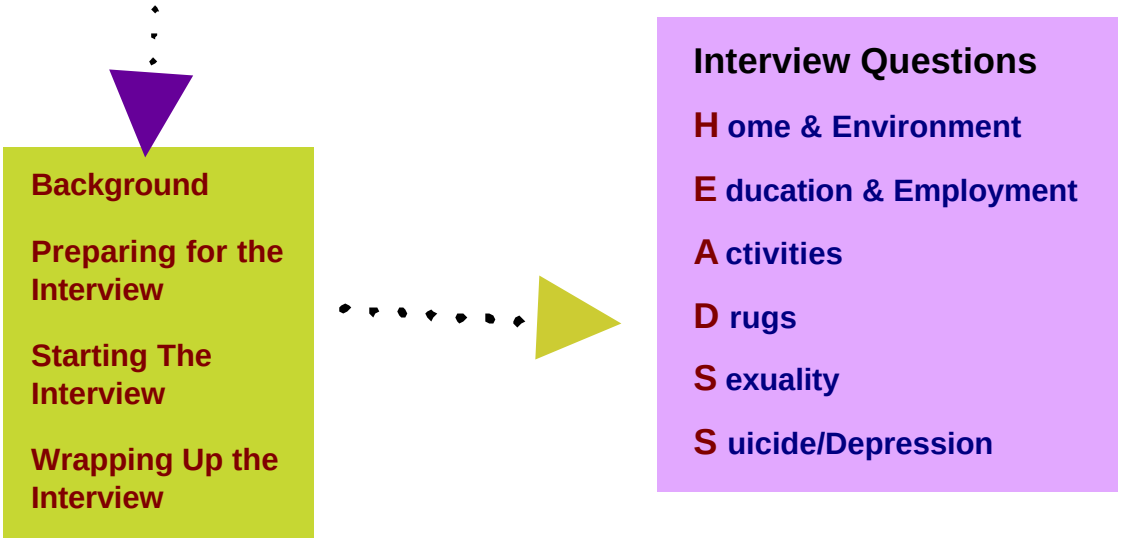
H.E.A.D.S.S. - A Pyschosocial Interview For Adolescents

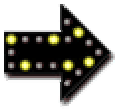


Adapted from Contemporary Pediatrics,, Getting into Adolescent Heads (July 1988), by John M. Goldenring, MD, MPH, & Eric Cohen, MD

Background

The major cause of morbidity and mortality in adolescents is unintentional injuries, including motor vehicle accidents, more than half related to drug or alcohol use. Next in importance are other causes of morbidity including unwanted pregnancy, sexually transmitted disease (STD), eating disorders, and mood disorders. All of these situations are not easily amenable to the intervention of a physiologically-oriented health care provider. In fact, they may not even show up on the standard interview that health care providers are taught to perform.

The health care provider who sees adolescents must be willing to take a developmentally-appropriate psychosocial history. While a fellow at Los Angeles Children's Hospital, Dr. Cohen refined a system for organizing the psychosocial history that was developed in 1972 by Dr. Harvey Berman of Seattle. The system has been used successfully around the world, in the adolescent health care field. This method structures questions so as to facilitate communication and to create a sympathetic, confidential, respectful environment where youth may be able to attain adequate health care. The approach is known as the acronym **HEADSS** (**H**ome, **E**ducation/employment, peer group **A**ctivities, **D**rugs, **S**exuallity, and **S**uicide/depression).



Currently, the HEADSS assessment tool is being used in the Youth Health Consultation Service and the Adolescent Care inpatient Unit (ACU) at C&W, and is being taught as part of the regular undergraduate curriculum to UBC medical and dentistry students.

Preparing for the Interview

The note a health care provider strikes at the outset of the assessment interview may affect the entire outcome. Parents, family members, or other adults should not be present during the HEADSS assessment unless the adolescent specifically gives permission, or asks for it.

Confidentiality

It is not reasonable to expect an adolescent to discuss sensitive and personal information unless confidentiality can be assured. **All adolescents and families, including caregivers (most commonly a parent or both parents), should be told about confidentiality** at the beginning of the interview. Each health care provider must determine the nature of his/her own confidentiality statement.

Belief Systems

As a health care provider, your own set of beliefs, based on your knowledge, experience, and level of tolerance in dealing with particular situations, will set the standard in providing developmentally-appropriate health care to youth and their families. Health care providers interfacing with youth may be confronted with difficult situations where this particular belief system may be "tested", if not challenged. Particular examples relate to health risk-taking behaviors; 80% of adolescents in North America are deemed to be physically and psychologically healthy, and the rate of chronic illness is quoted in the literature as up to 10%.

When a health care provider is confronted with a particularly challenging situation that causes him/her to be in a 'dilemma', *i.e. a youth is seeking options counselling due to unwanted pregnancy*, it is suggested that the health care provider consult with a colleague or refer the youth for developmentally-appropriate care.

Assumptions

Based on particular individual belief systems, these are some "assumptions" that many of us may have about youth:

- youth live in a home with two parents
- all youth go to school and get along with peers and teachers
- all youth are heterosexual

It is of significant importance not to "assume", but rather to ask non-judgemental questions in a respectful, caring fashion.

