YouthCHAT

The Minnesota Model for Youth-Involved Adult Training

Applying the YouthCHAT Model to Health Care Provider Training In Your State

The following guide provides background information on the University of Minnesota YouthCHAT model of involving youth as actors and teachers in training adult health care providers. This guide includes considerations for adapting this model in your state/other settings, as well as worksheets, tools and reading lists to support planning your own YouthCHAT model.

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Introduction

Nearly 30 years ago, recognizing that adolescent populations were reflecting an increasingly multi-cultural society and that care strategies were needed that would support equitable and effective care for all youth, a University of Minnesota (UMN) the School of Nursing faculty team took on the task of: exploring and answering the question of what constitutes effective care across cultures; and, developing a training methodology that would address the skills needed for effective cross-cultural care.

The resulting initiative – called YouthCHAT – was launched employing youth actor/teachers to help health care trainees learn effective communication skills for adolescent care. YouthCHAT found its permanent home in the Medical School's Division of Adolescent Health and Medicine and for decades has trained pediatric and medicine/pediatric residents, pediatric nurse practitioners, and sometimes family medicine residents and child psychiatry residents using this methodology .

Today the YouthCHAT program thrives in the Department of Pediatrics, and features diverse youth trained in role-playing health care scenarios with pediatric residents and nurse practitioner students. At the conclusion of mock clinical interviews, the YouthCHAT actors provide constructive feedback to the residents and nurse practitioner students about the simulation. This carefully-crafted interaction helps residents and nurse practitioner students become comfortable working with adolescents, receive critical feedback on how the interaction went, and prepare them for future conversations with young people.

YouthCHAT pivoted successfully to the virtual space in COVID times, changing to an online platform which has provided an additional training bonus. Using Zoom to mimic real-world telehealth interactions, trainees had the opportunity for practice and feedback in a virtual environment, a venue in which most had never before provided care.

The program's leaders were also pleasantly surprised to find that acting via Zoom didn't change the impact of learning. Going forward, these YouthCHAT actor/trainee sessions will continue to be offered online. "In addition to achieving our learning outcomes, holding these training sessions online provides our youth actors with more flexibility," said Oliphant. And, for young people, flexibility is a big part of accessibility. "Allowing our actors to Zoom in from any location not only increases their availability, but it allows them to participate from all over the world."

This implementation guide was compiled in 2013 to document in-person training components of YouthCHAT and considerations for adapting this model in your state/other settings. While some elements of the training have evolved over time, this guide includes worksheets, tools and reading lists from YouthCHAT's decades of experience to support planning your own YouthCHAT model.

For more information about this guide or to connect with MN YouthCHAT leaders, contact the State Adolescent Health Resource Center.

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Rationale for the Youth-Involved Training Model

To dispel myths and misperceptions about youth

For decades youth have been portrayed by media as a largely unpredictable and even violent. Dating back to World War II, negative public perceptions of teens as primarily juvenile delinquents have lurked in the media and public systems.[1] These negative perceptions of youth resurged in the 1990's when media warned the public of the rise of "superpredator" youth—a generation of disenfranchised, angry teens raised on welfare, and threatening to embark upon an unprecedented crime wave (a warning that did not come to pass).[2] It's not surprising that a 1999 survey of the general public by Public Agenda reported that for 71% of those polled, negative terms, such as "rude," "wild," and "irresponsible," first came to mind when they were asked what they thought about American teenagers.[3] Today's health care system evolved parallel to that fear and misunderstanding of youth, and health care professionals coming from that culture inevitably reflect some of that negativism unless training intervenes.

To Meet a Need for Provider Training

Health care systems and services in the United States are also not designed to meet the diverse health needs of adolescents, focusing frequently on the delivery of care for acute conditions, such as infections and injuries, or addressing specific problems, such as contraception or substance use.[4] This approach does not begin to address the myriad of risk and protective factors that impact health, not only in adolescence but throughout the entire life health trajectory of an individual. Yet there are limited opportunities for health care providers to be trained on adolescent health. For example, a three-year pediatric residency includes only a month of adolescent health instruction. And training that does exist, does not begin, in most cases, to impart the special set of skills needed to effectively serve adolescents in health care settings, such as: listening and interaction skills that help the provider relate to adolescents, gain their trust and cooperation, and ask questions that pave the way to effective adolescent care; and applying behavior change techniques that engage the adolescent patient in shaping and nurturing healthy behavior change.

In addition, health care professionals are often uncomfortable with asking questions related to behavioral or mental health issues, or sexual health issues because they are not trained in how to ask, or what to do with the answers they get. Surveys show that health care providers are dissatisfied with the level of training available in adolescent health, with existing education programs failing to teach many core competencies for building skills to effectively interact with adolescents.[5]

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[1] Juvenile Violent Offenders - The Concept Of The Juvenile Super Predator; Accessed 1/21/13 at http://law.jrank.org/pages/1546/Juvenile-Violent-Offenders-concept-juvenile-super-predator.html

[2] Krajicek, D.J. (1999) Super-Predators. Accessed 1/21/13 at: http://sparkaction.org/node/31984.

[3] Public Agenda. (1999). *Kids these days '99: What Americans really think about the next generation*. New York: Author.

[4] National Research Council and Institute of Medicine. (2009). *Adolescent Health Services: Missing Opportunities.* Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development, R.S. Lawrence, J. Appleton Gootman, and L.J. Sim, *Editors.* Board on Children, Youth, and Families. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

[5] National Research Council and Institute of Medicine. (2009). *Adolescent Health Services: Missing Opportunities.* Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development, R.S. Lawrence, J. Appleton Gootman, and L.J. Sim, *Editors.* Board on Children, Youth, and Families. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

To Engage Youth In Shaping Their Own Health

Involving youth in training of health care providers also supports key tenets of a "positive youth development" framework, building on their strengths, and providing opportunities that empower youth, and support them in building positive self-identities and social competencies.[6]

For all of these reasons, the collaboration of youth as teachers/trainers is central to any comprehensive training on adolescent care for health care professionals. Youth as teachers and collaborators offer health care provider trainees a direct and positive interaction with a young person:

- Thus helping to dispel common stereotypes – "adolescents are troubled, adolescents don't want to talk to adults" -- that pervade our society;
- Allowing providers to hear the issues and concerns of adolescence, from the developmental perspective of adolescence themselves, and how adults can shape their role to be helpful;
- Providing opportunities for the provider to practice listening and interview skills with an adolescent outside of the health care setting, to develop for example a way that is comfortable to ask about and help the young person share information about sexual orientation and/or activity.

To Bridge the Gap Between Adolescent and Adult Culture

In 2003, recognizing that adolescent populations were reflecting an increasingly multi-cultural society and that care strategies were needed that would support equitable and effective care for all youth, a UMN faculty team took on the task of:

1) exploring and answering the question of what constitutes effective care across cultures; and,
2) developing a training methodology that would address the skills needed for effective cross-cultural care.

Over a period of months, the UMN team reviewed the literature and explored the skills needed to provide effective care when beliefs, life experience and concepts of health differ dramatically between the patient or client and the provider.

This research led to one surprising but in the context of adolescent care, helpful, conclusion: ***adolescent care is inherently cross-cultural care*.** The developmental nature of adolescence places youth in differing world views from year to year, and often in distinctly different world views than the providers they see for health care. Therefore, the skills required to care for adolescents in general are the same skills required for care across all of the cultural variations that define humanity.

Principles of the Youth Chat Model - Conditions for Provider Success

Attitudes

Before a provider can develop skills that equip them to care effectively for every young person, they must be seated in a critical foundation of professional openness and attitudes that create a partnership between provider and patient/client. This can be challenging for professionals whose training has emphasized the ability to "diagnose and treat" - training that has been particularly prominent in medicine. This is slowly changing, but is still a factor in implementing the care advocated here.

[6] The 40 Developmental Assets, Search Institute. Accessed 1/21/13 at**:** http://www.search-institute.org/content/what-are-developmental-assets

Specifically, effective care across cultures (including adult/adolescent cultures) requires that the provider approach the interaction with these attitudes/tools in hand:

- **Respectful awareness of both self and others.**
  This requires that the individual provider press beyond good intention to identify in himself or herself their personal biases. We all have them. Only in recognizing them can we acquire choice about how we act in relation to others who may activate our biases.

- **Acceptance of the legitimacy of differences.**
  This requires comfort with differing knowledge levels and beliefs about health behaviors, health causality, and what may help in a given situation, and positions the provider to partner with the patient/client to build trust and maximize positive outcomes. For example, a 15-year-old may believe that daily smoking of cigarettes has no long-term health implications ("I can quit anytime I want to"), whereas the provider knows the literature and the statistics and is aching to roll them out, a strategy that research shows to be ineffective.

- **Capacity to relinquish control.**
  Insisting with the 15-year-old smoker that her health is being compromised (she knows this; she chooses not to believe it) may set up a barrier of resistance to change, whereas non-judgmental questioning about when and why the youth smokes and what she likes about it may lead the young person to think about those questions, and may eventually open the way for discussion of alternatives. We all have reasons for our behaviors, even those that harm us. Helping a young person become more self-aware is a huge contribution to her long-term health trajectory.

- **Willingness to negotiate imperfect accommodations that bridge differences.**
  Here the tools and skills associated with Motivational Interviewing come to the rescue by releasing the provider from the understandable wish to "fix" in favor of developing a care plan that honors both patient and provider perspectives and thus has an increased likelihood of improving health.

Skills

These attitudes underlie success in caring effectively for every young person, and create the foundation for the specific provider skills needed to generate success. These skills include:

- Ability to use both verbal and nonverbal language to foster trust and a sense of safety;
- Ability to interact in a non-judgmental way when differences of values or social/health norms emerge;
- Ability to ask useful questions that help the patient communicate fully about his or her personal health situation and history;
- Ability to listen for what is said and what is not said, to read and respond to body language;
- Ability to respectfully negotiate a mutual plan of action in the context of differing values, beliefs or understandings;

The YouthCHAT model is designed to help providers shape these attitudes and hone these skills for working more effectively with adolescent patients.

Principles of the YouthCHAT Model – Factors for Program Success

The success of a program such as YouthCHAT will hinge on a number of factors including:

1. **An understanding by all involved (adults and youth) that everyone is both teacher and learner.** This condition is at the philosophical center of the training. Those residents or other professionals who are being trained also bring skills, experience and knowledge that they can share as part of the learning process.

2. **Clearly communicated expectations for the youth actor/teachers.** Specifically, that they are expected to respond to availability inquiries within 48 hours, whether yay or nay, and that when they have committed to working on a given date, they must fulfill that commitment, barring emergency circumstances. The UMN YouthCHAT Program documents and clarifies expectations through a contract established with each Youth Actor/Teacher at the time of their hire *(Appendix: Youth Actor/Teacher Reciprocal Contract).*

3. **Adults with the flexibility and capacity to work positively with young people and the inevitable developmental issues that arise when working with youth of varying ages.** All with not go smoothly. Occasional failures to respond to "availability calls" or late arrivals are inevitable. Some Youth Actors/Teachers occasionally don't respond to "yes or no" availability emails because they assume if they don't respond then that's a passive no. Some become less available as the school year becomes busier, or as they progress towards college and devote their time to finding and applying to a college. Using these occasions as teachable moments is part of the program's contribution to the development of the youth involved. Hiring a company of Youth Actors/Teachers sufficient to always have a few available youth at a time will help address this challenge.

4. **Youth actor/teachers must be either employed or compensated regularly through another mutually agreed upon means, such as gift cards.** This is essential to the relationship of the young co-teachers with their adult collaborators. The UMN YouthCHAT program pays youth actors $10.00 per hour, both when youth are being trained and when they serve as trainers.

Recruiting & Hiring Youth Actors/Teachers

Recruiting Youth for YouthCHAT

Finding youth interested in serving as actor/teachers requires outreach to adults and programs that work directly with youth. The possibilities for recruitment sites are many and can include libraries, community centers and youth programs organized by community institutes, such as various religious organizations. Be creative. Reach out and share information about the YouthCHAT opportunity with people/programs in your communities that interact with youth in various way.

Recruitment Venues

Venues that provide programs, services, or spaces for youth activities are all opportunities for recruiting youth actors/teachers. The UMN YouthCHAT program recruits for YouthCHAT through:

High Schools:

- **High school guidance counselors** are often eager to provide opportunities for participation in YouthCHAT to youth in their schools.
- **High school peer education programs** are a wonderful source for youth recruitment, drawing in youth who typically already have some training and experience in taking the role of teacher.

Teen health clinics

These clinics often have youth advisory groups whose participants are prime candidates for a YouthCHAT program. Young people who participate in these advisory groups not only have experience with giving constructive, honest feedback to adults, but often have an interest in exploring health care careers, which is an additional motivator.

Word of mouth

As a program becomes established, word-of-mouth will increasingly support recruitment, as young people who have worked in the program spread the word, and interested young people or parents make inquiries. Promotional Flyers may turn up where they have not specifically been placed as adults in the community begin their own recruitment in their communities.

Nepotism!

Younger siblings often see that YouthCHAT has been a positive experience for their older sibling and are interested in the program. YouthCHAT actors sometimes ask for consideration for their younger siblings. While it is encouraging that they wish to "pass on" a good experience, it is important to maintain the same hiring process for all YouthCHAT Actors/Teachers.

Recruitment Materials

The UMN YouthCHAT program provides the following information when conducting recruitment outreach:

- **One page program overview** *(Appendix: UMN YouthCHAT Program Overview)* which provides a succinct summary of the program – a basic recruiting tool, including youth eligibility to serve as an actor/teacher. Counselors and others who help with recruiting efforts sometimes modify the basic program summary by highlighting certain aspects of interest to youth in their school/program (e.g. if students that have a particular interest in health care professions, recruiters may modify the

summary to emphasize the opportunity to get an inside view of health provider training); or recruiters sometimes create their own promotional tools such as poster and banners using the basic program information provided).
- **YouthCHAT Youth Actor/Teacher Application** *(Appendix)*
- **Program timeline**, including application deadline, interviewing schedule, hiring and notification schedule, and training dates.

Establishing Recruiting Relationships

The UMN YouthCHAT Program Director initiates outreach to prospective high schools (and other venues) with an initial visit to discuss the program with administrators/program directors – its goals, requirements and benefits for youth participating. That direct, personal contact is helpful in establishing a working relationship with the adults involved in recruiting that can later be maintained through emails and phone calls.

Timing of Recruitment

While recruitment might take place as needed throughout a training year to fill Youth Actor/Teacher positions, the optimal time for recruitment is usually shortly after schools convene in the fall - when young people are deciding where they want to invest their time and efforts outside of school.

Parent Support

Parent support for youth involvement in this type of program is essential. In the UMN program, support of parents or guardians for the young person's participation is typically explored during the interview with youth ("Do your parents know you applied for this position, how do they feel about it"). With younger participants who don't drive, parent support may be implied if they provided transportation to the interview. Depending on your state or organization's policies and age of your youth interviewees, you made need to get formal parent approval in advance or conduct parent outreach prior to interviewing youth for available Youth Actor/Teacher positions.

Youth Actor/Teacher Qualifications

When recruiting youth for actor/teacher roles, acting experience is not essential. Instead, the following successful characteristics of youth actors/teachers have been observed in the UMN YouthCHAT program:
- Interested youth generally **find role-playing to be engaging** as it allows them to explore adolescent experiences once-removed from the issue (their roles are fictional but based on their understanding of and experience with their character's issues).
- A key part of what youth bring to resident trainings is the perspective of their developmental stage, which impacts their ability to articulate nuances about their fictional character. As such, it is also crucial that youth **are interested in, and not inhibited by, talking about emotional circumstances and motivations.**
- **Dependability** is an essential requirement for actor/teachers. During the interview process, getting to the interview and arriving on time is a part of the screening process as it demonstrates their dependability in adhering to training schedules.
- Finally, the most successful actor/teachers demonstrate **interest in the teaching/learning process** itself and an **eagerness for the developmental opportunities it offers them**.

Youth Actor/Teacher Application Process

	UMN YouthCHAT Process
Applicant Eligibility	Eligible applicants are between 13 and 20 (capturing most of the age ranges considered to be within adolescence). Youth bring the perspective of their developmental stage (which looks different for every individual and across different ages), recruiting within this broad age range ensures that the Youth Actor/Teacher company represents diversity of adolescent development perspectives and experiences.
Application	After delivering recruiting information to schools and other venues, at least 3 weeks is given before the submission deadline for applications. Youth complete and return a written (or online) application by the established deadline *(Appendix: UMN Youth Actor/Teacher Application).*
Reviewers	Early in the program history, four staff reviewed all applications. As the program has progressed, two staff now review applications (YouthCHAT Program Director and a UMN faculty member. Two is the recommended minimum number for application review so that staff can compare notes and decisions).
Interviewee Selection	Decisions to select applicants for interview are made collectively by the reviewers. Early in the program, a rating system was used for selecting interviews. As time goes on and staff become more comfortable and knowledgeable about what makes for a successful youth actor, no rating system is used – simply a process of the two reviewers comparing notes, and narrowing down the list of top applicants for interview.
Timing	At least one week is allotted in the program timeline for the review of applications.
Determining Hiring Needs	There is no formula for determining how many youth actors need to be hired. An overarching principle is to ensure a sufficient number of actors available to conduct necessary trainings (keeping in mind the need to accommodate youth schedules, having alternates trained and ready when primary youth actors are not available, and ensuring that no one youth actor training load is too heavy). The UMN YouthCHAT program works with 2-3 residents in training for one month (during the second year of pediatric residency; third year of medicine/pediatric residency), the YouthCHAT model/training is one componenet of the one month residency training. The program also provides approximately 5 additional trainings per year to other providers. In 2013, a company of 10 Youth Actors/Teachers was sufficient to meet these resident and other training needs. With this ratio of residents/trainings to youth actors, each youth can expect to be part of one provider training per month (if that).
Ratio of Interviewees to Hires	A 2-to-1 ratio of interviewed applicants-to-needed-hires is sufficient to fill available Youth Actor/Teacher positions. However, a 3-to-1 ratio of interviewees to available positions provides optimal scope for selection of a diverse Youth Actor/Teacher company with a range of ages, backgrounds and gender. With 10 Youth Actors/Teachers positions to fill, UMN program staff typically interview 20-30 youth. Recruitment and hiring could be an ongoing process to fill available positions as needed. In 2013, three UMN YouthCHAT Youth Actors were carryovers from a previous hiring cycle, seven were new hires.
Notification of Selected Interviewees	Once interviewees are selected from among written applicants, all selected interviewees are contacted to establish an interview schedule. The UMN YouthCHAT program attempts to schedule all selected interviewees for one or two days to allow

	interviewers the opportunity to make and compare interview notes while the interviews are fresh in their minds.

Application Questions / Considerations

Application questions should explore the young person's motivation around and potential contribution to the program, as well as her/his ability to step away and observe, a skill that is required for giving helpful feedback to trainees. The UMN YouthCHAT Program uses questions such as:

- Describe an experience you've had that has helped you understand yourself better.
- If you were selected, what experiences could you bring that would help you teach residents (or other health care trainees) about taking care of adolescents?
- What are the most important issues for young people today?
- How can adults help address those issues?
- What do you think you can contribute to helping adults better understand the experiences and needs of adolescents?
- Why does being a part of YouthCHAT interest you?

These questions provide an opportunity for youth to demonstrate both their level of self-awareness and their level of insight about issues facing young people.

The written application also identifies health/development issues of particular interest to that young person, which may be a factor for the reviewer to consider for diversifying the Youth Actor/Teacher company.

