

Unit three Powerpoint® Slides

NSW Centre for the Advancement of
Adolescent Health (CAAH)

**Youth Friendly General Practice:
Essential Skills in Youth Health Care**

**Unit Three - Conducting a Psychosocial Risk
Assessment (HEEADSSS)**

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Program outline - Unit Three

- 1 The risk & protective factor framework
- 2 Identifying risk and protective factors
- 3 HEEADSSS psychosocial assessment
- 6 Demonstration
- 7 Skills practice
- 8 Demonstration and skills practice
- 9 Evaluation and close

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Risk and protective factor framework - group discussion

*What are some of the risk and protective factors
for young people's health problems?*

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Risk and protective factor framework

- Helps identify young people at risk of health problems
- Risk and protective factors encompass both individual characteristics and environmental conditions
- Risk factors are hazards that increase the likelihood of health and psychosocial problems
- Increased level of risk factors leads to an increased likelihood of risk behaviours

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Risk factors include:

- Socio-economic disadvantage
- Poor parenting
- Family conflict/breakdown
- School failure
- Bullying
- Lack of meaningful relationships with adults / peers
- Exposure to violence and crime
- Individual characteristics - such as low self-esteem, poor social skills
- Refugee experience

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Risk behaviours

- Risk behaviours - activities which increase the likelihood of adverse psychological, social and health consequences
- Risk behaviours tend to occur together e.g.
 - Tobacco and marijuana use
 - Substance use and unsafe sexual activity
 - School drop-out and anti-social behaviour

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Protective factors

- Moderate a person's response to environmental risks
- Act as a buffer to the negative effects of risk factors
- Interrupt the risk chain through which risk factors operate
- Can prevent the initial occurrence of a risk factor

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Protective factors

Young people are protected when they have:

- Connectedness - school; peers; community
- A caring family environment
- Supportive relationship with at least one caring adult
- Positive achievements and sense of belonging at school
- Social skills
- Sense of purpose & meaning

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Adolescent risk taking

- Risk taking is a normal part of adolescent development
- A certain degree of risk taking enables a young person to test their limits, learn new skills and assume greater responsibility for their life

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When does risk taking become a problem?

- Risk taking behaviour can be dangerous and requires intervention when it:
 - Interferes with normal adolescent development
 - Poses serious risks to the young person's health and safety
 - Becomes an established part of the young person's lifestyle
 - Leads to disconnection from family, school & relationships
- When the risk factors in a young person's life outweigh the protective factors

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Assessing risk



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Make a risk assessment

- Be opportunistic – routinely screen for risk and protective factors in adolescent patients
- Identify risk and protective factors in the young person's life
- Assess risk status:
 - Low risk** – engaged in safe experimentation – 'healthy experimenter'
 - Moderate risk** – engaged in behaviours with harmful consequences – eg impairment of positive functioning and developmental tasks – 'vulnerable'
 - High risk** – major disruption or risk to health, safety or life - 'troubled' or 'out of control'

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Identifying risk and protective factors

Case study discussion

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Conducting a psychosocial assessment

A psychosocial risk assessment is a systematic process for:

- Assessing a young person's risk status
- Detecting underlying health or social problems
- Identifying risk behaviours, as well as risk and protective factors, in the young person's life
- Gaining an overall picture of the young person's psychosocial background, relevant history & current circumstances
- Determining areas for intervention and treatment

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The HEEADSSS assessment

The **HEEADSSS** assessment is a structured framework for conducting a comprehensive **psychosocial risk assessment** of the young person. It provides information about the young person's functioning in key areas of their life:

- H - Home
- E - Education / Employment
- E - Eating and Exercise
- A - Activities and Peer Relationships
- D - Drug Use / Cigarettes / Alcohol
- S - Sexual Behavior
- S - Suicide / Depression / Mood
- S - Safety

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HEEADSSS provides:

- A 'psychosocial biopsy'
- An opportunity to facilitate rapport
- A profile of the young person's lifestyle
- Identification of key problems & concerns in their life
- An assessment of risk and protective factors in the young person's life
- A guide to intervention

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A guide to using HEEADSSS

- Before starting the assessment, reassure the young person about confidentiality
- HEEADSSS is a *guide* not a prescription - don't use it as a checklist to be rattled off - be flexible in how you apply it
- Let the interview flow naturally in an interactive style and come back to any areas not covered
- Listen carefully to the young person's verbal and non-verbal responses
- Explore in more detail any areas of ambiguity or where a risk is identified - especially in sensitive areas such as drug use and sexual activity

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Questioning skills

Effective questioning skills enable the practitioner to elicit information relevant to the purpose of the interaction:

- **Open-ended, focused and closed questions** are appropriate questions for eliciting relevant information from young people
- **Open-ended** questions are broad in scope and do not limit the area of inquiry - e.g. "What difficulties are you having at the moment?"
- **Focused** questions define the area of inquiry but allow considerable latitude in answering - e.g. "Can you tell me about what happened when you visited the doctor?"
- **Closed** questions require a numerical answer, or a "yes" or "no" answer - e.g. "How long have you been experiencing that trouble sleeping?"

