

Adolescent Health GP Resource Kit

Practice Points

section two - chapter one

Conducting a Youth-Friendly Consultation

Steps in Youth Friendly Consultation

- ◆ The key to effective consultation with adolescent patients is the establishment of a supportive and trusting relationship
- ◆ Spend time engaging the young person and building rapport
- ◆ Invite the young person to see you alone
- ◆ Explain the terms of confidentiality, and its limits, to the young person
- ◆ Use communication appropriate to their developmental stage
- ◆ Respond to their concerns with empathy – for example, if the young person seems uncomfortable or anxious about being there:

“I understand that you might be feeling nervous about coming to see me today.

Are there any questions you’d like to ask about what’s going to happen today?”

- ◆ Be sensitive to the young person’s cultural background, norms and practices
- ◆ Be non-judgmental without condoning risky behaviour

See the Young Person Alone **see page 30**

- ◆ Many adolescents will be accompanied by a parent. In order to establish rapport, see the young person alone at some stage of the consultation
- ◆ The decision to see the young person alone will depend on:
 - the age and developmental stage of the young person
 - whether it is culturally appropriate
 - the nature of the presenting problem
 - the degree to which parental involvement is indicated as part of the management plan
- ◆ Decide with the young person which issues to discuss with parents/guardians
- ◆ Address parents’ concerns and involve them where appropriate

Defining Confidentiality see page 31

- ◆ Explain the terms of confidentiality to the young person at the outset of the consultation:
Example:
“Anything we discuss will be kept confidential. That means I will not repeat anything you tell me to anyone else, unless I think it would help you and you give me permission to do so.”
- ◆ Explain to the young person that there are three main circumstances where it may be necessary to break confidentiality for their safety:
 - *If the young person discloses suicidal intent or is threatening significant self-harming behaviour*
 - *If someone else is threatening or harming them (e.g. physical, sexual or emotional abuse)*
 - *If the young person is at risk of physically harming someone else (e.g. assault, abuse)*

Communicating with Adolescents see page 34

- ◆ Be yourself while maintaining a professional manner
- ◆ Adopt a straightforward and honest approach:
 - use plain language
 - avoid medical terminology and adolescent jargon
- ◆ Respond to non-verbal as well as verbal cues
- ◆ Use an interactive and participatory style of communication:
 - give feedback and let them know what you are thinking
 - foster the young person’s participation by asking for their ideas about their health problems and what to do about them
 - involve them in the decision-making and management process
 - encourage them to ask questions
- ◆ Ask permission before exploring sensitive issues
 - *“Is it okay if I ask you some personal questions?”*
- ◆ Explain the process of what you are doing and why – especially any examination procedures

Assess the Young Person’s Developmental Stage see page 34

- ◆ Be sensitive to the physical, cognitive, emotional and psychosocial changes the young person may be going through
- ◆ Assess the developmental stage of the young person – are they at the ‘early, middle, or late’ stage of adolescence?
- ◆ This provides an insight into the developmental tasks and issues the young person is dealing with and determines the language and communication style that you use

Strategies for Engaging the Difficult Adolescent see page 37

- ◆ If the young person is resistant, silent or angry – respond to their situation with empathy, rather than get involved in a struggle for co-operation
- ◆ Attempt to build rapport and encourage the young person to open up by validating their feelings and experience

Example:

“You seem pretty upset about being here. I understand that it must be difficult to have to talk about yourself to someone you don’t know. But I sense you’re also feeling pretty down about some things in your life right now. Sometimes it can help to talk about these things with someone else.”

section two

Skills for Youth Friendly General Practice

“The single most crucial role of a GP caring for an adolescent, regardless of their presenting complaint, is to foster and develop a relationship of trust¹.”

The key to effective consultation with adolescent patients is the establishment of a supportive and trusting relationship. Young people often feel self-conscious, mistrustful, and anxious about seeing a GP. A sensitive approach and the effective use of communication skills can help to overcome these barriers.

