Provider-Youth Communication

Providers play a critical role in encouraging healthy behaviors in adolescents. Encouraging teens to practice making healthy decisions requires clear, nonjudgmental, confidential guidance or communication.

**TIPS FOR TALKING TO TEENS**

- **Remove distractions.** Spend part of every visit with adolescent patients alone. By asking teens in private if they want their parent and/or partner involved in their care, they will be more likely to give a comfortable answer. Also request that cell phones and pagers are turned off - both yours and the teen’s.

- **Begin by discussing confidentiality and its limits.** This helps build trust and explains the basis for mandated reporting. These requirements differ by state; if you are unclear on the limits to confidentiality, contact your county’s child protective services for more information.

- **Negotiate the agenda.** Make an effort to address the issue(s) that brought your patient through the door, and explain what you need to cover during the visit. You can address their concerns and yours while building trust along the way. Don’t neglect to include a sexual history for a youth with a disability.

- **Avoid jargon or complex medical terminology.** Teens are often hesitant to ask for clarification. Simple, straightforward language ensures effective communication of important information. Check for mutual understanding by asking open-ended questions, and clarifying your patients’ slang in a nonjudgmental manner (e.g., “Tell me what you know about how a person can get HIV?”; “I’ve never heard that term before, do you mind explaining what ___ means?” Unless it is natural for you, try to avoid using slang to relate.

- **Use inclusive language.** Language that includes LGBTQ or gender variant youth builds trust and indicates acceptance. Instead of ‘do you have a boyfriend/girlfriend?’ try saying ‘are you seeing anyone?’ or ‘are you in a relationship?’ The language we use when speaking of disabilities is important. For example, the term “disability” is preferred over “handicap” and “wheelchair user” over “wheelchair bound”. Listen to the language your patients use and, when in doubt, ask what is preferred.

- **Listen.** This not only builds trust, but may give insight that affects the healthcare and advice you provide.

- **Respect an adolescent’s experience and autonomy.** Many young people feel that adults and people in positions of authority discount their ideas, opinions and experiences. Health care providers, together with parents, can help patients make wise, healthy decisions.

**RISK vs BLAME**

Healthcare providers generally assess risk and protective factors when treating and providing guidance to teen patients. There are many factors that put an individual at risk of negative health outcomes including living in poverty, a violent neighborhood, a single parent home, etc. Many of these risks, however, are not by the choice of the individual. When assessing risk and counseling on behavior change, avoid communicating blame to the patient.
FOR PROVIDERS: PRACTICE READINESS

Provider-Youth Communication cont.

FRAMEWORKS FOR WORKING WITH YOUTH

Reinforcing Health Promoting Behavior (Harm Reduction)

While healthcare providers cannot control the decisions made by their patients, they do play an important role in encouraging and reinforcing healthy decision-making. For example, when teens are engaging in risky sexual behaviors, teach them to use a condom or other birth control methods correctly and consistently rather than solely focusing on trying to talk them out of a sexual behavior that is deemed as risky. When teens are having oral sex, encourage them to use protection and abstain from such an activity when they have a cold sore in their mouth, genital lesions or bleeding gums.

Motivational Interviewing

While many teens make healthy decisions, sometimes it’s clear that teens would benefit from changing their behavior. Motivational Interviewing offers brief and effective methods for intervention and uses behavior change as a foundation for working with youth. Motivational interviewing techniques have been effective for alcohol or substance use counseling. There is increasing evidence of its usefulness for counseling around sexual health issues. For more information, see Behavioral Health Module of the Adolescent Provider Toolkit.

The basic framework for Motivational Interviewing is as follows:

1. **ASK PERMISSION** to engage in the topic of discussion.
2. **ASSESS READINESS** for change and the youth’s belief in his/her ability to make a change.

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- On a scale of 0 to 10, how ready are you to get some help and/or work on this situation/problem?
- Straight question: Why did you say a 5?
- Backward question: Why a 5 and not a 3?
- Forward question: What would it take to move you from a 5 to a 7?

3. **RESPOND TO PATIENT’S READINESS**
   - NOT READY FOR CHANGE (0-3): Educate, Advise and Encourage
   - UNSURE (4-6): Explore Ambivalence
   - READY FOR CHANGE (7-10): Strengthen Commitment and Facilitate Action

4. **KEEP “FRAMES” IN MIND** when counseling for behavior change
   - **F:** Provide **FEEDBACK** on risk/impairment (e.g. it sounds like your fear of getting pregnant is causing you a lot of anxiety)
   - **R:** Emphasize personal **RESPONSIBILITY** for change (e.g. I’d like to help you, but it’s also very important that you take responsibility for changing things. What steps can you take to help yourself?)
   - **A:** Offer clear **ADVICE** to change (e.g. I believe the best thing for you would be to…)
   - **M:** Give a **MENU** of options for behavior change and treatment (You could try…)
   - **E:** Counsel with **EMPATHY** (I know that these things can be very difficult…)
   - **S:** Express your faith in the adolescent’s **SELF-EFFICACY** (I believe in you, and I know that you can do this, when you decide the time is right)

Resource

⇒ Motivational Interviewing – Resources for clinicians, researchers and trainers:
  
  http://www.motivationalinterview.org