Starting The Interview

1. **Introduction:** Set the stage by introducing yourself to the youth and parents.

> ***Suggestion:*** If the parents are present before the interview, always introduce yourself to the adolescent first. In fact, ask the adolescent to introduce you to the other people in the room. This gives the adolescent a clear message that you are interested in him/her.

2. **Understanding of Confidentiality:** Ask either the parents or the youth to explain their understanding of confidentiality or confidential health care.

3. **Confidentiality Statement:** After the youth and family have given you their views (from step 2), acknowledge their responses and add your views accordingly (confidentiality statement), based on the particular situation.

Home

Opening Lines: (Less/More) Developmentally-Appropriate

	Less	More	Reason
Home	Tell me about mom and dad.	Where do you live, and who lives there with you?	Parent(s) may have separated, divorced, died, or left the home. Open-ended question enables one to collect "environmental" as well as personal history.

Examples of Questions

- Who lives at home with you? Where do you live? How long? Do you have your own room?
- How many brothers and sisters do you have and what are their ages? Are your brothers and sisters healthy?
- Are there any new people living in your home?
- Are your parents healthy? What do your parents do for a living?
- What are the rules like at home?
- How do you get along with your parents, your siblings? What kinds of things do you and your family argue about the most? What happens in the house when there is a disagreement?
- Is there anything you would like to change about your family?

Asking about parental abuse or substance use (also see *Drugs* section) may be difficult. Using a scenario may facilitate this line of questioning, i.e. "Working with youth I have learned from some "kids" that their relationship with their parents is a difficult one; by this I mean they argue and fight. Some youth have told me that they wish their parents did not drink so much or use drugs. Is this a situation in your household? Has anything like it happened to you? "

Education & Employment

Opening Lines: (Less/More) Developmentally-Appropriate

	Less	More	Reason
Education & Employment	How are you doing in school?	Are you in school? What are you good at in school? What is hard for you? What grades do you get?	Poor questions can be answered "okay". Open-ended question ask for information about strengths and weaknesses and allow for quantification / objectification.

Examples of Questions

- Which school do you go to? What grade are you in? Any recent changes in schools?
- What do you like best and least about school? Favourite subjects? Worst subjects?
- What were your most recent grades? Are these the same or different from the past? Have you ever failed or repeated any years?
- How many hours of homework do you do daily?
- How much school did you miss last/this year? Do you skip classes? Have you ever been suspended?
- What do you want to do when you finish school? Any future plans/goals?
- Do you work know? How much? Have you worked in the past?
- How do you get along with teachers, employers?

- How do you get along with your peers? Inquire about “bullying”.

Activities

Opening Lines: (Less/More) Developmentally-Appropriate

	Less	More	Reason
Activities	Do you have any activities outside of school?	What do you do for fun? What things do you do with friends? What do you do with your free time?	Good questions are open-ended and allow youth to express him/herself.

Examples of Questions

- Are most of your friends from school or somewhere else? Are they the same age as you?
- Do you hang out with mainly people of your same sex or a mixed crowd?
- Do you have one best friend or a few friends? Do you have a lot of friends?
- Do you spend time with your family? What do you do with your family?
- Do you see your friends at school and on weekends, too? Are there a lot of parties?
- Do you do any regular sport or exercise? Hobbies or interests?
- Do you have a religious affiliation, belong to a church, or practice some kind of spiritual belief?
- How much TV do you watch? What are your favourite shows?
- Do you read for fun? What do you read?
- What is your favourite music?
- Do you have a car – use seat belt?
- Have you ever been involved with the police? Have you ever been charged? Do you belong to a group/gang?

Drugs

Opening Lines: (Less/More) Developmentally-Appropriate

	Less	More	Reason
Drugs	Do you do drugs?	Many young people experiment with drugs, alcohol, or cigarettes. Have you or your friends ever tried them? What have your tried?	Good question is an expression of concern with specific follow-up. With younger teens, it is best to begin by asking about friends.

Examples of Questions

- When you go out with your friends or to party, do most of the people that you hang out with drink or smoke? Do you? How much and how often?
- Do any of your family members drink, smoke or use other drugs? If so, how do you feel about this - is it a problem for you?
- Have you or your friends ever tried any other drugs? Specifically, what? Have you ever used a needle?
- Do you regularly use other drugs? How much and how often?
- Do you or your friends drive when you have been drinking?
- Have you ever been in a car accident or in trouble with the law, and were any of these related to drinking or drugs?
- How do you pay for your cigarettes, alcohol or drugs?

Sexuality

Opening Lines: (Less/More) Developmentally-Appropriate

	Less	More	Reason
Sexuality	Have you ever had sex? Tell me about your boyfriend/girlfriend.	Are you involved in a relationship? Have you been involved in a relationship? How was that experience for you? How would you describe your feeling towards guys or girls? How do you see yourself in terms of sexual preference, i.e. gay, straight, or bisexual?	What does the term "have sex" really mean to teenagers? Asking only about heterosexual relationships closes doors at once.

