PRIMARY CARE DIABETES

Adolescent Anamnesis: A Novel '3x3 S-Approach' for Psychosocial Interview of Adolescents

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Abstract

Adolescent endocrinology is a fast-growing field of medicine. It is imperative for the clinicians to adopt a guided and a stepwise approach when it comes to history taking in adolescents. This best practice piece aims to guide health practitioners on how to approach the interview with these children and assess areas of risk or concern. The '3x3 S approach' mentioned in this manuscript will be helpful for clinicians as well as health workers in delivering adolescent sensitive, and adolescent friendly care services. It is a more pragmatic and practical version of the HEEADSSS acronym (Home, Education/ Employment, Eating, Activities, Drugs, Sexuality, Suicidal ideation and Safety) used to interview adolescents.

Keywords: Adolescence, adolescent sensitive care, adolescent health, person centred care, psychosocial health

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Introduction

Adolescence is a phase that lies between childhood and adulthood. They comprise the age group between 10 to 19 years of age according to the World Health Organization's definition of adolescence.[1] This phase is typically characterized by various physical changes of puberty along with certain psychosocial and cognitive changes. Such changes pose numerous challenges to their developing brains. As a result, they may find themselves trapped into the shackles of various psychosocial concerns like depression, eating disorders, body image concerns, low self-esteem, sleep disturbances, screen addiction, substance abuse, bullying, and sexual behaviour etc. These issues are not easily identified or addressed using the usual protocol of history taking and physical examination.

Psychosocial History

For any adolescent, an exclusive psychosocial history is as important as physical examination. The HEEADSSS acronym (Home, Education/ Employment, Eating, Activities, Drugs, Sexuality, Suicidal ideation and Safety) has been used to interview adolescents.[2] This allows one to have a complete overview of the psychosocial health of the adolescent.

Table: : The 3x3 - S approach to adolescent anamnesis.

Straight-Forward	School
	Special interests (hobbies)
	Style of life (diet, screen time, exercise)
Social Story	Siblings / Family
	Safety
	Societal strain
Soul Searching	Substance abuse
	Sexuality
	Suicidal risk / Depression

We propose a smart and simple, comprehensive and concise '3x3 S – approach' to interview adolescents. This pragmatic and practical encompasses all the relevant questions pertaining to his/her psychosocial environment. We start with straightforward and less sensitive questions first, gradually progressing towards sensitive and soul-searching ones.

The 3x3 - S Approach to Adolescent Anamnesis

The 3x3 S-approach provides a systematic approach to the adolescent interview progressing from the least threatening topics to the most personal and sensitive ones. In this approach, the questions to be asked are divided into three categories, from STRAIGHT-FORWARD, routine, individual life questions to those pertaining to their SOCIAL environment and lastly sneaking into SOUL-SEARCHING sensitive information. This approach follows the spirit of effective person-physician communication.[3]

Pre-Requisites

The prerequisites of the interview include

a) **Introduction:** If the parents are present, first introduce yourself to the adolescent, then try having the adolescent introduce the other people in the room. This inculcates a sense of self-respect and confidence in the child. There are chances that he/she will respond better to the subsequent interview questions.

b) **Confidentiality:** All adolescents and their accompanying parents/caregivers should be assured confidentiality at the beginning of the interview.

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However, in some circumstances, a disclosure to someone is required by law. The clinician must be well versed with such situations like in cases of sexual abuse and violence.

c) **Privacy:** The presence of parents is likely to limit the sensitive and personal information the child will provide. However, before asking adults to leave the room, always ask whether they have any concerns and assure them of further interaction once the interview is over.

d) **Rapport:** Before starting to ask questions, building a rapport with the child is of immense importance. It can be accomplished by sharing some common interests or sharing any of your childhood mistakes that resonate with the child.

Throughout the interview, the clinician needs to be calm, composed, non-judgemental, unbiased, indirective, acknowledging and appreciating the child whenever feasible. This interview format is flexible and can cater to all adolescents.

Beginning The Interview

By using the 3x3 S-approach, we naturally proceed from very important but usually less threatening questions to those most often considered highly personal and 'secretive'. This helps ease anxiety, foster rapport and trust, and encourage disclosure. We must try to ask open ended questions rather than those which can be answered in one word like 'yes' or 'no' or 'fine' or 'good' etc. Refrain from questions starting with 'why'("Why don't you like vegetables?"), as they may appear judgemental and threatening. Instead, ask about what they feel and how they feel ("What comes to your mind when you see vegetables?" or "How do you feel when someone talks about vegetables?"), to start a meaningful dialogue.

1. **Straight Forward:** These are the simple, straight forward questions with which we start the conversation, focusing on adolescent wellbeing.[4] These include asking about school, special interests of the child (hobbies) and style of life (diet, screen time, exercise). Such routine non-sensitive questions help us to build a good rapport with the adolescents and make them comfortable to talk to. At the same time, we get to know about their lifestyle, habits, activity profile, dietary habits, eating behaviours and school environment. In this way, one can recognise any stressors or triggering factors at home or at school. For example, poor dietary habits, excessive screen time or less physical activity are suggestive of presence of an obesogenic environment which may be the cause of obesity. Decreasing school performance or bullying at school or body image concerns may be an indicator of depression.
2. **Social Story:** After learning about the individual's lifestyle, we proceed to their social life by asking about siblings and the family, social safety profile and the societal strain. The social factors impact the child's mental health as much as the individual factors. Factors like family conflicts, poor parent-child relationship, lack of safety at home, domestic / school violence, societal pressure are some of the major causes of adolescent mental morbidity and mortality. One must frame the questions according to the individual child's existing scenario, and explore the possibilities of family centred care during the interview.[5]
3. **Soul-Searching:** These include sensitive questions such as about substance abuse, sexuality and suicidal thoughts or depressive symptoms. It is prudent to seek permission before proceeding: "Do you mind if I ask you a few more personal questions to learn how I can best assist you?"We should acknowledge the discomfort most children feel about discussing this topic. Say, for example: "I know that this may be embarrassing for you, but I ask these questions to all my teenaged patients to make sure I can give my best advice." We must ask about the information and materials they have accessed online regarding the use of drugs or alcohol and sexual behaviours. The fact that most of the information provided on such platforms is unreliable, must be emphasized. Ask them about sexual relationships, sexual abuse, use of contraception and symptoms of sexually transmitted infections. At the same time, empower them with the knowledge about safe sexual practices. When depression seems likely, ask directly and clearly about self-harm. Clinicians should not be reluctant to question them unambiguously: "Have you felt so bad sometime that you've thought seriously about harming yourself?" Thus, child centred,[6] or more accurately, adolescent centred care can be emphasized.

Wrapping-Up The Interview

By exploring each section in turn, we get an overall impression of the adolescent's psychosocial life and any risky behaviours or concerns. We may end the interview by asking the adolescent to tell in whom he/she can trust and confide if he/she has problems. Emphasize that your approach is nonjudgmental and that you welcome future visits. Reassure the adolescent about your concern for him/her and your availability, whenever required.

Summary

Adolescents are neither older children nor little adults, but a separate entity in themselves. Addressing their psychosocial needs and concerns is as important as physical concerns. The 3x3 S approach described in this manuscript helps elicit such concerns, and will prove

beneficial to adolescents, their families, and health care providers. The format is easy to learn, to remember and to practice.

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