Adolescent Care

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The very nature of growing up and experiencing adolescence is perplexing to each individual as well as to his/her family. Any physician dealing with adolescents needs to be keenly aware of the importance of developing a quality physician-patient relationship. This takes an understanding of the physical and emotional components of the individual, showing concern for the patient, allowing for confidentiality to enhance trust in the relationship, and getting the adolescent involved in his/her own care. The use of a questionnaire for adolescent patients can be helpful in developing those aspects of care that often lead to a quality relationship.

Very little has been known about this disease process, yet it has been marveled at, cursed, and despised since Egyptian times. Only recently has it been studied in depth. The presenting symptoms vary greatly, but the cause and the end results are usually fixed. The sex distribution is equal, and the age of onset is usually seen only in retrospect.

The process of physical changes begins in the subcutaneous tissues, and later alters skeletal and muscular development. This may look initially like obesity, but is soon followed by a gawky awkwardness and lack of coordination in even the simplest of daily tasks. By this time, the general appearance is changed so much that he/she is barely recognizable as his/her former self. This total change also affects the emotions of the patient. He/she often becomes irritable, demanding, defiant, and rebellious. Questions often are met with silence or bitter encounters.

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The physician often has a real problem handling the patients so afflicted. Medical care is sometimes sought by the patient for an apparently simple problem when the diagnosis seems obvious. More often, the family brings the patient in, seeking assistance in handling the physical and emotional difficulties already described. Then the physician and patient are thrust at each other artificially causing even worse problems for that relationship.[1]

The diagnosis is, of course, that entity described as Adolescence – not a disease, but, rather, a normal human process. This normal process is what the adolescent goes through in experiencing and exhibiting ambivalent attitudes. This also causes a strong desire for independent action, but the feeling of strong ties and dependency still lingers on.[2]

The training of physicians usually stresses only the physical, ie, concrete, aspects of health and illness. With respect to training for treatment of adolescent patients, that approach and attitude serves to worsen the inherent emotional turmoil already present. The strong trends toward fragmentation of medical care that evolved from the great strides in knowledge cause more uncertainty and ambivalence to the adolescent patient.[3] The development of clinics for the young has been a great help toward advancing attitudes and care for adolescents. The best cooperation from the patients is achieved when the same physician can care for both the soma and the psyche of the patient, in and out of the hospital.

Physicians have an inherent role as parent figures and are viewed as important members of society. As such, they particularly need to be sensitive to the ways and needs of adolescents as patients.[4] Adolescents will be acutely ambivalent towards physicians as they represent the parent-age personality while still being a source of information. A young patient with abdominal pain may have no discernible organic problem and so is quickly dismissed as having an emotional problem. However, the patient with chest pain, headaches, or even a serous otitis media may have just as much concern and emotional feeling about his/her physical condition and future health. Adolescents frequently visit or are taken to the physician's office with apparently minor complaints. However, the actual reason for coming may be disclosed later as a need for some urgent care or help with problems or ailments that they may deem as important to their well-being.[5]

Enhancing the Physician-Patient Relationship

Part of the difficulty in dealing with adolescent patients may stem from the fact that the physician is

unsure of how to begin the session, and afterwards how to continue it. According to Zunin, the contact of the first four minutes is the most important.[6] After the formal introductory period, the pattern is set for the remaining portion of that and any future visits in accordance with the attitudes, appearances, assumptions, and aspirations of both parties. The older physician and slovenly patient might be a stereotyped clash unless the special attitude of the physician toward the adolescent shows the willingness to be available to listen and answer. While any physician attempts to seek information, the patient is quickly assessing the physician's behavior and determining if a "trusting" relationship is possible. Meanwhile the physician is assessing how concerned the adolescent is about the problem or how interested he/she is in being in the office. The physician is also determining how much effort needs to be put into the examination and whether the patient will or should return. This whole process goes on in every physician-patient encounter but is especially important in the adolescent episode. The decision to place faith and trust in a physician is based on the physician's self-confidence, apparent caring and concern for the patient as an individual, and the creativity or uniqueness with which the physician acts.

This theme of caring is more than usually important when dealing with adolescents. In the idealism of youth, nothing is more impressive than the caring of one individual for another. This form of caring is presented in its highest form when popularity and approval are wished for for the sake of the person being guided or directed.

Adolescents are quick to recognize a sincere, even though unpopular, statement of conviction uttered in their behalf.[2] Enhancement of rapport is achieved when the physician not only tries to be reassuring, but also explains to the patient that the reassurance may not be believed, and that disbelief is understandable.[4]

After the relationship has begun and the trust developed there remains the problems of carrying on this good rapport. Analytical therapists have long espoused the theory that listening and rarely speaking is a vital therapeutic tool. Zunin supports listening as a way of expressing interest and concern, but he says that communication has to be a give-and-take, two-way process to facilitate any ongoing relationship.[6] It is to be hoped that any physician-patient relationship is such a communication. A questionnaire given to patients at a psychiatric clinic in Los Angeles revealed that the patients did not appreciate silence as much as they did specific directions. The directions need not be particularly helpful, but should be specific guidance or advice which reveal to the patient that the physician is listening and interested.[7] The nondirective technique of questions or the psychoanalytic listening process uncovers a more basic problem when applied to adolescents. They often respond in monosyllables or not at all. The type of response, or any response at all, from the adolescent patient will be determined by many factors. However, if not the most important, at least major factors affecting patient response are who made the appointment, who brought the patient, and whether or not the adolescent is seen alone. Faith in the physician goes hand-in-hand with a good relationship, and so should the trust that topics discussed will be kept in strict confidence.