As the youth population becomes more diverse in the U.S., it is also important to "read beyond" language limitations when reviewing applications from young people for whom English may be a second language. Although this has not been an extensive need in the UMN YouthCHAT program to date, some considerations for reviewing applications and interviewing ESL youth to determine their fit for the Youth Actor/Teacher role might include:

- Assigning value of the young person's experiences and perspectives which might be a fit for the program (vs. solely reviewing application for ability to express themselves in writing)
- Acknowledging that ability to express themselves verbally is not the only way in which a young person can express themselves. Interviewers should listen and watch more intently for expressions of emotion and body language, and assess level of motivation and intensity of the emotion and body language used to assess a young person's fit for a youth actor role.

Youth Actor/Teacher Interviewing Process

	UMN YouthCHAT Process
Interviewers	Interviewers for Youth Actor/Teacher applicants are the same YouthCHAT staff and faculty who reviewed the applications and selected interviewees. This UMN process has more organic (they are current staff who have been with the program from the beginning) then by any design, although the interview process is more effective if the interviewers have been part of the application review process so they can revisit application themes/issues of interest during the interview.
Interview Space	Interviews with youth are conducted at the work site (where resident trainings take place) providing a first acclimation to the work/training setting. A waiting area/space is set up nearby the interview room. Signage is posted to clearly guide applicants to the interview room.
Length of Interviews	Interviews are scheduled for approximately 15 minutes each, with time built in between each interview for the Interviewers to make and compare notes.
Final Hiring Selections	Decisions to select an applicant or interviewee for hire are made collectively by the interviewers. Early in the UMN program, a rating system was used for finalizing hiring selections. As time goes on and staff become more comfortable and knowledgeable about what makes for a successful youth actor, no rating system is used – simply a process of the two interviewers comparing notes and considering diversity needs, and narrowing down the list of interviewees for hire.

Youth Actor/Teacher Interview Format

The UMN YouthCHAT Program interviews consists of these main elements:

1. **Information sharing about YouthCHAT;**
2. **Standard interview questions;**
3. **Exploration of application concepts;**
4. **Opportunity for interviewer/youth interaction;**
5. **Notification of program hiring timeline;**
6. **Ongoing Communication Mechanism Established.**

Information Sharing

The interview includes information sharing and clarification of expectations for the YouthCHAT program to provide the interviewee with a brief description of what happens if they are hired, including: an initial training session, character development meetings with the Program Director; resident training process; and ongoing email communications if hired (necessitating daily checking of email). Of special importance is emphasizing that, while they would be employed and paid for the time they invest, work with this program does not constitute a "job" in the usual sense and will not be a source of significant income. Their involvement is irregular and at most will involve 4 -5 hours per month, and often less. Beginning the interview with this information sharing allows the interviewee to ask questions and determine if the program is a fit for their interests (before or as you move through the interview questions).

Standard Interview Questions
The UMN YouthCHAT Program interview process includes standard questions that may include the following (*Appendix: Considerations for Standard Interview Questions*):

- What interested you when you heard about YouthCHAT?
- What experiences – good and bad – have you had with health care providers?
- What would you hope to get from the experience of being a YouthCHAT actor?
- How comfortable would you be portraying a character who is worried about having a sexually transmitted disease? Who has a mental health concern?
- Do you have any experience in giving helpful feedback? How would you feel about giving feedback to a doctor?
- What are your other activities and interests? Where in your priorities would this job fall?
- Will your school accommodate your needing to leave class once a month in order to get here on time?
- How will you get here?
- Do your parents or guardian(s) support your interest in this program?

Exploration of Application Concepts
The UMN YouthCHAT interviews use a combination of standard questions and exploration of the material explored/provided in the written application. This gives the interviewee an opportunity to elaborate on answers given in the application, but it also gives the Interviewer an opportunity to explore some issue that might be of particular interest to the Youth Actor/Teacher company (e.g. multi-lingual youth, youth with unique family background, youth with perspectives on specific health issues).

Opportunity for Interviewer/Youth Interaction
The interview works both ways, giving the interviewers a window into whether a given young person is right for the program, but also providing the young person with the opportunity to see if the program is a fit for their skills and interest. Throughout and at the end of the formal Interview questions, interviewees are given the opportunity ask additional questions and clarify their expectations of the program.

Notification of Program Hiring Timeline
At the end of the interview, interviewees are informed about what will happen next, how long it will take to make a hiring decision and how they will be notified.

Notification of selection to join the YouthCHAT Actor/Teacher Company
Following the interview process, each youth applicant and interviewee is notified of the outcome of their application. For those who are not hired, it is emphasized that the process of selection required choices of some applicants over others in order to balance the Youth Actor/Teacher company, which means that in some cases strong candidates were not hired. Youth not hired may also be alerted if there will be a future opportunity for them to participate and if their application will be kept on file for future opportunities.

Ongoing Communication Mechanism Established
The UMN program notifies those to be hired by phone, so that if a candidate being offered a position cannot for some reason accept, an alternate candidate can be selected immediately. Upon notifying youth of their selection, they are informed again that all subsequent program communications are by

email, and that as a member of the Youth Actor/Teacher company they are expected to check email daily.

The UMN program establishes an email list for all youth and adults involved in the program. This ensures that the Program Director has a reliable form of communication with all staff involved in the program, and all are receiving the same updates and notices. Email communication also provides an easy way for youth and other staff to reliably communicate with the Program Director. The UMN program intentionally **does not** use text messaging for program communications.

Other types of communication structures could be used to conduct program communications such as:

- Listservs (members of listerv can send emails to the whole group, moderated or moderated by the Program Director).
- Social Media (such as Facebook or NING, where a dedicated page provides a forum for schedules and other information.)
- Intranet (a dedicated webpage internal to your organization which can only be accessed by users with a password).

No matter which communication channels are chosen, consider:

- Do all youth and adults involved in the program have access to it?
- How complicated is it? Does it require a username or password?
- Is the channel secure for sharing confidential program information?

YouthCHAT – Youth Training Structure

Youth Actor/Teacher Training Objectives

Training Youth Actors/Teachers is approached with the recognition that every young person brings unique qualities to the teaching experience. The job of the Program Director and Training Facilitator is to work with each youth at his or her point of entry (i.e., they may be extroverted, reserved; confident, shy) and support the development of their sense of competence in the role.

In the UMN program, this is accomplished through training with the youth that combines sharing information (context for their role and training), interactive exploration of acting and characterization skills and practice based on principles of giving effective feedback. The latter is by far the most difficult task in the Youth Actor/Teacher role, and competence in these skills will begin with training but be developed over time as the youth gains experience.

The UMN YouthCHAT Program conducts an initial training with hired Youth Actors/Teachers that incorporates the following key objectives. As a result of this initial training, hired Youth Actors/Teachers:

1. Learn about the training context of the residents/providers with whom they will interact (e.g. where the residents/trainees are in their professional preparation and how the YouthCHAT training fits within that total picture).
2. Learn the fundamentals of an effective health care provider / youth interview and become familiar with the psychosocial interview/HEADS format.
3. Develop skills for convincingly portraying characters in teaching scenarios.
4. Develop skills for creating their own character, working collaboratively with the Program Director.
5. Learn principles of and develop skills for providing useful, constructive feedback.
6. Get to know and develop a connection with the other YouthCHAT Actors/Teachers and adult Training Facilitators in order to create a shared sense of mission and commitment.
7. Have the opportunity to explore, from the inside, health care training and some dimensions of health careers.

Preparing for Training New Youth Actors/Teachers

	UMN YouthCHAT	Considerations for Your State
Length of Youth Training:	An initial training followed by character development consultations, including: • Group Training: 5 hours / 2 parts on consecutive or proximal days. Length of training changes over time based on number of hired actors, resident trainings needs, etc. • Follow-up Character Development consultation with each individual Youth Actor/Teacher (approx. 2 hrs) • Follow-up Character Development consultation with all new Youth Actor/Teachers (approx. 2 hrs)	• Training could be conducted in one day, keep in mind attention span issues (of youth and adults) related to teaching and learning intense concepts. • Additional time may be required for content/instruction as Facilitators and Trainers become more experienced in presenting/practicing concepts with youth. • Extended opportunities for youth to practice characters/giving feedback may be necessary for some youth to become comfortable with their role character and feedback role.
Trainers	Two adult Training Facilitators: YouthCHAT Program Director and a UMN staff/faculty member (with experience in psychosocial interviewing and sexual health issues/interviewing). Their roles have evolved from their work with the program from the beginning. They work together to present/facilitate content. This allows trainers to "spot" each other on making sure that all material is covered; and, makes the dynamic of the training more interesting than a single trainer could.	Training Facilitators should be adults with attitudes and skills to successfully work with youth in a teaching /training setting (similar to Conditions of Success for health care providers, pages 5-6.) As a new program "ages" experienced youth who have worked in the program may be added as an important dimension of the Youth Actor/Teacher training by sharing their experiences, as well as serving as interview practice partners.
Time of Day:	Weekdays, 3:00pm-5:00pm (to mirror time of day youth will train residents). This timing is usually convenient for school schedules and for parent schedules if parents are providing transportation.	Choose the time that fits best for the youth and adults involved in your program. Determine best availability for all youth and adults that need to be involved (before scheduling the training) so that your entire Acting/Training Company will be in attendance.
Training Space:	Ideally conducted in the same room where youth will train residents so youth become comfortable with the setting and routines they will follow as actor/teachers.	Training site should offer appropriate space for large group presentation as well as small group breakouts. Ideally, choose a space that resembles (size/character) the clinic or other space in which the provider works. Take into consideration the ease of getting to the location (proximity to public transportation, parking available, safety of location, etc.)

Preparing for Training New Youth Actors/Teachers (continued)

	UMN YouthCHAT	Considerations for Your State
Materials	Youth trainee materials include: 1. Training Agenda+ 2. Employee Timecard+ 3. UMN Pediatric Resident / Adolescent Medicine Rotation schedule+ 4. Introduction to the Psychosocial Interview /HEADS* 5. YouthCHAT Interview Feedback Guide* 6. Resident training dates+ 7. YouthCHAT faculty list+ **See Appendix* + *UMN program specific*	Materials and handouts should be tailored to any special training needs of the health providers and youth involved in the training.
Set-Up:	• Ideally arranged informally, with trainers and trainees in a circular or U configuration. • Chairs should move easily to accommodate breakouts into small practice groups. • White board and markers; flipcharts, and/or post-it notes. • Other equipment as needed based on instructor/facilitator process. • Healthy snacks – fruit, trail mix, drinks	Identify any set-up issues or challenges in advance, such as: some venues don't' allow taping to walls, some venues prohibit outside equipment or food, etc.
Training Communications	Email list established for Youth Actors/Teachers upon hire. Training notices sent via email including: • Training agenda to make training objectives and expectations clear in advance and initiate the learning process for the Youth Actors/Teachers. • Instructions to bring a picture ID and Social Security card, or a passport, for copying and filing with their employment papers. • Directions to the training site and any other logistical information.	Communications via whatever method you choose should include the training agenda, directions, information on whether food will be provided, and any other information the Youth Actors/Teachers need to know to prepare for their training experience.

Conducting the Training for New Youth CHAT Actor/Teachers

The following agenda is used to conduct the UMN YouthCHAT training for new Youth Actors/Teachers.

Day 1 (approx. 2 hrs, 35 min)

Agenda Element	*Approximate Duration*
Breaking the Ice	10 min
Employment Logistics	15 min
Walk-around	10 min
Program Schematic to Establish Context	10 min
Elements/Tools of Acting	60 min
• Emotional States 20 min	
• Body Language 20 min	
The Psychosocial Interview	30 min
Character Development	15 min
Homework Assignment on Character Development	5 min

Day 2 (approx. 2 hours)

Agenda Element	*Approximate Duration*
Sharing about Character Development	15 Min
Constructive Feedback	45 Min
Feedback Cues	25 Min
Demonstration Interview and Discussion	25 Min
The Reciprocal Contract	10 Min

Day 2 (optional extended practice time)

Agenda Element	*Approximate Duration*
Optional extended interview practice	If possible, consider extending the training time to provide additional individual practice for new Youth Actors/Teachers on acting techniques and giving feedback.

Day 1 Agenda Process

Breaking the Ice
Approximately 10 min

Purpose:
Youth trainings should begin with creating a safe space where everyone feels welcomed and able to relax and learn.

UMN Program Process:
An ice breaker activity is used, such as having trainees pair up and do mini-interviews, then introduce each other based on those interviews.

Employment Logistics
Approximately 15 min

Purpose:
Employment formalities are included as part of the initial Youth training so that all youth receive the same information and benefit from each other's questions. Completing employment paperwork during the training also reduces the time it typically takes to send/receive necessary forms needed to finalize the hiring process.

UMN Program Process:
Trainees are instructed in advance to bring a picture ID and their Social Security card, or a passport, for copying and filing with their employment papers. A University payroll worker explains the necessary forms – W2, etc. – and answers any questions. Typically, trainees are instructed to consult with parents regarding the tax-related documents and return them to the Program Director/payroll worker the following day.

Adapting to other settings/states:
While the UMN YouthCHAT program has found it efficient to do this in conjunction with training, a separate meeting for the purpose of dealing with employment details could be scheduled prior to the training.

Walk-around
Approximately 10 min

Purpose:
The "walk around" offers Youth trainees to see where they are in the context of the UMN facilities, and get acquainted with other programs that are housed in the building.

UMN Program Process:
Trainees are taken on a tour of the area where they will work, including the offices of the Program Director and the payroll staff. During the tour, the Program Director mentions other educational functions of the Division of Pediatrics unit, such as "Fellowship Row" where post-graduates participating in our interdisciplinary fellowship have office space.

Adapting to other settings/states:
While the UMN YouthCHAT program has found it efficient to include this tour in the Youth training, as a way of bringing the Youth into the fold as an employee of the Division of Pediatrics, this type of tour might be conducted separately from the training (or in a different way) - keeping in mind that treating youth as the employees (therefore giving them a tour as part of orientation) is important in building their comfort with the program and their role in it.

Program Schematic to Establish Context
Approximately 10 min

Purpose:
Trainees are provided with schematic/organizational chart of the YouthCHAT program, demonstrating how it fits into the larger educational context of the resident training program.

UMN Program Process:
Using a white board, a trainer draws a schematic of the YouthCHAT program while offering a verbal explanation of how the program fits into the larger context of the university. The schematic is described in two ways:

Institutional context *(Attachment: UMN Organizational Chart):*
- University of Minnesota
  - Academic Health Center and its seven schools including:
    - UMN Medical School
      - Department of Pediatrics
        - Division of Adolescent Health and Medicine
          - Resident Training
            - YouthCHAT

Resident education and placement context:
- Residents attain Undergraduate degree (four years);
- Followed by medical school (four years); and,
- Specialty (Pediatrics – three years; Medicine/Pediatrics – four years)
  - Including participation in YouthCHAT interviews/practice sessions in their second year of specialty training).

Adapting to other settings/states:
The UMN YouthCHAT program has found it to be an efficient orientation tool for Youth Actors/Teachers to share this schematic with them during training. This process not only brings them into the fold as an employee (understanding the role their job plays in the larger university context), but also demonstrates the importance of their role in training residents, who have progressed significantly in their medical school training and are ripe for learning and applying skills for interviewing adolescents to their medical expertise. While providing this kind of schematic might look differently in another state or venue, it is an important part of the Youth trainee orientation process.

Elements/Tools of Acting (Introduction to Emotional States and Body Language)
Approximately 60 Min

Purpose:
Acting is the skill of translating - through one's own mind and body - the emotions and actions of a character being portrayed. Thus, training for acting a character in a resident training scenario begins with helping the Youth Actor/Teacher recognize the scope of emotional resources that we all have, and how to harness those resources to portray a character.

UMN Program Process:
Training facilitators give an introduction to the two key acting skills developed with Youth Actors/Teachers to prepare them for their role in portraying characters during resident practice sessions/interviews: Emotional States, and Body Language.

Emotional States
Approximately 20 min

Purpose:
Acting is not "pretending," it is the portrayal of what is true for the character, based on real human emotions. Effective portrayal of the characters in YouthCHAT scenarios requires that the Youth Actor/Teacher understand the emotions and motivations of the character being played, and then use his/her own inner resources ("Have I had experiences in which I felt similar emotions?") and observation of others in similar circumstances ("Do I know someone who has felt that way?") to form an approach to the character and develop attitude and body language that will convey the experience of the character being portrayed.

UMN Program Process:
Training Facilitators explore four basic emotional states with the Youth Actors/Teachers: Mad (angry), Sad, Glad, and Scared.

Training Facilitators invite youth (in the large group) to brainstorm a "mad" situation, a "sad" situation, a "glad situation, and a "scared" situation. A Training Facilitator makes notes on a white board or flip chart as they brainstorm. At the conclusion of the brainstorming activity, trainers note that the group will return to put emotional states into action after discussion of body language.

Body Language
Approximately 20 minutes

Purpose:
Combined with understanding emotional states, body language is the second fundamental tool of acting. A clear understanding of, and ability to portray, emotions through body language is essential to the Youth Actor/Teachers' role in the resident training/practice session.

UMN Program Process:

Training Facilitators begin with a brief mention of research that supports the premise that, while words and the choice of words are powerful components, the *meaning* of words is communicated through body language.

Training Facilitators invite youth (in the large group) to brainstorm ways in which we use our bodies to convey feeling and meaning. A Training Facilitator makes notes on a white board or flip chart. Body language concepts that should be listed on the white board at the end of the brainstorm include:

- Posture – how we hold our bodies conveys mood and, over time, attitude
- Gestures – are they freely motivated? restrained? open? closed?
- Positioning of body – I am open to you; I am not
- Facial expressions – frowns, smiles, flat – direct information!
- Eyes and eye contact – conveyors of trust
- Voice – volume, pitch, timber often express emotional state

Training Facilitators add to the brainstorm list as needed to ensure all key body language elements are listed on the white board.

When brainstorming is complete, Training Facilitators engage the group in a discussion linking these elements of body language to emotional states (discussed in the previous activity). This is accomplished through large and small group discussions:

1. As a large group, the Youth trainees are asked to discuss ways in which these body language tools show up and play out as anger, sadness, gladness and fear.
2. Youth break into pairs for 15 minutes to: create a brief scenario of "mad" (or another of the emotional states); and then work through the list of body language elements to project how that anger might be expressed (non-violently) through use of the body.
3. The group then reconvenes and shares insights on body language from their exercise. Training Facilitators move through each emotion asking for brief insight into the body language of that emotion. The Training Facilitators then point out that an important role for the Youth Actors/Teachers when training healthcare providers is to accurately read the body language of the adults they train and provide constructive feedback on how their body language helps/hinders the interview process (a skill that will be explored in more depth on Day 2).

Adapting to other settings/states:

The process for discussing emotional states and body language during the training is very succinct in the UMN YouthCHAT program (approximately 20 minutes for each section). Over time, the UMN YouthCHAT Training Facilitators have mastered the art of delivering this content to Youth trainees and leading them through exercises to understand the concepts. In other settings/states, you may want to work more time into the agenda for these sections, or consider "practicing" the delivery of these sections with staff or focus groups of youth before conducting your first formal YouthCHAT Youth Actor/Teacher Training. Over time, you will develop your own process and rhythm for addressing this crucial element of the Youth Training.

The Psychosocial Interview
Approximately 30 minutes

Purpose:
The HEADS mnemonic tool is a "mental map" for providers to use during a psychosocial interview with adolescents - an interview that provides opportunity not generally offered in the traditional medical interview. The purpose of incorporating this content into the Youth Actor/Teacher training is so that they understand the framework residents are trained on for interviewing adolescents during medical visits – information they will use to develop their character scenarios, and helpful to know when they are providing feedback to residents on how they did during an interview. (For more information on HEADS categories and associated questions for providers, see Resident Training elements, page 23; and *Appendices: Introduction to the Psychosocial Interview / HEADS Tip Sheet; and Getting Into the Heads of Adolescents).*

UMN Program Process:
Training Facilitators introduce the HEADS interview categories to Youth Actor/Teachers. Youth are given the *Introduction to the Psychosocial Interview (Attachment).* Using the Guide, Training Facilitators walk through the categories of HEADS, discussing the purpose of each dimension of questioning.