In this section of the Kit you will find practical information about:

- ◆ Skills and strategies for engaging and communicating with adolescents:
 - establishing a trusting relationship with the young person
 - conducting a youth-friendly consultation
 - providing developmentally appropriate intervention
 - adopting a culturally sensitive approach
- ◆ Guidelines and approaches for the assessment and management of key adolescent health problems:
 - Risk taking behaviour
 - Substance use
 - Sexual health
 - Mental health
 - Chronic conditions
- ◆ Common medico-legal issues and dilemmas in working with adolescents
- ◆ Provision of multidisciplinary health care:
 - using the Medicare item numbers to promote young people’s access to services and promote effective collaboration with other health care providers

Taking a Proactive Role

When a young person visits a GP, a unique opportunity exists to provide a positive experience with the health system and to educate them about health care access:

- ◆ Be proactive in managing the interaction with the individual young person through devoting time and using communication skills appropriate to the young person's developmental stage
- ◆ Explain the GPs' role and what services you can offer in addition to diagnosis and treatment – e.g. counselling and support; referral to specialist services
- ◆ Express your interest and availability to talk about any health or general concerns they have or might have in the future
- ◆ You can assist them in their “rites of passage” to becoming an independent, adult consumer in the health system by:
 - seeing the young person alone where appropriate
 - assuring their confidentiality
 - educating them about their health care rights
 - creating their own separate file
 - showing them how to apply for their own Medicare card
 - encouraging their active participation in the consultation

- ◆ Help parents and families from all cultures understand that adolescence is a special period in life requiring a different approach from what is used with children or adults
- ◆ Be sensitive to the young person's cultural background
 - acknowledge the cultural norms and values of the young person and their family
 - communicate and provide health care in a culturally sensitive manner
- ◆ Take the opportunity to explore beyond their presenting complaint – even if it is relatively minor (e.g. a cold; acne)
- ◆ Remember that the major health problems for adolescents are psychosocial. Use the HEEADSSS assessment tool to screen for psychosocial risk factors in the young person's life

See Chapter 2 – Conducting a Psychosocial Assessment

- ◆ Adolescence is a time of experimenting with new behaviours. Provide the young person with health education about risk behaviours and how to protect themselves
- ◆ Work with the young person's family
 - educate them about adolescence and the changes that their adolescent may be going through
 - engage the parents where appropriate in taking an active role in any treatment / management plan

chapter one

Conducting a Youth-Friendly Consultation

Consulting with young people requires an understanding of the unique emotional, psychological and cognitive changes of adolescence. GPs also need an appreciation of the enormous variation among adolescents – in age, developmental stage and cultural background. The approach you adopt with a younger adolescent may be very different from how you would deal with an older adolescent.

Good communication skills are an essential tool for effective consultation with both the young person and their family. GPs must balance the need for working with the adolescent within the context of their family and their culture with the need to respect the young person's developing identity and independence.

Steps in Youth Friendly Consultation

- ◆ Spend time engaging the young person
- ◆ Negotiate to see the young person alone
- ◆ Discuss confidentiality
- ◆ Use communication appropriate to the developmental stage of the young person
- ◆ Be sensitive to and respect cultural norms when seeing young people from CALD or other cultural backgrounds
- ◆ Adopt a non-judgemental and collaborative approach
- ◆ Take a comprehensive approach – conduct a psychosocial risk assessment to identify broader concerns in the young person's life
- ◆ Consult with the young person on the development of a management plan
- ◆ Decide with the young person which issues to discuss with parents/guardians
- ◆ Address parents' concerns and involve them where possible

Engaging the Young Person

- ◆ Engagement is the process of establishing rapport with the young person and a crucial first step in the development of a trusting relationship
- ◆ Engagement involves relating to each young person as a unique individual and connecting with them in a meaningful way

- ◆ Many young people will be anxious or reluctant seeing a GP for the first time – you need to demonstrate warmth and openness and be creative in your approach to engaging the young person
- ◆ Engagement is an ongoing process – it may take a number of sessions to successfully engage some adolescents
- ◆ The initial consultation sets the tone for future interactions. Goals for the first consultation may be to:
 - successfully engage the young person
 - clarify confidentiality
 - make a follow-up appointment
- ◆ As the young person returns to your practice over time, your communication style and the focus of the consultation will change as they grow and encounter new developmental challenges
- ◆ Begin the process of engaging the young person with the first encounter in the waiting room:
 - greet the young person first and ask them to introduce their parent or other accompanying adult
 - invite them both to see you together in order to outline their concerns and reasons for the visit
- ◆ Consultation with a young person may take a little longer – plan your time accordingly and be realistic with what you can achieve in the available time
- ◆ By spending time successfully engaging the adolescent, you will have a much better chance of getting them back for a return visit where you can go into issues in greater depth

