Just between Us: An Integrative Review of Confidential Care for Adolescents

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ABSTRACT

Introduction: Confidential care is recommended for all adolescents to facilitate risk behavior screening and discussion of sensitive topics. Only 40% of adolescents receive confidential care. The purpose of this integrative review is to describe research related to the practice of confidential care for adolescents. Evidence was analyzed to identify strategies to increase confidential care and improve risk behavior screening.

Method: Whittemore and Knafl's integrative literature review process was applied.

Results: The 26 research articles included in this review included patients', parents', and physicians' perspectives. Confidential care practice is inconsistent. Strategies to improve practice are known.

Conclusions: Four key elements should be considered to establish a practice culture of confidential care for adolescents. Strategies for implementing the key elements of confidential care and supporting resources for efficient use of time alone are provided. J Pediatr Health Care. (2017) ■■, ■■-■■.

KEY WORDS

Adolescent, confidential, confidential care, risk behavior

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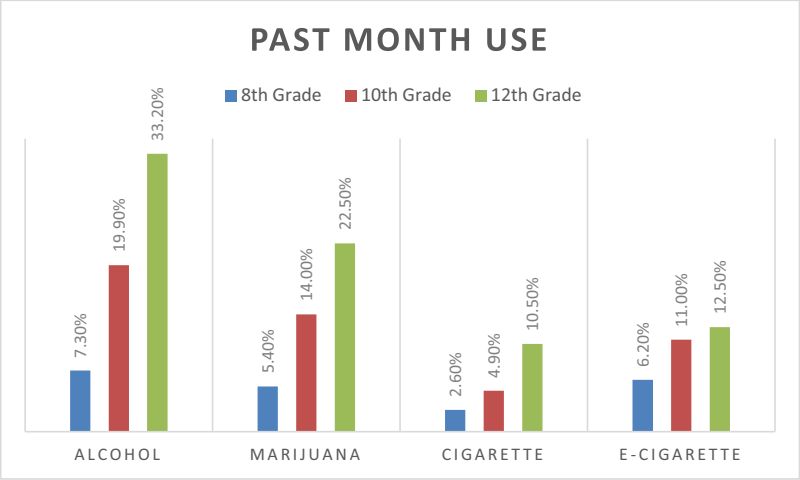
INTRODUCTION

All adolescents should receive screening for risk behaviors and preventive counseling. In 2017, Laura Searcy, President of the National Association of Pediatric Nurse Practitioners, called for education and universal screening for mental, behavioral, and substance use disorders (Searcy, 2017). Adolescent participation in risk-taking behaviors, such as smoking or drug use, is an established problem recognized by parents, consumers, and health care professionals (Johnston, O'Malley, Miech, Bachman, & Schulenberg, 2016; National Institute on Drug Abuse [NIDA], National Institutes of Health [NIH], & U.S. Department of Health and Human Services [DHHS], 2017). Annual updates from the University of Michigan's *Monitoring the Future* study with NIDA, NIH, and USDHHS make clear the extent of risk behaviors related to alcohol and drug use (Figure 1; National Institute on Drug Abuse, National Institutes of Health, & U.S. Department of Health and Human Services, 2017). In 2015, 27.1 million people aged 12 years or older had used an illicit drug in the past 30 days, largely marijuana and prescription pain relievers (Center for Behavioral Health Statistics and Quality, 2016). If adolescents are afforded the opportunity for confidential conversations, risk behaviors are more likely to be disclosed (American Academy of Pediatrics, 2016). However, it is likely that only 40% of adolescents spent confidential time with providers during preventive care visits (Irwin, Adams, Park, & Newacheck, 2009). The proportion of adolescents with chronic diseases who receive confidential time may be even less. Nash, Britto, Lovell, Passo, and Rosenthal (1998) found that only 27% of adolescent rheumatology patients (N = 52; n = 14) had ever been interviewed alone.

Adolescents with chronic medical conditions may participate in risk behaviors as much or more than their healthy peers (Miauton, Narring, & Michaud, 2003;

FIGURE 1. Past month use of alcohol, marijuana, and cigarettes of 8th, 10th, and 12th grade students (National Institute on Drug Abuse, National Institutes of Health, & U.S. Department of Health and Human Services, 2017).



Nylander, Seidel, & Tindberg, 2014; Suris, Michaud, Akre, & Sawyer, 2008; Suris & Parera, 2005). Borowsky, Ireland, and Resnick (2009) studied the relationship of health status to risk behaviors over time in youths in the United States. They found that of 20,745 youth, 3,018 (14.5%) anticipated a high likelihood of early death. The possibility of early death was a risk factor for participation in health-jeopardizing behaviors. Suris and Parera (2005) found that despite the likelihood of more frequent contact with health care professionals for adolescents with chronic conditions, such contact may not be associated with a lower rate of risk behavior participation. Disease management is often the priority during clinic visits, but providers should consider the potential negative effects of risk behavior participation on the adolescent's already compromised health (Louis-Jacques & Samples, 2011; Nylander et al., 2014).

There is a need to understand the practice of confidential care as a potential facilitator of risk behavior screening and intervention. The purpose of this integrative review is to describe research related to the practice of confidential care for adolescents and to answer the following questions.

- What is the current practice of confidential care?
- What are the facilitators of and barriers to confidential care?
- What is the perspective of parents and adolescents?
- What strategies support confidential care for adolescents?

BACKGROUND

The Center for Medicaid and CHIP Services (2014) describes adolescent and provider time alone as potentially "the most effective way to help the adolescent develop engagement and autonomy on health-related issues as well as to improve delivery of guidance on sensitive topics" (p. 10). The American Academy of Pediatrics (2016) in the *Bright Futures* guidelines recommend that providers spend time alone with children as young as 11 years during well-care visits. The American Medical Association's (1997) *Guidelines for Adolescent Preventive Services* recommends time alone with adolescents during preventive care. The Society for Adolescent Medicine recommends that providers regularly spend part of each visit alone with patients, beginning when they are in early adolescence (Ford, English, & Sigman, 2004). Despite these recommendations, Irwin et al. (2009) found that only 40% of adolescents (N = 3,038) had time alone with the provider at their most recent preventive care visit.

There is a need to understand the practice of confidential care as a potential facilitator of risk behavior screening and intervention.

Adolescents with chronic medical conditions are likely to have relatively frequent visits with health care professionals, but parents are likely to be present during the visit, which may inhibit confidential conversations between the provider and adolescent (Suris et al., 2008). Britto, Rosenthal, Taylor, and Passo (2000) evaluated pediatric rheumatologists' screening for risk behaviors (n = 10 physicians and n = 178 patients) and found that most patients were not screened for risk behaviors before an educational intervention to improve screening rates that were very low: fewer than 5% for alcohol, smoking, and marijuana and 12% for sexual activity. The physicians described limited opportunities for confidential discussions. In an earlier report, Britto et al. (1999) concluded that the parents of adolescents with chronic conditions might be unlikely