



Behavioral Medicine Briefs

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Teens and Talking

How to Get Useful Information in a 15-Minute Visit

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A 15-year-old at 21 weeks gestation comes to the clinic for a first OB check with a first-year resident. The resident keeps feeling there is something she is not sharing with him. The nurse feels the same way. The patient's answers consist mainly of "I don't know," "I guess so," shoulder shrugs or one of three one-word replies: yes, no, or fine. The resident expresses frustration at not being able to connect with her.

Interviewing teens can be challenging. Their words don't always match the picture they present.

Understanding youth from a developmental point of view can be helpful. Adolescence is a normal phase of development, moving from childhood to adulthood, testing adult behaviors, often with adult-type bodies, but usually with pre-adult thinking patterns. This biopsychosocial development from ~12 to ~18 years is as dramatic and crucial as it is from birth to five years old. However, there are no simple tools to help us check off the milestones, such as the DDST (Denver Developmental Screening Test). The components of development are also less chronologically predictable. A physically mature 16-year-old may be incapable of abstract thought or intimate emotional relationships while another 16-year-old may have two close friendships and be focused on setting career goals.

So what can you do in a 15-minute appointment to make some meaningful connection with a youth, a connection in which you gather useful information to adequately address the concern the youth came in with, assess behavior and offer guidance? How can you build rapport and ask the right questions?

Building rapport begins the moment you walk into the room. Here are some tips:

- Address the youth first, then the parent. Find out why they are at the clinic, then ask the parent to leave the room to allow the youth to take responsibility for his/her own health care.
- A study of ninth grade students in the School District of Philadelphia in 1997 revealed that teens were very concerned about provider characteristics and disease transmission in the health care setting. They want to know that their doctor is competent, honest and respectful. Discuss privacy before you ask any probing questions.
- Teens are less likely to disclose if they are not assured their responses will be private. Let them know when and why you would break confidentiality. Use down to earth language but don't talk down.
- Interestingly, teens identified intense fear of catching a contagious disease (i.e., AIDS) from their doctor if they didn't wash their hands before touching them. We need to communicate by our actions and words that we care, are approachable, will listen and will talk straight with them. Practicing these things, we can help put our adolescent patients at ease.

Once we have created an atmosphere of trust, we can begin to ask questions. What are the right questions? Goldenring and Cohen, in 1988, published a brief, easily remembered screening tool with the mnemonic HEADSSS. The answers to these questions can provide information necessary to assess a teen's level of functioning and risk. Not all questions are appropriate for every teen. You may develop some that suit you and your patients better. The questions proceed from least sensitive to more sensitive and provide a framework for taking a

psychosocial history. It shows teens you are open to discussing the sensitive areas of their lives. Even

if they don't feel like talking this time, they will know the door is open.

Area	Questions
H Home	Who lives with you? Where do you live? Do you get along? Do you talk with your parents about your problems? Do you have an adult you can trust? Have you ever run away?
E Education	Are you in the grade you are supposed to be? What do you like? What are your grades? Have they changed in the past year? Do you skip school?
A Activities	What do you do for fun? Tell me about your friends. Are you involved in sports? Music? Do you wear safety gear?
D Drugs	Do you know anyone who smokes cigs, uses alcohol, pot, speed, sniffs paint/glue or other drugs? Have you tried?
S Safety	Do you feel unsafe ever? Where? When? Is there violence in your home? School? Have you ever been physically, emotionally, or sexually abused by anyone?
S Sexuality	Many young people are interested in sex. Have you had a sexual relationship? How many partners? Are you attracted to boys/girls/both? Can you talk with your partner? Do you want to be pregnant or father a child in the next 6 months?
S Suicide	Do you ever feel really depressed, like life is not worth living? Have you known anyone who has killed himself/herself? Have you ever thought about/tried to hurt/kill yourself? Do you have a plan?

We have this in a Palm format at North Memorial clinic for quick reference.

By creating an honest, confidential environment and asking some directed questions, you can gather an amazing amount of information in a surprisingly short period of time. A lot can be asked during the exam itself. Sometimes the amount of disclosure can be overwhelming and follow-up appointments, even referrals may be necessary. Sometimes, even through your best efforts, some teens will choose not to talk, like our patient above. She has returned to the clinic 5 times to see the same resident and is just now beginning to talk about her personal life. The resident learned about

the HEADSSS after his first meeting with the young woman and has found sample questions to be helpful. Some patients take longer to step through that open door.

The number of teens who annually die of sudden cardiac death is very small when compared to the numbers who die every year by homicide, accidental injury or suicide. Teens with chronic illness or disabilities are also going through adolescence and psychosocial issues that may have an enormous effect on their health. A teen that feels respected and safe in your office will usually talk. Information is empowering for both doctor and patient. A psychosocial history may very well save a life.

References:

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