

Setting the Stage for a Trustworthy Relationship

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■ Why This Matters

The greatest joy and the greatest challenge of caring for adolescents is forming a meaningful connection that fosters an honest, communicative relationship. Adults who care for adolescents serve as a critical layer of protection when we assess them for emotional well-being and risk behaviors. For us to fill this pivotal role, adolescents need to consider us trustworthy enough to share their personal information. And if their parents are involved, they need to be supportive of our role.

Although trust is something that builds over time, the first few moments of an encounter can be used to help teens and families understand our role and consider why we may be deserving of their trust.



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■ Setting the Stage With Adolescents

There is an unfair and inaccurate perception that adolescents lie to adults. The truth is that they can be very honest when they judge adults to be trustworthy. In particular, adolescents in or near crisis often search for a responsible adult with whom they can disclose their concerns. For adolescents not in crisis, selectively withholding information may be adaptive. Regardless, the take-home message adolescents should have is that your office can be a safe place from which they can seek help and guidance if and when they need it.

During the first moments of a new visit, adolescents are deciphering whether you are going to pass their critical “trustworthy test.” Some may even have life experience that has taught them to build protective barriers surrounding them. These few moments can be used to begin to build trust if you openly discuss the parameters of the relationship and your approach to serving teens. This investment may help form a therapeutic alliance, enhance your ability to gather a more accurate history, and even increase your efficiency over the long term.

The biggest barrier to investing the time in setting the stage is time itself. This strategy takes several minutes before you address the presenting teen’s concerns. However, an efficiency comes from averting crises and addressing problems early on. It is important to realize that this conversation needs to happen only once in the initial visit and then be followed by brief booster reminders in future visits.

Another real concern to consider is that every time a question is asked in a safe, therapeutic setting, potential exists that a crisis or problem will be uncovered. For this reason, it is imperative to have referral strategies in place to deal with the reality of time limitations and to magnify your effectiveness.

Key Elements Adolescents Need to Hear to Extend Their Trust to You

The ideas presented here are based on clinical experience and research that elicited adolescent desires regarding health care. Many of the suggestions are really about style of interaction. You have a relationship with the teens you serve and know what works within your community. Approach each of the key elements presented by considering how they should be adapted to fit your style and practice.

Much of what follows suggests how to begin a relationship with youth you meet as adolescents. Your initial approach to teens you have known during childhood may be quite different. It may even feel unnecessary to spend any time building trust, because the relationship is well seasoned. On the other hand, their desire to please you may influence them to withhold information, much like they would from their parents. Further, getting honest answers to private questions may prove to be difficult precisely because of how much they care about your opinion of them or because they have grown accustomed to you always including their parents in summary discussions. Therefore, consider marking a transition in your relationship by acknowledging their growth and changing needs, and then reinforce some of the following points much as you would with a new client or patient.

For purposes of illustration, a medical visit is described. But the key elements are important in many other settings.

Tend to the Relationship

It is important to initiate a visit by demonstrating genuine care and concern for the young person. If you rush into paperwork or prescribed tasks without tending to the relationship, the young person may feel as if you do not understand them in your interaction. It is important to invest a few minutes just asking the youth how they are doing or inquiring about some aspect of their life that you may know about. This gesture infuses warmth into the interaction and shows the young person that you care about them.

What Can You Do for Me?

The first point adolescents need to understand is your role within the context of their lives. By explaining that you are part of a team of responsible adults who care about them and want them to thrive, your adolescents will understand who you are and that you can offer much more than keeping them physically healthy. In fact, if they expect that you are interested only in their physical health, they will have no reason to trust your guidance when it comes to their emotional and behavioral health. It may be helpful to start the visit by explaining how you think of health differently and, with their permission, would like to address their health in a broader way.

What Will This Visit Be Like?

