

PedsCases Podcast Scripts

This is a text version of a podcast from PedsCases.com on “Adolescent Medicine.” These podcasts are designed to give medical students an overview of key topics in pediatrics. The audio versions are accessible on iTunes or at www.pedcases.com/podcasts.

Adolescent Medicine

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Introduction

This podcast addresses an approach to adolescent history taking. The first part of this podcast will help you develop an approach to adolescent history taking. Tips for broaching sensitive topics with an adolescent patient will then be provided.

Adolescence (general)

Adolescence is a unique time period in the life cycle, a bridge between childhood and adulthood. As such, adolescents are exposed to many unique scenarios which will vary depending on individual circumstances. The expectations placed on your adolescent patient may be quite significant as school work increases in difficulty and patients obtain their first job and engage in different types of social and sexual relationships. There may be struggles to live up to external expectations as well as to gain autonomy.

It is important to remember that the experiences obtained during the adolescent years will vary from patient to patient. As a health care practitioner you must be aware of this and tailor your approach to fit the developmental stage of each particular patient.

Developing an Approach

When addressing an adolescent patient it is essential to have a basic framework or approach to discussing not only the chief complaint, but also the psychosocial aspects of adolescence. As you move forward with your interview, you can tailor your questions to the specific needs of your patient.

Relating to your adolescent patient may sometimes be tricky but perhaps the most important part of the interview is the first few minutes and whether you are able to build

rapport. Ensure that you introduce yourself to the adolescent first (not the parent) and that you talk primarily to the adolescent rather than the parent. After all, it is the adolescent that is your patient, not the parent. On that note, although the parent or guardian may be in the room initially, the interview is generally done with the adolescent only. So, after initial introductions and possibly the confidentiality statement, politely ask the parent to step out of the room. Reassure them that you will touch base with them at the end of the appointment if needed.

Take the time to explain to the adolescent what will happen during the interview and exam. The amount of information obtained in the interview, especially around sensitive topics, all depends on whether the adolescent trusts you. Similar to in any area of medicine try to find some common ground. Whether you talk about a new movie, a common interest or even the weather, building a rapport will do you wonders. But don't pretend you are "one of the gang" and don't try to talk in teen lingo. Teens generally want you to act like an adult professional and yet be approachable.

A good way to start your adolescent interview is to open with a confidentiality statement. That is, to tell your adolescent patient that everything discussed today will be kept between the two of you. You will not tell their parents, friends, or anyone else any information they disclose to you UNLESS they tell you that they are planning to hurt themselves (suicidality) or someone else (homicidality) or they tell you that someone is hurting them (abuse). It is a good idea to talk about confidentiality with the parent still in the room, so that they are aware as well.

When approaching an adolescent history it is essential to address the psychosocial aspects of adolescent development. The HEADS history was developed by Dr. Harvey Berman in 1972 for this purpose and has since been expanded to be more inclusive and can be remembered as "H-E-E-A-D-S-S-S".

HEEADSSS stands for

- H- Home situation
- E- Education/ employment
- E- Eating
- A- Activities
- D- Drugs
- S- Sexuality
- S- Suicide & depression
- S- Sexuality
- S- Safety

Remember that in conducting the HEADS history it is critical to focus on the adolescent's strengths not just to determine if they are engaging in high risk behaviours.

The HEEDASSS History

Let's now look at each aspect of the HEEDASSS history in more detail.

Home

In this part of the interview you want to determine where the adolescent is living and what their home situation is like. Important questions to ask include: where are you living? Who else lives with you? How are you getting along at home? Is there anyone at home that you can talk to? It is also useful to ask about discipline. That is, how often are they disciplined, how and what for? These questions can help you ascertain how the adolescent is functioning within the family.

Education/Employment

Education and employment are pretty straight forward. Ask the teen if he or she is attending school and whether they enjoy it. Also ask about marks, subjects of interest and future plans. It might also be useful to touch upon stress at school and how they are handling their workload.

Eating

Asking about eating behaviours and body image can be difficult but it can bring to focus mood difficulties as well as unhealthy eating behaviours that could lead to (or may have already led to) obesity or an eating disorder. In our population obesity is quite common, so ensure you touch on nutrition and exercise and answer any questions around the Canada Food Guide, portion sizes and exercise recommendation. Ask the adolescent how they feel about their body and if they have any concerns about eating. Also ask about diet restrictions especially vegetarianism, veganism and dairy free diets as these can have medical consequences.

Activities

Discussing the activities the adolescent engages in with family and peers including sports, music, art, drama, leadership and volunteer activities can help you to build rapport with your patient and also provides you with useful information about their interests, how active they are and whether they have a support and social network.

Drugs

Drugs including alcohol, tobacco, marijuana and other recreational drugs, are frequently used by adolescents. It is important to discuss these activities with the patient, answer questions surrounding these behaviours and provide information about the risks of use. If the adolescent has a driver's license you should also ask if he or she drives while under the influence of any substances and whether he or she rides as a passenger with a friend who is under the influence. If your patient does disclose any of these substances you should determine whether your patient may suffer from addiction and why they are using these substance (peer pressure, comfort, or escape).