Effective engagement with adolescents requires:

- ◆ understanding of adolescent developmental issues
- ◆ effective communication skills
- ◆ knowledge of medicolegal issues
- ◆ strategies for working with adolescents and their families
- ◆ endeavouring to understand the young person's cultural background and how they see themselves within it

Negotiate to See the Young Person Alone

Many adolescents will be accompanied by a parent. In order to establish rapport, it is helpful to see the young person alone at some stage of the consultation

- ◆ Seeing the young person alone is:
 - a way of acknowledging the young person's growing independence and need for privacy
 - an opportunity to develop a relationship with them as an individual
 - a chance for the young person to raise issues that they may be reluctant to discuss in front of a parent
- ◆ Consultation with the young person alone also provides an opportunity to:
 - assess their developmental stage
 - screen for health risk behaviours
 - provide preventive health information/education
- ◆ State at the outset that you would like to see the young person alone at some stage of the consultation:
 - this is one occasion when you can use your authority to state to both adolescent and parent/carer that it is your routine practice to see the young person by themselves

Example: "Mrs Smith, I'd like to see you both together at first to get an idea of what the concerns are for each of you. Then I usually like to see the young person alone for some time. This will help me to get to know Johnny a bit better so I can work out how best to help him. I have found that it helps teenagers learn how to communicate with adults better about their concerns. After I've had a chat with Johnny, I'll ask you to come back in at the end to talk about where to go from here."

- ◆ Seeing the parent and adolescent together is also important as it allows you to:
 - assess their relationship and observe how they interact with each other
 - facilitate communication between the parent and adolescent
- ◆ Begin the consultation by asking both the young person and parents their reasons for attending
- ◆ Listen to the parents' concerns and acknowledge that you have heard and understood their perspective

- ◆ See the parent after the interview to wrap up, and discuss management and follow-up issues – ensure that the young person has been involved in this and you have clarified with them what they are comfortable with you discussing with their parents

Seeing the Young Person Alone – Considerations

The decision to see the young person alone should be based on the needs of each individual patient, and the degree to which parental involvement is indicated as part of the management plan. GPs need to balance the need to engage the young person in a confidential relationship with the need to involve the parents/guardians who are usually the main caregivers and source of physical and emotional support.

The decision to see the young person alone will depend on:

- ◆ *the age and developmental stage of the young person*
- ◆ *the nature of the relationship between the young person and parent(s)*
- ◆ *whether it is culturally appropriate*
- ◆ *the nature of the presenting problem – it may be necessary to involve parents where the consultation concerns major life decisions (even if it is against the young person's wishes) – e.g. whether to keep or terminate a pregnancy; prescription of medications*

Where the presenting complaint is minor (e.g. a sore throat) seeing the young person alone may not be warranted – however, this can also be an opportunity to develop a relationship with the young person that will make it easier for them to independently consult a GP in the future:

- ◆ *communicate sensitively and directly both to parents and young person about the need for more/less parental involvement*
- ◆ *frame the decision to see the adolescent alone in a positive way – e.g. that it is a sign of healthy development for the young person to begin to establish their own individual relationship with a health professional*
- ◆ *respect the wishes of the parent/adolescent should they not want the young person to be seen alone*

Seeing the Young or Immature Adolescent

GPs may feel more comfortable seeing adolescents alone at the age of 14 or 16, because the legal status of young people changes at these ages in some states and territories.

See Chapter 6 – Medicolegal Issues

- ◆ With younger or particularly immature adolescents, it may not yet be appropriate to see them by themselves and more involvement with parents/carers may be needed
- ◆ However by 14 many adolescents are almost fully pubertal and some may have commenced experimenting with health risk behaviours
- ◆ While most adolescents over the age of 14 have the cognitive ability to process health information in a manner similar to adults, they lack the experience of adults in negotiating relationships with health providers and health systems
- ◆ The onus is on the GP to help the young person acquire the knowledge and skills to engage in a doctor / patient relationship and to make informed decisions
- ◆ Begin to foster an independent relationship with adolescent patients as early as possible in their development
- ◆ Raise the issue of 'time alone' and confidentiality early with both the parents/carers and the adolescent, mentioning it as part of routine practice, but acknowledging that the involvement of parents is appropriate at present
- ◆ You can then plan future sessions together to work towards seeing the young person alone at some point:

Example: "Perhaps at our next appointment, I'll spend 5 minutes with Stephen by himself."

