end around 12.*

Explanation of training/What is YouthCHAT:

- What is YouthCHAT:
  - *For almost fifteen years, the University of Minnesota has participated in a unique program called YouthCHAT, that has trained healthcare professionals interested in adolescent health. Health care providers learn, through role-play and constructive feedback, skills that increase their ability to talk with teens about their health concerns and challenges. Participants will learn:*
    - *the importance of body language in all its forms*
    - *how to ask useful/open ended questions*
    - *what to avoid when interviewing a young person*
    - *how to engage youth in shaping their own health*
    - *how to bridge the gap between adolescent and adult culture*
- Explanation of training:
  - *The CHAT team believes in spreading awareness about healthy lifestyles through the power of the arts, particularly through theatre programs. Throughout the day you will participate in four role-play activities to help you become accustomed with our teaching style, as well as to give you an*

*opportunity to develop the skills you will learn in today's sessions. You're going to begin your training with 3 learning sessions, which are: Establishing and Maintaining Rapport, the HEADSS Assessment (Home, Education, Alcohol, Drugs, Sex, and Suicide), and the 5-B's (Be Real, Be casual, Be open, Be engaged, Be prepared) of good interview strategies.*

**Transition:** *Before we begin our training, we'd like to share a quick film with you. This film exposes a major youth issue regarding their perceptions of the doctor's office. During this workshop, we are hoping to bridge this gap between youth and health care professionals.*

### **YouthCHAT film**

(bullet points are only suggestions, you must use your own words)

- *We are going to begin our day with a short film that the CHAT team has created about the doctor's office.*
- *Studies have shown that young people between the ages 15-25 stop going to the doctor because of the fears/ anxieties that they face regarding the clinic . The purpose of the film is to show a slightly humorous take on the perception that youth have of the clinic and let youth know that it's "It's all in your head". (Explanation of the tagline)*

### Debrief

- *Although this film is "slightly" exaggerated, how does it show how health care professionals can help to alleviate the anxiety that youth face while going to the doctor's office?*

**Transition:** *So did you all enjoy our short film? We'd like to do one more fun thing with you before the serious parts of our training get underway, do you all know the game "Rock Paper Scissors?"*

### **Icebreaker**

- **Rock, paper, scissors tournament (losers support winners)**
- *Is everyone familiar with the game rock, paper, scissors? To begin, we are going to have a very large rock, paper, scissors tournament. Everyone will wander the room and enter in small rounds of rock, paper, scissors. However, once you lose a game, even if it is your first, you are disqualified. Once you are disqualified, you must spend the rest of the game supporting the person who beat you by cheering them on. This should continue until there are only two competitors left, both with a large following of supporters. You have 5 minutes to play. Does anyone have any questions?*
- **NOTE: Rock...paper...scissor...shoot! (Play on shoot)**

**Transition:** *The majority of today's learning will be based on role-plays so that you will have the opportunity to apply the skills you gain during this workshop. Now we will participate in a fun practice role-play that will be a setup for the following roleplays in the day.*

## **First role-play**

**Introduction** (bullet points are only suggestions, you must use your own words)

- *CHAT believes in the power of the arts to teach and to educate, through role-playing activities we hope to enhance your skills of interacting with youth. Today we will be doing 3 role-playing activities, this first role-play will take 5 minutes, and its purpose is to help you become comfortable with role-playing. Now you will work with the person next to you and practice the following scenario. In this scenario you will choose which role to play. You will hear a bell and that will be the signal to begin by the time you hear the second bell you will the signal to end.*

**Example scenario:** This is a job interview for a penguin caretaker. One participant will take on the part of the employer and will conduct the interview. The second participant will take on the part of a penguin enthusiast applying for the caretaker position. This interview activity is an improvised scenario. \*Remember the first rule of roleplay is you always know the answer, there are no wrong answers, that is what makes roleplay fun!

- Debrief Questions
  - Why is role playing helpful?
  - What do you feel you learned from this experience?
  - Does anyone want to share success stories from this activity

**Transition:** *Our first sessions of this workshop will introduce our strategies for establishing and maintaining rapport in a clinical setting, and the impact it has on teenage patients.*

## **Establish and Maintain Rapport**

### **Body Language**

**Introduction:** *Alright everyone, we are now going to head into the next section and look at how to establish and maintain rapport. During this section we will go over information that may be obvious to all of you, however we are just going to reiterate helpful tips just as a refresher/reminder. We will be doing this by using real life examples from CHAT members, this will better our idea of the role playing activity at the end of the day. In this activity we will be using the information on establishing and maintaining rapport. We want you to note how positive body language can contribute to the quality of the interview.*