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Questioning skills

- Start interactions with open-ended questions and then move to more focused and closed questions
- The choice of type of question to use is often influenced by the young person - e.g. focused and closed questions may be a better option with a very talkative and rambling young person
- The developmental stage of the young person also influences the type of questions asked e.g. early adolescents often respond better to more focused questions - e.g. "Tell me how you are feeling when you are at school" rather than "What's school like?"

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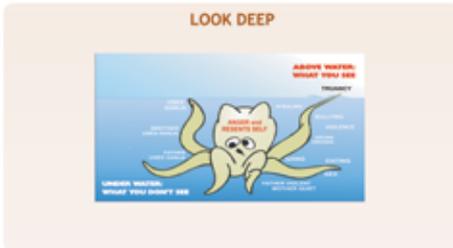
Eliciting information about risk

- Assessing risk involves seeking out sensitive information from young people
- This can mean making more direct enquires than some practitioners are used to
- The key to this is effective engagement and communication, and framing questions in a way that enables young people to discuss sensitive or difficult topics

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LOOK DEEP



Many adolescent problems are closely interrelated and successful interventions in one area can lead to positive outcomes in other areas. Their problems are often 'clustered'. Problems they come to you for may not be the main problems.

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HEEADSSS

Demonstration and skills practice

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Asking sensitive questions

- The **HEEADSSS** format is designed to start with less sensitive areas of a young person's life and move towards more sensitive
- Bear in mind however, that for some young people, the first item, '**HOME**' can be a difficult and highly sensitive area
- Request permission to ask sensitive questions:

Example

"I'd like to ask you a few personal questions. You don't have to answer these if you don't feel comfortable. The reason I want to ask you these is because it will help me to get a picture of your life and your overall health and give you a chance to talk about any things that you might be concerned about. Remember that anything we discuss will be kept confidential. Is it OK if I ask you some more questions?"

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The 'third person approach'

Use a '**third person approach**'. This normalises the process of what you are doing and lessens the impact of sensitive questions:

Example

"Many young people your age are beginning to experiment with drugs or alcohol (or sex). Have you or any of your friends ever tried these (or, had a sexual relationship)?"
Or:

"Sometimes when people feel very down they can think about hurting themselves. Have you ever had any thoughts like this?"

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From neutral to sensitive

Progress from neutral to more sensitive topics:

If the young person mentions a boyfriend or girlfriend...

“Can I ask his/her name? How long have you been going out? Has the relationship become more physically intimate? Have you thought about having sex?...Have you been sexual with each other....”



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Wrapping up the interview

- Provide feedback about your assessment
- Compliment on strengths & areas where they are doing well
- Highlight areas of concern where intervention & follow-up are needed
- Invite questions or comments
- Encourage them to participate in developing a management plan
- If young person has come with a parent, discuss what to tell mum or dad and which areas they don't want to discuss with their parents:

“Rebecca, before you mother comes back in I'd like to be clear about what to tell her and what not to talk about. What would you like mum to know about what is going on for you? What sort of support would you like to get from mum?”



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Wrapping up

If the young person is engaged in risky behaviours, provide information about the risks associated with these behaviours and discuss ways to protect themselves:

Example:

“Rebecca there are a few things you've mentioned that I'm concerned about - especially your drug use. I know you've said that it's a big part of what you do when you're with your friends. But I'm wondering how much you know about the effects of marijuana, and some of the risks that it has for young people. If you like, I can give you some information about this and we can discuss ways to make sure that you are safe.”



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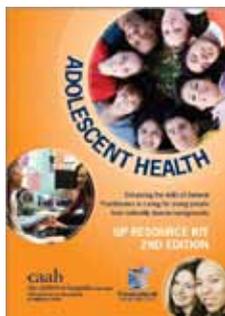
Working with risk behaviours

- Aim to reduce modifiable risk behaviours - harm reduction strategies; health education; counselling
- Strengthen protective factors - e.g. family; school; employment skills
- Adopt a skills approach - teach problem-solving skills; relationship skills; decision-making; refusal skills
- Teach protective behaviours - safer sex practices
- Use anticipatory counselling and guided decision-making



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Adolescent Health GP Resource Kit



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