Cultural Considerations

In some cultures, a young person may continue to be seen as a 'child' well into adulthood. Hence, it may not be appropriate to see the young person alone – especially if they are a younger adolescent. In this case, it is important to include the parents in the consultation process. If you detect a need to see the young person alone, you can raise the issue of seeing the young person by themselves and work towards this over time:

- *develop trust and rapport with the family*
- *sensitively negotiate with them about seeing their adolescent alone*
- *respect the parent's and adolescent's wishes not to be seen alone*
- *explain the role of the GP and how seeing the young person alone will benefit the provision of health care to him/her*

Defining Confidentiality

Research has consistently found that adolescents rate confidentiality as the most important element of a health consultation.

Once you are alone with the young person, begin the consultation by explaining the terms of confidentiality – this will help to facilitate rapport and lessen their discomfort in talking about private concerns:

- ◆ Inform the young person that information they discuss with you will be kept confidential – you may need to explain the meaning of the term 'confidentiality'
- ◆ Explain that it may be necessary to share some information with other professionals in order to provide the best possible treatment – stress that you would ask their permission before doing this
- ◆ Explain that the other staff where you work (e.g. receptionists, other GPs) will also keep their health information (e.g. the medical record, pathology results) confidential within the practice

Confidentiality – Exceptions

Explain to the patient that there are three main circumstances where it may be necessary to break confidentiality for the young person's safety:

- ◆ *If the young person discloses suicidal intent or is threatening significant self-harming behaviour*
- ◆ *If someone else is threatening or harming them (e.g. physical, sexual or emotional abuse)*
- ◆ *If the young person is at risk of physically harming someone else (e.g. assault, abuse)*

- ◆ There may be other reasons for breaching confidentiality (e.g. notification of infectious diseases) but these can be explained if and when appropriate. For the engagement process, only the above exceptions need to be explained

- ◆ It is important to be sensitive in how you explain these limits to confidentiality – especially if it is the first occasion you are seeing the young person
- ◆ It is helpful to have a format for informing adolescents about confidentiality that enables you to discuss it in a way that feels natural and reflects your own style

Example: “Rebecca, I’d like to explain to all my patients about confidentiality. Do you know what I mean by confidentiality? This means that what we talk about will be kept private. I won’t tell anyone what you tell me – including your parents – unless you give me permission to do so. There are however a few situations where I might need to talk to other people if I believed that you were in danger in any way. For example: if I was concerned that you might harm yourself or someone else; or if I felt that you were being harmed or at risk of being harmed by somebody else. If any of these situations did happen, it would be my duty to make sure that you are safe. I would talk to you about it first before contacting anyone. Does that sound okay to you?”

- ◆ You may need to reassure the young person about confidentiality at subsequent consultations – especially if you are dealing with sensitive issues such as drug use, sexuality, mental health problems

Accidental breaches of confidentiality

- ◆ Confidentiality can be accidentally breached if a GP or practice staff contact the young person at home
- ◆ Ask the young person about the best way to contact them with test results, accounts, reminders, etc.; or ask the patient to phone your office

Confidentiality – Dealing with Parents

As adolescents become more independent, it is normal for them to not want their parents to know everything they are thinking and doing:

- ◆ You can reframe this in a positive way, explaining to parents that it is a sign of healthy adolescent development
- ◆ Nevertheless, parents remain the main caregivers for the majority of adolescents, and so should not be alienated from their adolescent’s health care – unless it would be dangerous or inappropriate
- ◆ GPs must balance the need to engage an adolescent in a confidential relationship, and the need to engage their parents who provide support

See Chapter 3 – Negotiating a Management Plan – for further information on dealing with parents

Conducting The Initial Interview

The GP’s first goal is to establish a trusting relationship in order to help the young person feel at ease to discuss their health concerns and to disclose relevant personal information.

- ◆ After discussing confidentiality, ask how he/she feels about coming to see you:

“Young people often feel a bit nervous the first time they see a doctor. I’m wondering if you have any concerns or worries about coming to see me today?”

- ◆ If the young person has come to see you by themselves, compliment them for their initiative
- ◆ Clarify the reasons for their attendance – start with an open-ended question such as:

“How can I help you today?”

or:

“Your mother mentioned a number of things that she’s worried about, but I’m wondering what things you would like to talk about today.”