Training Facilitators discuss how the HEADS tool assists providers in psychosocial interviews with adolescents, and how the Youth Actors/Teachers will later use this as a guide for character scenario development.

Character Development
Approximately 15 Min

Purpose:
The foundation of the YouthCHAT program is the development of character scenarios which Youth Actors/Teachers portray to resident trainees during practice session interview. By using the Guide as they develop characters, Youth become familiar with the "map" of the psychosocial interview.

UMN Program Process:
Following the overview of the psychosocial interview, the YouthCHAT Program Director briefs trainees on the process for character development, so that they understand:

- Character development, which is a continuation of training, takes place within two weeks of the youth training, during an individual consultation with the YouthCHAT Program Director, and a group consultation with all new Youth Actors/Teachers.
- Character development includes: Mapping out a character based on the HEADS categories; role playing their character with the Program Director; practicing feedback techniques; and getting feedback from the Program Director on their acting and feedback skills.
- Character development is an essential component of meeting the training needs of the health care trainee. It is not intended to build a character around personal experience, instead it is intended to build a character that allows health care trainees to practice interview skills, including creating a safe environment for adolescent patients and engaging an adolescent patient in discussion around sensitive issues.

- Character development following the HEADS categories helps strengthens their familiarity with the HEADS interview and the resident training process.

Homework Assignment
Approximately 5 min

Purpose:
Allowing Youth Actors/Teachers to have some time to think about the process of character development within this initial training assists in answering key questions before they reach that actual process, but also benefits all trainees by hearing each other's questions and concerns.

UMN Program Process:
Day One of the training concludes with the overnight assignment for youth to begin using the HEADS format to formulate a character that will bring to the provider trainee the opportunity for practice in an area of adolescent concern. Training Facilitators instruct trainees to:

- Think about a character (of their choice) who has a set of circumstances that makes up their "character scenario".
- Review the Introduction to the Psychosocial Interview (HEADS model), and begin thinking about your character's circumstances for each of the HEADS categories.

Note that this process for the UMN program is very organic in that it asks youth to come up with their own issues/character ideas. No samples of previous scenarios are given to youth so that they will begin to develop the ability to relate to the circumstances of a fictional character, while applying their own emotions and experiences to thinking about portraying that character. For the UMN program, this process typically results in very thoughtful and diverse character ideas.

Adapting to other settings/states:
The UMN YouthCHAT program breaks the Youth training into two components on two subsequent (or proximal) days. In states/settings where such a training is taking place all on one day, time should still be given for Youth trainees to spend some individual time thinking about character development.

Day 2 Agenda Process

Sharing about Character Development
Approximately 15 Minutes

Purpose:
Beginning Day 2 with an opportunity to share character development ideas enables Youth Actor/Teachers to hear common questions and concerns about the process.

UMN Program Process:
Youth Actor/Teachers are invited to share the character development ideas that they generated overnight. Training Facilitators write ideas on a white board or flip chart and reviewed to identify key issues expressed by the Youth trainees. When brainstorming is complete, Training Facilitators point out areas of the HEADS tool that were not addressed by trainees. Youth Actors/Trainees are encouraged to continue, post-training, to consider all areas of the HEADS

tool in preparation for a character development consultation with the YouthCHAT Program Director 1-2 weeks later.

Constructive Feedback
Approximately 45 Min

Purpose:
Training on providing effective, useful feedback begins with the acknowledgment that giving effective feedback involves a set of sophisticated skills that, in fact, few people ever develop. Youth are prepared, therefore, to view their development of skills in this area as a progressive undertaking, but one that will serve them well in many employment and interpersonal situations in their lives.

UMN Program Process:
Training Facilitators invite youth to reflect and share experiences they have had, good or bad, related to receiving feedback from other people. What helps them learn? What kind of feedback gets in the way of their learning? This discussion is intended to get youth thinking about how they learn, how they and others respond to feedback, and how positive feedback (even if it's feedback on something needing improvement) is an essential skill that is developed.

Training Facilitators then introduce guidelines for giving useful feedback (developed over time by the UMN YouthCHAT program, see *Appendix: Feedback Guidelines and Cues).* Training Facilitators then relate the feedback/experiences shared by youth to the guidelines, emphasizing that youth actor feedback during the resident training practice sessions/interviews is essential to help residents develop and improve their skills for interacting with young people in a health care setting.

Training Facilitators cite skills from the Feedback Guidelines and list them on a white board or flip chart. For each skill, Training Facilitators offer examples of how that feedback might be given to a resident trainee, for example:

- **Fit the feedback to the learner**. This involves the ability to perceive the learner's level of confidence and to frame the feedback accordingly. For example, a trainee who has done a marginally effective or ineffective interview may need focused feedback on the elements of the interview that did not work well in order to encourage additional skills development. Whereas a trainee who has done a strong interview may need feedback about what worked, and how those strengths can be used to improve other interview areas.
- **Give positive feedback first.** Everyone does *something* well. Zero in on that and provide specifics.
- **Attach "needs work" feedback to something the learner has done well.** For example, "I liked the fact that you told me right away that what I shared with you would be private, except if someone might be getting hurt, but I didn't know what would happen if that were the case…and my character gets hit sometimes at home. So I didn't tell you about that."
- **Be specific; provide examples.** Saying, "That was really good" may produce a warm glow for the learner put doesn't provide any information. Saying, "I felt comfortable from the very beginning of the interview because you picked up right away on my interest in basketball and asked me about it. It was like a conversation, so I relaxed."

- **Talk about yourself, not the trainee.** For example, "I felt hurried through what my character was telling you about missing his mother," instead of "You hurried me…"
- **Sometimes feedback can be effectively framed as a question:** "When you asked about…were you trying to get at…?" This may lead to useful conversation.
- **Remember always that feedback is about helping the trainee learn, not about making a point about "performance."** Emphasis is always given to the practice sessions as a time for making mistakes and backtracking, trying something else – not as a performance to be judged.

Feedback Cues
Approximately 20 minutes

Purpose:
Following the discussion above about feedback skills, it is a useful companion discussion to review cues Youth Actor/Teachers should watch for and provide feedback on during resident trainings. Feedback cues help Youth Actor/Teachers become more familiar with the HEADS tool / psychosocial interview, and helps them gain confidence in their roles.

UMN Program Process:
Training Facilitators distribute a cue sheet that details specific areas for giving feedback during a resident interview *(Appendix: Feedback Guidelines and Cues).* Training Facilitators emphasize during this overview of cues that: giving effective feedback is a sophisticated skill that takes practice; and although it is difficult, it is a skill that can be learned and perfected as Youth Actors/Teachers become more comfortable in that part of their role.

Feedback cues that Youth Actors/Teachers should watch for in the interview:

- **A bridge statement** – did the provider link the reason the patient came to the appointment (e.g. a sore throat) with a statement on concern for the broader welfare (to set the stage for why a broader set of Psychosocial interview questions are use?
- **A statement of confidentiality** –did the provider assure the adolescent patient that this discussion is confidential (unless the adolescent is in immediate danger), or discuss their confidentiality rights per state/agency laws and policy)?
- **Body language** – did the provider display body language that created a comfortable environment, or did they make the adolescent patient feel uncomfortable (posture, gestures, voice, facial expressions, eye contact)
- **Asking open-ended questions** – did the provider ask yes/no questions (resulting in limited responses), or did they ask open ended questions (e.g. does smoking make you feel good, vs. in what ways does smoking make you feel good?)
- **Listening** –did the provider listen to the adolescent patient and ask follow-up questions, or did they appear to be simply formulating their next question?
- **Non-judgmental questions** – did the provider respond in a non-judgmental way?
- **Not making assumptions** – did the provider make assumptions about the adolescent patient, or did they continue to ask questions to determine how the adolescent actually feels/responds?

This element of the agenda is mostly facilitation/presentation of these feedback cue concepts with youth trainee discussion as needed. Training Facilitators emphasize youth

trainees will discuss feedback cues in more depth, and practice giving feedback with the YouthCHAT Program Director during follow-up consultations on character development.

Demonstration Interview and Discussion
Approximately 25 Min

Purpose: Next to practice itself, seeing a demonstration interview may be the most helpful training tool to help Youth Actor/Teachers understand what a resident interview /practice session looks like, and what role they are expected to play in giving feedback.

UMN Program Process: A Training Facilitator playing the role of a health care trainee interviews an experienced Youth Actor/Teacher. The Training Facilitator intentionally works in "good" interview skills with "bad" interview skills, and also works in questions/discussion on sensitive issues so that youth trainees observing the interview can begin to hone their own skills for recognizing what works and what doesn't for future interviews they will conduct with resident trainees.

This demonstration is followed by guided discussion with the Youth Actor/Teacher trainees to discuss:

- What acting tools did they see the actor using?
- Were there particular moments when the interviewer responded effectively to the cues being given verbally or non-verbally?
- What feedback would you give to the actor? To the interviewer?

Training Facilitators add to youth observations as needed to ensure key concepts/lessons of the demonstration interview are pointed out.

The Reciprocal Contract
Approximately 10 Min

Purpose:
The final activity of the initial training session is the signing of a reciprocal contract by the director and by each youth actor/teacher. The purpose of this contract is to state and secure commitments to the essential operational requirements of the program. This activity is incorporated into the Youth Actor/Teacher training to give youth a last opportunity to discuss concerns and questions as a group *(Appendix: Youth Actor/Teacher Reciprocal Contract).*

UMN Program Process:
Training Facilitators review the Reciprocal Contract, emphasizing the operational commitments outlined in the contract, including:

- The YouthCHAT Program Director must systematically inform Youth Actor/Teachers of upcoming provider training dates, with notice by email at least one week in advance of those opportunities.
- Youth Actors/Teachers agree to check email regularly and to respond to notice of upcoming provider training dates with a "yes" or "no" within two days.
- Youth Actors/Teachers agree to inform the Program Director of changes in their personal circumstances that alter their availability for one training session per month.

Post Youth Training - Character Development Logistics:

UMN YouthCHAT Process	
Purpose of character development	The purpose of character development is to: 1. Focus on specific training needs/issues of the residents; and, 2. Protect the privacy of the youth actor, allowing the youth to "present" an adolescent health issue that is developed/rehearsed without revealing specific personal information to the resident (after all the youth actor is a trainer, not a patient).
Timing	Character development usually takes place within two weeks following the Youth Actor/Teacher training
Length of Session	The UMN program includes two character development sessions: • An initial consultation on character development with each individual Youth Actor/Teacher and the UMN YouthCHAT Program Director, approximately 2 hours. • A follow-up group meeting with all new Youth Actors/Teachers is conducted by the UMN YouthCHAT Program Director to practice character portrayal and giving feedback, approximately 2 hours.
Venue & Set-Up	Initial consultation takes place in Program Director's office. Second group consultation ideally takes place in the same space where youth training occurred (and resident training eventually takes place).

Character Development Part 1: Initial Consultation (2 hours)

The UMN program process for the first, individual, consultation on character development typically follows this format:

1. Youth are instructed to bring notes about character development from their orientation/training, and thoughts/questions they have had since the training.
2. The YouthCHAT Program Director and the Youth Actor/Teacher sit at a computer, and walk through the Introduction to Psychosocial Interview document youth received at their training.

- The YouthCHAT Program Director asks the youth to talk about the character they have in mind, and to walk through that character's background using the HEADS tool/questions (in this way, creating a backstory or scenario about the character). New Youth Actors/Teachers are free to develop their own character/issues. See below for more on "stock characters".
- During this discussion, the YouthCHAT Program Director develops a typed character scenario using the HEADS outline which is printed out for the youth actor.
- The Youth Actor/Teacher practice an interview session (with Program Director role playing the health care provider trainee).
- The Youth Actor/Teacher practices giving feedback on the interview.
- The Program Director then gives the Youth Actor/Teacher feedback on their character portrayal and feedback skills.

Key elements of character development that the YouthCHAT Program Director works into this initial consultation:

- Assuring Youth Actor/Teachers that no character portrayal is mandatory, and that they are free to "opt out" of a given character /scenario without stating a specific reason. This is intended to

prevent any situation where a youth might be portraying a traumatic situation that is real and unresolved for them.
- Clarifying character development and portrayal should be a fictional scenario (but drawing from their own perspective on issues and experiences is okay).
- Confirming that during resident trainings/interviews character information should be revealed when a safe environment has been established by the resident, and withholding character information is appropriate if a safe environment has not been established (e.g. provider doesn't offer confidentiality and/or bridge statements, see more in Resident Training information).
- Reviewing Guidelines for Youth Actors/Teachers (*Appendix*) which provides tips and expectations for Youth Actor/Teachers to prepare for resident training including: memorizing their scenario; preparation before the interview; process during the interview; giving feedback; and their overall role as Actor/Teacher.

Character Development Part 2: Group Consultation (2 hours)

Note that "giving feedback" is usually the most difficult part of the character portrayal process, and most youth need/want additional follow-up to develop feedback skills. In order to provide Youth Actors/Teachers with additional practice on giving feedback and feedback cues, a second group consultation is scheduled with all new Youth Actors/Teachers. During this second consultation, the UMN YouthCHAT Program Director facilitates practice pairs among the Youth Actor/Teachers so they gain additional practice on giving feedback.

If needed the Program Director provides additional assistance to the Youth Actor/Teacher prior to the actual resident training/practice session. The YouthCHAT Program Director also emails the character scenarios developed to each Youth Actor/Teacher prior to scheduled resident trainings to determine if they need additional assistance before their actual resident interview.

Unique Characters Vs. Stock Characters

This character development process is designed to help the Youth Actor/Teacher decide on the health issue and character that they will portray over and over again. Over time, Youth Actors/Teachers who have experience in developing and portraying characters may be introduced to "stock" characters – character scenarios developed to meet a specific resident training need over time. One such character is "Crystal," who is in an abusive relationship with a boyfriend, which meets a standard resident training need on practicing interviewing skills around sensitive issues of sexual health and intimate partner violence.

Traumatic Histories Related to Character Scenarios

A very important consideration for developing character scenarios is that no Youth Actor/Teacher should be expected to portray a character or issue for which they have experienced a traumatic event. At some point in character development, Youth Actors/Teachers should be assured that no character portrayal is mandatory.

In training scenarios where stock characters are used to meet specific resident training needs (such as the stock character that is in an abusive dating situation), only experienced youth who have already portrayed their own uniquely developed character several times should be approached to portray such characters. Even then, program staff working with youth on character portrayal should be very cautious

and diligent to assure the youth has no associated trauma with sensitive characters/issues. The interview process also helps to screen for any traumatic histories/experiences.

In 15 years of the UMN YouthCHAT Program, no Youth Actor/Teacher has ever expressed a traumatic event related to a character they are portraying. That does not mean, however, that youth don't "bring" their issues to the character development consultations. For example, a young man developing his character might bring questions about male birth control framed in the context of his character scenario (e.g. "what if the character wants to use spermicide or birth control pills?). Overtime, it becomes easier to recognize what questions or concerns (of a personal nature) youth are weaving into discussion in the context of their character. It's helpful to answer such questions in the context of character development (e.g. "Well birth control pills can only be used by girls, so a male character would not use that but his girlfriend might").

In the event that a Youth Actor/Teacher shares a traumatic event or history during an interview or character development process, it would be important for program staff to think (in advance) about how to handle this discussion (such as providing the youth with a referral to a health professional who can help them work through the experience).

Other Character Development Considerations:

The UMN YouthCHAT program has developed into a well-oiled machine over time, with the benefit of a Program Director and other key staff who have been part of the program since the beginning. There are a number of training elements a new program will have determine based on their own comfort level with the process, and their own current experience with some of these concepts, such as:

- There is no mandatory number of practice hours UMN Youth Actors/Teachers must have to ensure they are prepared to portray their character. Readiness to portray and character and give helpful feedback is very subjective to each individual, as determined over time by the Program Director or other staff in charge of managing Youth Actors/Teachers.
- Following the two character development consultations, there is no formal structure for continued practice on character portrayal or giving feedback. However the UMN Program is considering hosting monthly meetings of all Youth Actors/Teachers in their company to give youth a continuing opportunity to practice, share feedback about their resident interview experiences, and continue building bonds with other youth and adult staff. In other settings/states, adult mentors assigned to youth actors might also be an option for ongoing training and support for youth.
- Elements of the UMN YouthCHAT Program have evolved over time, and continue to change to meet Youth Actor/Teacher and Resident Trainee needs. Some elements of the UMN YouthCHAT program are still being explored (such as working with youth with limited English proficiency). There will undoubtedly be many other elements of youth training process that will arise specific to your state.

Ongoing Communication with Youth Actors/Teachers

The UMN YouthCHAT Program Director is the primary contact with all Youth Actors/Teachers throughout the program, and is the main staff working with them to develop and practice character portrayal and feedback skills. In other settings, experienced youth have served in the Youth Actor/Teacher role previously, or other adults involved in the program could serve as mentors to distribute the character development work among staff. A key consideration for distributing this process beyond one key person is that all Youth Actors/Teachers should receive the same instructional information, and go through the same training and character development process.

YouthCHAT – Resident Training Structure

Preparing for Resident Training

	Minnesota YouthCHAT
Length of Resident Training:	Approximately 6 hours broken into two key parts: • Part 1: The Psychosocial Interview; • Part 2: Talking About Sexuality.
Number of Trainees:	2-3 residents at a time (based on the number of UMN Medical School residents rotating through the Division of Pediatrics adolescent health training).
Number of Trainers:	2 Trainers for each part (YouthCHAT Program Director and UMN faculty with experience in specific content - psychosocial interviewing; adolescent sexual health). • Part 1: two trainers facilitate, one presents content, both break out into the practice groups with a Youth Actor/Teacher and Resident Trainee. • Part 2: One trainer presents content, then moves through the practice groups/interviews with both/all residents – each interviewing a Youth Actor/Teacher, then observing the other. • This structure has evolved more out of staffing needs than any design about the number of ideal facilitators (although each practice group pair should be facilitated by a Training Instructor).
Time of Day:	Weekdays, 2:00pm – 5:00pm
Training Space:	Space within UMN Medical School Facilities. Ideally, the space resembles (size/character) of the clinic or other space in which the provider works.
Materials:	Residents receive the article "Getting Into the Heads of Adolescents" and the Introduction to the Psychosocial Interview/HEADS *(Attachment*).
Considerations for your State	Set-up, communications, and other planning elements for the Resident training are similar to considerations for the Youth Training (pages 16-17). Additional set-up considerations for specific agenda elements are provided in those descriptions.
Training Communications	Resident Trainees are notified of their training schedule as part of the overall UMN Department of Pediatrics resident training program. Training notices should include: • The two-part schedule and agenda for each component to make training objectives and expectations clear in advance. • Directions to the training site and any other logistical information.

Conducting the Resident Training

The YouthCHAT component of resident training follows a two-part format, both similar in structure:

YouthCHAT Resident Training Format Overview	
Content/ Agenda	Content Instruction / Psychosocial Interview Bridge Statements Statement of Confidentiality Practice Groups / Interviews with youth actor/teacher Part 1: applied to various adolescent health issues Part 2: applied to adolescent sexual health issues Discussion and Feedback
Length	2-3 hours for Part 1 / 2-3 hours for Part 2
Trainees	2-3 residents
Trainers:	2 trainers facilitate, one presents content, both break out into the practice groups with a Youth Actor/Teacher and Resident Trainee (some variations used in which residents and trainers do no break out but remain in one group in which each resident interviews a youth actor while others observe).
Content:	Content presentation by facilitator/instructor with clinical experience in using the psychosocial interview.
Time of Day	Weekdays, 2:00pm – 5:00pm (to accommodate availability of youth actors/teachers after school hours)

YouthCHAT: A Tool to Compliment Broader Provider Training Initiatives

The YouthCHAT model is a 4-6 hour interaction with Residents during their month-long rotation with the Department of Pediatrics (and therefore is couched in a much larger training initiative that provides instruction on the Pscyhosocial Interview). In other settings where the YouthCHAT model might be adapted, it is essential that it compliment (and not replace) more in-depth training on use of psychosocial interviews (and specifically the HEADS model) for improving communication with adolescent patients and creating youth friendly clinic/health care interactions.

