

This podcast can be accessed at www.pedscases.com, Apple Podcasts, Spotify, or your favourite podcasting app.

APPROACH TO ADOLESCENT HISTORY TAKING PART 2

Developed by FANNY CHENG, CINDY LIN, DR. NATASHA COLIA and DR. JEAN SUK for PedsCases.com.

February 12th, 2022

Introduction:

F: Hi PedsCases listeners! I'm Fanny Cheng, a fourth-year medical student at the University of Toronto.

C: I'm Cindy Lin, a third-year medical student at Western University.

F: Thanks for joining us for Part Two of this podcast on Adolescent History Taking. If you haven't had a chance yet, listen to Part One for an overview of the SSHADESS history-taking mnemonic.

C: Let's review our objectives again. By the end of the podcast, you will be able to:

1. Understand how to create a safe environment for conducting an adolescent history;
2. Conduct a full adolescent history using the SSHADESS mnemonic;
3. Identify strategies to help foster a trusting physician-patient relationship with an adolescent.

ROLE PLAY

F: We will now role play a scenario. You are working in a community clinic, about to see your last patient of the day. Lauren is a fifteen-year-old biological female who has been brought in by Mom for concerns of self-harm. Her past medical history is unremarkable. You notice as you walk in that Lauren is dressed in loose baggy clothing despite the summer heat.

C: I'll be playing Jessica

F: and I'll be playing Lauren

****MUSIC****

J: Hi, I'm Jessica. I'm a third year medical student working with Dr. Zhang. It's nice to meet you Lauren. Who have you brought with you today?

Developed by FANNY CHENG, CINDY LIN, DR. NATASHA COLIA and DR. JEAN SUK for PedsCases.com.

February 12th, 2022

L: My mom.

M: Hello.

J: Nice to meet you two. I understand that Mom made the appointment today as she has concerns about your health, Lauren. Before we begin, I just want to quickly go over the structure of the visit. We will all speak together first, and then I will ask Mom to step out. It is part of our routine practice to talk to all of our adolescent patients alone for part of the visit, regardless of what they come in for. That way, you can learn to take ownership of your own health. Do you have any questions?

M: Actually, can I stay in the room for the whole appointment? I'm just very worried about Lauren, and I don't want to miss anything important.

J: I hear that you're concerned. I'd like to assure you that I will bring you back into the room once I'm done talking to Lauren, and then we can talk about next steps.

M: Alright.

**** MUSIC ****

Narration: You start the visit by asking Lauren what brings her in today but she shrugs and says 'I dunno, ask my mom'. Lauren's mother shares her concerns about Lauren's mental health. She has noticed that over the last year, Lauren has become more withdrawn, moody, and prone to angry outbursts. Her grades have been dropping, and she has been suspended twice in the last few months for getting involved in verbal altercations. She made the appointment urgently today as she noticed cuts on Lauren's forearms this morning. She is worried that Lauren is suicidal. After this, she steps out of the room to allow Jessica and Lauren to talk alone. Lauren appears guarded in her body language.

**** MUSIC ****

J: Lauren before we talk further, I want to ask you if you have a preferred pronoun you'd like me to use? Mine is she/her.

L: umm...she/her is fine

J: Okay, and just to make sure we are both on the same page about this, do you know what confidentiality means.

L: Yeah, it means privacy or something.

J: Yes. In the context of your health, confidentiality means that everything we talk about will be kept between the two of us and others in your healthcare team, like Dr. Zhang. It will not be passed along to anyone else, including your parents. The only exceptions are:

1. If you are going to endanger your own life;
2. If you plan on harming someone else; or
3. If someone else is harming you. Examples of such scenarios include physical, emotional, or sexual abuse or neglect.

In such cases, we would need to involve the appropriate people to ensure everyone is safe. Do you have any questions about that?

L: No.

J: Okay. I'll be asking some questions to get to know you and what's been happening in your life. You don't have to answer anything that you feel uncomfortable about sharing, and you can stop at any point if you feel uncomfortable.

L: Ok.

J: Lauren, if you were to describe yourself to others, what would you say?

L: Um, I'm fifteen. I have two younger brothers.

J: And what would you say your personal strengths are?

L: Strengths? Um... I guess I'm good at running.

J: Yeah? Tell me more about that!

