

“HI ADOLESCENTS”: Revised psychosocial interview areas for adolescents

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Received 12 July 2012; revised 24 August 2012; accepted 31 August 2012

ABSTRACT

For the past 3 decades adolescent healthcare providers have used HEADSS, which focuses on the psychological perspective, and hence, some modifications have been used by physicians thereof. This is a proposal to use “HI ADOLESCENTS”, an acronym that expands on the psychosocial areas to be more inclusive and to address physical and spiritual aspects as well. We believe this will be effective with a larger spectrum of adolescents.

Keywords: HI ADOLESCENTS; Acronym; Interview; Areas; Adolescents; Medicine

1. INTRODUCTION

Lifestyle has been rapidly evolving for the last three decades. HEADSS was introduced by Henry Berman in 1972. Eric Cohen and John Goldenring carried out some amendments in 1988 to the HEADSS tool [1,2]. This modified version of the acronym has also been used in a number of institutes globally, however, with modifications introduced depending on local regulations. The final update for HEADSS (or HEADSSS or HE²ADS³) was introduced in 2004 by John M. Goldenring and David S. Rosen [3].

2. ADDRESSING THE NEED FOR REVISED INTERVIEW AREAS

This rapid evolution of the lifestyle of an adolescent, especially with the use of multimedia and technological means of communication mandates additional areas to be explored during a health interview with an adolescent, because of additional areas of risk. The different social circumstances in eastern countries also mean that there are different risks, and hence, a more comprehensive interview tool must be used to accommodate the different backgrounds.

In our institution, in Riyadh, KSA, and after reviewing the adolescent patient population and available literature,

we naturally ask about more interview areas than those offered by HEADSS. A completely different acronym is proposed, which covers the same areas included in HEADSS and extends beyond; “HI ADOLESCENTS” an adolescent health interview tool.

3. THE ACRONYM: “HI ADOLESCENTS”

“HI ADOLESCENTS” is catchy and not harder to remember than HEADSS. It spells a perfect English phrase that is both relevant to the interview, and to the field of Adolescence Medicine.

In “HI ADOLESCENTS” the most important inclusions are those dealing with modern advances in media, such as the internet, and globalization as aided by these advances, as well as aspects of spirituality; all of which play a significant role in adolescents’ lives, and can address patients from different ethnic and social backgrounds. Spiritual life is of re-arising importance across the globe in the current era, and of continued importance in certain locations such as the KSA. Exploring this dimension of an adolescent’s life can aid in explaining certain behaviours. Moreover, it allows the health care provider to approach patients from different cultural and religious backgrounds. Investigating such an area gives a venue for adolescents to express their worries in relation to their beliefs and views where otherwise they may not do so should they be asked about their concerns only.

3.1. Explaining the Acronym

- Home/Holding environment: Inquire about home environment, household composition, family dynamics and relationships, as well as living arrangements. Investigate whether the holding environment is safe, and if the adolescent patient is adapted to it.
- Immunization: Starting with home can help make the adolescent feel that the health care provider is trying to help, thus, before going in more details in psychosocial areas, investigate immunization. This way you can ensure a more natural transition, and stress the

health aspect, as well as obtain proper immunization history where the patient, or their companion (at this stage) may still be thinking of concrete medical facts as they enter the health care provider's office, Are immunizations up to date? Have booster doses been administered according to the national programs? Investigate if any additional vaccines have been received...