It is also essential that residents or other providers/professionals working with youth receive instruction on the basics of adolescent health and development in order to maximize their understanding of how the HEADS interview tool supports the psychosocial interview with adolescents and assists in assessing and addressing risk and proactive factors that are common across many adolescent health issues. See Appendix 4: Related Reading & Tools for a listing of adolescent health curricula designed for healthcare professionals.

Resident Training Session Part 1 Snapshot
The Psychosocial Interview (applied to various adolescent health issues)

Time: approximately 3 hours	
Instructor/Facilitators: YouthCHAT Program Director, and UMN Medical School faculty member with clinical experience in using the psychosocial interview.	
Agenda Element	***Approximate Duration***
Content Instruction / Psychosocial Interview	1 hour
• Bridge Statements	(5minutes)
• Statement of Confidentiality	(10 minutes)
Practice Groups / Interview	1 hour
Discussion and Feedback	1 hour

Resident Training Session Part 1 - Agenda Process

Content Instruction – The Psychosocial Interview
Approximately 60 min

Purpose:

Leaders in adolescent care have long used a mnemonic tool known as HEADS as a "mental map" for providers to use in during a psychosocial interview with adolescents - an interview that provides opportunity not generally offered in the traditional medical interview. HEADS maps categories of key adolescent health information, denoted by each letter:
H = home;
E = education, employment, eating;
A = activities (which take in interests and friendships);
D = drugs usage (cigarettes, alcohol, marijuana, other drugs; using and driving); depression (mood, suicidality);
S = sexuality (sexual orientation, sexual activity and safety; while it is a separate category, this may be where issues of gender identity emerge, as well); general safety – home, school, neighborhood, weapons at school, guns at home, use of seat belts.

A series of useful questions for providers to use during a medical interview with adolescents is associated with each of these categories. These questions are designed to help the patient communicate fully about his or her personal health situation and history. (*Attachment: Introduction to the Psychosocial Interview / HEADS Tip Sheet; and Getting Into the Heads of Adolescents).*

UMN Program Process:
An Instructor (UMN Medical School faculty member and experienced clinician) with experience in using psychosocial interviewing, introduces the HEADS tool. Although residents may have had instruction on this tool at some point in their education, Instructors assume this is new information for all trainees.

In the context of this discussion, Conditions of Success for an effective interview with the adolescent patient come into play (introduced on pages 5-6). The psychosocial interview helps residents achieve some of these conditions by demonstrating the provider's:

- respectful awareness of the adolescent;
- interest in their whole health and wellness (not just the problem they are presenting);
- interest in working with the adolescent to explore ways to improve their health and prevent future health problems.

In order to effectively use the Psychosocial tool for adolescent interviews, providers must also:

- Be attentive to both verbal and nonverbal language to foster trust and a sense of safety;
- Listen for what is said and what is not said, to read and respond to body language;
- Interact in a non-judgmental way when differences of values or social/health norms emerge;
- Respectfully negotiate a mutual plan of action in the context of differing values, beliefs or understandings;

In the context of the Psychosocial Interview, motivational interviewing provides a frame for providers to move beyond "fixing" the adolescent, to helping the adolescent patient shape their own health decisions and attitudes *(Attachment: Motivational Interviewing reading).*

The Instructor also stresses the importance of using the Pscyhosocial interview / HEADS tool every time a provider sees an adolescent as health issues and circumstances change rapidly and the HEADS tool can assist in assessing changes in an adolescent's circumstances since the last interaction with the provider.

Throughout this discussion, the Instructor provides examples of clinical scenarios (from their own experience) in which adolescent patients might express a mental health issue or substance abuse problem, and how a provider might handle the discussion using the Pscyhosocial Interview process, and motivational interviewing, to help the adolescent patient shape their own care.

For example: A young man comes into the clinic. He says he smokes marijuana daily. The provider takes a motivational line of questioning along the lines of "what do you get from doing that, how does that help you (he says it reduces stress), can you and I find some other ways to address your stress effectively, is that something you would interested in talking about".

The Instructor moves into a discussion using bridge statements and confidentiality statements to help transition a discussion with an adolescent into a safe environment in which the Pscyhosocial interview tool gathers helpful answers about the adolescent's health and life circumstances.

Bridge Statements
Approximately 5 min

Purpose:
A "bridge statement" is a statement by the provider that makes a connection for the adolescent patient between their reason for coming in and the many questions that are part of the Psychosocial Interview. Making a bridge statement helps the resident create a safe

environment for the patient by letting the patient know the provider is interested in their health as a whole.

UMN Program Process:
The Instructor describes the bridge statement, and emphasizes the importance of a bridge statement in establishing a connection for the adolescent between their main issue and their broader circumstances/health. For example: "We're going to take care of that sore throat, but before we focus on that, there are some questions that I like to ask every young person when I see them. This helps me get a picture of your overall health, which is a factor even in things like sore throats. Would that be all right with you?" This discussion prefaces the practice group/interview that takes place later in the resident training (in which the resident will practice a bridge statement).

Statements of Confidentiality
Approximately 10 min

Purpose:
A statement of confidentiality is essential in a provider/adolescent patient interaction. It not only assures the patient that they are in a safe environment and information they give the provider is confidential (to the extent of the law).

UMN Program Process:
The Instructor describes a confidentiality statement, and emphasizes the importance of a confidentiality statement in establishing a safe environment for the adolescent to share their issues and concerns. Example: "Before we talk further, I want you to know that whatever you choose to share with me today will stay private between us. The only exceptions to that are if you are being hurt by someone, you are thinking of hurting someone, or you are thinking of hurting yourself. In those situations, you and I would talk about who else might need to be involved so that you and everyone else is safe. Is that all right with you?"

The Instructor emphasizes that confidentiality statements should be framed within the legal parameters of the state, clinic, or agency the provider is working. Legal circumstances can vary from state to state, and from setting to setting, for example, not all clinics provide confidentiality for clients (if patient files are not marked confidential, then providers should not assure confidentiality).

The Instructor also stresses the importance of using a confidentiality statement every time they see an adolescent patient to establish a safe environment and inform the adolescent of their rights related to their health information and services.

This discussion prefaces the practice group/interview that takes place next (in which the resident will practice a confidentiality statement).

Adapting to other settings/states:
Statements of confidentiality are essential not only to create a safe environment for adolescent patients, but also to assure that providers are adhering to state laws and other governing policies regarding minor consent and confidentiality. Prior to framing a discussion of

confidentiality with trainees, YouthCHAT program staff and trainers should monitor state laws and adjust examples of the confidentiality statement accordingly.

Practice Groups
Approximately 60 min

Purpose:
The practice group, also known as the practice session or youth/resident interview, provides the opportunity for residents to practice the Psychosocial interview, including bridge statements and confidentiality statements with an adolescent outside of a formal clinical setting. This practice opportunity is intended just as that – the opportunity for residents to find an interview style and language that is comfortable for them, and to get constructive feedback on what in their style works to make the adolescent feel safe and comfortable discussing their health circumstances.

UMN Program Process:
In a training setting with two residents, practice groups are formed for each including:

- One Instructor;
- One Youth Actor / Teacher;
- One Resident

In a setting where three residents are in training, the third resident joins one of the practice groups as an Observer, then after observing one practice group they move to the other group and have the opportunity to conduct an interview with a Youth Actor/Teacher (using a character different from that which the resident has already observed). Role-playing with a peer watching does raise anxiety, but the trade-off is that colleagues are always supportive and often give helpful feedback. They also learn as they observe each other.

The set-up of the Interview "space" is two chairs near/facing each other for the Resident Trainee and the Youth Actor/Teacher.

The instructor typically begins the practice group by stating the purpose of the session: Residents interview Youth Actors/Teachers as if they are conducting a real assessment in a clinic setting. The goal of the interview is to find out:

- What does this young person have going for him or her?
- What can the provider build on?
- Issues concerns the provider might want to go back and address?

Within the interview, the residents should use a bridge statement and statement of confidentiality.

The practice group is also informed that the Instructor or Resident Trainee may call a time-out to talk about how the interview is going or discuss a question about the interview. The Youth Actor/Teacher remains in character so they can easily resume the interview when time is called back "in".

Practice group interviews proceed for about 15 minutes, at which point a natural break usually emerges offering the Instructor the chance to call time and move into the feedback discussion below.

Adapting to other settings/states:
This structure has evolved in the UMN program based on the number of UMN pediatric residents in the overall adolescent health training component at any given time. In a setting with more than 2 or 3 trainees at a time, it is important to ensure that:

- Each trainee practice group has an Instructor facilitating the interview/feedback discussion; and
- Each trainee has the opportunity to conduct a practice interview with a Youth Actor/Teacher (whose character scenario the trainee has not observed).

Discussion and Feedback
Approximately 60 min

Purpose:
The discussion and feedback time is intended to provide the Youth Actor/Teacher, Instructor (and Observer if applicable) the opportunity to provide constructive feedback to the Resident Trainee about their interview style. It also provides an opportunity for the Resident Trainee to consider what worked well or didn't work well for them during the interview.

UMN Program Process:
The Instructor introduces the feedback discussion, and usually beings by asking the Resident Trainee to reflect on the experience of the interview.

- What did they learn about the young person?
- What areas would they want to probe further?
- What strengths does the young person bring, that they would want to nurture and build upon?
- Were there points in the interview that they found difficult?
- Where would they pick up in a subsequent interview with that young person?

Once the Resident Trainee has an opportunity reflect on their experience, grounding the conversation in self-awareness of how they felt about their interview, the Instructor then asks the Youth Actor/Teacher to give the Resident Trainee feedback (based on the Feedback Cues and Feedback Form provided to the Youth Actor/Teacher during their own training). The Youth Actor/Teacher is asked to give their feedback, beginning with what worked for them in the interview process, and what elements of the Resident's interviewing method might need work. If present, Observers are asked to offer feedback – usually an excellent addition to the discussion as they often observe things that the Youth Actor/Teacher and Resident Trainee do not notice. The Instructor then offers their observations and feedback, building on feedback already given, and filling in details that were not previously discussed.

Typically, by the end of this feedback session, all participants are engaged in a discussion (not just a sequential presentation of feedback by each person).

Closing Part 1

UMN Program Process:
At the end of this first practice session, Resident Trainees typically go back to their clinical settings where it is assumed that they will begin to apply the experience they had interviewing the Youth Actor/Teacher, and take to heart the feedback they received in the practice group.

Resident Training Session Part 2 Snapshot
The Psychosocial Interview (applied to adolescent sexual health issues)

Time: approximately 3 hours	
Instructor/Facilitators: YouthCHAT Program Director, and UMN Medical School faculty member with extensive clinical experience working adolescents around sexual health issues.	
Agenda Element	***Approximate Duration***
Content Instruction / Talking About Sexuality	1 hour
• Bridge Statements	(5minutes)
• Statement of Confidentiality	(10 minutes)
Practice Groups	45 minutes
Discussion and Feedback	1 hour

Resident Training Session Part 2: Agenda Process

Content Instruction – Talking About Sexuality
Approximately 60 min

Purpose:
Many health care providers express discomfort in talking about sexuality and sexual health issues with patients. This is especially true for pediatricians and other health care providers who see adolescents in their clinics or health care settings. If they have ever received training on adolescent health issues, or interacting with adolescents, it likely did not cover "how" to talk about issues of sexuality and sexual health in a constructive way (non-judgmental, maintaining as safe environment) with the adolescent. This portion of the resident training allows the trainee to build on content they have already learned about psychosocial interviewing, and skills they have already practiced in the first practice group interview, to the discussion of sexuality and sexual health issues.

UMN Program Process:
The process for this discussion follows a similar structure as the content instruction for Part 1 of the resident training.

The Instructor (UMN Medical School faculty member and experienced clinician) with experience in working with adolescents in a clinical setting, initiates a discussion of the sexuality and sexual health issues that providers may encounter in interactions with adolescent patients. In most cases, residents are already encountering these issues with adolescents in clinic settings.

The Instructor provides examples of clinical scenarios (from their own experience) in which adolescent patients might share sexuality information or express sexual health concerns and how a provider might process that discussion. *For example: A 15 year old girl comes into the clinic for a pregnancy test, and is disappointed when she is not pregnant.*

In this scenario (a real example from an Instructor's experience), the conditions for effectively negotiating this discussion are essential:

- **Providing a statement of confidentiality** – to assure the adolescent patient that this discussion is confidential (unless the adolescent is in immediate danger)
- **Making a bridge statement –** helping the provider link the reason for an adolescent patient's visit (in this case a pregnancy test) to a broader context of the patient's life (creating a safe space for the adolescent to share information that can perhaps give the provider insight into her disappointment that she is not pregnant).
- **Displaying verbal and non-verbal cues** that create a safe space for the adolescent - open, respectful, to assure the adolescent the provider is not making assumptions about their life or passing judgment on them.
- **Displaying non-judgmental reactions** to sensitive information – the knee jerk reaction for an adult hearing an adolescent's disappointment in not being pregnancy is shock, in a clinic setting a non-judgment response is essential to provide an environment where adolescents feel safe discussing the "why" of their feelings and decisions.

In this scenario, an understanding of the developmental tasks of adolescence are also essential to understand the context of the adolescent's decisions and beliefs (wanting to be pregnant, disappointment over not being pregnant). For example:

- Much of the physical development taking place in adolescence is intricately tied to new and evolving feelings of sexuality, attraction to others, and changing perceptions of self (as a sexual being);
- In middle adolescence in particular (approximately ages 15-17), adolescents are adjusting to sexually their maturing body and feelings, adopting personal value systems, defining their own sense of identity, and renegotiating their relationships with parents and caregivers.

Understanding the extensive physical and emotional changes going on in the lives of adolescents can help provide context for their behaviors and decisions, giving the provider an additional tool in understanding and processing the information they gather through the psychosocial interview. Understanding and adolescent's behaviors and decisions in the context of their developmental stage can also inform motivational interviewing strategies to help the adolescent identify positive alternate strategies for achieving the feelings and fulfillment they get from a risky behavior or decision. For further discussion of adolescent developmental stage and tasks in early, middle and late adolescence, see *Attachments: Developmental Tasks of Adolescent fact sheets*.

Bridge Statements (5 min) & Statements of Confidentiality (10 min)

UMN Program Process:

As with Part 1 of the resident training, the Part 2 content instruction touches on the use of bridge statements and confidentiality statements in the context of the psychosocial interview,

and the importance of these statements to create a safe environment for adolescent patients when talking about sexuality.

Practice Groups
Approximately 60 min

Purpose:
This portion of the resident training allows the trainee to practice the concepts and skills they have already learned about psychosocial interviewing, and apply it to a scenario involving sexuality or sexual health issues.

UMN Program Process:
The process for this discussion follows a similar structure as the content instruction for Part 1 of the resident training.

An Instructor provides the content instruction and facilitates a large group interview process including:

- The Instructor;
- One or more Youth Actor /Teachers;
- All of the Resident Trainees (2-3 Residents)

In this scenario, each Resident Trainee interviews a Youth Actor/Teacher while other Residents observe. Following each interview, a feedback discussion takes place. Each Resident takes their turn interviewing a Youth Actor / Teacher (either different Youth Actors/Teachers, or one Youth Actor/Teacher portraying different character scenarios). The key structure here is that each Resident has an opportunity to interview (with a unique character they have not yet observed), and each Resident has the opportunity to observe.

As with the Part 1 Practice Group, the Instructor sets the stage for the practice group by stating the purpose of the session: Residents interview Youth Actors/Teachers as if they are conducting a real assessment in a clinic setting. The goal of the interview is to find out:

- What does this young person have going for him or her?
- What can the provider build on?
- Issues concerns the provider might want to go back and address?

The guidance for this practice group is similar to Part 1, within the interview:

- Residents should use a bridge statement and statement of confidentiality.
- Instructor or Resident Trainee may call a time-out to talk about how the interview is going or discuss a question about the interview. The Youth Actor/Teacher remains in character so they can easily resume the interview when time is called back “in”.

Practice group interviews proceed for about 15 minutes, at which point a natural break usually emerges offering the Instructor the chance to call time and move into the feedback discussion below.

Adapting to other settings/states:
The instruction/facilitation of Part 2 (one instructor, all residents remain together in a practice group) has evolved in the UMN program primarily as a function of staffing available for the resident training, and the experience of the specific Instructors. In a setting with more than 2 or 3 trainees at a time, it is important to ensure that:

- Each trainee practice group has an Instructor facilitating the interview/feedback discussion; and
- Each trainee has the opportunity to conduct a practice interview with a Youth Actor/Teacher (whose character scenario the trainee has not observed).

Discussion and Feedback
Approximately 60 min

UMN Program Process:
The process for this discussion follows a similar structure as the for Part 1 Discussion and Feedback, except in the UMN Part 2 of resident training, all Residents are in the same group, taking turns interviewing a Youth Actor/Teacher. The feedback discussion is still essential after each interview and should take the form of the Part 1 discussion and feedback process:
Similar to the Part 1 practice feedback, the Part 2 feedback process includes:

- The Instructor calls time after each Resident-Youth Actor/Teacher interview and introduces the feedback discussion, usually beginning by asking the Resident Trainee to reflect on the experience of the interview.
- The Instructor asks the Youth Actor/Teacher to give the Resident Trainee feedback.
- If present, Observers are asked to offer feedback.
- The Instructor then offers their observations and feedback, building on feedback already given, and filling in details that were not previously discussed.

Closing Part 2

UMN Program Process:
At the end of this second practice session (as with Part 1), Resident Trainees typically go back to their clinical settings where it is assumed that they will begin to apply the experience they had interviewing the Youth Actor/Teacher, and take to heart the feedback they received in the practice group.

Other Resident Training Considerations:

An important note about resident (and other health care provider) training is that no provider is perfect all the time in the way he or she asks questions. Everyone is sometimes awkward, and the good news is that if providers convey authentic concern, young people will forgive awkwardness. The practice group/interviews are an ***opportunity for constructive feedback*** on interview skills with an adolescent – ***not an exercise to perfect skills***. The aim of the feedback given is always to meet the trainee where he or she is in terms of skills development, to build confidence in the strengths demonstrated, and to provide direction for further skills acquisition. The tools provided to resident trainees in this process (psychosocial interview, bridge statements, confidentiality statements, and genuine constructive feedback) are intended to move the provider toward considering what works for them and what doesn't and how to improve interview skills to effectively work with their adolescent patients.

The UMN YouthCHAT youth-involved training model for resident training is part of a larger pediatric resident training program – seeing residents in either their 2nd or 3rd year of their residency, and only for one month of adolescent focused training. At the point residents reach the Youth Actor/Teacher practice groups, they are very advanced in their medical education and training. They are in the middle of their specialty training where they will have continued opportunities to apply the skills they learned and feedback they received in the practice group interviews.

As such, some of the concepts included in the UMN two-part YouthCHAT resident training, such as the psychosocial interview, or how to talk about sensitive health issues, as well as opportunities to practice interview skills, may need additional instruction time/practice in a scenario where a youth-involved training is not incorporated into a larger program that provides instruction/education on these concepts.

For these reasons, it is essential that Instructors and Facilitators identified for the youth and resident training elements of this model have extensive experience in working with youth and adults in a teaching/learning environment, and have subject matter expertise for specific content areas (i.e. the psychosocial interview). In addition, it is helpful if resident training instructors also have clinical experience, and preferably in a setting that serves adolescents, so they can relate real examples of clinical scenarios the resident trainees might encounter, and provide real life guidance on how to manage discussions of sensitive issues.