Sexuality

Adolescence is also a time where sexuality and sexual preference comes into play. Provide an open and non-judgmental environment for patients to discuss their sexual preference and activities. Don't make assumptions about the gender of your patient's sexual partner! Be sure to ask if partners are male, female or both. Ensure that you provide needed information regarding sexually transmitted infections, pregnancy and contraception as well as healthy sexual relationships. That is, ensure that the adolescent is in a consensual relationship with an adolescent close in age.

Suicide/Depression

Mood should also be touched upon in the adolescent interview to determine how the adolescent is coping with hormonal changes, body changes and the transition to adulthood. Ensure that your adolescent patient has a support network and does not have any feelings of hopelessness or suicidality. Do not be afraid to ask directly about self harm and suicidality.

Safety

Lastly, be sure to ask your teen patient about safety at home, school and in the community. Provide a safe haven where your patient feels comfortable disclosing abuse if this is something they are encountering. In addition, bicycle and automobile safety can also be discussed.

Discussing Sensitive Topics

The sensitive nature of topics such as substance use, sexuality, suicide and personal safety can make them difficult to broach. However, by keeping your questions general and by not making assumptions you can create an environment that is conducive to discussion. Remember that by addressing these topics, you are demonstrating to your adolescent patient that you are comfortable and open to discussion when needed, and you are creating a safe environment for future conversations.

Although you may have your own particular beliefs about these sensitive topics, as a health care provider it is your job to provide your patient with complete information, for example, providing contraception or options counseling, even if you don't believe in it yourself. If you know that you are unable to do this, find someone else who can!

Substance use

Substance use, including alcohol, tobacco, marijuana and other recreational drugs, can be a difficult topic for adolescents to discuss with an adult who they feel will disapprove of their behaviours. You can start with a general question such as "do you find that since you started high school you are attending more parties?" and "what types of things do you

and your friends do at parties?" You can follow up by asking whether your adolescent patient has any friends that smoke or drink alcohol to gauge their reaction and then press on by asking if they have ever tried smoking or drank any alcohol. Depending on the response you receive you can continue with a variety of questions to determine exactly which substances they use or even abuse and how this is affecting their school and personal life.

Sexuality

Sexuality can be a difficult topic to discuss especially for those patients who are unsure of their sexual preference or are interested in a same sex relationship. You can start by asking the patient if any of their friends are dating. You can follow by asking if they are dating. They may then proceed to tell you a bit about their relationship. If the patient tells you they are not dating you could then ask if there is someone they are interested in dating or if they have thought about whether they are interested in males, females or both. This may help you determine your patient's sexual preference. Do not assume your patient is heterosexual. At this point you can ask about sexual activity and provide needed information about contraception and sexually transmitted infections. It is important to ask your patient what "being sexually active" means to them. As a health care practitioner you must feel comfortable asking about specific sexual acts such as oral, vaginal and anal sex so that you can provide your patient with relevant safety information on sexually transmitted infections, pregnancy and contraception.

Suicide/Depression

You can often gain some insight into a patient's mood by their affect, tone of voice and how they interact with you. But, it is always important to ask directly about mood. Ask your patient how they would describe their mood on average then follow by asking them if they ever have really low points where they feel sad or depressed. If your patient endorses a low mood follow up by asking if they have ever thought about hurting themselves. If your patient discloses suicidal ideation determine whether they have a specific plan and the ability to carry out this plan. But, remember that suicidality is one of the exceptions to your confidentiality statement. It is your job to disclose this information to the patient's parent or guardian and provide them with resources to get help.

Personal Safety

Abuse is another sensitive topic to discuss with any patient, particularly an adolescent. You can start by asking your patient if anyone has ever made them feel unsafe at home, school, work or anywhere else. You could also ask if they have ever been hurt physically or emotionally by a stranger, acquaintance or loved one. Ask whether they have been a victim of bullying. Once again, remember that abuse is one of the exceptions to your confidentiality statement. You are required by law to disclose this information to a Children's Services if your patient is under the age of 16. Also if your patient is over 16, but there are younger children in the home who may be hurt, you are required to report that as well.

Take-home Points

1. Adolescence is a unique time period with unique medical and psychosocial issues.
2. Be sure to provide your adolescent patient with a confidentiality statement prior to starting your interview.
3. Know that the three exceptions to the confidentiality statement are suicidality, homicidality and abuse.
4. Always take a psychosocial history which can be remembered using the HEEADSSS mnemonic (Home- Education/Employment- Eating- Activities- Drugs- Sexuality- Suicidality/ Depression- Safety).
5. Some topics are difficult to broach but it is your job to create an open and accepting environment for discussion of these sensitive issues whether it is at the current time or down the road.
6. Lastly, remember that taking an adolescent history is like any other skill in medicine; you learn by practicing. Take advantage of the resources available, such as the HEADS mnemonic, to help you succeed.

References

References available upon request.