- ◆ Summarise their parent’s version of the problem and enquire how they feel about that:

“Your mother said that you seem to have lost interest in school and your friends, and she’s worried that you might be depressed. I’d really like to hear what you think about that and how you see what’s going on.”

- ◆ Young people may not perceive that they have a problem at all – or they may define the problem very differently from their parents – explore the presenting complaint with a focus on the young person's view of how they see the problem
- ◆ Take a holistic perspective – try to get a picture of the young person within the context of his/her family, school and social life – explore how the presenting problem relates to other things that may be happening in their life

See Chapter 2 – Conducting a Psychosocial Assessment

- ◆ Identify and agree upon which issues, if any, should be discussed with parents/guardians and decide how to do this

Strategies for Establishing Rapport

- ◆ Building rapport is the first step in establishing a good relationship with an adolescent patient

Case Example

Michael, a 16 year old boy, is brought in by his youth worker. He is having conflict with his parents and has been staying in a youth refuge for the past two weeks. He appears reluctant and agitated and stares at the floor while the youth worker explains why he has brought Michael in. Rather than launching straight into trying to identify his problems and concerns, you acknowledge his willingness to come to the appointment and the discomfort he is feeling. You ask him if he want his youth worker to stay in the room or to leave (he leaves).

- ◆ Respond to the adolescent's initial reactions with empathy and by making a reflective statement. For example:
"Michael, I understand that you might be feeling uncomfortable about coming to see me today."
 or:
"I know that it's difficult to talk about personal issues to someone you don't know. Are there any questions you'd like to ask about what's going to happen today?"
- ◆ Reassure him about confidentiality and discuss any concerns he has about this

- ◆ Follow this up with a statement that gives the young person a sense of choice and control about the direction of the consultation. For example:

"Michael, I can see that this is difficult for you. Let's see if we can use this time together to identify any concerns you might have about your health right now and to explore how I might help you with any problems happening in your life. Perhaps there are some questions you'd like to ask me about how a GP works and what they can do for young people."

- ◆ Adopt a 'person-centred' approach rather than a problem-centred approach – this means focussing on the young person in the context of their life and relationships – as opposed to a narrow focus on the 'problem'
- ◆ Take an interest in the adolescent as a person – find out about his home and school life, and his interests. Spend time trying to establish a relationship with Michael by asking about his interests and what it's like for him living in the youth refuge:

"Tell me a little bit about yourself..."

"What are your interests? What do you like to do in your free time?"

- ◆ You can follow this up with specific questions about home, school, friends, activities, etc.

See Chapter 2 – Conducting a Psychosocial Assessment – for a structured approach to gathering this information

- ◆ Identify and compliment the adolescent on areas in their life that are going well
- ◆ Adopt a relaxed, unhurried, open and flexible approach – remember your goal is not necessarily to diagnose their "problem" – this can lead prematurely to a treatment plan that the young person may not see as relevant to them and their situation
"Michael, I'm happy to go slowly and use the time today to get to know you a bit until you feel more comfortable talking with me – unless there is something really important or urgent thing that you'd like to talk about today. Otherwise, I'd like to make another appointment to see you again soon. How is that for you?"
- ◆ By showing your interest in them as a person, a trusting relationship will develop which will encourage the young person to disclose areas of concern and allow you to address these issues as they arise in the course of the discussion

Communicating with Young People

- ◆ Be yourself throughout the interview, while maintaining a professional manner – adolescents expect a doctor to be an authority, but not authoritarian
- ◆ Adopt a straightforward and honest approach:
 - use plain language
 - avoid medical terminology and adolescent jargon
- ◆ Be sensitive to the young person's cultural background, values and norms – for example:
 - some CALD young people may initially be reluctant to discuss certain issues, such as their relationship with their parents and family life, as they may think that they do not have the right to complain

See Chapter 7 – Culturally Competent Practice – for approaches to working with young people from other cultural backgrounds

- ◆ Respond to non-verbal as well as verbal cues
- ◆ Use an interactive and participatory style of communication:
 - give feedback and let them know what you are thinking
 - foster the young person's participation by asking for their ideas about their health problems and what to do about them
 - involve them in the decision-making and management process
 - encourage them to ask questions
- ◆ Explain the process of what you are doing and why – especially any examination procedures. This demonstrates positive regard and helps to address any fear or discomfort they may be feeling

Example: "Michael, I understand that talking about these issues is difficult for you. Would it be all right if I ask you some questions about what is happening at home with your parents? This will help me to get a better understanding of the pressures you are dealing with. Perhaps then together we can look at some ways that might help you to cope better with this situation. How does that sound to you?"