Operational Considerations

YouthCHAT in Other Settings

The UMN YouthCHAT model has also been applied in other settings, and is used to train a broad range of health care providers and professionals every year *(Attachment: YouthCHAT Service Map).* Training with other types of health professionals/providers follows a similar pattern as that described here for resident training, with training content, instruction and Youth Actor/Teacher characters tailored to fit audience needs. An example of an extensive training provided for health providers (physicians, nurses, public health professionals and a wide range of other health care professionals) in Minnesota is detailed in: Preventive Care for Adolescents.[7]

Funding the YouthCHAT Model

The UMN YouthCHAT program is incorporated into the Department of Pediatrics adolescent health rotation for pediatric residents. Many of the cost elements of the program (space, supplies, staff) are intricately intertwined with other budget lines (faculty time, existing meeting space in University and Medical School Facilities). In a scenario where this model is built from scratch, the UMN model would not provide a comparable estimate of expenses. To help you think about your model and associated budget items, *see Attachment: Budget Worksheet*.

[7] Sylvester, M.S., Aughey, D. Sieving, R., McNeely, C., Singh, N., Oliphant, J., Fillingame, L., Rock, E. (2003). Preventive Care for Adolescents, A Training Plan for Primary Care Providers: Division of General Pediatrics and Adolescent Health, University of Minnesota. Supported in part by BlueCross and BlueShield of Minnesota Foundation.

Evaluating the YouthCHAT Model

The UMN YouthCHAT Model gathers feedback from residents and youth via:

- Youth training evaluation form administered immediately post Youth training *(Appendix).*
- Resident Pre/Post test administered before/after the YouthCHAT resident training (*Appendix*).
- Resident feedback session scheduled at the end of their one-month adolescent medicine rotation. While YouthCHAT is not the specific focus of that session, residents often give feedback on the YouthCHAT model as part of that residency feedback session.

In other settings and states, program staff should determine their own needs for gathering feedback on the Youth Actor/Teacher component and the Resident Training component of this model (be in an existing evaluation strategy as part of a larger program, or the need for a new evaluation strategy).

APPENDIX 1: Youth & Resident Training Tools

1a. One Page Youth Actor/Teacher Recruiting Promo
1b. Youth Actor/Teacher Application
1c. Considerations for Standard Interview Questions
1d. Youth Actor/Teacher Reciprocal Contract
1e. Feedback Guidelines and Cues
1f. Youth Actor/Teacher Interview Feedback Form
1g. Guidelines for Youth Actors/Teachers
1h. Youth Actor/Teacher Training Evaluation Form
1i. Sample Resident Trainee Pre-Post Test

1a. One Page Youth Actor/Teacher Recruiting Promo

UMN YouthCHAT Project Overview

Since 1997, teen employees have worked with faculty in the Division of Adolescent Health and Medicine at the University of Minnesota to help health care trainees learn effective clinical communication skills for care of adolescent patients. Through role playing clinical scenarios with trainees and giving feedback, teen actors help health professionals learn how to put teens at ease and ask good questions that improve the quality of health care.

In addition to this acting/teaching role, members of the YouthCHAT team provide advising services to faculty, fellows, and community groups who seek youth involvement in program development, learning effective communication, creating clear survey questions, and developing youth-friendly services.

YouthCHAT members range in age from 13 – 20 years. We recruit a diverse company of actors to help trainees learn how to build trust and provide respectful care across differing cultural backgrounds and health beliefs. Young people with disabilities are welcomed to apply. We seek young people who are motivated to serve and committed to their work with YouthCHAT.

Those selected to be part of YouthCHAT are **employed by the University of Minnesota** and paid hourly ($9.00 – 10.00 per hour). Training is provided in acting a clinical scenario and in giving constructive feedback. Actors are paid for training hours. We ask that YouthCHAT members be available once a month and make a commitment to the program for at least one year, **including summer months**.

Teaching sessions with health care trainees typically occur at **2:45 – 5:00 p.m. on Monday and/or Friday afternoons.** Company members must provide their own transportation to and from the University. Because this sometimes requires a special effort on the part of families, we ask for the consent of parents/guardians at the time of hiring. **Actors must be able to arrange their school schedules to be available for these Monday or Friday training sessions.**

To apply, send completed application to Mae Sylvester, 717 Delaware Street SE, 3rd Floor West, Minneapolis, MN, 55414, (612) 626-0162 sylve001@umn.edu

1b. Youth Actor/Teacher Application

UMN YouthCHAT Actor/Teacher Application

Date of Application_____

Name_____

Address_____

Telephone_____

Email_____

School_____GRADE_____

Birth date_____

Circle One: Female Male

Available one after per month (Monday/Friday afternoon, 3:00pm-5:00pm) YES NO

Can provide my own transportation to and from University of Minnesota YES NO

Please respond to the following questions with a short written paragraph. Use the back of this form or attach additional sheets as needed.

1. Describe an experience you've had that has helped you to understand yourself better.
2. If you were selected to be part of YouthCHAT, what are some of your experiences that would help you teach residents about taking care of adolescents in the clinic?
3. What are the most important issues for teens and young adults, and how can adults help address them?
4. What do you think you could contribute to helping adults better understand the experiences and needs of adolescents?
5. Why does being a member of YouthCHAT interest you?

Mail applications by September 15, 2011 to: Mae Sylvester, 717 Delaware Street, 3rd Floor, Minneapolis, MN 55414

1c. Considerations for Standard Youth Interview Questions

UMN YouthCHAT Standard Interview Questions	Considerations for Presenting This Question
What interested you when you heard about YouthCHAT?	Where the interviewee heard of the YouthCHAT program might provide a window into related experiences that would be an asset to this program, e.g. heard of it from a youth drama coach, or a youth advisory committee.
What experiences – good and bad – have you had with health care providers?	How an interview shares their experiences might lend to an understanding of how they feel about sharing their experiences with adults (and specifically health care providers) (e.g. they provide short/undetailed answers, or they provide detailed articulate answers.
What would you hope to get from the experience of being a YouthCHAT actor?	Interviewers may want to preface this question with a comment about reciprocity being an important factor in all service situations (e.g. the actor representing an adolescent client must interact honestly with provider in order for the provider to be more effective in serving their needs). The answer to this question might provide a window into the youth's ability to play this reciprocal role (e.g. they are interested because they need a second job, they are interested in health care professions, etc.)
How comfortable would you be portraying a character who is worried about having a sexually transmitted disease? Who has a mental health concern?	Interviewers may want to preface this question with a reminder that YouthCHAT actors/teachers will develop fictional characters/issues for resident trainings. This might involve developing a character with sensitive health issues. Answers to this question can help determine if the interview is comfortable with sensitive issues (in general) and about specific issues.
Do you have any experience in giving helpful feedback? How would you feel about giving feedback to a doctor?	Interviewers may want to preface this question with a brief overview how giving constructive feedback to residents is a key element of this program, and this skill is a challenge for many people. This program is an opportunity to develop feedback skills which will serve them well in future job-seeking and work performance, and may set them apart from their peers.
What are your other activities and interests? Where in your priorities would this job fall?	These questions are of course intended to determine if being part of the YouthCHAT program is a priority in their overall school schedule and interests, and if their current/anticipated schedule will allow participation and dependable transportation to YouthCHAT training activities.
Will your school accommodate your needing to leave class once a month in order to get here on time?	
How will you get here?	
Do your parents or guardian(s) support your interest in this program?	Support of parents or guardians for the young person's participation is typically explored during the interview. However, with younger participants who don't drive, parent support may be implied if they provided transportation to the interview. Depending on your state or organization's policies and age of your youth interviews, you made need to use a formal parent approval.

1d. Youth/Actor Reciprocal Contract

YouthCHAT Program
University of Minnesota, Medical School, Department of Pediatrics/Division of Adolescent Health and Medicine

Contract

The employer (UMN) agrees to:

- Notify YouthCHAT employees of resident or other training dates at least one week in advance of those training dates
- Support YouthCHAT employees in developing job skills
- Provide pay sheets for signature at each training session and facilitate timely pay for work rendered
- Respond within two days to inquiries or concerns by YouthCHAT employees

The employee (Actor/Teacher) agrees to:

- Respond regarding availability for training sessions within two days of an inquiry being sent out, whether or not the employee is available for a given session
- In general, be available to do a training session once a month
- Notify the program director should other commitments or changes in personal circumstances make regular availability impossible

_____ _____
Mae Seely Sylvester, Program Director Date

_____ _____
Actor/Teacher Date

1e. Feedback Guidelines and Cues

UMN YouthCHAT Youth Actor/Teacher Feedback Guidelines and Cues

Be positive

- Talk first about "what worked." Then talk about "what needs work."
- Talk about what you experienced. Use "I" rather than "you": "I felt hurried when you…" rather than "You hurried me …"
- Offer alternatives to what did not work for you
- Be respectful that someone has done his or her best. Think about how you would want to get feedback and do it that way.

Be specific

Less Helpful Feedback	*More Helpful Feedback*
"That was good."	"When you lowered your voice and asked me about the problems I've been having at school, I felt like you really cared and I felt safe to tell you more."
"You just went down a checklist."	"I wanted to talk with you, but I felt that you were checking off a list of things and that made it hard for me."
"You didn't ask me about…"	"I was hoping that you would ask me more about_____"
"You didn't mention confidentiality"	"I wasn't comfortable talking with you about whether or not I was having sex, because I wasn't sure who you'd tell."

Feedback Cues (Things to watch for/give feedback on)

- A statement of confidentiality
- A bridge statement
- Body language that helps or makes you feel uncomfortable (posture, gestures, voice, facial expressions, eye contact)
- Asking open-ended questions
- Listening
- Non-judgmental questions
- Not making assumptions

1f. Youth Actor/Teacher Interview Feedback Guide

UMN Youth Actor/Teacher Interview Feedback Guide

Resident Interviewee:	***Actor:***	***Faculty:***

How did the interviewer:

1.	Introduce themselves to the adolescent	Not at all	Name only	Name plus
2.	Establish and maintain rapport			
	Eye contact	Rarely	Sometimes	Consistently
	Appropriate body language	No		
	Voice (intonation, volume)	Rarely	Sometimes	As appropriate
	Empathetic responses	Rarely	Sometimes	As appropriate
3.	Discuss confidentiality	No	Yes	
4.	Elicit adolescent's agenda/concerns	No	Partially	Yes
5.	Ask open-ended questions	Rarely	Sometimes	Consistently
6.	Listen for understanding	Rarely	Sometimes	Consistently
7.	Follow up on medical cues	Rarely	Sometimes	Consistently
8.	Follow up on psychosocial cues	Rarely	Sometimes	Consistently
9.	Ask questions in non-judgmental manner	Frequently Judgmental	Sometimes Judgmental	Never Judgmental
10.	Use clear, understandable language	Often unclear	Sometimes unclear	Never unclear
11.	Organize interview and maintain flow	Disorganized	Generally Organized	Excellent flow
12.	Provide appropriate closure	None	Abrupt	Smooth

Other Notes:

1g. Guidelines for Youth Actors/Teachers

UMN YouthCHAT Guidelines for Youth Actors/Teachers Preparing for Resident Trainings

Memorizing the Scenario

As an actor, you will be given a role to play. When you receive the scenario, try to memorize the essential facts related to both the risky behaviors of the character you are playing and the sources of support he or she has (we want to be sure that our trainees can discover these important facts by interviewing you). Beyond these facts, you can ad-lib and play the role as it is comfortable for you. If there are special instructions on how you should act, the instructor will review them for you or they will be written for you on the scenario sheet.

Before The Interview

Arrive 15 minutes before you are to begin role-playing an interview. Get into the character you will play. Think of how your character would feel entering a clinic and being interviewed -- feel that experience. Think about your character's age and lifestyle and get into acting as he or she would act. Think about what is going on in your character's life and allow yourself to feel what they must be feeling.

The Interview

There will be two chairs set apart from the trainees. Sit down in one of the chairs and wait for the "clinician" to enter "the room." The student who is interviewing you will know your name and why you've come to the clinic. She will introduce herself and begin the interview. It is important that you allow yourself to feel what your character would feel. During the interview, if the clinician does something that makes you uncomfortable, act uncomfortable (become quiet, or angry, or sullen -- whatever is appropriate to your character). Likewise, if they make you feel comfortable, relax and become more open. If the clinician is insensitive, respond with one word answers ("yup," "no," "don't know"). If they are REALLY insensitive and make you feel very anger, feel free to have your character register that anger. Your reactions could even include ending the interview/leaving the room

Interruptions

The instructors or the trainee may call a time-out. We will talk about how the interview is going. You will remain in suspension so that you can easily resume your character when the interview begins again. Just sit quietly and wait for the interview to resume.

Teaching Feedback

At the end of the interview you will be asked for feedback on how you felt the interview went. It is important that you describe specific actions. If you say *"You were nice,"* the clinician doesn't know what she did that was "nice" and won't know how to do it again. But if you say, *"After I told you about my fight with my mom, you spoke softly and leaned forward and said, 'that must be very hard for you' -- when you did that I felt like you really cared and I felt more comfortable and free to talk with you."* This is valuable feedback because it describes exactly what the person did that was helpful. Be honest and describe what you experienced as an adolescent being interviewed. Remember: your role is important in training clinicians who will be working with adolescents.

When you give feedback about unsuccessful aspects of the interview, be specific and talk about how you were affected. For example, saying, "I really would have talked more about how scared I am about not pleasing my dad, but you asked me about my friends right away and I got off the subject," would be more helpful than saying simply, "There were times when you rushed me."

Your Role is that of Actor and Teacher

As an actor:

- Feel what your character would feel and act that way.
- If the clinician makes you feel uncomfortable, act accordingly.
- If the clinician makes you feel comfortable, go ahead and tell your story.

As a teacher:

- Pay specific attention to what the clinician does that is (or is not) effective/helpful
- At the end of the session give honest, specific, respectful

Adapted from Graduate Studies in Adolescent Nursing, University of Minnesota for YouthCHAT, University of Minnesota Medical School, Dept of Pediatrics/Div. of Adolescent Health and Medicine

1h. Youth Actor/Teacher Training Evaluation Form

UMN YouthCHAT Youth Actor/Teacher Training Evaluation Form
Training Evaluation 2013

Please circle the answer that best fits your experience in the training for each of the items below. "1" = eliminate or completely revise. "2" = needs work. "3" – adequate. "4" = very good. "5" – excellent.

1.	Process for establishing employment	1	2	3	4	5
2.	Context for YouthCHAT in the University and in resident training	1	2	3	4	5
3.	Tools for acting	1	2	3	4	5
4.	HEADS: the Psychosocial Interview	1	2	3	4	5
5.	Character development guidance and discussion	1	2	3	4	5
6.	Discussion of constructive feedback	1	2	3	4	5
7.	Feedback cue sheet	1	2	3	4	5
8.	Demonstration interview and discussion	1	2	3	4	5
9.	Overall training experience	1	2	3	4	5
10.	Rating of how well prepared I feel to move forward with developing character and beginning as actor/teacher	1	2	3	4	5

Please list any other areas of training that you would like in the future.

Thank you!

1i. Sample Resident Trainee Pre-Post Test

UMN YouthCHAT Resident Interviewing Skills Pre/Post Test Questions

Name_____

Over the next few weeks, we hope to help you build health assessment and intervention skills critical to clinical work with adolescents. The purpose of the following questions is to gain a better understanding of your comfort and skills related to interviewing teenagers as you begin this learning process.

1 = Not at all confident
(No clue about kinds of issues, risk and protective factors involved; questions to ask; or how to ask)

5 = Very confident
(Know the kinds of issues, risk and protective factors involved; questions to ask; and how to ask them)

1.	**How confident are you in conducting general health screening interviews with adolescents?**	**1**	**2**	**3**	**4**	**5**
2.	**How confident are you in assessing BOTH risk and protective factors present in an adolescent's life?**	**1**	**2**	**3**	**4**	**5**
3.	**How confident are you in assessing an adolescent's level of sexual risk behavior within the context of a clinic visit?**	**1**	**2**	**3**	**4**	**5**
4.	**How confident are you in addressing individual adolescents' sexual risk behavior within the context of a clinic visit?**	**1**	**2**	**3**	**4**	**5**
5.	**How confident are you in discussing pregnancy-related concerns with an adolescent in the context of a clinic visit?**	**1**	**2**	**3**	**4**	**5**
6.	**How confident are you in interviewing an adolescent around issues related to sexual identity and sexual orientation?**	**1**	**2**	**3**	**4**	**5**
7.	**How confident are you assessing adolescents' level of involvement with alcohol, marijuana, and other substance use?**	**1**	**2**	**3**	**4**	**5**
8.	**How confident are you in talking with an adolescent about his or her emotional health concerns in the context of a clinic visit?**	**1**	**2**	**3**	**4**	**5**
9.	**How confident are you in assessing an adolescent's level of risk for intentional and/or unintentional injury in the context of a clinic visit?**	**1**	**2**	**3**	**4**	**5**

APPENDIX 2: Sample Stock Characters

1. Keith — Sexuality example
2. James — Sexual activity, alcohol use example
3. Avery — Teen pregnancy example
4. Crystal — birth control, dating violence example
5. Hua — Gang violence, limited English proficiency example
6. Kirsten — Changes in behavior example
7. Steven — Sleep trouble example
8. Vincent — Headaches example
9. Zenny — Weight loss, loss of appetite, fatigue example

UMN YouthCHAT Stock Character Scenario 1	**Keith (Sexuality example)**

Introductory Synopsis:
Keith is an 17-year-old senior at Folda (northern Minnesota) High School. Keith, who has been a strong student throughout his high school career, has been missing school with some frequency this year. His parents found out about it and haven't been able to determine what is going on. They are both worried and frustrated at this change in behavior. The absences have accumulated. Keith even got called in by the assistant principal. When he was unable to get any information from Keith, the principal made a referral to the school clinic, to check out whether some physical condition is at the bottom of this. Keith has come to the clinic because he has no choice.

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Profile:
Keith lives with his mom, dad and younger sister, Kris, who is now a freshman at Folda High. His father is a farmer and his mother is a cook at the junior high school. His parents are Lutheran and are very active in church -- his mom is head of the Lutheran women's group and is in charge of cooking for funerals. His father is on the church Administrative Council. They are modest and unassertive people, yet they are highly respected throughout the community. Keith thinks that Folda is a "ghost town" and he frequently journeys to Minneapolis by car to get some excitement into his life and to connect with people who are more like he is.

Ever since he was 9 or 10, Keith has been aware that he is "different" than the guys he knows at school. He has never (as far as he can remember) been attracted to girls. He has always been attracted to males. He's heard his parents talking about gay and lesbian people in a negative way, so he's pretty sure he'll never talk to them about any of this. He's concerned about how other people might treat both him and his family, particularly his little sister, if they found out that he is gay. Keith's parents think that Ellie, his best friend, is his girlfriend. Ellie has been in his class since kindergarten and lives two farms down the highway. He and Ellie do everything together--she can read him like a book. He's discussed all of his feelings and struggles with her and she is totally accepting of whoever Keith is. He can tell her anything.

Last November, Ellie initiated a plan for Keith to go to Minneapolis to try to meet other gay youth his age. The two of them ventured to Minneapolis every weekend so Keith could hang out at a coffee house where there was good music on Friday and Saturday nights, and where a lot of young gay men hang out. On one of the trips about 8 months ago, Keith met a guy at the coffee house named Conroy. Conroy was 18 at the time and Keith was 16. Keith found Conroy to be very attractive--charming and caring. Keith's personality seemed to be compatible with his--you hit it off right away. Conroy was the first person besides Ellie that Keith could talk openly with about his sexuality and sexual feelings. It felt very good for Keith to have this outlet, but he felt hesitant about the relationship. He didn't want to have sex right away; he was concerned about HIV/AIDS and certainly would want to use a condom. Conroy was pretty aggressive sexually and Keith got caught up and didn't feel that he could say, "I want to use a condom," even though he knew the risks. Keith went ahead and had sex with Conroy. After that happened, Keith was really worried and made an appointment in Minneapolis to be tested. He was very relieved

when no STDs showed up and, after a second test two months ago, he was not HIV positive. He **promised** himself right then that he would never have unprotected sex again!