- *Body language, which includes eye contact, voice intonation, and facial expressions, is important when establishing comfort between the healthcare professional and youth. This can set the interview up for success, and makeup for the lack of information provided verbally. Healthcare providers need to listen to not only what is being said, but also what is **not** being said. If you look in your folders, you will see our body language and rapport sheets. These will be our guides to helpful ways of reading body language.*
  - *Eye Contact- Eye contact differs from person to person, and how people react to it can differ as well. As a health care professional you must read the room and establish what is appropriate eye contact and what the youth responds to the best. Until you have read the room for what is appropriate, always default to eye contact. This will establish connection, and if it is evident that the usage of eye contact is creepy and uncomfortable, health care professional can adjust.*

Example: If you walk into an appointment and have a healthcare professional immediately staring you down with their eyes wide open, it will seem creepy and disorienting. On the other hand if you walk into an appointment and the health care professional has their head down in their clipboard and there is zero eye contact it can be seen as closed off and uncomfortable.
  - *Voice Intonation/Volume- Volume and tone is something that can either establish or destroy comfort. A calm voice creates a calm environment, while a harsh tone creates a harsh environment. However we don't want to be so calm that it can be seen as lazy and/or quiet. We want to be calm and confident.*

Example: One of the members of CHAT was explaining a situation in which a healthcare professional that had been the pediatrician for the CHAT member since they were a child comes into an appointment and treats them as if they are still a child, saying things like “What's up buddy?” or “You do know smoking is bad for you, right?” in a condescending tone or “baby talk.” This can make a patient feel upset, uncomfortable, and patronized.
  - *Empathetic Response- Youth are more likely to open up to their doctor when they know that he/she cares and can relate to them. Being empathetic with your patient is a way to establish trust. One way to be empathetic towards your patient is to respond kindly to new information in a non-judgmental fashion.*

Example: A CHAT member has a condition known as Essential Tremor, where she shakes often. When she went to the doctor to address the issue, she was told “Oh it's nothing! Everyone shakes, probably just too much caffeine or not enough sleep.” Then continued with the appointment. This causes the patient to feel like their issues

are inadequate and non-important. The healthcare professional should have looked further into the situation instead of brushing it off.

- *Posture- Posture gives off the impression that the interviewer is confident or hesitant. Sitting back or slumped over often shows disinterest, while sitting forward with an open posture, creates the impression that the health care professional is engaged and genuinely concerned about the patient.*  
Example: Most youth are hesitant to open up to people who exhibit negative body language and/or people who don't give the patient their full attention(ex: typing on the computer during the interview). In addition, crossing your arms over your chest, or even facing away from the patient could come across as disconnected.
- *Gestures- Hand or other gestures show that people are engaged when they are speaking. However, hand gestures can be distracting if they are overused. Physical touch can either put someone at ease, or put them in discomfort.*  
Example: Once, at a doctor's appointment, one of our CHAT members had a doctor that skipped all introduction and immediately began his physical examination. He didn't establish comfortability with the CHAT member from the beginning and they found themselves not wanting to discuss their personal problems with the interviewer.
- *Facial Expressions- Facial expressions are the most important factor when deciphering how the other person is responding to what is being said and/or asked. A patient's facial expression may give you valuable insight into how they feel about a topic, and may be a cue that that youth want to expand on the topic at hand. Be mindful of your own facial expressions, because they may come off as judgmental.*  
Example: During an average checkup, a doctor noticed that her patient would shut down every time birth control was mentioned. After asking the patient more in depth questions about the topic, it was revealed that the patient was frequently having unprotected sex, and was worried about the cost of birth control. Judgmental facial expressions can lead to a lack of valuable information which leads to a decreased quality of care for the patient.

**Transition:** *We are now going to observe a clinical setting from a youth's perspective, and how maintaining rapport is and can be applied.*

### **Youth CHAT Perspective**

**Introduction:** Youth CHAT have been researching these topics for over a year and a half now, and there are three things that we have found to be the most important for us as youth. (bullet points are only suggestions, you must use your own words)

