The most common causes of morbidity and mortality in adolescent patients are significantly influenced by behavior and mental health factors. Therefore, standard pediatric care for adolescents should routinely include addressing mental health and substance use issues in health promotion, prevention, screening, and management of overall health care. How is this done within the context of a pediatric practice?

1. **Let adolescents and parents know that screening for mental health and substance use issues is part of what you do in providing general care.**
   a. Inform the adolescent through direct discussion that you care about all aspects of his health, including mental health, and that you are available to discuss any questions or concerns related to mental health and substance use or related issues.
   b. Announce in direct conversation and in writing (mailed or e-mailed letter or office-based brochures and signage) that because you and your practice consider adolescent patients to no longer be children, patients and parents should expect changes in the doctor-patient-parent relationship. You feel that these changes help promote and respect adolescents as growing individuals, so privacy, confidentiality, and increased time for talking all become routine parts of adolescent care.

2. **Interviewing skills are needed for optimal care.**
   a. Create a bond of trust with your adolescent patients and their parents. This should include a discussion and understanding about confidentiality—its reasons and limits.
   b. Show concern for and interest in your adolescent patients by including questions that begin with, “I want to know what you think of…."
   c. Avoid judgments and maintain objectivity. Try not to lecture.
   d. Aim to become a trusted adult listener and advisor rather than a surrogate parent or demanding or nosy authority figure.

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*HEADSS, Home, Education/Employment, Activities, Drugs, Sexuality, Suicide.
*CRAFFT, Car, Relax, Alone, Forget, Friends, Trouble.
e. Use a conversational tone with your adolescent patients.

f. Restate and empathize—reflect back to the adolescent what she has said and what feelings may underlie those statements and the behaviors discussed (eg, “From what you told me…”; “You said…”; “Correct me if I misunderstood you…”; “Did I understand that you said…”).

g. Create a context for your questions, eg, “Several adolescents I have seen have already tried alcohol or other drugs. What has been your experience with alcohol or other drugs such as tobacco or marijuana?”

h. Begin with open-ended questions and try to engage the adolescent in a conversation. Move to more directive questions if necessary.

i. Begin with less sensitive issues before moving on to more sensitive ones.

j. Begin with questions about peers or family before asking about the patient.

k. Provide positive feedback and reinforcement about the adolescent’s healthy choices and what she is doing well.

l. Offer facts and correct misperceptions. Be a source of additional accurate resources.

3. Manage your office practice to help ensure effective adolescent health care.

a. Make adolescent appointment times longer than those for children.

b. Try to see adolescent patients at times when you feel less time stress (eg, special adolescent appointment times on some early evenings).

c. Train the whole staff that adolescents need time to speak for themselves and need to do so privately.

d. Allow adolescents to come to appointments by themselves even when care has been initiated by their parents.

e. Have age-appropriate handouts pertaining to adolescent health issues readily and privately available to adolescents. Make them available to adolescents so they can browse, read, or take them without embarrassment or fear of being “discovered.”

f. Compile lists of adolescent-friendly Web-based resources and make them available and accessible for adolescents to take home, e-mail, or download.