About a month ago, Keith met David when he and Ellie made another trip to Minneapolis. They've been seeing each other since then and recently had protected sex. Keith feels good about this relationship; he can talk with David and they are becoming good friends.

At school, Keith is being teased and harassed by some of the "jocks" who presumably suspect that he's gay. He has tried to stay to himself and blend into the "woodwork" so no one notices if he's different, but lately the harassment is getting worse. He has been pushed up against lockers and threatened with violence. He has found threatening notes in his locker -- one said, "We're going to get you." Keith is not comfortable with confronting his harassers because he afraid that their threats might be real. He is afraid to tell anyone about the threats because he doesn't want to cause problems or -- worst of all, have his parents find out. He's already concerned that his sister may hear rumors or find out about the harassment and tell his parents.

Not knowing what to do, Keith has been skipping school and spending his days at the library or driving around. His grades drop steadily, and there is question about whether he will pass several of his classes.

Ellie continues to be a very strong support. She is urging him to tell a teacher or even the principal about the harassment, but Keith is too scared. Ellie has even offered to do it for him, but Keith won't let her. Keith just doesn't think that there is anyway his parents could accept his being gay. If they found out, who knows what would happen? And he'd feel responsible! There doesn't seem to be any way out of this.

UMN YouthCHAT Stock Character Scenario 2	**James (Sexual activity, alcohol use example)**

Introductory Synopsis:
James is a 16-year-old student at Roosevelt High School. He is about to join the junior varsity football team, and he has come to his pediatrician for a required physical. He has been sexually involved with several partners although he is now seriously dating Avery.

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Profile:
James plays basketball at Roosevelt High School and has been encouraged by friends to go out for football. He has talked with his parents, and although his mother is not entirely enthusiastic about football, she has scheduled James for a sports exam. Dr. _____has been James' pediatrician his entire life. Dr. _____last saw James 1 1/2 years ago for a sore throat.

James is a 16-year-old sophomore who is a solid but not stellar student at Roosevelt. Besides his sports involvement, he works 15-20 hours per week bagging groceries at a local market. James lives with his parents, his 13-year-old brother and 10-year-old sister in Minneapolis. Both of his parents work, although his mother works about half time. The family generally functions well, although both parents are busier than they would like to be.

James has been sexually active for one year. His initial experience occurred with an acquaintance while on a camping trip with friends of the family. James' second partner was Whitney, a young woman who is a year older and who has been "friends" with James since childhood. Although she lives in James' neighborhood, his parents were not aware that they had "dated" for several months.

James' current girlfriend is Avery whom he met at a weekend party at the start of his sophomore year. They dated for about six weeks before they started having sex. James' family is fond of Avery and think that she is a good influence on him. James and Avery have sex about once a week at Avery's house when no one is home, They use condoms about half the time. Although it is James' intent to use condoms every time, he is not entirely pleased

with how they feel and sometimes they interfere with the spontaneity of the moment. Anyway, he's had only one (he doesn't count that first time) other sexual partner and does not consider himself at risk for diseases.

James goes out with "the guys" once or twice a month, and this usually involves alcohol use. Overall, alcohol use is moderate and is occasionally accompanied by small amounts of marijuana. Whitney often shows up at these parties, because she's sort of considered one of "the guys"--and James and Whitney sometimes have sex, just because they like having sex. James and Whitney never use condoms because Whitney doesn't like them , and she is convinced that she can't get pregnant. Although Whitney knows about James and Avery, she is not jealous of their romantic involvement; she just likes having sex with James. Whitney has no other current sexual partners, and James has never asked her about her prior relationships.

UMN YouthCHAT Stock Character Scenario 3 **Avery (teen pregnancy example)**

Introductory Synopsis:
Avery is a 16-year-old sophomore at Washburn High School in Minneapolis. She has come to the community clinic because she has heard that a study is being done with teens using oral contraception and she hopes to get birth control pills free by joining the study. She is also concerned because her period is a week late (she has been very regular since she started menstruating at age 14). She disclosed her concern to the nurse who took her "vitals" and consented to have a pregnancy test done. You have received the results and they are positive.

****

Profile:
You are a popular, 16-year-old sophomore at Washburn High School. You are in the advanced curriculum and you're involved with the Student Council as representative for your class. You also participate in the peer mediation project, and you play soccer. You enjoy your extracurricular activities, as well as your classes, very much.

You live with your mother and your 18-year-old sister, Jolene. Your parents have been divorced for a about ten years, and your father lives in Chicago. You see your father several times a year, but do not feel very close to him. You consider your mother to be quite understanding and supportive. You trust her and confide in her about most things. You are very close to your sister and consider her your "confidante" and close friend.

About four months ago, you met James at a party. About two months ago, you and James began having intercourse; he is your first sexual partner. You use condoms about half the time. The last time you had unprotected sex was about two weeks ago. You have confided in your sister about your relationship with James from the beginning, and recently you told your mom, too. Your mother expressed concern because she had your sister when she was 17 and she did not feel ready then for the responsibilities of having a baby. She is also concerned that you might end up getting emotionally hurt by James. You have assured your mother that James is a trustworthy guy, that he really likes and respects you, and that you always use condoms when you have intercourse.

You have told your sister that you REALLY like James and you enjoy having sex with him a lot. You feel close and safe with him. One thing you know, though, is that you aren't ready to have a baby! Although you intend to use condoms every time you have sex, sometimes you are too embarrassed to interrupt the "heat of the moment" to insist that a condom be used. Your sister has been trying to get you to take the pill. You are worried about side effects and the way that it might change your menstrual cycle, but you've decided that she's right. You want to get on the pill.

You are confident that James doesn't have any diseases because you trust him and he has told you about his previous sexual partner, Whitney. He and Whitney have known each other since they were children. James told you that they had sex only a few times, and that they are just friends now.

APPENDIX 2: Sample Stock Characters

Although she tries not to bother you with it, your mom has really been struggling to make financial ends meet for the past year. She had worked for 15 years for a company that was sold about a year ago. Her job was eliminated, and she took a job that pays considerably less than the old one did, just because she couldn't afford to take time and look for a really good job. You want to help out, and are thinking about getting a job after school hours, but you aren't sure how to go about looking. You don't want to work in a fast food joint!

UMN YouthCHAT Stock Character Scenario 4	**Crystal (birth control, dating violence)**

Introductory Synopsis:
Crystal is an 18 year old female high school senior who is coming to the
School-based clinic for a refill of birth control pills. You saw Crystal 10 months ago and prescribed birth control pills at that time. Crystal and her boyfriend were not having sex yet then, but she was considering it and wanted to have protection. When you ask the routine questions she looks uncomfortable and looks away. You think you notice a mark on her cheek, but she has on a lot of makeup and it is really hard to tell.

****

Profile:
You are Crystal, a 18 year old female (high school senior) who has come to the school-based clinic for a refill of birth control pills. You have been going with Jason for almost a year now, and have been sexually active with him for about 9 months. When you first started going out with Jason, there was really this sense that maybe he was the right one. Your mom thinks he is ok, and your friends just seem to take your relationship as matter of fact. You and Jason have most of your friends in common. In fact, the two of you hung out together long before you started getting involved. You have had other boyfriends, but this is clearly the most important relationship you have ever had. Sometimes you think that maybe you will actually stay together forever.

You live with your mom and younger sister who is in 8th grade. Your sister really looks up to you and wants to know all the details about you and Jason. She talks about having a boyfriend like him someday. When you first started going out with Jason, your mom worried about how much time you spent together, and thought he seemed too possessive. You argued about that. Now she seems to take it in stride and doesn't give you too much hassle. Actually, your mom is pretty cool, and you talk about a lot of personal things. She knows you use birth control pills and seems genuinely interested in your well-being. Jason is over at the house all the time. He and your mom get along just fine.

Jason has always smoked more marijuana and drank more than you, but it hasn't been a big deal or anything. During the last couple months, however, you have started to worry about his use a bit because he has started getting angry when he drinks and sometimes it goes further than that. Two months ago you were at a party and Jason got really drunk. You had been drinking a little bit yourself. Suddenly he glared at you for flirting with another guy (you were just talking to him). He called you a whore and took you into a bedroom and started forcing you to have sex, even though that was not what you wanted at that time. You went along with it, but you felt like people could hear and it felt awful. The next day he didn't say anything; it was like he didn't remember it. Your friends didn't say anything either, so you tried to put it out of your mind.

It seems like he is drinking even more now and he calls you names more frequently. He always apologizes and says that he was just drunk. Two weeks ago you got into an argument about something really stupid. You wanted to go to a party with your best friend and then spend the night at her house. He yelled, "so who do you love?" Then he hit you in the face, making your lip bleed. He wasn't drunk this time and you felt really confused and scared. Two days ago he hit you again when you tried to break a date because you wanted to go to your sisters Eighth Grade graduation.

Your friends have noticed that you haven't been talking about Jason as much and have asked if something is wrong. You trust your friends and have shared lots of the problems in your life with them. You feel close to two girlfriends in particular. You feel you should be able to talk about this with them, but you feel so confused and

really embarrassed about what is going on. You have a reputation of being a pretty assertive and together person, and you have a sense that this is not a good thing. You wonder how you have gotten into this kind of thing. You and your friends used to talk about girls who got hit, and wonder why they took it. Something is wrong here. But Jason always says he feels terrible afterwards, and has an excuse for his behavior. He buys you presents and tells you that he will love you forever. Last night, your little sister asked about a bruise below your eye and you started to cry. But you caught yourself, and told her that it's nobody's business. It would be the worst to have to admit this to your mom. You want to believe that Jason loves you and that of this will pass. You have not really thought about breaking up.

You are a pretty good student who figures you will go to college, though you have no idea what you might study. The last couple of months your grades have dropped a bit and your mom is letting you know that she knows you can do better. When she asks you what is going on, you get pretty defensive.

When you come to get your pills, you don't intend to discuss this trouble with Jason with the clinician. Still, you half hope that s/he notices the bruise and asks.

UMN YouthCHAT Stock Character Scenario 5 **Hua (gang violence, limited English proficiency)**

Introductory Synopsis:
Hua is a 14-year-old Hmong female who lives in St. Paul. She is coming into the clinic because of knee pain. Hua and her mother speak very little English. Her mother and male cousin (who speaks English) have decided to come with her to her doctor's visit. Her family wants her cousin, Chee, to interpret for Hua and her mother.

****

Profile:

Home: Hua lives at home with her mother, father, and four brothers. She is the oldest child out of five. Hua and her family moved to St. Paul recently from Thailand. Hua has a large extended family that lives in St. Paul. She spends time with them frequently. Hua has a close relationship with her family. She likes her brothers and enjoys watching and caring for them. Hua talks to her mother daily. She has some problems communicating to her father. However, she always does what he tells her to do.

Education/Employment: Hua will begin high school this fall as a first-year student. She is excited about the idea of starting school in the United States. She is anxious to meet some friends and to learn to speak English.

Activities: Hua spends the majority of her time with her family (both immediate and extended). She likes to spend time with her cousins that are her age. Most of Hua's cousins speak English and they are starting to teach her a few words and phrases. Occasionally, they are allowed to go on walks to the park together, but normally they spend time at each other's homes.

Sexuality: Hua is currently not having sex. She believes she will have sex after she is married. Hua's family has not told her much about sex. She only hears information from her cousins.

Drugs/Alcohol: Hua does not smoke cigarettes, use alcohol or use other drugs. She does not plan on using these substances ever.

Safety: Hua spends a lot of time with her cousins. Many of them have joined a gang called the *Imperial Gangsters*. Hua has started hanging-out with the gang members. Last week, she witnessed one of her cousin's friends firing a gun at a rival gang. As they were running away from the gunfire, Hua tripped on something and fell. Her knee has been hurting and swollen ever sense.

APPENDIX 2: Sample Stock Characters

She is fearful for what might happen to her if she gets involved with this gang, but she also wants to be accepted and protected by her cousins. She is contemplating joining the *Imperial Gangsters*. Hua's family has little knowledge about gang activity. Hua knows little about what initiation into this gang might be like and about the dangers of joining a gang. Her cousin who came to the doctor's office is not involved with the *Imperial Gangsters*. Her parents and cousin do not know how she got her knee injury.

UMN YouthCHAT Stock Character Scenario 6	**Kirsten (changes in behavior)**

Introductory Synopsis:
Kirsten, 17 has been brought to the clinic by her Dad, who is concerned that her behavior is changing. She seems distant and often won't talk – wants to be left alone, particularly when she comes home after being with friends.

****

Profile:

Home: Kirsten lives in Columbia Heights with her Mom, Dad and younger sister, Melanie, who is 13. Her mom is a chef at Buca and works nights and weekends. He dad is a construction worker and works days. Kirsten isn't close with her family. She doesn't take her problems to either of her parents, in part because she feels that they favor her sister. Melanie is a straight "A" student, but Kirsten, too, gets good grades and takes accelerated classes (which Melanie doesn't). As capable as Kirsten is, she feels that her parents compare her unfavorably with Melanie. Kirsten has felt "second best" ever since Melanie was born. She was so cute, and everyone thought she was just perfect. Kirsten yearns for her parents to recognize what a good person she is.

School: Kirsten is a junior at Columbia Heights High School, where she is active in speech activities, where she competes in the Original Oratory category. Her last speech was "Bullying that GLBT Youth Endure." She earns a 3.5 grade point average in her accelerated classes. She likes math, English and music, but dislikes science, history and social studies. She enjoys the music theory class where they learn about the structure of music. She used to play the bass clarinet, but quit when she was a freshman because she didn't like the band teacher. Kirsten has friends, but they are what she calls "the rejects" – not the popular crowd. Although she definitely has the grades to go on to college, she's not sure – but her parents would support her going to college. Her father has a college degree and her mother trained in a vocational program.

Activities/Drugs: Kirsten and her friends Josh, Justin and Emma hang out on weekends and often go to parties where they drink beer and smoke cigarettes. Kirsten started both about six months ago. Her use depends on who she's with on a given day or evening and whether or not she's involved in doing something that she likes. She has noticed that, although she has started to smoke with friends sometimes during the day, she really doesn't when she's interested and involved in an activity. She does like the energy boost a cigarette gives her, though, and she doesn't see smoking as any kind of problem. Josh is her best friend, and he dates Emma. She got to know Justin through Josh.

Diet: Kirsten usually has a bowl of cereal for breakfast, has lunch in the school cafeteria, and fixes herself a sandwich for dinner. Her mom prepares meals for warming while she's at work, but Kirsten thinks it's too much trouble. She doesn't eat many fruits or vegetables, except for what might show up in the school lunch.

Sexuality: Kirsten had a boyfriend, Nick, whom she dated for about a year when she was a sophomore. They had oral sex but not vaginal intercourse, and Kirsten considers herself a virgin. They never used any protection. She and Nick grew bored with each other and the relationship ended. Now, she likes Justin, but Justin doesn't know it and seems to think of her as a friend.

Suicidality/Mood: Kirsten wishes that her family appreciated her more and she gets moody over that. She's pretty much decided that that's the way it is, and she just shuts them out. When she's down, though, she calls her friends and that helps her mood. She also gets a lot of positive support from teachers around her speech work.

APPENDIX 2: Sample Stock Characters

She wishes her parents would come to her competitions, but her mother is always working and her dad is too tired after working construction.

UMN YouthCHAT Stock Character Scenario 7 **Steven (sleep trouble)**

Introductory Synopsis:
Steven is 17. He come to clinic because he's having trouble sleeping and is starting to fall asleep during the school day.

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Profile:

Home:

- Live in an apartment on Randolph; nice neighborhood; quiet
- Lives with his dad; Dad is tax accountant; works all the time during tax season
- Mother died when Steven was an infant; car accident – she was driving alone
- Steven and his dad are both reserved; don't talk; Steven doesn't "mind" what he has with his dad; wishes there were more family; most other family live out of state and visit only on holidays; live in California; Steven and dad go there on holidays

Education

- Goes to Cretin-Durham Hall; chose it himself; liked the principal when he talked to him at a school fair; also, got some scholarship
- Gets "As" but this last year, mostly "Bs." Less motivation.
- Really likes history class; teacher is animated; high energy class and teacher is nice to him; Steven is close to him; would go to him if something difficult came up
- Enjoys English because he enjoys reading books; like "The Invisible Man" – could sort of relate and thought the author handled the metaphor well
- Doesn't like lunch; doesn't sit with anyone, really; no close friends; Steven has moved a lot, so hasn't had a chance to form long-term friendships
- No extracurriculars; was Freshman year, tried Speech Team, but wasn't right fit – just wasn't good at doing speeches

Employment:
No job; but sometimes he helps Dad organize; likes getting the money and doesn't have to do it often

Eating

- Bowl of cereal, muffin, juice in morning; on weekends, his dad makes eggs, but they don't sit at table together; watch TV while they eat
- Cold cut sandwich or leftovers on weekends or snacks a lot – chips
- School lunch
- Eat out evenings or order a pizza or other take-out
- Body image: would like to be more muscular; has thought about gym, but is intimidated

Activities

- Goes to Rec Center and may watch games; goes alone
- If he hears about a party, he sometimes invites himself; if it's a large party
- Nervous about what people will think of him, but tries to shrug off those thoughts and drinking helps his confidence
- Last one was after a sports team had good game and guys were getting together; someone had a bottle of whiskey; he took quite a few shots; got hammered; pretty typical; a couple of times, hasn't remembered the next day

- The "party –goers" think his drinking is funny and enable him, urge him on
- Usually nearby so he walks; Dad isn't home –out with friends – so doesn't know ; would be upset if he did and would probably pay more attention to where Steven is going and the circumstances
- Sometimes Steven gets concerned, when he's vomited a lot or when he has a hangover
- Plays a lot of video games – that's what he does in his spare time; likes "shooting games" – would be called a "gamer"

Drugs
- He smoked cigarette once, but didn't like it so didn't do it again
- No other drugs; nobody offers; besides, he's already drunk

Depression
- Motivation waning; smart and easy for him until recently; as it's gotten harder, he isn't intensifying his effort; doesn't want to work harder
- Wants to go to college, but has no definite direction
- Gets low moods often; with him most of the time; doesn't have any way to help himself get out of moods
- Hasn't thought of hurting himself; not suicidal
- Sometimes uses Dad's liquor to self-medicate and try to get out of low mood

Sexuality
- Attracted to girls; often attracted to girls at parties
- Hasn't had a girlfriend; asked a girl once in 7th grade and was rejected
- Dad "gave him the talk" once but awkward and short
- His questions are about how to get a girlfriend; hopes to get lucky at parties, but he never does

Sleep
- Get 5-6 hours on a good night
- Typical: goes bed 1:00 and has trouble getting to sleep; restless after he does sleep

Safety
- Safe at school, home, neighborhood
- No guns at home
- Doesn't drive; has permit but never got license
- Uses a seatbelt except when drunk, when he forgets

UMN YouthCHAT Stock Character Scenario 8 **Vincent (headaches)**

Introductory Synopsis:
15 years old. Came to clinic because he's had recurring headaches. Wakes up with headache. Resolves after lunch . Takes Tylenol.

****

Profile:

Home:
- Only child. Lives with both parents.
- Lives on Goodrich Avenue in St. Paul – very large house
- Mom doctor; -- pediatrician; mostly young children; little contact with teens; relates to him as someone younger than he is and Vincent doesn't like that; dad is lawyer –defense attorney; both very busy; Vincent sees them for family dinner; likes spending time with his parents, but doesn't know if it's vice versa; not much conversation; parents very tired. "How was your day? ' but rote and then done talking.