- Reading the room is important.
  - *Most youth are more responsive to an open and relaxed posture/body language. However, you need to be able to adapt to different patients, because all youth will have their own preferences. Reading the room will help create a relaxing environment for the patient.*
    - Example 1: A positive example of body language would be sitting straightforward, arms uncrossed, and body leaning slightly forward to show interest. A smile is always a good way to ease tension.
    - Example 2: Maple Star Therapy allowed us to work with professional therapists, and they took on a more relaxed attitude. They were slightly slouched, legs crossed, and projected a relaxed tone with the way they interacted with us.
- Concise language and questions (Understandable language & empathetic responses)
  - *Sometimes the language and words you use can have an affect on the atmosphere of the interview. Using medical terminology, while it may be understandable to healthcare professionals, is not always comprehensible or even comfortable to youth. Use language that is clear and concise, without patronizing the patient.*
    - Example 1: You could tell a patient that they have orthostatic hypotension, or you just easily tell them that the reason they feel like passing out is because they stand up too fast. Controversially, you could tell a patient that they have evil little monsters attacking their head, or you could tell them they have a rare form of brain cancer.
    - Example 2: One of our CHAT member's mother was in a car accident and when she went to the doctor he immediately began to say, "You are going to have to go under the knife, we have to get all of the junk out your ankle." She felt like the doctor could have done improved this issue by giving context to the situation and offer concise alternatives to the the health challenge. This reduces stress and anxiety for the patient.
- Open-ended questions are beneficial to uncovering health challenges
  - *Open-ended questions are the best style of questioning that allows the youth the guide the conversation. They are also less accusatory than yes/no questions, which may come across as judgmental.*
    - Example: "Are you having sex?" is a lot more limited in its response than, "Are you in a relationship at the moment? Do you need more information on sexual practices?" Those approaches can lead to a more open and engaging conversation in regards to a patient's health.

Recap: Body language and rapport, reading the room is important, concise language and questions, open-ended questions beneficial to uncovering health challenges

**Transition:** *We will now take a quick five minute break, after we call you back, we'll talk about the HEADSS Assessment.*

## **BREAK**

## **HEADSS**

### Explanation of HEADSS

*The HEADSS Assessment is a best practice for interviewing a young person in a clinical setting. It allows the doctor to cover all the important topics in an organized structure. It is structured in a way that the hardest and most uncomfortable questions are last, allowing the doctor to approach them with care. Though this structure allows the doctor to cover all the important health topics during a wellness check, it is important to note that if the patient has an issue within one of the topics, all topics may not be reached. The HEADSS Assessment can also be used for a more in depth interview, though it was created to cover each topic in a timely manner. These topics are:*

**HEADSS: Home & Environment, Education & Employment, Activities, Drugs, Alcohol, and Tobacco, Suicide & Depression, and Sexuality & Sex.**

- Hand out of HEADSS Assessment
- *Questions/clarifications?*

**Transition:** *We will now practice using the HEADSS Assessment in conversation with the help of this next activity.*

### Bridge Statement/Question game

- *Another important part of the interview, especially when tackling such serious topics with youth, is the flow of the conversation. This next activity will highlight the importance of bridge statements when interviewing youth. A bridge statement is a transitional statement that helps to quickly, effectively, and smoothly transition from one topic to another.*
- Give each participant two slips of paper and have them write two unrelated statements, one on each slip.  
*Everyone should write two statements, one on each slip of paper, that are unrelated to each other. Keep your statements enclosed.*
- Once everyone has completed the first step, everyone will fold their paper and throw them into a pile in the center of the group. (It helps if the group is sitting in a circle)  
*Once everyone has completed writing their statements, fold your papers, and throw them into the center.*

- One at a time each participant will select two random slips of paper, and formulate one statement seamlessly combining both statements on their papers.  
*One at a time, each person will pick two randoms pieces of paper. Without disclosing each statement individually, create a seamless combination of the two statements and share it with the group. Although the goal is to make a fluid sentence, keep in mind your answers might be silly.*

Example:

Statement one: Penguins live on the South Pole.

Statement two: The sun is yellow.

Combination: Because penguins live on the South Pole, they rarely get the chance to see the magnificent yellow sun.

**Transition:** *Now we are going to talk about how important bridge statements are when in conversation with youth.*

Youth Perspective

- *We are now going to allow time for the facilitators, who are young people, to share their perspectives and experiences of bridge statements.*
- Facilitators should use example from their own lives.
- *Bad bridge statements make youth feel like a checklist, and estranged. When a healthcare professional just skims through a list of topics youth can feel awkward, because there is no personal connection between the youth and adult.*

Examples:

- “I’m glad to hear school is going well, Jimmy. Now tell me, when was the last time you had sexual intercourse?” Some youth may be uncomfortable talking about sex, and may be hesitant to respond to such a direct question.
- “Your breathing sounds a little raspy, how many cigarettes do you smoke a day?” This statement is very accusatory and can make the youth feel criticized or attacked.

