Setting the Stage for Effective Communication with the Adolescent Patient

By Kenneth R. Ginsburg

Many of the problems that impact adolescent health are preventable because they stem from behavioral versus physical roots. All, if recognized early, can be managed in ways that decrease adolescent morbidity and the cost of crisis-oriented care. Clinicians must incorporate behavioral assessment and intervention strategies into routine care, because if they do not then they are not addressing the issues that put adolescents at greatest risk. In this role they are a key component in a preventive approach that includes the family, school, and community. But to be effective, clinicians need to be equipped with the communication skills necessary to engage youth in a health-promoting process that emphasizes openness, trust, and respect for confidentiality. Much could be written about how to communicate with young patients in a manner they are most likely to respond to. In this article I begin that dialogue by explaining how to set the stage with adolescent patients so they see the healthcare clinic as a safe place to obtain information and a place they can turn to if they ever need to overcome crises.

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Laying the Groundwork for Communication

When adolescents go to a healthcare provider for medical attention, they do not expect to be asked about their habits and behaviors. They worry most about the physical parts of the exam, which they expect to be embarrassing. In most cases, if a clinician asks about personal behaviors without first explaining why they are asking the questions, a young person will either shut down or respond with what they believe is the "correct," and not necessarily truthful, answer. At their age, most adolescents lack the life experience needed to understand that healthcare professionals can help guide them toward healthier life choices and they often do not believe that sharing personal information will be kept in confidence. This may be especially true in societies where there is no tradition of confidentiality or which have a history of strong links between authority and the police.

In fact, it is not healthy for adolescents to share private information with any adult who asks; so, in a sense, we do them no service by teaching them to respond to any question directed their way. Therefore, young patients who arrive expecting the doctor to focus only on their body should first be given a clear explanation of why they will be asked personal questions about their behavior and should be assured that the healthcare provider knows how to get them help if it is needed. Otherwise, young patients have no logical reason to risk divulging the truth.

In a research process designed to uncover perceptions of what attracted or deterred them from care, thousands of teenagers in Philadelphia were surveyed using a multi-stage, teen-centered method. The adolescents first generated all ideas included in the survey through focus groups. Next, they prioritized each of the items listed on the survey. Finally, teenagers in focus groups explained what each item meant to them and offered detailed suggestions on how clinicians could best address the issues they raised. The results clearly indicate that the interpersonal skills and personality of the caregiver were of great importance; the subjects the teenagers cared about most were:

- being treated respectfully as young adults;
- not being judged because of appearance, illness, behavior, or social status;
- knowing they were being given honest information; and
- knowing that their personal information would be kept private.

To set the stage for an effective, trusting relationship, these issues should be addressed at the outset.

Talking to Adolescents Alone

One of the most challenging aspects of adolescent care is the need to interview the young patient alone, without the presence

of his or her parent(s). Although parents are understandably concerned about the health of their child and may want to be present during any interview—or at least be told about all of the information discussed—adolescents are unlikely to feel comfortable talking about behaviors potentially involving risk in front of their parents. For this reason, it is crucial for healthcare professionals to make sure parents first fully understand the role the health practitioner can play as an information resource for their children. Second, they need to understand that their children may only use this resource if they are certain they can do so in privacy. At the same time, it is important to acknowledge to the parents that they are the most critical forces in their child's life.

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Parents who understand that clinicians provide an added safety net for their child usually welcome the opportunity to have risky behavior addressed and appreciate the need for confidentiality between the clinician and their child. It is therefore best to explain to parents up front the goal of the interview, and why a private setting helps you to meet that goal. It is important that parents not feel excluded or assume somehow that the clinician believes he or she can handle their children better than they can. Parents should also know that ideally the healthcare provider will include them in key decisions if their child faces any serious issues, but that depending on the circumstances, the clinician may need to keep information private. Finally, parents need to understand that their child must never feel that he or she has made a mistake by seeking assistance and/or engaging in an open, honest dialogue with the healthcare provider. Therefore, assuming the clinician is able to include the parent as the integral member of the team committed to building a positive lifestyle for the adolescent, the patient must never be penalized for confessing past mistakes. Instead, the team should implement active guidance, loving support, and structure. If the teenager is punished for past behaviors, he or she will never again take the risk of seeking adult guidance. The goal is to create a safe haven where, if necessary, a child seeking to implement positive changes can come for help.

Setting the Stage—Talking to Families

The following is a script that I use to "set the stage" with families. I do it on the first visit, unless the patient is seriously ill. To take away the feeling a teenager might have that I am targeting him or her individually, I note that I always talk to every adolescent patient before I even ask them the reason for their visit. If I have cared for the patient throughout childhood, I frame this talk as a transition by stating, "I will continue to be your doctor and give you all the kinds of care you expect from me. I will try to keep you well and care for you when you are sick, but now that you are becoming an adult I want our relationship to change a bit. I want to help prepare you to be an adult who knows how to use a doctor." I like to include the parents in this conversation because I find that young people trust what I am saying more when they see their parents accepting this new social contract.

I do not suggest you mimic this script precisely, but rather use it as a guide for developing an exchange of ideas that feels natural and is culturally appropriate for you. It is also important to keep in mind that laws protecting an adolescent's privacy vary from nation to nation. In the United States, for example, personal information related to behavior may be kept private unless the young person's life is in immediate danger.