APPENDIX 2: Sample Stock Characters

- Sometimes goes to the YMCA on weekends and shoots baskets with his dad
- Home alone until parents get there; does homework, goes on YouTube, Nerfguns – likes collecting and modifying them. Has dinner; takes shower. Weekend – might watch movie with parents or by himself
- Weekdays, goes to bed early, likes lots of sleep – at least 9 hours (9:30 – 6:30)

Education:

- Freshman at Highland Park Senior High school contacts
- Likes learning; doesn't like school because not very social
- Really, really likes biology
- Least favorite class is English, because that's where most of the meaner kids are
- Plays with JV basketball team – starter, which is good for a freshman
- Grades - Bs and Cs. Trying hard to get them to As, but not succeeding; Would like to go to after-school tutoring but values basketball, which conflicts, more. Parents not very engaged around his school performance – no pep talks
- Does Science Olympiad (SO) – contests where they use logic and science to compete. Has made a few friends there.

Activities:

- Best friend is Luke, not athletic, but lifts weights. Vincent has no video games; Luke has X-box and they play on that. Luke's parents aren't around; mom is midwife; dad watches TV. Lives on Smith Avenue, just off Grand – Burger King area; also a fairly large house. Mom super-supportive; encourages school performances. Hard to tell if Luke's dad has job.
- Other friends from SO: Vince. Quinn. Seniors who lead the group: Toiln Jonah. They're his role models. He will miss them when they go off next year to college.

Diet:

- Cereal for breakfast - likes Raisin Bran – doesn't like sugary cereals. Parents push fruit, but Vincent doesn't always eat.
- Doesn't like school lunch; gets peanut-butter-and-jelly sandwich, maybe hard boiled egg; really likes apples, carton of milk. For dessert, a banana chocolate chip muffin
- Dinner = variety of foods. Lots of pasta dishes. Always a salad. Milk – likes it.
- Good weight; fairly tall. Doesn't agonize about body image.
- Typical weekend: SO competitions every couple of months. May visit great grandma, who has dementia. They go every other weekend. Grandpa has no cognitive problems, but has physical issues getting around. Have dinner there, which is so-so, but Vincent likes that Grandpa will let him have all the ice cream he wants. At Luke's house; at home, playing Nerfgun, stuff like that.

Sexuality:

- In sixth grade, he realized that people had started dating. Had crushes on popular girls – way out of his league, since he wasn't very popular.
- Would like to date someone, even though his friends don't recommend; financially draining; Luke didn't enjoy.
- Girl in two classes; ride the same bus; she has sat next to him a couple of times, but he couldn't get the nerve to talk to her. Her name is Charlotte and she is in Circus, and he thinks that is pretty cool. Did talk to her once in Biology class (where his confidence is up); she seems interested. Luke gives him tips – be laid back; be confident; smile a lot; maintain eye contact but don't stare; throw in a compliment here and there. Holding him back: he doesn't have a cell phone. He asks. Parents decline. He's afraid of rejection, but Luke says "pay attention to body language. She's nice. It's a lock"
- Parents gave him "the talk," but rushed through it. Has gone on the internet but didn't find anything helpful. Goes to Luke. Luke helpful, because his mom was very open and helpful. Vincent would like social advice; would like to know more about pubertal development. Not sure if the doctor is the right person to ask; not comfortable.

APPENDIX 2: Sample Stock Characters

Substances:

- Early in year, sat near popular kids; they were talking about smoking pot and drinking alcohol at parties. Kind of dissuaded from parties; wants to steer clear of alcohol, pot and so forth.
- Sees others' smoking, but none of his friends

Depression/Mood:

- Would change social status if he could. He wants to be popular. Lots of people noticing and talking to him. Nobody being mean to him. In junior high, lots of verbal abuse, especially on bus. Heard once that a kid had brought a knife. Bus this year fine. High school better, but feels dislike and sometimes…push him into lockers. Doesn't feel safe going to principal, because the perpetrators might really hurt him then. His strategy is to ignore. Has mentioned to parents; his dad urged him to go to principal. He's wondering if he should ask them to report the kids to the principal. Occurs (Ameer, Henry) mostly if he happens to interrupt them or outsmart them in class. Biology teacher, Mr. Hardie, - he has talked to him and Mr. Hardie has offered to report Ameer and Henry, but would have to see the bullying while it is occurring..
- Vincent at a mood 3 or 4 on a scale of 10. He's up for facing challenges, but except for bullying and parents not being super supportive, he would be higher
- Has not thought of hurting himself; the bullies would win and he doesn't want that. Sometimes has felt really down – parents working all the time; bullying spree -- Luke away and not able to support.
- Basketball is his coping strategy – plays drill called "Lightning" with Luke. If Luke is gone; asks Dad or goes alone. Parents pretty oblivious; Mom a little more caring; feels she has to "mother" him a little, even though she is very busy.

UMN YouthCHAT Stock Character Scenario 9	**Zenny (weight loss, loss of appetite, fatigue)**

Introductory Synopsis:
Zenny is 17 years old and has come to the school clinic because she sometimes has nausea and tiredness after physical exercise. She has recently lost several pounds.

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Profile:

Home: Zenny lives with her father and stepmother on Jackson Street in St. Paul. She was born in London, where her family lived after fleeing Somalia. When Zenny was six years old, her family moved to the US. Zenny's mother died one year later in a car accident, when Zenna was seven years old. A man ran a red light on slippery streets and hit the car her mother was driving. This was of course devastating for her, but her father managed until he remarried when she was nine. He married a traditional Somali woman, who has very strict adherence to traditional practices, and this has created conflict with Zenny, who never lived in Somalia and who, though she values her Somali background, wants to pursue a moderate course regarding cultural beliefs and practices. Zenny longs for a more nurturing relationship with her stepmother. Perhaps because her mother died when she was so young, she hoped for a relationship with her stepmother focused on care, but instead it has always focused on rules and following the rules. Zenny does household chores out of fear – getting hit with a belt would not be out of the ordinary if she didn't do what her stepmother expects – and she makes sure that she doesn't get on the bad side of her stepmother. Her father is a resettlement worker with a social agency, helping recent immigrants from Somalia get settled and started in new circumstances. Her stepmother owns a small shop in the Somali mall, but since she is married, her younger sister helps her run the shop. Zenny's father smokes at home and this bothers her because she has learned about the health risks of tobacco use. She wouldn't dare to say anything to her father, though. Zenny's father – although he is more moderate in his cultural/religious views than her stepmother – is largely unaware of Zenny and doesn't realize how unhappy she is.

Education:

- Zenny is a senior at Como Park Senior High School. She is and has been a "B" student consistently throughout her high school years. Her favorite classes are English and World History. Science is challenging for her, but

she still gives it her best effort and maintains her "B" average. She plays on the soccer team – she wears trousers to do this, and that has been a source of conflict with her stepmother. But Zenny wants to be in athletics and will not give that up. She has several good friends at school. Among all her friends she is "the quiet one."

- Zenny wants to be a lawyer, although she hasn't discussed this directly with her parents. Zenny's dad tells her that she is a good daughter and can do anything she wants to, but he doesn't take the time to help her plan or to take concrete steps to prepare for that future.

Employment: Zenny does not work, but she would like to – mainly to minimize her time at home.

Activities: Zenny spends the Muslim Sabbath (Saturday) worshipping at Duqsi where she participates in prayers throughout the day. On Sundays, she does household chores and if there is time, may go with her friends to a movie or shopping at the Somali Mall. Sometimes, she and her friends -- Amina, Halimo, Sinta and Zainab -- watch Indian movies that they get at the Mall.

Diet: Zenny thinks that the traditional Somali diet, which her stepmother prepares, uses too much oil and meat. She thinks it isn't very healthy and wishes that she had more control of what she eats at home. She has a poor appetite recently and has started eating less than she used to.

Drugs: Zenny believes that all drugs (including tobacco) are bad and wouldn't consider trying alcohol, cigarettes and certainly not other drugs such as marijuana or cocaine. None of her friends use, either. She is exposed to secondhand cigarette smoke at home, however, since her father smokes every day.

Depression: Zenny has lost appetite, but her sleep is normal – 6-7 hours a night. She has no trouble going to sleep. As she approaches high school graduation, however, she is discouraged that her parents show no support for academics or concern about her future. She looks at her stepmother's life and knows that isn't what she wants. But what else is there for her? Without an education, she cannot imagine a larger life than her stepmother's. Her stepmother is not educated, although her father is, but he does not spend time with or encourage her. She has never had suicidal thoughts, but she is increasingly stressed and unhappy about her future prospects.

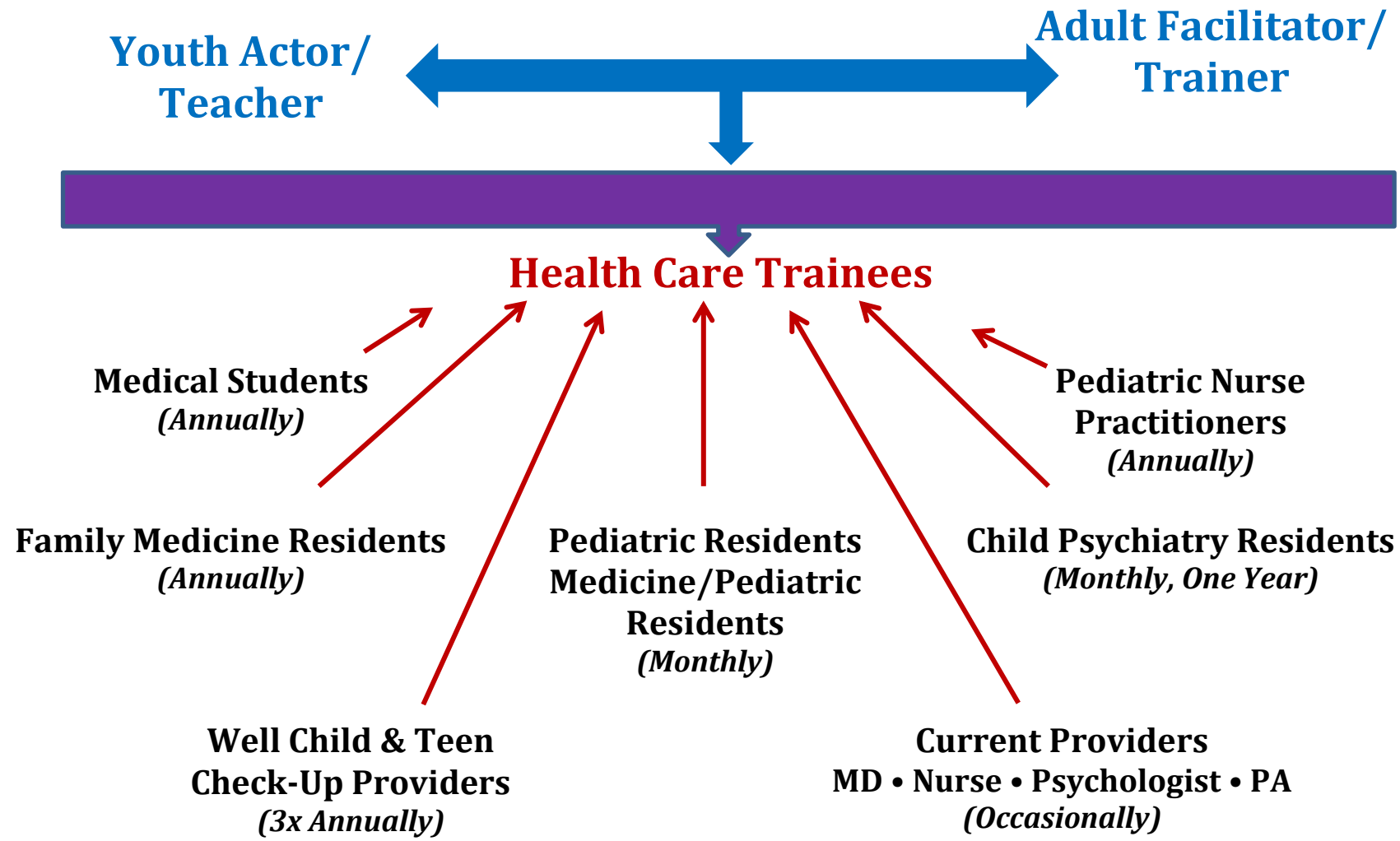
Sexuality: Zenna does not challenge the Somali tradition that young women do not have "boyfriends" until they are ready to marry. She has never "dated," and just does not think about it. Her stepmother would not allow it. But if she could have a boyfriend, she would like to.

Safety: Zenna feels safe in her neighborhood and at home – as long as she doesn't cross her stepmother. There are no guns at home. Zenny always wears a seatbelt; she is very aware of the dangers of auto accidents since her mother's death.

APPENDIX 3: UMN YouthCHAT Service Map & Settings

3a. UMN YouthCHAT Service Map
3b. UMN YouthCHAT Outreach Settings Overview

3a. UMN YouthCHAT Service Map



3b. Examples of UMN YouthCHAT Outreach Scenarios

1. Public Health Workers
2. Current Providers
3. Other/Occasional Trainings

UMN YouthCHAT Outreach Example 1: Public Health Workers

Venue: Morehead, MN

Keys to success: 1) Collaboration with Minnesota Dept. of Health
2) Local coordinator critical (market training locally, securing space, arranging food, recruiting local actors and breakout facilitators)

Training Components:

Day 1: Train local actors and local facilitators (3 4 hours)

- Brainstorm local climate/issue for Moorhead adolescents; record on white board
- Replicate training agenda previously described
- Using climate/issues brainstorm, individual actors begin to conceptualize characters/scenarios; write ideas on white board or flip chart
- Assignment: actors use HEADS; develop character overnight

Day 2: Refine characters; practice (2-3 hours)

- Use HEADS framework; work through each character until scenarios are complete
- Five facilitators act as trainees; local youth actors are interviewees; character scenarios are practiced
- Facilitators rotate to provide additional practice and mentoring for youth actor

Day 3: Training of Well Child/Teen Check-up providers (6 7 hours)

Morning: MDH staff presentations on adolescent development and adolescent health issues

Afternoon:

1. YouthCHAT training in interviewing skills
2. Trainees have been provided in advance with "Introduction to the Psychosocial Interview"
3. Thirty-five minute presentation on issues of adolescent-adult communication
   - Adolescents do want to talk with adults/health care providers, about: sexually transmitted diseases; contraception; smoking cigarettes; good eating habits.
   - Well-intended adults want to "make everything all right" and in order to effectively help must learn instead to ask good questions that help the young person think through motivations and rewards; listen; offer availability and support
4. Fifteen-minute demonstration interview: facilitator/trainer and youth actor
5. Ten-minute feedback/discussion
6. Break-out into five practice groups, each group: 1 facilitator, 1 youth actor, 4 trainees
7. Fifteen-minute practice; five-minute feedback, discussion
8. Actors/facilitators rotate to second group; this is repeated until all trainees have practiced and received feedback
9. Convene in group-of-the-whole; reflections; sharing
10. Evaluation

APPENDIX 3: UMN YouthCHAT Service Map & Settings

UMN YouthCHAT Outreach Example 2: Current Providers

Title/Venue: Preventive Care of Adolescents

Background:

- 2002 BlueCross BlueShield Growing Up Healthy in Minnesota grant competition
- Team in Division of Adolescent Health and Medicine met weekly for several months
- Explored literature on cross-cultural care; identified essential conditions and elements for effective care across cultures and for all adolescents
- Wrote plan for training of current providers: Preventive Care for Adolescents

***Preventive Care for Adolescents* Structure:**

- 2 day training
- Offered/marketed through CME
- Audience include physicians, nurses, physician assistants, psychologists
- Final afternoon training in interviewing skills involving youth actor/teachers, following format used for resident training

UMN YouthCHAT Outreach Example 3: Annual/Occasional Training

Audience	Structure
Pediatric Nurse Practitioners (annually)	• 7- 10 trainees who are completing their first year of training • Follows format of resident training (Part 2) • When feasible, integrated with resident training • Secure additional facilitators, drawing on SON staff, experienced PRC staff, experienced clinician fellows
Family Medicine residents	• Provide training at clinical training site North Minneapolis • 7-10 residents • One 3-hour session focused on use of the HEADS • Incorporates Bridge statement & confidentiality statement • Follows format of pediatric resident training
Medical Students	• Medical School faculty provide 1-day training in clinical skills to 2nd-year students • Youth actor/teachers provide practice opportunity during afternoon session • Youth actor/teachers work with MS faculty facilitators in group training session (1 student practices interview, 4-5 students observe discussion)
Child Psychiatry residents (Monthly during one year of training)	Promoted by Chief Resident One 2hr session Residents received HEADS overview in advance Group work, follows Medical Student training format

Adolescent Health and Development Curricula for Health Care Professionals

Adolescent Health Curriculum for Health Care Professionals http://www.adolescenthealth.org/curriculum.htm

This site was developed for use by health care professionals involved in either the teaching of adolescent health or clinical care of adolescents and young adults. The material on the site includes in each section text background, cases, questions and answers, weblinks and a small reference section. The reader can use the text alone, the cases alone or the questions and answers alone. Course content includes: puberty, interviewing and communicating with adolescents, confidentiality, sexuality and sexual health issues, common medical problems, orthopedic problems, eating disorders, and substance abuse. **This is not meant to be an exhaustive curriculum in adolescent health but a supplement to other teaching modalities.** **D**eveloped by Lawrence S. Neinstein, M.D., F.A.C.P., Professor of Pediatrics and Medicine, USC Keck School of Medicine; and Executive Director, University Park Health Center. Supported by the Society for Adolescent Health and Medicine.

EuTEACH - European training in effective adolescent care and health http://www.euteach.com

EuTEACH is the initiative of the Multidisciplinary Unit for Adolescent Health (University Medical Center, Lausanne, Switzerland), and has been developed by a group of leading adolescent health professionals from 11 European countries. The site provides curriculum on adolescent health (note that the Curriculum above was intended to be used as supplement to the EuTEACH course outline). EUTEACH was made to improve the health of adolescents throughout Europe and elsewhere by offering the most effective and efficient training curriculum possible, and by making it freely available to all health professionals involved in teaching adolescent medicine and health. Curriculum modules address topics such as: definitions of adolescence, resilience and exploratory behaviors in adolescence, family dynamics, ethics in adolescent health care, and many other topics and practice considerations.

Adolescent Health and Development Compendiums

The Teen Years Explained: A Guide to Healthy Adolescent Development, 2009
Johns Hopkins Bloomberg School of Public Health, Center for Adolescent Health
http://www.jhsph.edu/adolescenthealth/

American Academy of Child and Adolescent Psychiatry

- **Normal Adolescent Development Part I (Middle School/Early High School Years), December 2011**
  www.aacap.org/page.ww?section=Facts+for+Families&name=Normal+Adolescent+Development+Part+I
- **Normal Adolescent Development Part II (Late High School Years and Beyond), December 2011**
  http://www.aacap.org/galleries/FactsForFamilies/58_normal_adolescent_development.pdf

ACT for Youth Upstate Center for Excellence

- **Stages of Adolescent Development, 2004**
  http://www.actforyouth.net/resources/rf/rf_stages_0504.pdf
- **Stages of Adolescent Development Summary Chart, 2004**
  http://ecommons.library.cornell.edu/bitstream/1813/19311/2/StagesAdol_chart.pdf

APPENDIX 4: Related Reading & Tools

Adolescent Health Care (Including Confidentiality & Minor Consent)

Health Equity for Adolescents (AAP Topic Area & Resource List)
American Academy of Pediatrics
http://www2.aap.org/sections/adolescenthealth/equity.cfm

Adolescent health services: Missing opportunities, 2009
National Research Council and Institute of Medicine.
Download free from National Academies Press:
http://books.nap.edu/openbook.php?record_id=12063&page=1

Guidelines for Adolescent Preventive Services (GAPS)
American Medical Association
www.ama-assn.org/

Adolescents' Experiences and Views on Health Care, March 2010
National Alliance to Advance Adolescent Health
http://tiny.cc/n1qmrw

Adolescent Confidentiality & Consent (Topic area & resources)
The Center for Adolescent Health & the Law
http://www.cahl.org/

Protecting Confidential Health Services for Adolescents & Young Adults: Strategies & Considerations for Health Plans, May 2011
National Institute for Health Care Management Foundation
http://www.nihcm.org/images/stories/NIHCM-Confidentiality-Final.pdf

Delivering Culturally Effective Health Care to Adolescents, 2002
American Medical Association
http://www.ama-assn.org/resources/doc/ad-hlth/culturallyeffective.pdf

Giving Feedback (General & Medical Education Settings)

Giving Feedback Effectively: Keeping Team Member Performance High, and Well-Integrated
MindTools
http://www.mindtools.com/pages/article/newTMM_98.htm

Best Practices for Giving and Receiving Feedback
Oregon Health & Science University
http://tiny.cc/lismrw

Body Language: Understanding Non-Verbal Cues
MindTools
http://www.mindtools.com/pages/article/Body_Language.htm

Training Standardized Patients to Give Feedback to Medical Trainees: The State of the Art
Hatchett et al. University of Cincinnati College of Medicine
http://www.aspeducators.org/files/project_awards/1280872305.pdf
Extensive literature review on standardized patient (SP) driven feedback (1996-2006). Includes extensive author categorizations of who literature is directed to (SPs or SP trainers). 78 pages.

