

SECTION THREE

SKILLS FOR PROVIDING YOUTH-FRIENDLY SERVICES

Contents

- 3.1 Youth-friendly communication 57
- 3.2 Psychosocial assessment 69
- 3.3 Understanding risk-taking behaviour 81
- 3.4 Trauma-informed practice 97
- 3.5 Medico-legal issues 109
- 3.6 Cultural diversity and culturally-competent practice 123
- 3.7 Resilience and Indigenous young people 131
- 3.8 Substance use 139
- 3.9 Mental health 151
- 3.10 Sexual health. 171
- 3.11 Chronic conditions and disability 181
- 3.12 Healthy lifestyles 189
- 3.13 Working with families 197

SECTION 3.1

YOUTH-FRIENDLY COMMUNICATION

3.1 YOUTH-FRIENDLY COMMUNICATION

PETER CHOWN

Working with young people requires an understanding of the unique emotional, psychological and cognitive changes of adolescence. Young people vary enormously in age, developmental stage and cultural background. The approach you adopt with a younger adolescent may be very different from how you would deal with an older adolescent.

Good communication skills are essential for working effectively with both the young person and their family. The challenge is finding the balance between working with the young person within the context of their family and their culture and respecting the young person's developing identity and independence.

BUILDING RAPPORT

Building rapport with the young person (sometimes called engaging) is a crucial first step in developing a trusting relationship (Bennett and Kang 2001).

Many young people will be anxious or nervous about seeing a service provider for the first time: they may be worried about what you will think, concerned about their own health, fearful of their parents' finding out, or they may have previously had negative experiences with health care providers. Warmth, openness and some time spent building rapport will help you to better connect with the young person.

Building rapport (and, through that, a relationship) is an ongoing process. It may take some time for a young person to feel comfortable and to trust your relationship with them. However, the initial meeting sets the tone for future interactions. Goals for the first meeting may be to:

- Successfully engage the young person
- Clarify confidentiality
- Highlight some of their key concerns/issues
- Make a follow-up appointment

When engaging young Aboriginal or Torres Strait Islander people, find out about their cultural identity, as this is a major protective factor and help to promote their overall wellbeing. You can do this by acknowledging country and enquiring about local cultural attributes such as language.

Spending time in the first session building rapport with the young person makes it much more likely they will return for another appointment where you can begin to go into issues in greater depth.

PRACTICE POINTS

If you want to develop good rapport-building skills, work on:

Understanding adolescent developmental issues

Acquiring effective communication skills

Understanding relevant medico-legal issues

Becoming familiar with strategies for working with young people and their families

Understanding the cultural factors that can influence a young person's sense of themselves and their role in the family and the community

Understanding different cultural concepts of health. For Indigenous people, for example, health is an inseparable part of spiritual, cultural and social wellbeing, with the wellbeing of the individual, family and community inextricably linked.

THE FIRST MEETING

Some young people will be accompanied to their appointments by a parent, carer or family member. The support provided by an older family member or carer can be reassuring for some young people. Seeing the parent and young person together is important because it allows you to assess their relationship and observe how they interact with each other, and it gives you the chance to facilitate communication between the parent and young person.

SEEING THE YOUNG PERSON ALONE

However, most practitioners find it beneficial to meet with the young person alone for some time during the appointment. There is a balance to be struck between the need to engage the young person in a confidential relationship and the need to involve the parents or carers, who are usually the main caregivers and source of physical and emotional support (Sanci et al. 2005).

Speaking with the young person alone at some point provides:

- A way of acknowledging the young person's growing independence and need for privacy
- An opportunity to develop a relationship with them as an individual
- A chance for the young person to raise issues that they may be reluctant to discuss in front of a parent

- An opportunity to assess their developmental stage, check for risk behaviours, and provide preventive health information/education

Of course, it will not always be appropriate or necessary for you to meet with the young person alone. The decision to see the young person alone will depend on:

- The age and developmental stage of the young person – with younger or particularly immature young people, and young people with cognitive impairment, it may not yet be appropriate to see them by themselves. More involvement with parents or carers may be needed
- The nature of the relationship between the young person and their parents or carers
- The nature of the presenting problem – it may be necessary to involve parents where the consultation concerns major life decisions (even if it is against the young person's wishes)
- Whether it is considered appropriate culturally for you to be alone with the young person

In some cultures, a young person may continue to be seen as a 'child' well into adulthood. Some cultures also have strong rules around women being in the presence of men without a chaperone. In some of these circumstances, it may not be appropriate for you to see the young person alone. You can raise the issue of seeing the young person by themselves and work towards this over time:

- Develop trust and rapport with the family
- Sensitively negotiate with them about seeing their young person alone
- Identify options that might be acceptable to the family
- Respect the parent's and young person's wishes not to be seen alone
- Explain your role and how seeing the young person alone will benefit the provision of health care to him/her

Gender may also play a role in the young person's willingness to talk with someone outside his or her own culture. Let the young person know that you understand this and that they can decide what they want to share.