Adolescents should understand your goal is to help them transition into being their own spokesperson and advocate. They should understand that this transition takes place gradually and with the support of their parents. Some settings begin this transition by separating adolescents from their parents throughout the visit in an effort to promote adolescent independence. I would suggest parents are present from the onset so that they understand both the social contract you will be creating with their adolescent and their important role in their adolescent's care. Adolescents are more likely to trust the process, the social contract, and your relationship with them if their parents hear your commitment to privacy and a teen-centered practice and agree to it in their presence. Otherwise, the adolescent may be faced with a parent who will greet them after the visit with, *"What did you talk about in there?"* followed by, *"Why don't you want to tell me?"*

Next, the standard structure of each visit can be explained. For example, you might begin by stating, *"I would like to talk about the way our visits will work. I will always start by asking you questions including any concerns you might have today. I am also going to ask you the questions directly because I want you to learn how to tell your story to a professional. However, I am glad your parents are in the room because they are our teachers. I don't expect you to know all the answers to the questions I'll be asking. For questions that you are unsure of, we can turn to your parents and ask them to teach us both. Your job is to listen to what your parents say so you can learn and answer these questions next time. Sound like a good plan?"* This conversation will also put parents at ease because their role as teachers and experts is clarified.

What if Parents Are Not Present?

Some practitioners may work with youth in settings in which their parents are not present. Others may work with youth older than 18 years; therefore, their parents may not be involved in their care. If parents are not present and do not need to be present, you can disregard the suggestions involving parents that are described in the previous 2 paragraphs. However, it is still important to explore the young person's relationship with their parents. Knowing about the parent-adolescent relationship could lead to future collaboration with parents if that would be appropriate or helpful in an intervention. In addition, gathering information about a young person's relationship with their parents could shed light on the young person's support system and significant relationships.

Why Do You Need to Ask Personal Questions?

Young people need to understand why they are being asked questions different from those they expected or were prepared to answer. Most adolescents made their appointments because of forms they needed completed. In a medical setting, their greatest focus may be their anxiety about having their bodies examined. Many will have no expectation of a psychosocial assessment of their overall well-being.

Start by explaining that you will be asking them private questions because you want them to be prepared to thrive. If you are in a setting in which certain information about them would enable them to access specific services, explain that. For example, a young person who discloses that they have certain mental health diagnoses may then qualify for therapeutic services. Young people may be more likely to share sensitive information about themselves if they understand that it is for a specific purpose. A helpful segue may include asking adolescents, *"If you were able to spend private time with young people, what kind of questions would you ask?"* Their answer may be highly informative; the first thing that comes to their mind may reveal their greatest concern.

Honesty

It is important for all adolescents to understand that your setting is a place in which honesty is necessary and appreciated. Most adolescents are accustomed to having relationships in which adults do not offer full disclosure or honesty. In fact, many might be all too familiar with the use of fear tactics to scare them into behaving "appropriately." As a result, many teenagers learn not to trust what adults say and may automatically categorize you as "just like the rest of them."

A starting point is for adolescents to know they can get honest information in your office. Information abounds on the internet, but teens are not sure which information is valid. You should be seen as a trusted person who can distinguish real from false or misleading information. Further, it may be helpful to indicate that you will share what you know and be honest about what you don't know regarding any questions they may ask. Then pledge to find the answers to things you don't know, and assure them you will not withhold information about their health from them at any time.

Service With Respect and Without Judgment

Adolescents need to be reminded that our aim is to serve them in a nonjudgmental way. They need to believe that you not only are worthy of their trust but respect their choice to not respond to certain questions. Their expectations and experiences with adults may include judgments and punishment. This is particularly true of adolescents who come from groups who have been marginalized. They expect to be judged, as do adolescents with a history of engaging in worrisome behaviors. On the other end of the spectrum, sometimes the hardest youth to engage are well-resourced young people who have learned to project themselves as well put together or problem-free.

It is helpful for adolescents to realize that you understand disclosures are solely by choice and signify the adolescent's wish to move forward. Thus, express your appreciation and respect of any disclosure adolescents may choose to make. This appreciation stands in sharp contrast to the condemnation youth often feel when they share information. If a young person shares that they are engaging in

activities such as substance use or self-harm, it is helpful to frame your response in safety. Avoid using labels such as “bad” or “wrong.” Instead, consider responding by saying, “*I am concerned about you because X behavior is unsafe.*” You can then engage the youth in considering how they can decrease that unsafe behavior.

Adolescents need to understand that your nonjudgmental stance does not mean you condone every behavior. Instead, it demonstrates that while behaviors can be judged safe or unsafe, the adolescents who choose to engage in them are not judged. Through this dialogue, teens may come to understand that your job is to help them be prepared to make the best choices. Words are only one source of information teens use to determine whether they are being judged. Teens’ vigilance can be triggered or mitigated by body language (see Chapter 30, Body Language).