- ◆ Take a one-down approach, let the adolescent educate you:

"I'm not sure if I've got this right.....was it a bit like....?"

- ◆ Be non-judgemental in your approach – adolescents will find it difficult to be open and honest if they believe they will be lectured or admonished
- ◆ However, this does not mean condoning risky behaviour
 - share your concerns about any risk behaviours they are engaged in
 - provide information about the health risks of these behaviours – rather than passing judgement about the behaviour

See Chapter 5 – Risk Taking and Health Promotion

- ◆ Provide reassurance – this helps to validate the adolescent's feelings and establish your role as an advocate for them:

Example: "I understand that you sometimes get frustrated with your mum. Perhaps I can talk with you and mum together to look at ways that the two of you might work out your disagreements better."

Assess the Young Person's Developmental Stage

- ◆ Be sensitive to the physical, cognitive, emotional and psychosocial changes the young person may be going through
- ◆ Assess the developmental stage of the young person – are they at the 'early, middle, or late' stage of adolescence?

Refer to Table 1 – Adolescent Developmental Stages

- ◆ This provides an insight into the developmental tasks and issues the young person is dealing with and determines the language and communication style that you use
- ◆ Try to match your questions, explanations and instructions to the developmental level of the adolescent

See Practice Points - Table 1

Table 1 - Adolescent Developmental Stages

	Early (10 – 14 years)	Middle (15 – 17 years)	Late (>17 years)
Central Question	“Am I normal?”	“Who am I?” “Where do I belong?”	“Where am I going?”
Major Developmental Issues	<ul style="list-style-type: none"> coming to terms with puberty struggle for autonomy commences same sex peer relationships all important mood swings 	<ul style="list-style-type: none"> new intellectual powers new sexual drives experimentation and risk taking relationships have selfcentred quality need for peer group acceptance emergence of sexual identity 	<ul style="list-style-type: none"> independence from parents realistic body image acceptance of sexual identity clear educational and vocational goals, own value system developing mutually caring and responsible relationships
Cognitive development	<ul style="list-style-type: none"> still fairly concrete thinkers less able to understand subtlety daydreaming common difficulty identifying how their immediate behaviour impacts on the future 	<ul style="list-style-type: none"> able to think more rationally concerned about individual freedom and rights able to accept more responsibility for consequences of own behaviour begins to take on greater responsibility within family as part of cultural identity 	<ul style="list-style-type: none"> longer attention span ability to think more abstractly more able to synthesise information and apply it to themselves able to think into the future and anticipate consequences of their actions
Practice Points	<ul style="list-style-type: none"> Reassure about normality Ask more direct than open-ended questions Make explanations short and simple Base interventions needed on immediate or short-term outcomes Help identify possible adverse outcomes if they continue the undesirable behaviour 	<ul style="list-style-type: none"> Address confidentiality concerns Always assess for health risk behavior Focus interventions on short to medium term outcomes Relate behaviours to immediate physical and social concerns – e.g. effects on appearance, relationships 	<ul style="list-style-type: none"> Ask more open-ended questions Focus interventions on short & long term goals Address prevention more broadly

- ◆ For example – younger adolescents are more concrete in their thinking and may need more specific questions rather than general ones:

Example: “What are your best or worst subjects at school?” rather than “How is school going?”

- ◆ The psychosocial changes of adolescence may be different for CALD adolescents

See ‘Cultural Diversity and Adolescence’ – Section One

Specific Interviewing & Communication Skills

- ◆ Adolescents may not disclose the condition for which they are most in need of assistance until trust and rapport have been established
- ◆ This requires time and the use of specific communication skills to explore beneath the surface
- ◆ This may be particularly so for some CALD young people – for whom it may not be culturally appropriate to disclose personal information or discuss family-related issues with another person

Some communication skills that are useful in working with young people are:

Active listening

- ◆ Actively encourage the young person to talk – listen for both the facts and feelings they are communicating to ensure that you have correctly understood them

- ◆ Your non-verbal communication shows the young person that you are supportive and listening to them – e.g. a relaxed and attentive body posture; appropriate eye contact
- ◆ Pay attention also to the young person's non-verbal communication – their body posture, tone of voice, facial expression

Example: An adolescent patient tells you that they are fine. Yet you notice they are sitting slumped in the chair, their eyes downcast, and speaking very quietly. You might respond by saying:

"Mark, you said that you're feeling fine, but I notice that you seem a bit down today. I'm wondering if you're feeling a bit sad or depressed and what's happened for you this week..."