Thus there are four basic tenets to facilitate health-care delivery to adolescents. First, each aspect of the individual adolescent's physical and emotional well-being is intertwined. Keen awareness of the various possibilities and probabilities is a beginning. Providing the factual data to the patient about him or herself, be it a report of normality or disease, often helps to determine whether the responsibility for his/her care will be assumed by the adolescent or by someone else. Secondly, an expression of concern for the adolescent as an individual lends credence and support to the adolescent's image-building process. Other human interests and needs, such as outside activities, religious thoughts, and vocational plans can also be discussed in order to enhance the relationship. Thirdly, the need for trust in the physician is obviously important. The adolescent is the patient – not the parent who brought him/her to the office. Confidentiality is essential to the building of a trusting physician-patient relationship. Fourthly, getting adolescents to help formulate the plan for treatment and follow-up of their problems makes them active parties in their own health care. Seeking their specific input to the health-care system in general often may lead directly to the level of success a physician has in dealing with adolescent patients.[8]

Use of a Questionnaire

When dealing with all patients, one often effective method of interviewing and symptom-seeking is a kind of echoing procedure. By listening for emotion-laden words or looking for similar expressions, a physician would point out the activity and inquire about the basis for it, or simply repeat those few important words as a question. This is done to elicit a more in-depth and candid response to the original question.[8] Another effective method of interviewing patients is that of direct questions while examining the patient. "Has your vision been bothering you?" while examining the eyes may bring a response that a simple, "Do you have any problems with your eyes?" may have missed.[8] Likewise, reassurance that everything is all right during the examination may well elicit a sigh of relief. These methods of interviewing patients are facilitated by being aware of some of the likely concerns an individual may have about his/her health care. Often a questionnaire helps to identify those points quickly and easily, and thus enables the physician to deal with them in a similar manner.

Because of the occasional difficulty of getting adolescents to reveal their feelings or concerns, various clinics use their own questionnaires to obtain information from adolescent patients and/or their parents. One such form has been used successfully in a Honolulu adolescent clinic.[9] Another one, in use at an inner-city clinic, was designed for Chicago youths by personnel who had had experience in similar situations in that community.[10] Also available are forms from commercial agencies such as the California Medical Survey and the MEPA Data Scan Cards.[8] In all of these the questions are direct, concise, and easily understood and answered.

Using the above forms as bases, and with the assistance of a group of

Figure 1. Questionnaire for Care of Adolescents

Name ______________________________ **Year in School** __________

Age ______________

Sometimes it is easier to tell your doctor your problems this way. Circle "yes" or "no" as the questions relate to you presently. Hand this paper directly to your doctor.

1.	Are you concerned about your general health?	Yes	No
2.	Are you concerned about your weight?	Yes	No
3.	Are you concerned about your skin?	Yes	No
4.	Are you concerned about your eyes?	Yes	No
5.	Are you concerned about your heart?	Yes	No
6.	Are you concerned about your lungs or breathing?	Yes	No
7.	Are you concerned about a burn when you urinate?	Yes	No
8.	Are you concerned about a discharge from your sex organs?	Yes	No
9.	Are you concerned about a venereal disease?	Yes	No
10.	Are you concerned about backaches or sore muscles?	Yes	No
11.	Are you concerned about sore bones or joints?	Yes	No
12.	Are you concerned about your stomach or bowels?	Yes	No
13.	Are you concerned about cancer? Where? ______________	Yes	No
14.	Are you concerned about your sexual feelings or any sexual problems?	Yes	No
15.	If you are sexually active, do you practice birth control?	Yes	No
16.	Are you concerned about drinking or the use of drugs?	Yes	No
17.	Are you concerned about problems at home?	Yes	No
18.	Are you concerned about problems at school?	Yes	No
19.	Do you have any other concerns or questions that you want to talk with your doctor about?	Yes	No

These questions have been developed with the help of students at Firestone High School, Akron, Ohio.

adolescents in Firestone High School, Akron, Ohio, a short 19-question form (Figure 1) was developed. This was passed among fellow students to evaluate acceptability and ease of response. After approval, the form was used by the Family Practice Center of Akron. Use in that setting has shown that the form is easily and quickly filled out by adolescent patients.

The form was developed for use by and applicability to all adolescent patients in any physician's office. When physicians express genuine concern and interest in the adolescents they deal with, they often get a better response in return.[8] When this form is used by a physician for all adolescents in his/her practice, it affords: (1) an approach to both the physical and emotional aspects of the adolescent patient; (2) an expression of concern for the individual patient's problems; (3) an evidence of confidentiality needed to help develop trust on the part of the patient; and (4) cooperation of the adolescent in his/her own health care.

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