The goal of this script is to make sure the adolescent learns what he or she needs to know to feel safe talking to you. What they need to know is in bold; ways of getting at the point follow.

They need to know why you are going to ask personal questions. I tell them, "I am a doctor; my job is to save lives. I know what can hurt a kid and I don't want anything to happen to you." Then I ask the patient: "If you could talk to teens behind closed doors, what would you talk about to save lives?" (This question serves as a hint to the parent that the visit will include some one-on-one time between the patient and clinician. It can also provide insight into the child's world so it is important to listen closely to the answers. Most teenagers will bring up behavioral issues such as drugs, violence, sex, and depression. Some will need you to guide them away from strictly biomedical answers.)

They need to know why they should trust you. I explain to them, "When I ask personal questions, you have a clear choice. You can say that you are not comfortable discussing the subject, which is a mature answer that I will respect. You can also choose to lie. But if you lie, you have to understand that I won't be in a position to help you. Of course, I want you to tell me the truth because it is the only way I can help make sure you stay healthy. Let me tell you what we do here to make you feel safe and comfortable telling us what is really going on in your life." I then make a series of statements, like the ones below, to emphasize what the clinic does to make them feel secure.

They need to know that the clinic is a safe place where they can get honest answers. I tell them, "This is a place where you can ask any questions you want. Ask me anything and I promise to give you an honest answer."

They need to know that the clinic is a nonjudgmental place. I explain this by saying, "I cannot punish you, nor would I want to. There are no wrong answers to the questions I ask. I take care of many teens—teens who do all sorts of things. I don't judge them on what they do or say outside of my office; instead, I listen, appreciate their honesty, respect the fact that they want advice about how to become healthier, and help them if they need it."

They need to know that what they say will be kept confidential. I tell them, "I will keep your information private. I won't discuss it with anyone without your permission—not your teachers, the police, my family, the people at the front desk, or even your parents. (Note: Trainees may need to say "I may tell other members of the medical team, but only those directly responsible for your care.") But if your life is in danger, if you are going to hurt yourself or someone else, or if you are being abused by an adult, you and I would have to work together immediately and may need to involve other people to keep you safe."

They need to know why they should take the risk to trust you. I explain that "My job is to help kids and I know how to do it. I want to make sure you stay safe, healthy, and alive, and that you have a positive future."

I then turn directly to the child and ask, "Now, my job is to help you, but who do you think can help you the most?" Listen and learn from the child's response, then redirect, if necessary. The adolescent is likely to start by naming their parent(s), if not they may be giving you an important clue about whom they trust most. It could also be the first clue about a problematic relationship between the patient and parent. If they do name their parent(s), after a moment or two you can state "while I promise you strict privacy, don't be mad at me if I think you might be headed for trouble and I suggest that we work together to figure out the best way to get your parent(s) involved. If we were to do this, we would make sure that your parents would never make you feel like you made a mistake for seeking adult guidance." If they seem resistant to naming their parent(s), you can state "while I promise you strict privacy, don't be mad at me if I think you might be headed for trouble and I suggest that we work together to figure out the best way to get those adults you really trust more involved in your life." The parent(s) will assume you are referring to them, and if indeed the adolescent in a private setting tells you that it is safe to go to his or her parent(s) for help, you will advocate for parental involvement. If the adolescent believes there are legitimate safety concerns with including his or her parent(s), you can advocate for other responsible adults to become involved.

Then explain to the parent(s) that it is critical that if you and their child came to them to talk about current difficulties, it would be imperative that they were supportive in a way that made the teen know they were right for seeking adult guidance. This would mean all of you would work together to move the adolescent in a positive direction and that there would not be punishments given for any past mistakes. Next, reassure the teen that the office is guaranteed to be a safe place, so you would only go to others after he gave his permission—unless his life was in danger. At this point I shake the adolescent patient's hand, and then the parent's, to seal the relationship.

I then start obtaining a medical history. I explain that I want the patient to answer the questions first, and the parent to fill in the details. I suggest to the adolescent that he listen closely to the details the parent(s) offer because pretty soon they will be talking to clinicians on their own. After I have obtained the medical history, I turn to the parent(s) and ask them if there are any remaining concerns they wish to offer before I interview their child alone. After listening to these concerns, I thank the parent(s) and ask them to wait in the reception area. When the door has closed, I begin the behavioral interview—which will be discussed in a future CommonHealth article—with the patient, moving from the least to the most personal topics.

Remember clinicians may be the only objective adults who see young people repeatedly and confidentially throughout adolescence. Our role as individuals who treat disease remains of utmost importance but, in reality, teens are more likely to be hurt by their behaviors versus by some medical complication. Therefore, if our job is to keep our patients healthy and alive, we may be able to accomplish this most effectively if our young patients see us as resources to guide them toward safe behavior.

Suggested reading

K. R. Ginsburg *et al.*, "Adolescents' Perceptions of Factors Affecting Their Decisions to Seek Health Care," JAMA **273,** 1913-1918 (1995).

K. R. Ginsburg *et al.*, "Factors Affecting the Decision to Seek Primary Care: The Voice of Adolescents," Pediatrics **100** (6), 922-930 (1997).

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