L: Yeah. I love it. I'm on the track and field team at school... and I won silver at regionals last year for the 5 km race.

J: Congratulations, Lauren. That's awesome!

L: Thanks.

J: Any other strengths you can think of?

L: Well, my dad always says that he thinks I'm a good listener.

J: That's a good quality to have! I am sure those around you really appreciate being heard by you.

L: Yeah.

J: So you're on the track and field team at school. Tell me more about school.

L: It's okay.

J: How are your grades?

L: They could be better.

J: Do you feel like school is a safe place for you?

L: Not really. There's this one group who likes to mess with me. They call me names, make fun of my clothes..

J: What do you do when they mess with you?

L: I try to ignore them, but it's really hard. So usually I yell at them back. It's how I got suspended actually.

J: I am really sorry to hear that, Lauren, that must not feel good. Do you have supports at school when this happens?

L: Yeah, I have friends that support me.

J: I'm really glad to hear that. In terms of these altercations, has it ever become physical? Do you carry around weapons for self-defense?

L: No. They're not the type to get physically aggressive.

J: Do you have any ideas about what you want to do after high school?

L: I haven't thought that far yet. I like working with my hands and my uncle is a woodworker, which seems pretty cool. So maybe that.

J: Nice! Have you had the chance to do some woodworking with him?

L: Yeah, when my family visited him, he taught me how to make some stuff.

J: That's awesome, I look forward to hearing more about what you make the next time you come! Speaking of your family, Who do you live with?

L: I live with my mom, my dad and two younger brothers.

J: Do you get along with them?

L: My brothers and I get into arguments about stupid things sometimes, but nothing serious.

J: How about your parents?

L: They try to be supportive, but sometimes they just don't get it...

J: Can you tell me more?

L: Like, once I told them that I wanted a different name, but they keep calling me Lauren and telling me it's a phase.

J: That does sounds frustrating. Can you tell me about why you'd like to change your name?

L: I don't like my name. It doesn't feel right for me. Can we talk about something else?

J: Yes, of course. I do want to quickly check in before we proceed - would you like me to call you by a different name?

L: No. Just call me Lauren. I don't want it to be a big deal in front of my mom.

J: I'm sorry that your parents aren't as supportive about this as you'd like them to be.. Is there anyone else that you feel comfortable talking to about this?

L: Yeah, my aunt. Like my parents are usually pretty good about everything else.

J: I see, I'm glad you have your aunt to reach out to. Have there been any recent changes or stressors at home?

L: No.

J: Okay. So you mentioned your friends are a good support system for you at school, what do you and your friends like to do for fun?

L: We hang out after school.

J: What do you do when you hang out?

L: Just chill at the mall... window shop. Sometimes we hang out at the beach.

J: That sounds pretty fun! I know that adolescence is a time where people like to explore and try new things. When hanging out, have any of your friends talked about or tried drugs or alcohol?

L: Yeah. They've had parties and drank and smoked weed and stuff.

J: Have you ever felt pressured to try drugs or alcohol?

L: Well, I've tried alcohol a few times. Also last night, I was at a party, and they were passing around a blunt, so I tried some.

J: What was in that blunt?

L: Some weed. I didn't like it.

music transition

Narration: Jessica asks specifically about ecstasy, MDMA, cocaine, off-label use of prescription drugs, tobacco, cigarettes, vaping, caffeine-energy drinks and steroids. Lauren denies using them. A CRAFFT screen showed no concerns for a substance use disorder. She also does a quick safety screen, asking about seatbelt use, texting while driving, and carrying weapons. No safety concerns were identified and Jessica proceeds with her next line of questioning.

music transition

J: I am going to ask you some more personal questions to learn more about you and how I can help you. If at any time you do not feel comfortable talking about something, we can move on.

L: Yeah, sounds good.

J: Do you ever worry about your weight or body shape?

L: Hmm well yeah... a little. I really don't like how my body has been changing in these past couple of years. I just don't feel like myself in it..

J: What changes have been causing you distress?

L: Well, I don't really like how my hips are getting wider or how I'm getting my period monthly. But I found that if I don't eat a lot and run a lot, my periods don't come as often so I've just been eating less. It's honestly a little frustrating.

J: I can see that this is quite frustrating for you. Can you elaborate a little more on what you mean by not feeling like yourself in it?