- *Good bridge statements make youth feel more comfortable, and wanted. They maintain flow in the conversation, and make the youth feel more relaxed because the conversation does not feel systematic and structured.*

Examples:

- “I’m glad to hear school is going well, Jimmy. How is your social life? Do you have a girlfriend currently?” This bridge statement allows the youth to guide the conversation, and omit as much information as they are comfortable with. If you do not receive all the information needed as a doctor, try pushing a little further in small steps. A follow up question may be, “Are you and your girlfriend serious?”

- “Your breathing sounds a little raspy, are you finding it difficult to participate in physically demanding activities?”
- Give time for the participants to voice their opinion about bridge statements.
- *Can you give us examples that you have used in the past, to transition to uncomfortable topics?*

**Transition:** *This next activity is designed to incorporate all of the skills learned in the session so far.*

### **Bell Activity (“Tap It”)**

*You will watch a role-play between two CHAT members, one is a doctor and one is a patient. As you observe the role-play, it will be your responsibility to ring the bell every time you see the doctor do or say something inappropriate and share some constructive criticism.*

- CHAT member play out normal visit to the doctor with visible flaws
- Audience members will stop the role-play and point out areas of improvement with positive criticism about body language/HEADSS/bridge statements

Example: When the patient enters the doctor’s office, the doctor is too concerned with their phone to greet them as they walk in. The participants should ring the bell and point out that the doctor did not exhibit respectful body language or eye contact by not greeting the patient when they walked in.

**Transition:** *We are going to participate in a 5 minute role-play activity taking place as a regular check -up setting.*

### **Role-play 2**

- Normal check-up interview
  - *This second role-play is to take a moment halfway through the teaching sessions to practice the skills that were just reviewed with youth actors playing real life scenarios.*
- Trainees should incorporate new skills learned around Body Language, the HEADSS Assessment, and Bridge Statements
  - *Trainees will be implementing the body language, HEADSS Assessment, and bridge statement skills they reviewed earlier in the session.*
- CHAT members do NOT reveal health challenge at this time.

**Transition:** *Now that you have put into practice everything we have learned so far, we are going to take a look at some helpful strategies for a successful interview.*

### **Strategies for a good interview**

## The Five B's of a good interview:

*This information was extracted from discussions and role-plays done with Maple Star psychiatrists. After several hours of discussions, the CHAT team identified five key areas of important interview strategies. These strategies help to maintain a consistent flow in the interview, which makes the youth feel more at ease with their healthcare professionals, and create a safe environment in which the youth feel comfortable answering uncomfortable questions.*

- **Be Real:** *It is important to be authentic and genuine. Try to be friendly, but not overly friendly. You are still the doctor and should maintain some level of professionalism without being condescending. Ultimately you are there to help the patient, so let them know that.*

Example: "I have known my doctor for ten years now, and she has become more of a quirky family relative than my health care professional." Even if you have not known your patient for an extended period of time, still try to get to know them on a friendly level, instead of a professional level.

- **Be Casual:** *It is important to remain relaxed, because if you, as the doctor, are on edge, the patient will most likely assume something is wrong. Be aware of the language you use. Long, medical terminology may make some youth feel inferior, while corny jokes may come off as awkward or unauthentic to others.*

Example: Be aware of your reaction to a patient's response. Even something as slight as a gasp can come off as a judgement, and it is important to make your patient feel welcomed. Lighten the atmosphere by reassuring your patient that no judgements will be made about their choices, and remain relaxed throughout the interview.

- **Be Open:** *Disclosure is important to note, especially concerning confidentiality. Make it clear to the patient your clinic's policy on confidentiality and your obligations as a healthcare professional. Avoid making judgments about the patient that could make them feel alienated or estranged (be aware that your body language may reveal judgments, such as drawing back in your chair, or a change in facial expression).*

Example: Something as simple as bringing awareness to your clinic's confidentiality policies could create a more open and welcoming environment.

- **Be Engaged:** *Remove all devices from view that could be distracting to the conversation (that is not limited to computers and phones, but includes clipboards or paperwork as well). Practice the technique of active listening by using the phrases "What I'm hearing you say is..." or "What I am sensing is that..." This way you avoid putting any accusation on the youth.*

Example: Active listening is a very helpful technique when discussing sensitive topics with young people. Active listening is a method of communication that brings awareness to both sides, about the other's

perspectives. When rephrasing your understanding of their situation, use the phrase, “What I am hearing you say is...”