STARTING TO TALK

In the absence of complicating factors, set the expectation early in the appointment that you will see the young person by himself or herself at some point in the meeting.

Example: "Mrs Smith, I'd like to talk with you both at first to get an idea of what the concerns are for each of you. Then I'd like to talk with Johnny alone for a

few minutes, just to get to know him a bit better so I can work out how best to help him. I've found that it helps teenagers learn how to communicate with adults better about their concerns."

Begin by asking both the young person and the parent their reasons for attending. Listen to the parents' concerns and acknowledge that you have heard and understood their perspective.

When you are negotiating to see the young person alone, communicate sensitively and directly both to parents and the young person about the need for more or less parental involvement. Frame the decision to see the young person alone in a positive way – e.g. that it is a sign of healthy development for the young person to begin to establish an independent relationship with the service provider. However, in the end it is important to respect the wishes of the parent or young person should they not want the young person to be seen alone.

After you have spoken with the young person alone, see the parent after the interview with the young person to wrap up, and discuss management and follow-up issues – ensure that you have discussed this with the young person and clarified what they are comfortable with you discussing with their parents.

EXPLAINING CONFIDENTIALITY AND ITS LIMITS

Research has consistently found that young people rate confidentiality as the most important element in consulting a practitioner. Explain the terms of confidentiality, and its limits, to the young person at the initial meeting. It is an essential part of the rapport-building process.

Young people are frequently worried that what they say will get back to their parents, friends, or the school. Let them know that information they discuss with you will be kept confidential.

Remember that you may need to explain the meaning of the term 'confidentiality'. Explain that it may be necessary to share some information with other professionals in order to provide the best possible care – stress that you would ask their permission before doing this and that other staff will also keep their personal information confidential.

You may need to reassure the young person about confidentiality at subsequent meetings – especially if you are dealing with sensitive issues such as drug use, sexuality, or mental health problems.

You will also need to explain to the young person that there are three main circumstances where it may be necessary to breach confidentiality for the young person's safety:

- If the young person is at risk of harming or killing themselves
- If someone else is threatening or harming them (e.g. physical, sexual or emotional abuse)
- If the young person is at risk of physically harming someone else (e.g. assault; abuse)

It is helpful to have a format for explaining confidentiality that enables you to discuss it in a way that feels natural and reflects your own style.

Example: "Rebecca, I like to explain to all the young people I talk with that what we talk about is confidential – that is, it's private. I won't tell anyone what you discuss with me – including your parents – unless you give me permission to do so. There are, however, a few situations where I might need to talk to other people if I believe that you are in danger in any way. For example: if I'm worried that you might harm yourself or someone else; or if I feel like you are being harmed or at risk of being harmed by somebody else it would be my duty to make sure that you are safe. I would always talk to you about it first before contacting anyone. Does that sound okay to you?"

If a cultural consultant such as an Aboriginal health worker participates in a consultation, the other service provider needs to check that they are informed about the risks associated with accidental breaches of confidentiality. Confidentiality can be accidentally breached if you or another staff member contacts the young person at home. Ask the young person about the best way to contact them for reminders. Give them options for contacting you.

FINDING OUT MORE...

Learn more in about confidentiality in chapter 3.5 Medico-legal issues.

After discussing confidentiality, ask the young person how he or she feels about coming to see you:

"Young people often feel a bit nervous the first time they see a professional. I'm wondering if you have any concerns or worries about coming to see me today?"

If the young person has come to see you alone, compliment them for their initiative. Ask about their reasons for coming to see you. Start with an open-ended question such as:

"How can I help you today?"

Or:

"Your mother mentioned a number of things that she's worried about, but I'm wondering what things you would like to talk about today."

Summarise their parent's version of the problem and enquire how they feel about that:

"Your mother said that you've lost interest in school and your friends. She's worried that you might be depressed. I'd really like to hear what you think about that and how you see what's going on."

Young people may not perceive that they have a problem at all, or they may define the problem very differently from their parents. Explore the presenting problem with a focus on the young person's point of view. While you are talking, try to get a picture of the young person within the context of his or her family, school and social life. Talk about how the presenting problem relates to other things that may be happening in their life.

Identify and agree upon which issues, if any, should be discussed with the young person's parents or carers and decide how to do this.