Reflecting Feelings and Paraphrasing

- ◆ **Paraphrasing** – is a restatement of the content of what the patient has said – in your own words. It helps to clarify what the young person has said and to check the accuracy of your perceptions
- ◆ **Reflecting statements** – mirror the adolescents' feelings they are expressing either verbally or non-verbally – it shows empathy towards the young person and helps them identify their emotions
- ◆ Both these skills demonstrate acceptance and understanding of the young person and their situation

Example: "Mark, you've said that you don't seem to be able to get on with the other kids at school and that no-one seems to understand you (**Content**). It sounds like you're feeling really sad and angry about this (**Feelings**)."

Asking Questions

Explain and normalise the process of asking questions as 'usual practice':

"I like to ask all my patients about their family background (lifestyle, school, etc.) in order to get a better understanding about how these things may be affecting their health..."

- ◆ While it is important to ask direct questions about serious health issues, young people feel more in control if their consent is requested:

"I'm concerned that you seem to be very down today – would it be okay if we talk about what's going on?"

"In order for me to work out the best way to help you, I need to know a few things. Would you mind if I asked you about your sexual relationship with your boyfriend?"

Ask questions in a relaxed way that invite the young person to open up, rather than using an interrogative style:

- ◆ **Open-ended questions** – encourage the young person to talk about themselves, rather than simply giving a 'yes' or 'no' answer. Open-ended questions enable the patient to express their thoughts and feelings about their situation
- ◆ Open-ended questions are also very useful in exploring alternatives and assisting the patient with decision-making
- ◆ Try to avoid 'why' questions – these can put the young person on the defensive. Rather, help them to describe thoughts, feelings and events by asking 'what', 'how', 'where' and 'when' questions

Examples:

"How do you get along with your parents?"

"What's happened in the last week that's made you feel like you want to leave school?"

"What did you think when your parents told you that you had to see a doctor?"

"When you are feeling really sad or down, what do you usually do to cope with this?"

- ◆ **Probing questions** – are less open-ended and more direct. They are useful with younger adolescents who are more concrete in their thinking, and with adolescents who are non-talkative

Example: Rather than asking "How is school?" – You can ask:

- "What do you like/dislike about school?"
- "What are your best/worst subjects at school?"
- "How do you get along with your teachers at school?"

- ◆ **Insight Questions** – these are questions that ask the adolescent to reflect upon themselves and describe abstract feelings or concepts
 - they are useful in getting a broader perspective of the adolescent in the context of their life experience
 - they also help in establishing rapport with the young person, and give an insight into how the young person views themselves

Examples:

“What things do you do well?”
“How do you feel about yourself most of the time?”
“What do you like most about yourself?”
“If I were to ask your friends, how do you think they would describe you?”
“If you had three wishes, what would they be?”
“If you could describe in one word how you feel about your life right now, what would it be?”
“What do you want to do when you finish high school?”
“What are your main interests?”

See also ‘Asking Sensitive Questions’ – Chapter 2 – Conducting a Psychosocial Assessment

- ◆ **Scaling Questions** – asking the young person to give a rating on a scale is a useful way of eliciting feelings or moods, or for describing the severity of a symptom of a problem. They are also useful in making comparisons and help the patient to monitor their progress towards achieving treatment goals

Examples:

“On a scale of 1 to 10, with 1 being the worst you feel and 10 being really great and positive, how would you rate your mood today?”
“On a scale of 1 to 10, how angry (depressed, anxious, sad) have you felt on average over the last week?”
“On a scale of 1 to 10, where 1 means little or no control and 10 means total control, how would rate your control over your anger since I last saw you?”