Feedback and Reflection: Teaching methods for clinical settings
Branch & Paranjape A (2002). Acad. Med. 77:1185-1188.
Full text: http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf
Authors explore feedback and reflection in clinical teaching. Directed at SP trainers/faculty.

Toolbox of Assessment Methods, 2000
Accreditation Council for Graduate Medical Education
http://tiny.cc/xjrmrw
360-Degree Feedback Evaluation Instrument. Method of feedback for evaluation, directed at standardized patients.

Standardized Patients (Adolescent-Specific, General, Training of)

Conversations with Adolescents: What We Have Learned from Medical Student Exercises with Standardized Patients
Barratt et al. *Journal of Clinical Outcomes Management,* January 2006, Volume 13(1)
Full text: http://www.turner-white.com/memberfile.php?PubCode=jcom_jan06_exercise.pdf

Adolescent Standardized Patient Project (ASPP)
National Institute for Reproductive Health
http://www.nirhealth.org/sections/ourprograms/ourprograms_adolescent_health_APCW.asp

Association of Standardized Patient Educators
http://aspeducators.org/
Professional organization for those providing education and training to standardized patient (SP) methodology. Core Curriculum includes guidance on the foundations of SP methodology, and recruitment and training of SPs.

Standardized Patient Trainer Listserv, Hosted By the University of Washington
http://mailman2.u.washington.edu/mailman/listinfo/sp-trainer
For the discussion of education using Standardized Patients and other types of simulation.

From standardized patient to care actor: Evolution of a teaching methodology
Hardee & Kasper (2005).*Permanente Journal,* Spring 2005; Vol 9. No 3.
Full text: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3396073/
Case/character scenario set-up in preparation for a particular skill.

Policies & Procedures Manual for Standardized Patients, December 2011
McMaster University
http://simulation.mcmaster.ca/documents/PPForStandardizedPatientsNov11FINAL.pdf

Psychosocial & Motivational Interviewing (Research & Theory)

Getting into adolescent heads: An essential update
Goldenring & Rosen. *Contemporary Pediatrics*, January 2004
http://www2.aap.org/pubserv/PSVpreview/pages/Files/HEADSS.pdf

Ten things that Motivational Interviewing is Not
Miller & Rollnick (2009) *Behavioural and Cognitive Psychotherapy*, 37, 129---140.
http://media.andreasrousseau.se/2010/11/What-MI-is-not.pdf

Motivational Interviewing: Preparing People for Change
Miller & Rollnick (2002) 2nd Edition. New York: Guilford Press.

What is motivational interviewing?
Rollnick & Miller. *Behavioural and Cognitive Psychotherapy*, 1995, *23*, 325-334.
Full text at: http://motivationalinterview.net/clinical/whatismi.html

Inspiring Healthy Adolescent Choices: A Rationale for and Guide to Strength Promotion in Primary Care
Duncan et al. *Journal of Adolescent Health,* 41 (2007) 525–535
Full text: http://tiny.cc/i2qmrw or
http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PIIS1054139X07002406.pdf

Motivational Interviewing in Primary Care
Anstiss, T. *Journal of clinical psychology in medical settings,* 16, no. 1 (2009)
Full text: http://a-healthcoaching.com/docs/motivational-interviewing-in-primary-care.pdf

What makes it Motivational Interviewing?
Miller & Rollnick (2010) Presentation at the International Conference on Motivational Interviewing (ICMI), Stockholm, June 7, 2010.
Video archive accessible at: http://www.motiverandesamtal.org/ICMI/What%20Makes%20It%20MI

Communicating in Adolescence: Building On Strengths While Addressing Risks, January 2008
American Academy of Pediatrics
http://www2.aap.org/sections/adolescenthealth/commwebcast.cfm
AAP webcast archive focused on how to incorporate a practical, strength-based approach in interviewing and intervening with adolescents.

APPENDIX 4: Related Reading & Tools

Psychosocial & Motivational Interviewing (Guides, Tools, Worksheets)

Motivational Interviewing Strategies to Facilitate Adolescent Behavior Change, 2007
Adolescent Health Update Vol. 20, No. 1
American Academy of Pediatrics, Section on Adolescent Health
http://www.dhs.wisconsin.gov/health/mch/PDF/AdolescentMotivationInterviewing.pdf

Headspace assessment guide: Psychosocial Assessment for Young People
National Youth Mental Health Association (Australia)
An expansion of the H.E.A.D.S.S. assessment by Parker et al, based on Goldenring, J. M. & Rosen, D. S. (2004). Getting into Adolescent Heads: An essential update, *Contemporary Pediatrics, 21,* 64-90
http://www.headspace.org.au/media/100874/headspace_assessment_interview.pdf

Adolescent Health General Practitioner Resource Kit: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds, 2nd Edition (2008)
NSW Centre for the Advancement of Adolescent Health (Australia)
http://www0.health.nsw.gov.au/pubs/2008/gp_resource_kit.html
Complete online kit includes:

- Section 2 - **Skills for youth friendly GPs** (13 chapters) / http://www.caah.chw.edu.au/resources/gp-section2.pdf (Chapter 1: conducting a youth friendly consultation; Chapter 2: conducting a psychosocial risk assessment; Chapter 3: negotiation a management plan)
- Section 3 - **Creating a youth friendly practice** / http://www.caah.chw.edu.au/resources/gpkit/16_Section_3.pdf
- Appendix 1 - **Adolescent health check template** (interview guide/worksheet) / http://www.caah.chw.edu.au/resources/gpkit/18_Appendix_1.pdf
- Appendix 2 - **Youth health risk assessment** (HEEADSSS) – (worksheet) / http://www.caah.chw.edu.au/resources/gpkit/19_Appendix_2.pdf

Adolescent Health Care 101: The Basic; An Adolescent Provider Toolkit, California Edition
American Academy of Pediatrics / Adolescent Health Working Group
http://www.ahwg.net/assets/library/74_adolescenthealthcare101.pdf
Tip Sheets and Counseling tools including general guidelines and step by step guides to a productive and youth friendly visit, annotated HEADSS Assessment tool; counseling for behavior change.

headss assessment: risk and protective factors (chart)
Adolescent Health Working Group (California)
http://www.heardalliance.org/wp-content/uploads/2011/04/HEADSS.pdf

APPENDIX 5: Adapting YouthCHAT in My State Worksheets

These worksheets are sample checklists and considerations for adapting the YouthCHAT model of using youth as actors/teachers for health care provider training. These worksheets were developed for a cohort of state health department teams and their partners convened in January 2013 by the State Adolescent Health Resource Center to consider opportunities for replicating and adapting YouthCHAT in other states and settings. Your specific plan of action may different from questions and categories presented here. Use this as a guide to develop your own unique planning checklist that you can adapt over time to document your program's key elements.

Checklist & Worksheet Table of Content

Getting Started

Operational Elements

- ❍ Who are your key planning partners, what is their role in the planning process?
- ❍ Who is the overall coordinator for planning efforts/partners?
- ❍ What funding sources will be used to adapt, implement and sustain this model?
- ❍ What is the overall budget for this process?
- ❍ Will there be an evaluation component (developed, or part of some existing program)?

Incorporating YouthCHAT into Existing Programs

What opportunities are there for using the Youth CHAT youth actor model to train health care providers?

- ❍ Public health settings
- ❍ Community clinics and other health service settings
- ❍ Medical residency programs
- ❍ Other

Special considerations for promoting YouthCHAT model to health care professionals:

Special Considerations	How to Approach This
Example: Rural areas lacking health care providers (and especially providers trained in adolescent issues)	*Consult with university's telehealth program on how to bring Youth Actor model to rural areas/areas with most need for training.*

Promotional Pieces to Get Started	To be developed/monitored by:
Basic description to promote opportunity to health care providers/training venues	
Basic description to promote youth recruitment/hiring opportunity	
Youth actor application (written, online, both)	
Youth Training Curriculum	
Resident Training Curriculum	
Youth Actor character development	
Program Budget	
Program Timeline for recruiting/hiring/implementing	
Other Promotional Pieces: website notices, press release, PSA, etc.	

Timeline Worksheet

Recruitment Deadlines

	Your Ideal Timing	UMN Tip
Outreach to venues complete on/by		*Beginning of school year.*
Reminders about application deadline sent on/by		
Application Deadline		*At least 3 wks between recruitment and deadline.*
Application Reviews will take place		*Allow at least 1 wk for review.*
Youth actor interviews to take place		*Schedule all on 1 or 2 days.*
Hiring Decisions Finalized		*ASAP after interviews.*
Applicants/Interviewees notified of hiring decisions		*ASAP after hiring decisions made.*
Youth actor hiring process complete on/by		*At least 4 wks prior to provider training to allow sufficient training/character development time.*

Youth Training Timeline

	Your Ideal Timing	UMN Tip
Training Date/Time(s)		*2-parts, on 2 consecutive/proximal days, weekdays, time accommodates youth school schedules.*
Youth invites/training notice sent on/by		
RSVP deadline for training(s)		
Employment documentation received on/by		*Completed during or within a few days after youth training.*
All formal contracts in place on/by		*Prior to using youth to train residents.*
Follow-up character development complete on/by		*Within 2 wks of initial training, at least a few weeks prior to resident training to allow additional guidance/practice as needed.*

Provider Training Timeline (Ideally)

	Your Ideal Timing	UMN Tip
Training Date/Time(s)		*2-parts, weekdays, time accommodates youth school schedules.*
Invites/training notice sent on/by		
RSVP deadline for training(s)		

Follow-up / evaluation complete on/by		

Other Timeline Considerations:

Budget Worksheet

Training Element	Sample Associated Costs	Funding Source (real or potential)
Overall Program Management	• Overall administration • Staff review applications, interviewing youth, making hiring decisions • Training Facilitators for youth training • Staff/mentors for youth character development • Instructors for provider trainees	
Recruitment	• Meetings with adults in recruitment venues • Recruitment materials (e.g. printing/postage)	
Application process	• Paper applications (e.g. printing/postage) • Electronic applications (e.g. staffing to develop online application)	
Interview process	• Interview space • Transportation (e.g. parking or bus passes for interviewees)	
Youth compensation	• Youth employment options (e.g. stipend, hourly wages) • Other incentives (e.g. gift cards, parking or bus passes)	
Youth training process	• Space/venue for initial training, ongoing character development sessions • Equipment, Materials (e.g. printing, collation, notebooks, etc.) • Snacks • Transportation (e.g. parking or bus passes for youth actors/teachers)	
Provider training process	• Space/venue • Equipment, Materials (e.g. printing, collation, notebooks, etc.) • Snacks • Transportation (e.g. parking or bus passes for youth actors/teachers)	
Other Considerations		

Recruitment Partners Worksheet

Venue	Professionals @ This Venue	Characteristics of Possible Youth Recruits	Who Will Make Contact
Example: Schools	*Guidance Counselors Principles Health Education Teachers Health Professions Teachers*	• *Youth have an interest in health/medical professions.* • *Recruiters can identify youth with a demonstrated interest in the learning and teaching process.*	• *Dept of Education, coordinated school health program connected with schools*
Example: Teen Clinic Advisory Group	*Clinic Administrators Advisory Group staff*	• *Youth have an interest in health/medical professions.* • *Youth have experience giving honest constructive feedback to adults in a health care setting.*	• *DOH programs connection with local clinics*

Preparing for Recruitment

Recruiting Materials / Messages

What materials will you provide to assist professionals in your state/communities recruit youth?

- ❍ One page handout of program description, youth roles, application information
- ❍ Tailored promotional language
- ❍ Youth Actor/Teacher Application
- ❍ Web-based promotions (Facebook, Twitter, website, online application process)
- ❍ Parent outreach information/materials
- ❍ Parent Approval Documentation
- ❍ Any other additional guidance for recruiters?

Are there special considerations you can build on to recruit Youth Actors?

Venue	Special messages	Other Considerations
Example: Schools	*Fulfills youth community service hours* *Provides insight into health care professions*	• *Some high schools have early college program, a contingent of HS students enrolled in college health profession course* • *High schools in the vicinity feed into state medical school*

Other Recruitment Considerations:

Interviewing/Hiring Logistics	
Logistics	❍ How many youth do you need to recruit/hire? (UMN considerations: How many providers being trained? Ensure enough youth actors in your company to ensure availability when needed for resident training, and to ensure that each provider trained has the experience of interviewing a unique character scenario (that they will not have already observed). ❍ How will applications be submitted (in writing only, online, both) ❍ If sufficient applications are not received, will additional recruitment outreach take place?
Reviewing Applications	❍ Who will receive incoming applications? ❍ Who will review applications (at least 2 partners/staff recommended)? ❍ How will interviewees be selected (how will you resolve differing opinions on who will be selected, who has final say)? ❍ What is the ideal number of interviewees you need to select (3 interviewees to 1 youth actor position available is ideal ratio to ensure diversity among applicants)? ❍ Who will notify selected interviewees and set up interview schedules?
Interviewing Youth Actor-Teacher Applicants	❍ Where will the interviews take place? ❍ Who will confirm space for interviews to take place, and arrange for any supplies/handouts n ❍ Who will develop a set of standard interview questions? ❍ Who will take the lead on standard questions/impromptu questions? ❍ Who will give an informational overview of the program, the youth role/job position, and timeline for hiring? ❍ What is the process for hiring decisions (who has final say, who else besides interviewers need to be in on the decision)
Hiring Youth	❍ Which planning partner will be the employing agency for the youth actors (or be the entity responsible for stipends, gift cards or other compensation for the youth)? ❍ Who will notify youth of the decision to hire or not hire them? ❍ Who will be responsible for gathering necessary employment documentation from hires (name, address, emergency contact information, picture ID and social security card if being formally employed? ❍ Who will maintain the contact list (email, mail, other communication channel) with youth actors and others involved in the training process?
Other Interview /	

Hiring Considerations:	

Preparing for Youth Actor/Teacher Training

Training Logistics

- ❍ Who will query youth for available training dates/times?
- ❍ Who will send out invitations to youth and how?
- ❍ Who will arrange for training room and equipment?
- ❍ Who will arrange for supplies/
- ❍ Will you provide food and who will arrange that?
- ❍ Who will create/finalize training materials?
- ❍ Who will copy/collate training materials?

Trainers

Name/Agency	Attitudes & Skills That Make This Person a Good Fit for Trainer Role
Example: Laverne De Fazio, state DOH	*R.N.; Extensive knowledge of adolescent development stages; experience with adolescent direct service in community clinic setting; Volunteer advisor for a community clinic teen advisory board*

Training Elements

- ❍ Who will develop/finalize the training curriculum/agenda?
- ❍ Who will serve as overall training facilitator?
- ❍ Who will serve as trainers (delivering specific content, facilitating small groups)
- ❍ Who else needs to be in the room besides trainers and trainees?
- ❍ Who will provide follow-up for character development?
- ❍ Who will provide ongoing contact/support with the hired youth actors?

Contingency Plan if hired Youth Actors cannot make initial training:

Other Youth Training Considerations

Preparing for Health Care Provider Training

Targeted professionals	*e.g. public health staff, clinic staff, health care professionals, pediatric residents*
Training venue(s)	*e.g. offered as stand-alone program; incorporated into medical school resident training*
Main Contact(s)	*e.g. contacts for the meeting space, program into which incorporating*
Training Space	*e.g. who will arrange for the training room, equipment, supplies, food, etc.?*
Training Notices	*e.g. who sends training dates/logistics to youth/provider trainees, how are notices sent?*
Ration of Youth Actors/Teachers to Provider Trainees	*e.g. no matter the number of providers being trained, each provider should have the opportunity to interview a unique character scenario.*

Training Facilitators

Name/Agency	Attitudes & Skills That Make This Person a Good Fit for Trainer Role
Example: Leonard Kosnowski, University	*D.Ph., M.D.; R.N.; Expertise in psychosocial interview skills; University Medical School Faculty*

Training Elements

- ❍ If training is not part of a larger program (which provides instruction on key content/skills), who will develop/finalize the training curriculum/agenda?
- ❍ Who will serve as overall training facilitator?
- ❍ Who will serve as trainers (delivering specific content, facilitating practice sessions with youth/provider pairs)
- ❍ Who else needs to be in the room besides trainers and trainees?
- ❍ Who will conduct any follow-up / evaluation with youth actors, provider trainees, recruiting venues, program partners (anyone from whom you want feedback)?

Choosing a Training Site

Room/ Site	• Youth trainings should ideally be conducted in the same rooms in which the youth/resident training will take place so youth become comfortable with the setting and begin to acclimate to the spaces and routines that they will follow as actor/teachers. • Provider trainings should ideally take place in a space that resembles in size and character the clinic or other space in which the provider works with adolescents. • Take into consideration the ease of getting to the location (proximity to public transportation, parking available, safety of location, etc.)
Room Set-Up	• Choose a training site that offers appropriate presentation space as well as space for small group breakouts. • Training room should be arranged informally, preferably with trainers and trainees in a circular or U configuration. • Chairs should move easily to accommodate breakouts into small groups, and pairs for practice sessions/interviews between youth actor and provider trainee.
Walls	Depending on the exact process your trainings will use, you may need options for writing on a board or taping flipcharts/newsprint to walls. Even if you do not intend to use certain items, know your options in advance in case your presentation needs change: • Does the room have sufficient wall space for taping/displaying training information? • Does venue allow tape on walls? *(Note: blue painters tape is safe for most surfaces)* • Do you need markers that will not bleed through flipchart paper/newsprint onto walls? *(Note: low odor, dry erase, and washable markers typically won't bleed through)*
Technology/ Equipment	What equipment do you need (or will site provide)? ❑ Internet Access - Provided by: ❑ Laptop computer - Provided by: ❑ LCD projector - Provided by: ❑ Screen - Provided by: ❑ Flipcharts / markers - Provided by: ❑ White Board - -Provided by: ❑ Other: _____Provided by:
Food	❑ Healthy snacks – fruit, trail mix, drinks – are a nice option for Youth trainings (and Provider trainings if possible). If a training begins early or spans lunchtime, consider providing breakfast or lunch options. ❑ Concluding a Youth training with food (pizza party, snack reception) is a nice way of concluding the training that builds between the youth actors, and between youth actors and adult program staff and facilitators. ❑ Before arranging for food, determine if the venue allows for outside food to be brought in, and if so, if they have internal catering options you can choose from.
Challenges	Identify any room challenges and how you will manage these challenges.
