What you need to know to successfully transition from pediatric to adult medical care
Managing Expectations
Primary caregivers teach children the life skills needed to successfully move from childhood to adulthood.

Life skills include things like:

- Money management
- Cooking, cleaning, & other household chores
- Education about drugs and alcohol use
- Learning how to be active & healthy
- Creating an education plan that includes post high school expectations and dreams
- Learning how to drive
- Developing social skills, friendships, & dating
Expectations for Medical Care
Definition:

The planned and purposeful movement of adolescents and young adults from child-centered to adult centered-care

'A consensus statement on health care transitions of young adults with special health care needs.’ *Pediatrics*. December 2002; 110 (6Pt2) 1304-1306
In order for the process of transition to be successful 3 areas must be addressed:

1. **Envisioning a future**
2. **Age of responsibility** (6-12yrs) child learns & practices daily life & medical skills
3. **Adolescent/ young adult becomes independent** with life & medical care skills & learns how to have his/her life & medical needs met as an adult

Adapted from Emily Fredricks, PhD, University of Michigan, ‘Psychological Aspects of Transition & Adherence’
Why do this exercise?

1. Everyone has strengths

2. Important to recognize that we do not know the upper limits of a person’s ability to grow and change

3. Sometimes our behavior & achievements are based upon perceived rather than actual strengths, skills, & resources

http://www.socwel.ku.edu/Strengths/practice.shtml
• Parent as ‘manager’ developing the foundation for future growth through teaching basic skills (ages 6-12/13 years)

• Adolescent becoming more independent, while the parent takes on more of a ‘supervisor’ role (ages 12/13 – 15 years)

• Adolescent is independent with parent acting as a consultant (16 years and up)

Adapted from Emily Fredricks, PhD, University of Michigan, ‘Psychological Aspects of Transition & Adherence’
Adolescent needs to know & understand medical condition and needs;

- Includes knowing medications, supplies, follow up appointments, lab work, replacement, etc
- Demonstrate ability to manage own health care
- Capacity to provide self care independently
- Understand how condition affects reproductive health & sexuality
- Understand health insurance coverage, disability benefits, financial needs
- Portable medical history
- Must want to move into adulthood
Potential Barriers to Independence

Teenager:
- Developmental abilities
- Nonadherence, psychosocial factors

Parent/Caregiver:
- Teen/parent and other significant relationships
- Ability to support and cope with teen becoming independent

Medical Team:
- Relationship with teenager and family
- Knowledge, training, & willingness to participate

Healthcare System:
- Availability of appropriate adult medical providers
- Healthcare insurance & public policy

Adapted from Emily Fredricks, PhD, University of Michigan, ‘Psychological Aspects of Transition & Adherence’
- Recognize barriers & identify positive areas
- How do we help adolescents make good choices about their care and future?
- Provide adolescents with opportunities to take ‘risks’ in a controlled environment
- Understand how pediatric and adult care differ in services provided

So who’s really in charge?
• Identify 1 medical area as your starting point

• Around age 14 years old teens and providers should spend part of the office visit meeting without parents

• Manage expectations:
  ◦ What future do you want for your teen?
  ◦ How can your teen be supported to succeed?
  ◦ Identify how pediatric & adult care differs

• Find support from other teens & parents/caregivers who have moved to adult care

**A starting point?**
Give a man a fish and he’ll eat for a day.

Teach him how to fish and he’ll eat for a lifetime.
Questions?