Commentary: Lessons From a Teendoc: The Joys and Challenges of Adolescent Medicine

Liana Roxanne Clark, MD
The Children's Hospital of Philadelphia

As an adolescent medicine provider working among a group of pediatricians, I am often regarded with such sympathy. Your job must be so difficult, they invariably tell me, teens are such a challenging group with which to work. Difficult, challenging? One would think that I was working with serial killers rather than a large segment of the general pediatric population. What makes adolescents the enigmas of the pediatric set?

Adolescence is a time of rapid physical and emotional changes. It is a time of great self-centeredness, great passion, and great angst. It is also the time when we pediatricians have to shift from interacting primarily with the parent, to creating our own relationships with our teenage patients. Admittedly this can be a difficult shift for many to make. We have to stop the established pattern of simply telling willing and interested parents what should be done for their children. Instead, we must now convince cognitively developing young people who have their own agendas, that we know, better than they do, what should be done to keep them healthy. We must change from telling to encouraging them to follow our recommendations. We must also work to establish trust with our adolescent patients separate from the relationship we may have already established with their parents. This is not as easy as it sounds.

Preparation for the new relationship with the teen patient should begin in preadolescence. Both parents and preteens should be informed that adolescent visits will be a bit different from what they might be used to. We recognize that the teen must be an active participant in his or her health maintenance behaviors. To this end the teen will now assume primary responsibility for discussing health issues with the doctor. No more sitting like furniture while we talk to mom about his or her health. It is now going to be the teen’s show, so to speak. We will also give the teen time in private with us to discuss any concerns or issues that might affect his or her overall health. Also, the examination will be done in private since it is important to respect a teen’s privacy about his or her body. By establishing the features of the adolescent visit during preadolescence, parents and preteens are much better prepared for the changes to come.

Although in medicine we tend to focus more on the physical maturation, this process occurs essentially on autopilot in normal adolescents. Yet as they develop cognitively, they are much more likely to make decisions that will affect their overall health and well-being. This is why we must look at providing care for our adolescent patients in a holistic fashion, addressing issues of both body and mind.

One of the best things that providers can do to help teenagers navigate the danger-fraught path to adulthood is to talk to them to assess their psychosocial functioning. One common assessment tool is the SHADSSS assessment (Clark & Ginsburg, 1995). This assessment is a modification of the older HEADSS assessment used commonly in adolescent medicine (Cohen, Mackenzie, & Yates, 1991). The SHADSSS assessment consists of topics to explore with your teen patient in the following areas:

All correspondence should be sent to Liana R. Clark, Division of Adolescent Medicine, The Children’s Hospital of Philadelphia, 342 S. 34th Street, Philadelphia, Pennsylvania 19104. E-mail: Clark@email.chop.edu.

© 1998 Society of Pediatric Psychology
The SHADES assessment

How to find out what you need to know from a teenager.

S School
How is school going? What school do they attend? What grade are they in? Any age-grade discrepancy? What is their career choice? How are their school grades?

H Home
How are things at home? Where and with whom do they live? Do they have siblings? What kinds of conflicts are there with their parents or siblings?

A Activities
What do they do in their spare time? Do they have friends? Who is their best friend? What sport/exercise do they participate in?

D Depression/Self Esteem
How do they feel about themselves? Self Esteem Score: If you were to rate how you feel about yourself on a scale from 0 to 10, where 0 is feeling like a squashed bug and 10 is feeling that you are truly great and wonderful person, what score would you give yourself? What would you change about yourself to being yourself closer to 10?

Have they felt sad or “blue” lately? Any difficulty sleeping or changes in appetite? Do they have any psychosomatic complaints? Any recent losses or life changes? Have they considered hurting themselves? Have they ever attempted suicide? Do they have a psychological history?

S Substance Abuse

S Sexuality
Are they seeing someone special? What do they do on dates? Have they ever had sex? At what age did they begin to have sex? Have they ever been pregnant/fathered children? What kind of contraception are they using? If not using any, ask why not. Are they using condoms? How often?

S Safety
Do they feel safe at home or school? Do they get into fights? What do they do to feel safer? Do they carry a weapon? What specifically worries them about their safety?

