

Adolescent Interviewing: Remembering What to Ask

HEADS

H home
E education, eating
A activities, friends,
D drugs
S sex
S safety, firearms, abuse
S suicide, emotions

HEADFIRST

H home
E education
A abuse
D drugs
S safety
F friends
I image
R recreation
S sexuality
T threats

SAFE TEENS

S sexuality
A accidents
F firearms, homicides
E emotions/suicide

T toxins
E environment (school, home, friends)
E exercise
N nutrition
S shots, immunizations

The 5 + 2 "F's"

F family
F friends
F fun (including drugs, ETOH, etc.)
F future
F f*ck (sexual activity)
F fear
F fat

Confidentiality Lines:

"I want you to know that, what we talk about here is confidential, between you and me only, and I do not share this information with anyone else unless you give me permission or your life is in danger."

What we talk about today is confidential, it is only between you and me, and I won't share this information with anyone else, unless you give me permission. The only exception to this is if you or someone else's safety or life is in danger."

"As part of the patient/doctor relationship, what we talk about is confidential. That is I don't share this information with your parents or family, or anyone else unless I have your permission to do so. The only exception to this would be if I felt your or someone else's life or safety was in danger."

ADOLESCENT INTERVIEWING WORKSHIP

WORKSHIP GOALS:

1. Review the importance of patient confidentiality as it applies to adolescent clinical health services.
2. Review the legal rights of minors, and the laws on sexual assault and sexual abuse.
3. Review interviewing techniques used in gathering information about who your adolescent patients really are.
4. Obtain a clinical sexual history and refine interview process skills with adolescents through a simulated patient interview.

Interviewing Teens

Here are some important ingredients to bring to a visit and "interview" with a teen.

1. Respect Them
 - * Act friendly and professional.
 - * Acknowledge their boundaries.
 - * And like them, if possible.
2. Explain Confidentiality
3. Be Honest
 - * Be yourself-a caring adult.
 - * Notice their strengths.
 - * Avoid being judgmental.
4. Seek Understanding
 - * What is the meaning of what they are saying?
 - * Ask more questions?
 - * Affirm their positive values.
5. Show Concern
 - * Share your opinions about good health.
 - * Share your feelings about sadness or trouble in their lives.
 - * Offer to help.
 - * Ask, "How might I help?"

INTERVIEWING

The following is a list of suggestions to assist the practitioner during the interview.

1. Shake hands with the adolescent first.
2. Ask questions in context.
3. Avoid lecturing and admonishing.
4. Bring the adolescent into the present. If the adolescent is focusing on his or her homework or on yesterday's date with a girlfriend or boyfriend, the interviewer is unlikely to gather much useful information.
5. Focus initial history taking on the presenting complaints or problems.
6. Identify who has the problem (i.e., is this problem the teen's concern or the parents').
7. Take a neutral stance.
8. Usually, the less the interviewer says the better.
9. Be attentive.
10. Avoid writing during the interview, especially during sensitive questioning.
11. When asking direct questions, (a) use less personal questions before more personal questions, (b) use open-ended questions, and (c) use gender-neutral terms.
12. Talk in terms that the adolescent will understand.
13. Do not misinterpret the adolescent's response.
14. Criticize the activity, not the adolescent.
15. Highlight the positive.
16. Assess your own ability to listen. A practitioner's difficulty in listening may be related to his or her own resentments or opinions of the adolescent's behavior.
17. Stay focused on what the teen is telling you.
18. Ask questions that help move the conversation along.
19. Be cautious about giving advice before being asked.
20. Use gender-neutral terms until the adolescent has identified his or her preference.
21. Try to understand the teen's perspective.

Reducing Adolescents' Sexual Risk: Clinical Approaches

Content of Sexual History

Risk Behavior Domain

1. Sexual Risk Behavior—*Assess for level of involvement in various sexual risk behaviors including:*

- Age of Sexual Debut
- History of Sexual Abuse
- Number of Partners—Lifetime and past 3 months
- Partner(s) Gender
- Frequency of Intercourse
- Type and Consistency of Contraceptive Use

2. Other Risk Behaviors

- Substance use in connection with sex:
Frequency and quantity of alcohol and other illicit substance use

- Sexual communication patterns with partner(s):
Frequency and quantity of alcohol and other illicit substance use

- Sexual communication patterns with partner(s):
Discussion with recent sexual partner(s) about issues such as prior history of STD; previous sexual partners; contraceptive use and how not to get STD: and how not to get pregnant.

Social-Environmental Domain

1. Parent and Family Context
Connectedness

- Family attitudes related to adolescent sexual activity, contraceptive use, and pregnancy

- Significant family stressors

2. Peer and Partner(s) Context

Norms and expectations re sexual activity, contraceptive use, and pregnancy

Partner(s)

Friends

Normative Level of risk-taking behavior among friends

Connectedness to peer group

Nature of partner relationship

3. School context

School Connectedness

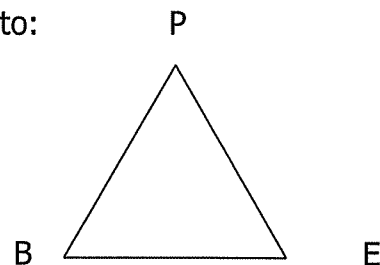
GPA

History of school failure

Academic aspirations

Intrapersonal Domain: Personal Thoughts, Attitudes and Beliefs

1. Motivation to comply with expectations of parents, friends, and sexual partner(s)
2. Same gender attractions, orientation
3. Contraceptive use self-efficacy
4. Positive/negative expectations related to:
 - Sexual activity
 - Contraceptive use
 - Pregnancy
5. Perceived level of risk
 - STD
 - Pregnancy
6. Future intentions
 - Sexual Activity
 - Contraception
 - Pregnancy



P = Personal Domain

B = Behavior

E = Environment