■ Privacy and Limits of Confidentiality

Confidentiality is the cornerstone of adolescent care because it allows for open communication between the young person and the professional. Specific laws vary by state and should be reviewed. Many clinicians are taught to explain privacy as follows: “*The relationship in this room will be kept confidential, that is, unless I thought you were going to hurt yourself or hurt someone else or if an adult is or was going to hurt you.*” There are numerous ways in which this script could be misunderstood.

First, many teens misinterpret the word *confidential* as denoting “confidence.” To prevent misinterpretation, you might state, “*The word you might hear that describes our relationship is confidential, which really just means ‘private.’*” In other words, you’re saying, “*I’m not interested in spreading your story or your business around. In fact, I can’t because it’s illegal for me to do so.*” Because the word *secret* denotes shame or stigma, do not use it to explain privacy.

Next, the limits of privacy also require clear explanations. Your first step is to understand your state laws around privacy so that you can communicate them clearly. In general, most states agree that it is the clinician’s obligation to seek intervention immediately if there is imminent potential of serious harm to any teen (eg, they are thinking of killing themselves or hurting someone else badly, or killing someone, or are or were abused in any way). If, however, we stick to the standard script, adolescents may interpret “unless I thought you were going to hurt yourself” very differently than what we believe we are communicating. A 14-year-old likely knows you think cigarettes and drugs are harmful. Similarly, a 16-year-old probably believes you think having sex or being truant from school is harmful. For these reasons, being very explicit about the limits of privacy from the onset and all those areas (eg, sex, drugs) that are protected under confidentiality will help establish the climate of your relationship and define what is considered safe to disclose.

To further lessen adolescent anxieties about privacy, it is critical we understand that adolescents worry about disclosures to a variety of people. It is helpful to emphasize that this is not just about having the choice about privacy with their parents or other caregivers, it is also about a commitment that you will not share their information with their friends, teachers, community members, other office staff, or law enforcement officers.

Explain to adolescents that, although you guarantee them privacy, your goal is to promote open communication within their family, especially in times of crises. This is also a key element of engaging the family. Tell the adolescent that if there were a problem, you may ask for their permission to involve their parents. However, reassure them that unless one of the issues you included as a limitation to privacy existed, they will continue to remain in charge of their information and it is their choice who to engage.

You might consider saying to the adolescent while their parents are still in the room, “*Suppose you had a problem and you and I had to work together to address this problem. Who else would we want on this team? Who would be the most important person or people to guide you?*” This is an opportunity to gain insight into the social context of the family. The adolescent will provide for you a snapshot of who they consider their most vital support. Although this will not always include the parents, it likely will, especially if they are present. When an adolescent acknowledges a parent as a vital support, you can agree that the parent is the key person in their life.

At this point, you can turn to the parent and say, “*For this strategy to work [emphasize the word strategy], it is important for your son to know that we would work together as a team to keep him safe or help get him out of trouble. It may be useful for us to work together to create rules or boundaries to help your son thrive. However, if we could agree together that there will be no punishment for anything that comes up in my office, I believe your son will learn that this office is a place to get out of trouble without fear of getting into trouble.*” Obtaining everyone’s verbal agreement when parent and adolescent are in each other’s presence further confirms the social contract and builds mutual trust.

If you work with young people who are older than 18 years and their parents are not involved in their care, it can be helpful to involve other service providers in the event of a crisis. For that reason, it is good to ask whom the youth has a positive relationship with during the course of your conversation. Then you can suggest involving those supportive people if the need arises. If your organization requires you to involve your supervisor in crisis situations, it is important to disclose that to the young person as well.

■ Setting the Stage With Parents

(Efforts to engage parents are also interspersed throughout the Setting the Stage With Adolescents section.)

Parents go through a tough transition in professionals’ offices during their children’s adolescence. Previously, their role was to speak for their children and receive professional advice on behalf of their children. Suddenly, they are asked to leave the room and are told private information only with their teen’s assent. If parents are simply asked to step out of the room or if their child’s visit is started without them present, they may feel that you are overstepping your role, into parenting. Further, they may feel that secrets are being kept from them.

For these reasons, the parents or other caregivers of your adolescents need to understand their role within the context of your relationship with their adolescent. They need to understand that you recognize they are the most important people in their adolescents’ lives and deserve to know about their adolescents’ health. The key to establishing a trusting relationship with them is their understanding that you are using a strategy, including confidentiality, that will enable their adolescents to receive responsible guidance from another adult. This strategy relies heavily on mutual trust among you, the parents, and their adolescent.

