

# Overcoming Common Barriers to Treating Adolescents

By Houkje Ross

Closing the Gap, Adolescence • November/December 2000

“Too often, when a teen obtains health services, it’s like two ships passing in the night,” Claire Brindis, DrPH, said of the exchange between physician and patient. Dr. Brindis is a pediatrics professor and executive director of the National Adolescent Health Information Center at the University of California at San Francisco.

“When it comes to treating adolescents, physicians, nurses, and other health care workers need to take a comprehensive approach,” said Dr. Brindis. “This means assessing psychosocial as well as physiological factors,” like mental health, family structure, and socioeconomic status.

Adolescents and young adults are the least likely of any age group to be insured, according to statistics. But even teens with insurance aren’t receiving the services they need to ensure a smoother transition into adulthood, said Dr. Brindis. Because most of the health risks for teens are more social in nature, rather than medical, unhealthy behaviors can be prevented or reduced if recognized and caught early on, according to many professional associations, including the American Academy of Family Physicians.

## Guidelines for Services

Guidelines for Adolescent Preventative Services (GAPS) provide physicians with recommendations to help prevent unhealthy behaviors in teens. Supported by the Centers for Disease Control and Prevention and the American Medical Association, GAPS are designed to help busy physicians identify at-risk adolescent patients and provide them with information about preventing and changing unhealthy behaviors.

“Many doctors and other medical staff are missing opportunities for prevention,” said Dr. Brindis. GAPS can help health care workers learn what types of questions to ask regarding social and emotional development, physical development and health habits, sexual development, and family and school concerns of adolescents. Examples of GAPS questions include: *Has anyone talked to you about what to expect as your body develops? How do you feel about the way you look? Have you started dating? What do you do with your friends?* “When a student comes in for a sports exam, this is an opportunity to learn what else is going on in the student’s life and to intervene early,” said Dr. Brindis.

## Trust and Confidentiality

Getting teens to talk at the doctor’s office can be difficult if teens don’t feel safe. Health care providers need to consider trust and confidentiality when working with teens. An increased desire for privacy and autonomy is a normal part of adolescent development and teens may be un-

willing to seek health care without confidentiality protection, according to Abigail English, executive director of the Center for Adolescent Health and the Law in Chapel Hill, North Carolina.

“A provider should set up a policy within his or her practice to address confidentiality,” said Dr. Brindis. This can prevent things like sending lab results for a pregnancy test home to parents, she said. The Society for Adolescent Medicine advises health professionals to encourage adolescents to involve their families in health decisions whenever possible. However, when such involvement is not in the best interest of the adolescent or when parental involvement may prevent the adolescent from seeking care, confidentiality must be assured.

“There are a range of legal protections at the state and federal level to ensure that minors who are unable to involve their parents have access to essential health care. Health care providers need to understand these protections and explain them clearly to adolescent patients.

When parents are involved, physicians should explain the importance of confidentiality to them as well,” said English.

Other factors physicians and health care workers need to consider when treating adolescents, from the 1999 report *Adolescents and the State Children’s Health Insurance Program: Healthy Options for Meeting the Needs of Adolescents*:

- **Expand Service Hours.** Most teens have to rely on parents or family, public transportation, or walking to reach health care services. When different services are in two locations, teens may be deterred by the inconvenience, according to a recent study. Clinics should consider location and hours of service to meet the needs of teens. Long waiting times for teens, who don’t perceive a problem as urgent, may also deter them from treatment.
- **Provide community referrals.** Making teens aware of their options can maximize health outcomes. “They need more than one gateway for health services,” said Dr. Brindis. Consider referring teens to school-based or school-linked health care centers, community-based organizations, health department clinics, Planned Parenthood, hospitals, and other neighborhood resources.
- **Be Sensitive.** Adolescents are sensitive to the attitudes of the individuals to whom they turn to for advice and care. Providers need to consider teen feelings of insecurity, conflict about dependency, and the age difference between provider and teen.

For more information on confidentiality laws, e-mail: [info@adolescenthealthlaw.org](mailto:info@adolescenthealthlaw.org), or call (919) 968-8850. GAPS are available from the Adolescent Health Department of the American Medical Association at <http://www.ama-assn.org/adolhlth/adolhlth.htm>. Contact the National Adolescent Health Information Center at <http://youth.ucsf.edu>. ❖