- **Activities:** Regular activities, spare time activities, physical activity, sports, exercise, hobbies, friends after school and in weekends, volunteering, all need to be explored.
- **Drugs/Diet:** (a health care provider must make a judgement on whether the patient should have a companion or not at this stage, a question can be reasked should the health care provider choose to keep a patient companion until a further stage). Tobacco products, alcohol and/or other drugs used at school, parties, by friends, self, and the frequency and quantity of use. In a similar fashion ask about diet, type of food preferred, whether there is peer influence on that, and what type of foods are consumed with friends/peers and alone. Make sure you are able to get an idea of whether the adolescent has healthy eating habits.
- **Occupation:** Does the patient work? Address the type of job, is it a full time, how many hours/week, late hours, whether the adolescent supports a household, and the effect of their occupation on their sleeping hours, health and studying. The occupation could be paid or unpaid (such as volunteering).
- **Loyalty/Love:** Loyalty/love towards the family, school, neighbourhood, city, country, nation or persons is to be discussed. At this point it comes natural to ask about the role model of the adolescent and what they aspire to be like. Allow the patient to speak freely about their role-model or loved ones if they show interest to do so understand how they are influenced, especially if they are influenced heavily by these individuals.
- **Education:** Present grades, attitude, attendance, obstacles, relationship with peers and teachers and if homework is regularly done. The Adolescent's motivation, goals and views behind education should be discussed.
- **Self-image/Spirituality:** Inquire about height, weight, breasts, genitalia, muscles, and how does the adolescent feel about him/herself in comparison to his/her peers? Investigate how much that consumes of their thoughts, and whether that affects their sense of integrity and their "internal peace". These areas deal with the adolescents' comfort with their views and environment, and thus it makes sense to ask about their spirituality at this point. As mentioned above, spirituality can affect the adolescent's views of self-image, inner-peace, and their adaptation to their environment.
- **Concerns:** An opportunity for the adolescent to talk about any other concerns, problems, feelings or opinions. Also, an opportunity for the health care provider to discuss any concerns they may have come up with throughout the interview, if further discussion is warranted. This is the best placed for this question in the sequence of the interview areas, because it flows naturally after you have investigated personal areas under "S" above. The adolescent should naturally have more things to tell you. You should guide them by asking them simple open-ended questions, such as: Is there anything bothering you, about home, school, this conversation or in general? Do you want to share any piece of information with me? How do you feel about all this (Each question should be asked separately)? However, when needed, you can ask more specific questions as needed such as: Are you comfortable with what people think about you?
- **Empowerment/Earning:** To explore the sources and/or the need for support, be it financial, educational or emotional, all of which are important for a growing adolescent. Explore if the adolescent feels powerless regarding anything specific, or for any specific reason, such as a person, a group, a society or even a system.
- **Network and media:** Screen time, video games, time on the internet: chat rooms, email, communications with strangers, face to face meetings with people they might have come to know through the internet... Explore the effect of network and media on the adolescent, whether in thoughts or time consumption by asking specific questions such as: Do you follow the news on the net? What type of news? You can also investigate the effect of network and media on the adolescent by contrasting it with other activities (if that has not been established from the area under "Activities" above). Investigate whether the adolescent likes to have more relationships virtually via network and media rather than real-world relationships. Investigate if the adolescent is media-addicted. You should explore the degree of exposure to sexual and violent contents by media sources.
- **Talents:** Talents should be explored separately, because that gives the adolescent more time to organize their thoughts, and gives you clear answers further in the interview. Adolescents may view their talents as parts of themselves, or as their occupation. Give them time to explain, and explore their confidence through their talk about their talents. That can also give you an evaluation of the adolescent's sense of initiative, and productivity. Talents should be encouraged if they are productive and can take the adolescent's mind off things that might bother him/her. If you are

going to make an advice (where an advice at this point can be therapeutic), make sure you avoid being paternal or judgmental.

- **Sexuality/Safety:** Sexual activities and feelings maybe a sensitive area to talk about. By this time, the adolescent and interviewer should have developed some sense of trust making it easier to investigate such an area. Ask about sexual orientation; opposite and/or same sex, current and past relationships, age at first sexual encounter/intercourse, and whether the activity is consensual or forced. The number of life-time partners, recent change in partners, contraception, sexually transmitted infections, or worries thereof, prior pregnancies, and abortions are to be explored. At the end explore whether there are any factors affecting the adolescent's sense of safety and if there are any threats. The interviewer should have developed some sense of what might be a threat to the adolescent whether sexual or in relation to other activities. Tailored questions should be asked, especially to younger teenagers.

4. PROPER USE

As with any questionnaire to a patient, questions should

be open-ended and non-judgmental. A chance should be provided to the patients to express all what they feel is important. If the patient volunteers to give you a piece of information stated under a different area in the guideline, you might want to consider investigating such information at the time the patient prefers to discuss them, so that you maintain a natural flow to the conversation, and ensure the patient is comfortable at all times. With older patients, you can explain why you are asking a certain question. With younger patients, ensure they trust you, and understand you are asking everything for their benefit. With all patients, you should assure confidentiality.

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