Examples of Questions

- Have you ever been in a relationship? When? How was it? How long did it last?
- Have you had sex? Was it a good experience? Are you comfortable with sexual activity? Number of partners?
- Using contraception? Type and how often (10, 50, or 70% of the time).
- Have you ever been pregnant or had an abortion?
- Have you ever had a discharge or sore that you are concerned about? Have you ever been checked for a sexually transmitted disease? Knowledge about STDs and prevention?
- Have you ever had a pap smear?
- Do you have any concerns about Hepatitis or AIDS?
- Have you had an experience in the past where someone did something to you that you did not feel comfortable with or that made you feel disrespected?
- If someone abused you, who would you talk to about this? How do you think you would react to this?
- *For females:* Ask about Menarche, last menstrual period (LMP), and menstrual cycles. Also inquire about breast self examination (BSE) practices.
- *For males:* Ask about testicular self-examination (TSE) practices.

Suicide / Depression

We suggest that every psychosocial interview seek to identify elements that correlate with anxiety or depression, a common precursor to suicide. Many of the items in the **suicide screen** (see box below) have already been determined in the psychosocial history:

- Severe family problems
- Changes in school performance
- Changes in friendship patterns
- Preoccupation with death
- Acting-out behavior and health risk behaviors, including drug, alcohol and substance abuse

Suicide Risk/Depression Screening

1. Sleep disorders (usually induction problems, also early/frequent waking or greatly increased sleep and complaints of increasing fatigue).
2. Appetite/eating behavior change.
3. Feelings of “boredom”.
4. Emotional outbursts and highly impulsive behavior.
5. History of withdrawal/isolation.
6. Hopeless/helpless feelings; two significant predicators of depression and suicide risk.
7. History of past suicide attempts, depression, psychological counselling.
8. History of No. 7 in family or peers.
9. History of drug/alcohol abuse, acting out/crime, recent change in school performance.
10. History of recurrent serious “accidents”.
11. Psychosomatic symptomatology.
12. Suicidal ideation (including significant current and past losses).
13. Decreased affect on interview, avoidance of eye contact – depression posturing.
14. Preoccupation with death (clothing, music, media, art).
15. History of psychosocial/emotional trauma.
16. Gay, lesbian, bisexual, transgender youth.

Other items seek to include a family history of psychological problems or suicide, or a history of similar behaviour in close friends or relatives. There is also a high correlation between psychological disturbances and a family history of substance abuse. We also suggest asking about two other areas that are often forgotten:

1. **Sleeping Habits**
   Teenagers who are anxious or depressed have difficulty falling asleep. Generally, it takes them more than 30 minutes to fall asleep, and often more than one hour. Though many adolescents have occasional sleep problems, difficulties occurring more that once or twice a month is significant. Adolescents are often willing to discuss a sleep disturbance. Sleep problems tend to make adolescents feel miserable in the morning and are a considerable nuisance to the otherwise healthy and active adolescent.

2. **Eating Habits**
   Frequent fad dieting, crash diets, anorexic or bulimic behaviour, and obesity with significant overeating or bingeing are all indicators of significant psychological distress. Enquiring about a youth’s body image perceptions and whether or not she/he pursues thinness, fears being fat, or has poor dietary and/or abnormal eating habits or compensatory behaviour, may lead to identified disordered eating habits and, ultimately, eating disorders.

Wrapping Up The Interview

Suggestions For Ending Interviews With Teenagers:

- Ask them to sum up their life in one word or to give the overall "weather report" for their life (sunny with a few clouds, very sunny with highs all the time, cloudy with rain likely, etc.).
- Ask them to tell what they see when they look in the mirror each day. Specifically, look for teenagers who tell you that they are "bored". Boredom in adolescents may indicate that the youth is depressed.
- Ask them to tell you whom they can trust and confide in if there are problems in their lives, and why they trust that person. This is especially important if you have not already identified a trusted adult in the family. We always tell the adolescent that he/she now has another adult –the health care provider – who can be trusted to help with problems and to answer questions. Let them know you are interested in them as a whole person and that you are someone who wants to help them lead a fuller, healthier life.
- Give them an opportunity to express any concerns you have not covered, and ask for feedback about the interview. If they later remember anything they have forgotten to tell you, remind them that they are welcome to call at any time or to come back in to talk about it.
- For teenagers who demonstrate significant risk factors, relate your concerns. Ask if they are willing to change their lives or are interested in learning more about ways to deal with their problems. This leads to a discussion of potential follow-up and therapeutic interventions. Many adolescents do not recognize dangerous life-style patterns because they see their activities not as problems but as solutions. Your challenge lies in helping the adolescent to see health risk-taking behaviours as problems and helping to develop better strategies for dealing with them.
- If the adolescent's life is going well, say so. In most cases, you can identify strengths and potential or real weaknesses, and discuss both in order to offer a balanced view.
- Ask if there is any information you can provide on any of the topics you have discussed, especially health promotion in the areas of sexuality and substance use. Try to provide whatever educational materials young people are interested in.