

Talking With Teens

What teens say they want from a health care provider:

Confidentiality, education, communication, honesty, same provider at all visits, discussion of sexually transmitted diseases and birth control

Use GATHER, a patient-centered approach:

- **G**reet
- **A**sk (listen)
- **T**ell (respond)
- **H**elp (respond)
- **E**xplain (respond)
- **R**eturn (schedule for follow-up)

Greet: Welcoming the patient in a friendly and respectful way builds trust.

- “How can I help you today?” sets a positive tone.
- Avoid “Tell me about your problem.” or “What’s your problem today?”
- Meet initially with the girl and her parent(s), if possible.
- Ask the teen to introduce you to the other people who have accompanied her during this visit.
- Assure confidentiality and privacy, allowing some time to interview the teen privately without the parent(s).

Ask: Use open-ended questions rather than closed, narrow questions. Asking open-ended questions will help you determine the patient’s concerns while assessing her developmental status. (See “Characteristic Behaviors of Adolescents.”)

- Examples of open-ended versus closed questions:
 - Open-ended: “How can we help you today?” or “Please tell me your reasons for coming in.”
 - Closed: “Are you here for birth control?”
 - Open-ended: “What have you heard about birth control pills?”
 - Closed: “Have you heard of birth control pills?”
 - Open-ended: “What would you tell your friend if she told you she was going to have sex?”
- Suggest a range of acceptable answers: “Some teens can talk about sex with their parents; others cannot. How do you feel?”
- Ask only one question at a time and wait for the answer.
- Rephrase the question, asking in different words, if the patient does not respond or seems confused.
- Avoid “why” questions that patients may not be able to answer or take as blame or fault-finding.
- Create a context for questions: “A lot of girls your age. . . How do you feel about that?”
- If screening, begin with less sensitive issues. For example, ask about activities and education before mood and sexuality.
- Active listening includes reflecting feelings to show empathy and using “encouragers” during pauses, such as “then?” or “and?”
- Examples of reflections of emotion:
 - Teen:* “My friend says I should get the birth control shot, so I guess I will.”
 - Physician:* “You seem to be unsure about your choice.”
 - Teen:* “I want birth control, but I’ve heard bad things about it.”
 - Physician:* “You sound worried about possible side effects. What have you heard?”





Tell: Respond to the teen’s expressed needs and concerns.

- Explain options with visual aids, charts, and age-appropriate educational pamphlets.
- Avoid “should” responses.
- Ask permission to provide information and advice, and only do so with permission.

Help: The physician and teen discuss alternatives, the possible outcomes, and how the teen feels about the issue.

After this discussion, ask “What have you decided to do?” This makes it clear that a decision is needed and that the decision belongs to the teen. This also will enable the physician to detect teen indecision, which would indicate the need for further discussion. Once a decision is announced, reflect it back to the teen, saying, “So, you have decided to....” The teen can then agree or disagree.

Explain: The physician explains to the teen how to carry out her decision.

These instructions should be developmentally appropriate and tailored to the particular teen in the room. It is important to discuss side effects of any medicines and what to do if the patient experiences these side effects.

Seven tips to help teens remember important information:

1. Keep it short and simple.
2. Organize—put information into categories.
3. Repeat the information.
4. Show as well as speak.
5. Make links. “When you brush your teeth, think about taking your pill.”
6. Check understanding. Have the teen repeat instructions back to you.
7. Send it home. Give the teen simple printed materials (if desired) to take home.

Return: Ensure that the teen has appropriate follow-up and a scheduled appointment. Anchor the experience to an external event.

- *Example:* “I would like to see you during the week of “Thanksgiving” instead of “at the end of November.”

Sources: GATHER Guide to Counseling. Population Reports. 1998;25(4); Rosenthal SL, Biro F. Communication with adolescents and their families. *Adolesc Pediatr Gynecol* 1991;4:57–61; Schubiner HH. Preventative health screening in adolescent patients. *Primary Care* 1989;16(1):211–30.