Engaging the Difficult Adolescent

GPs often encounter adolescents who are resistant or angry because they have been coerced into attending. The young person may also be silent and withdrawn. The goal for the GP is to still build rapport and encourage the patient to open up:

- ◆ Remember that off putting behaviour – such as monosyllabic answers or hostile body language – may be a normal response in the context of their developmental stage, and the circumstances under which they have come to your clinic
- ◆ Such behaviour may also be a reflection of their anxiety and inexperience with the health system
- ◆ With the young person who is resistant, silent or angry – attempt to engage them by validating their feelings and experience, rather than get involved in a struggle for co-operation

“My guess is that you’re not too happy about being here today and that you’re unsure about what is going to happen...”

Strategies for Engaging the Difficult Adolescent

Rather than trying to coerce the young person to react differently, respond to their situation with empathy. Different adolescents will respond to different approaches. Here are some strategies for engaging uncommunicative or resistant patients:

- ◆ **Use reflective listening** – make a reflective statement to acknowledge and validate their feelings. For example:

“I imagine it must feel quite strange to have to come along and talk to someone you don’t know about your problems...”

“I guess you must be wondering how seeing me is going to help you...”

“You seem pretty upset about being here, but I sense you’re also feeling pretty down about some things in your life right now...”

- ◆ **‘De-personalise’** – Start with a less personal focus by using a narrative approach:

“Tell me what it’s like being a teenager in the world today”

or:

“What do young people think about coming to see a doctor?”

- ◆ **Multiple choice questions** – offer choices within a question or sentence and invite them to agree or disagree:

“When that happened I imagine that you might have felt sad / angry / confused / hurt / scared. Can you remember how you felt?”

- ◆ **Sentence completion** – use unfinished sentences based on what you know about the young person and their situation to help them express themselves. Ask the young person to complete the sentence:

“Your father was shouting at you and you were thinking...”

“And so you felt...”

“And after that you decided to...”

“When your mother insisted that you come here today, your first response was to...”

“Then when you realised you had to come, you thought...”

- ◆ **Comparisons** – use comparisons in a question form to elicit a response:

“Do you feel better or worse about yourself than you did before this happened?”

- ◆ **‘Imagine’ questions** – this can be particularly useful when the young person repeatedly responds with “I don’t know”:

“Just for a moment, imagine what you would have been thinking when the teacher kicked you out of the classroom...”

- ◆ **Normalising questions or ‘third-person’ approach** – by reducing the personal focus of your questions, you can normalise their behaviours and begin to indirectly explore the young person’s concerns:

“Many young people your age experience problems with their parents. How do you usually get along with your parents?”

“Some young people your age are starting to try out alcohol or drugs. I’m wondering if any of your friends have tried these. What about yourself?”

resources

- ◆ McCutcheon, L.K., Chanen, A.M., Fraser, R.J., Drew, L., Brewer, W. (2007). Tips and techniques for engaging and managing the reluctant, resistant or hostile young person. *Medical Journal of Australia*, 187 (7 Suppl.), S64-S67.
- ◆ NSW Centre for the Advancement of Adolescent Health (NSW CAAH) website has a range of resources for health professionals working with young people and useful links – www.caah.chw.edu.au
- ◆ The Centre for Adolescent Health, University of Melbourne – provides training, research, resources and distance education programs in Adolescent Health – www.rch.org.au/cah

practice points

- ◆ The key to effective consultation with adolescent patients is the establishment of a supportive and trusting relationship – spend time engaging the young person and building rapport
- ◆ Identify the young person’s developmental stage in order to tailor communication, questions and instructions to the appropriate developmental level
- ◆ Always explain the terms of confidentiality, and its limits, to the young person at the initial consultation
- ◆ Where possible, see the young person on his or her own, even if briefly
- ◆ Be sensitive to the young person’s cultural background, values and norms
- ◆ Use an interactive style of communication – involve them in decision-making, encourage them to ask questions and foster their participation in the consultation process

References:

This chapter has drawn on the following sources:

- 1 Bennett, D. L. and Kang, M. (2001). Communicating with adolescents in general practice, in *The Missing Link – Adolescent mental health in general practice*. Alpha Biomedical Communications. Darlinghurst. NSW.
- 2 Greydanus, D., Patel, D. and Pratt, H. (2006). *Essential Adolescent Medicine*. McGraw-Hill. New York.
- 3 Sancu, L. (2001). *Adolescent Health Care Principles*. Centre for Adolescent Health. The Royal Australian College of General Practitioners. Melbourne.