Figure 1.

school, home, activities, depression/self-esteem, substance use, sexuality, and safety/violence issues (Figure 1). This assessment begins with more general topics and then becomes progressively more personal as it continues. Every adolescent should have some assessment of psychosocial functioning done in private by his or her health care provider at minimum annually. It is the best way to encourage positive behaviors and feelings, help recognize potential problem areas, and discourage participation in risky behaviors.

In order for teens to feel comfortable discussing health issues with us, we need to establish the foundation for a trusting relationship. Setting the stage for open communication is critical. We must explain to them why we are going to ask such personal questions. It must be made clear that we are neither on a fact-finding mission, nor are we special agents of their parents. We are not here to judge their actions or scold them in a paternalistic fashion. Our goal is to help them make healthy choices during this sometimes difficult phase of their lives. They need to be ensured that their responses will remain confidential, except in the situations of suicidality, homicidality, or abuse. Setting the stage properly can mean the difference between a closed, mistrustful interaction and one where there is good communication and the establishment of a successful adolescent-provider dyad.

Initially when I began doing psychosocial assessments, I felt quite uncomfortable. I felt that the information I was asking was too personal. Who am I to question how things are in someone’s home? Yet as I made it part of my adolescent visit, I saw how much it allowed me to have a positive impact on the teen’s life. Let me give an example of a patient I will call Gwen. Gwen was a 14-year-old runaway that I saw in a free clinic. When I asked her where she was living, she replied that she had run away from home, was living on the streets, and had nowhere else to go. As we continued, she revealed that she had been gang-raped a few weeks ago. She repeated these realities in a completely dispassionate voice. I looked her and asked, “How are you dealing with everything that you’ve been through?” She just shrugged in response. I went on questioning her about what goals she might have for her life and what she would wish for if she had found a genie in a bottle. She mumbled, “I don’t know” to each question. After a point I told her that she seemed depressed and this depression was understandable considering all she had been through. Again she shrugged. I tried to convince her that I wanted to help, to do what I could to put her life back on track. I probed her reasons for running away, wondering whether her life on the streets was really preferable to the conflicts she had faced at home. Again she was noncommittal. Nothing I said seemed to reach her.

After the visit was done and I completed her examination, I did not feel as though I had made any headway with her. I had been unable to initiate any changes in her abysmal life situation. Listening to her responses to my assessment questions, I was aghast. I could not believe how this young teen was living. Yet Gwen surprised me with how forthcom-
ing she was when I asked her such personal questions, especially since they did not directly relate to her reason for the visit. It made me realize that perhaps she had been looking for someone who cared enough to ask such questions about her life.

The next week she was back for follow-up. When she saw me walk through the waiting room, she jumped up and said that there was something she needed to tell me. I told her to wait for a minute until we got into a room. When we did, she said that after talking to me the week before, she had decided to return home. You could have knocked me over with a feather at that point. I would not have believed that my words had made any difference at all in this teen’s life. Yet they had. This experience showed me how one person, one lone physician could have a dramatic impact on a teen’s future.

From that moment I realized how important it was to include a psychosocial assessment with every general medical checkup that a teen has. Of course, this lengthens the visit significantly from the typical well-adolescent visit, but the results are well worth it. It is critical that we encourage teens to continue positive behaviors and work with them to resist or cease risky ones. All of this counseling should be done considering the psychodevelopmental level of the adolescent.

Sadly, when I teach health care providers about doing the psychosocial assessment, it is common for me to receive comments such as “why should I ask that stuff? If I do, then I must do something about the answers!” With this fearful attitude, is it any wonder that many teenagers face such isolation and do not know who to turn to when they are having troubles? Although we are going to receive answers that may be troublesome for us as practitioners, we must realize that our ultimate responsibility is to our teen patients. We should look at the challenges they present us as opportunities to have an impact. As the old adage says, when life gives you lemons, make lemonade!

Each stage of adolescence holds great promise and wonder. Being a part of a teen’s growth to full maturity is a rewarding experience. Our work can sow the seeds for their ultimate success as adults.

So do I find my work with teens to be difficult, challenging, or worthy of sympathy from my pediatrician colleagues? Difficult perhaps, challenging maybe, but worthy of sympathy? Not for a minute. I cannot imagine anything else as stimulating, inspiring, and downright delightful as working exclusively with adolescents. Give me puberty over diaper rash any day.

Received May 27, 1998; accepted May 29, 1998

References