- “What I’m hearing you say is that you would prefer to use substance abuse to combat depression rather than clinical medication.”
- “What I’m hearing you say is that you are concerned about the health of your lungs since you have started smoking.”
- **Be Prepared:** *The most important thing to remember in order to make the youth feel comfortable and keep the flow of the conversation is to read the room. Every youth is different and may react to things such as body language, eye contact, and specific questions differently. It is important to prepare for any scenario, especially the worst-case scenario.*

Example: If a doctor asks the question, “How is your home environment?” and the patient responds with, “I’m so miserable I want to take my own life,” then it’s extremely important to maintain awareness of your facial expressions, response, and body language, as well how you continue to proceed with the conversation.

**Transition:** *Keeping these skills in mind, we are going to have a short break before we move on to the interview portion of the day.*

## Break

### Walkthrough structure of an interview

*Now we are going to begin the final stage of today’s session, which is the last and longest role-play. For this role-play, you will be incorporating all of the skills and topics we have touched on today, which was body language and rapport, HEADSS Assessment, and strategies for a good interview. You will receive feedback from your CHAT partner at the end of each role-play, in order for you to improve upon your skills. First, let’s review some of the topics from this session.*

- Introduction and Rapport
  - Ask the participants to state strategies learned in Establishing & Maintaining Rapport section earlier in the morning. (Body language, eye contact, 5 B’s, etc.)
- Confidentiality:
  - *Establish a safe space by informing the youth of confidentiality laws specific to your clinic, and where the line is drawn in terms of what you are or are not allowed to share.*
  - Ask the participants to share some of their clinic’s different confidentiality policies.
- Elicit youth’s agenda and concerns:

- What information needs to be shared with parents?
- Along with required questions (HEADSS Assessment) ask follow up questions about concerns and needs of youth
- Be aware of psychosocial and medical cues that the youth might display during interview
- Be aware of physical cues the youth may give about specific areas of health.
- Reminders:
  - *Youth do not always know how to ask a question or what to ask, so it is up to you as the doctor to help them feel comfortable voicing their concerns.*
  - *Interesting facts can be used as conversation starters.*

**Transition:** *Now we will take what we learned and apply it to our next activity which is the actual role-play. During these role-plays we will be providing feedback on how well you used the skills taught in this workshop.*

## **Role-play**

### Role-Play Instructions and Transition

- Partner up trainees in groups with three trainees and one actor (3:1 ratio of trainee to actor)
- Sit in a large circle with groups of four
  - Purpose of role-play is to improve trainee's techniques of interviewing youth and get feedback from youth
  - Give trainees worksheet/ checklist that they will be evaluated on based on the information given in the area covered in the training (Establish & Maintaining Rapport, HEADSS, and Structure of the Interview)
  - During the feedback session, make sure youth and other trainees mention the top 3 things the interviewer did well and top 3 things they can improve upon

**Transition:** *We will now move into playing out these role plays with the healthcare professionals interviewing various characters with different health challenges.*

### Round One

- First trainee will go first and interview the youth for 7 minutes
- At the end of the 7 minutes the youth and the two observing trainees will give feedback to the interviewing trainee and give the worksheet/checklist (page 50 [youth] and page 53-54 [trainee] in youth CHAT manual appendix) to the trainee so the trainee knows how he/she is being evaluated during the interview. Feedback should be at least 8 minutes.
- While the trainees stay seated, the actor will move clockwise to the next trainee to go through the interviewing process again.

**Transition:** *You will now be interviewing another patient with a different health challenge. The interview and feedback session will both last 5 minutes. This will help to see if you have improved upon the interviewing techniques that were taught earlier in the session.*

### Round Two

- Repeat steps above but with only 5 minutes for both the interview and feedback process.

**Transition:** *We are now coming up towards the end of our training, so you are welcome to give us your feedback and questions at this time.*

### **Wrap-Up**

- Debrief/ group discussion
  - *What did you get out of today's training?*
  - *Was there any new information you learned in this training?*
  - *How was this training useful to you and your practice?*
  - *If there were anything about this training that you would change what would it be?*
  - *What skill/skills that you learned in this training do you feel you would take on and practice in your clinic?*
  - *What part of this training did you find most intriguing?*
- Next steps
  - Help spread our film?
  - Report back
  - Was this training helpful & effective?
  - Did you improve upon your skills and did you learn anything to implement to your current approach when interviewing a youth?
- Post survey:
  - Have trainees fill out confidence survey to reevaluate confidence when speaking to adolescents about various categories during the visit.
- Contact information
  - [Samuel.n.wood@kp.org](mailto:Samuel.n.wood@kp.org)
  - (303) 514-9576
- Resources
  - Maple Star
  - Minnesota recourse
- Post survey