L: I don't know. It's just that I never felt right in this body. Sometimes I just wish I looked like my brothers instead and all of this would be less frustrating.

J: I see. Thank you for sharing with me and I'm sorry you've been feeling this way. It must be really lonely and frustrating having these thoughts. Have these thoughts impacted your mood in any way?

L: Sort of. Sometimes I get very anxious and angry about having these thoughts and it just feels like something is wrong with me. And then afterwards, I just feel very empty and tired.

J: You've told me that you've been feeling empty. Sometimes, when people feel this way, they consider ending their own life. Have you ever felt so empty that you considered or tried ending your own life?

L: No, I haven't.

J: Can I ask what the intent was behind the cuts on your wrists?

L: I only do that to feel something rather than just feeling empty. I don't do actually want to kill myself.

J: I'm sorry to hear that you've been feeling this way, and I want to make sure that you have supports around you that you can go to. I think it would also be helpful to learn healthy coping mechanisms for these emotions. Would it be okay with you if we set up a separate appointment to talk more about that?

L: Sure.

J: You mentioned earlier that you didn't like your name Lauren. Do you have a pronoun or another name that you would prefer being addressed by?

L: Yeah, I know I said she/her earlier, but actually, it's he/him. I haven't really thought of another name yet. But please just call me Lauren in front of my mom. I don't want to stir up more problems. But when they're not around, I prefer the pronouns he/him.

J: Okay, thank you for sharing that with me. Is there anyone who knows and supports you on this matter?

L: Just my aunt. I haven't talked to any friends about it yet. I'm just not quite ready to share with them yet.

J: Yes, I can see how that can be a daunting task. It sounds like it's been hard for you, having to hide parts of yourself from your family. I just wanted to reiterate that this is a safe and judgement-free space. You are welcome to be yourself and not feel the need to have to hide anything. If you ever decide to share this with your family, we are happy to help you plan and facilitate that conversation with them.

L: Okay, thanks. Maybe not now, but maybe a few years down the line.

J: OK. Have you ever found yourself attracted to anyone?

L: Yeah, there's this girl I like in my biology class.

J: Okay, and can you tell me a little about the romantic relationships you've been involved in?

L: I personally haven't been in any relationships.

J: Okay. Since social media and technology is becoming more and more popular these days, can you tell me how many hours on average you spend on your phone daily?

L: Um, probably around 5-6hrs?

J: And what do you do when you're on your phone?

L: Nothing really, mindless scroll through Tiktok, watch some youtube videos, chat with friends...

J: Have you ever received any messages from friends or strangers via social media that made you feel unsafe?

L: Nope.

J: Okay. Again, thank you so much for sharing with me about yourself today. I really appreciate that, and I hope that this is a place where you can feel safe and free to share whatever that is

on your mind. It sounds like working through your gender identity in an unsupportive environment has been quite stressful for you, and I'm concerned that there are some coping strategies that you're using that are interfering with some goals of yours, like your track and field performance. Can we set up a separate appointment to further discuss this?

L: Yes.

J: Okay do you have any questions or concerns that you'd like to share?

L: Nope.

J: Alright. I'll call your mother in. We don't have to give her the details of what we discussed. I can let her know that I do not have any immediate concerns about your safety, and that I'd like to see you again in a week for follow up.

CONCLUSION

C: And that is a wrap on an example of how an approach to adolescent history can play out in real life. Every adolescent you encounter will be different. Like we've mentioned before, there's no one fixed way of approaching this interview.

F: You will also notice that many subjects were brought up during the interview, but not all of them were immediately addressed. Oftentimes, the concerns that teenagers share during an adolescent history will require several follow ups in order to fully characterize and develop a holistic plan for. The goal of the adolescent history is to identify pertinent risk factors and protective factors of the adolescent so that you can navigate future encounters with them. If you'd like learn more about the detailed approaches to various topics that were brought up during this interview, feel free to check out other podcasts on PedsCases.

C: Looking at our objectives again, we hope that by now, you are able to:

1. Understand how to create a safe environment for conducting an adolescent history;
2. Conduct a full adolescent history using the SSHADESS mnemonic;
3. Identify strategies to help foster a trusting physician-patient relationship with an adolescent.

F: Thanks for listening!