To minimize the possibility that parents will reject the notion of confidentiality, it is helpful to explain that children often worry about disappointing parents and therefore sometimes withhold important information. Further, adolescents may believe that their parents will suspect they are already engaging in or are about to engage in a behavior by merely asking to be informed about it. Having another adult in their life with whom they can discuss sensitive issues does not mean they no longer love, trust, or need their parents.

If parents can agree ahead of time in front of their adolescents that your role is to be a guide and teacher, your office setting will more likely become a place in which adolescents safely share information. Essentially, these adolescents will learn they can disclose information that will help them avoid further trouble without fear of punishment. Once the purpose of the adolescent’s visit is clear, confidentiality has been discussed, and you have ascertained the parents’ concerns, you can then ask them to kindly step out of the room.

Related Video Content

- ▶ 14.0 Setting the Stage for a Trustworthy Relationship With Teens and Their Parents. *Ginsburg*
- ▶ 14.1 Checking In on Yourself: What About Your Own Adolescence Might Flavor Your Interactions With Youth? *Ginsburg*
- ▶ 14.2 Case: Setting the Stage. *Catalozzi*
- ▶ 14.3 Confidentiality for Adolescents in Health Care Settings. *Ford*
- ▶ 14.4 Setting the Stage for a Long-term Partnership: Focus on Youth With Chronic Disease. *Pletcher*
- ▶ 14.5 Setting the Stage for a Health Professional-Parent-Teen Partnership. *Sugerman*
- ▶ 14.6 Central Elements of Setting the Stage: Honesty, Withholding Judgment, and Respect. *Dowshen, Strasburger, Vo, and Bell*
- ▶ 14.7 Case: Social Worker Setting the Stage. *Feit*
- ▶ 14.8 Confidentiality Positions Professionals to Support Parents. *Jenkins and Diaz*
- ▶ 14.9 Making Inroads With Youth Who Put Up Barriers. *Arrington-Sanders*
- ▶ 14.10 What Makes Adults Worthy of Our Trust: The Youth View. *Youth*
- ▶ 12.3 Ensuring a Space Without Judgment or Low Expectation so Risks and Hopes and Dreams Will Be Shared. *Campbell*
- ▶ 12.7 A Teen-Friendly Private Practice: Resources, Referrals, and Physical Setting. *Sugerman*
- ▶ 12.10 “Trust? What’s the Point?... I Guess It’s That People Kept Pushing.” Adolescent-Friendly Services Never Give Up on Youth. *Youth*
- ▶ 18.2 How a Comprehensive Assessment Positions Us to Develop and Prioritize Interventions. *Ford*
- ▶ 18.3 A Strategy for Incorporating a Comprehensive Psychosocial Screen Into the Office Visit. *Pletcher*
- ▶ 18.15 Case: SSHADESS Screen Reveals Bullying. *Lewis*
- ▶ 37.0 Delivering Upsetting News to Parents: Recognizing Their Strengths First. *Ginsburg*



Group Learning and Discussion/Personal Reflection

Reflect as a group on the following points:

- Do all teens who seek services from us understand their privacy rights? Would they be clear that this is a place to get honest, accurate information? Would they fear being judged?
- Do parents of adolescents have a clear sense of their important role, or might they feel alienated or marginalized?
- Do all our office staff understand privacy rights?
- Most people are trained to say, “All information will be kept confidential unless you are going to hurt yourself or hurt someone else, or someone else is hurting you.” Discuss how a young person can misunderstand this phrase and why we need to be more explicit about privacy rights if we are to optimize adolescent disclosure.

Practice

- Setting the stage for a first visit with a teen, being sure to cover the following points:
 - Your philosophy about the services you provide
 - Parents’ important role as teachers
 - Honesty
 - Judgment
 - Privacy rights
 - The important role of parents if a problem is revealed
- Setting the stage with an adolescent when you have an existing relationship
 - Overcome the barriers to investing the time to set the stage.
- Discuss how an initial time investment into setting the stage might actually save practice time.
- Prepare a referral list for a variety of crises. This will lessen the almost universal unconscious bias that makes us avoid questions to save time and avoid the feeling of inadequacy that comes from knowing about a problem but feeling powerless to do anything about it.

Suggested Reading

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