CASE STUDY: BUILDING RAPPORT WITH MICHAEL

Michael, a 16-year-old boy, is brought in by his youth refuge worker. He is having trouble with his parents and has been staying in a youth refuge for the past two weeks. He appears reluctant and agitated and stares at the floor while the refuge worker explains why he has brought Michael in.

Rather than launching straight into trying to identify his problems and concerns, you acknowledge his willingness to come to the appointment and the discomfort he is feeling. You ask him if he wants his youth worker to stay in the room or to leave. Michael asks him to leave.

1. Adopt a 'person-centred' approach rather than a problem-centred approach – this means focusing on the young person in the context of their life and relationships – as opposed to a narrow focus on the 'problem'

2. Respond to the young person's initial reactions with empathy and by making a reflective statement. For example:

"Michael, I understand that you might be feeling uncomfortable about coming to see me today."

Or:

"I know that it's difficult to talk about personal issues to someone you don't know. Are there any questions you'd like to ask me about what's going to happen today?"

3. Reassure him about confidentiality and discuss any concerns he has about this

4. Follow this up with a statement that gives the young person a sense of choice and control about the direction of the interview. For example:

"Michael, I can see that this is difficult for you. Let's see if we can use this time together to identify any concerns you have about your health or family situation right now and to explore how I might help you with any problems happening in your life. Perhaps there are some questions you'd like to ask me about how I work and what I can do for you."

5. Show interest in the young person – find out about his home and school life, and his interests. Ask about his interests and what it's like for him living in the youth refuge:

"Tell me a little bit about yourself..."

Or:

"What are your interests? What do you like to do in your free time?"

You can follow this up with specific questions about home, school, friends, activities, etc.

6. Identify and compliment the young person on areas in their life that are going well

7. Adopt a relaxed, unhurried, open and flexible approach – remember your goal is not necessarily to solve their "problem" – this can lead prematurely to a management plan that the young person may not see as relevant to them and their situation

"Michael, I'm happy to go slowly and use the time today to get to know you a bit until you feel more comfortable talking with me – unless there is something really important or urgent that you'd like to talk about today. How is that for you?"

By showing your genuine interest in them as a person, you will be laying the foundation for a trusting relationship in which the young person feels safe to disclose areas of concern and allow you to help them address these issues.

FINDING OUT MORE...

See chapter 3.2 Psychosocial assessment for a structured approach to gathering information.

COMMUNICATION AND DEVELOPMENTAL STAGES

In Section 1, we explored the different stages of development and how the concerns of young people change as they move through adolescence. Understanding the developmental stage of the young person you are speaking to helps you to ask questions, offer information and give explanations that are developmentally appropriate.

For example, younger adolescents are more concrete in their thinking and may need more specific questions rather than general ones:

Example:

"What are your best or worst subjects at school?"

Rather than:

"How is school going?"

Remember that the psychosocial changes of adolescence may be different for young people from culturally and linguistically diverse (CALD) backgrounds.

FINDING OUT MORE...

This might be a good time to review chapter 1.1 Adolescence – a developmental perspective.

TABLE 2 – COMMUNICATION PRACTICE POINTS BY DEVELOPMENT STAGE

	Early adolescence (10 – 14 years)	Middle adolescence (15 – 17 years)	Late adolescence (> 17 years)
Central question	“Am I normal?”	“Who am I?” “Where do I belong?”	“Where am I going?”
Communication practice points	<ul style="list-style-type: none"> • Reassure about normality • Ask more direct questions than open-ended questions • Make explanations short and simple • Base interventions on immediate or short-term outcomes • Help identify possible adverse outcomes if they continue undesirable behaviours 	<ul style="list-style-type: none"> • Address confidentiality concerns • Always assess for health risk behaviour • Focus interventions on short to medium term outcomes • Relate behaviours to immediate physical and social concerns – e.g. effects on appearance, relationships 	<ul style="list-style-type: none"> • Ask more open-ended questions • Focus interventions on short and long-term goals • Address prevention more broadly

COMMUNICATION SKILLS FOR WORKING WITH YOUNG PEOPLE

Be yourself throughout the consultation while maintaining a professional manner. Young people expect professionals to be authoritative, but not authoritarian.

- Adopt a straightforward and honest approach
- Use plain language
- Avoid technical terminology and jargon
- Remember that communicating effectively requires you to be aware of cultural differences between you and the young person
- Be aware of the differences in literacy levels between Indigenous and non-Indigenous Australians as they can affect communication and outcomes
- Use resources specifically developed for Indigenous young people and young people from CALD backgrounds
- Don't always rely on written information. Use alternative forms to communicate that are effective, such as social media campaigns
- Present information in a balanced way
- Respect privacy and cultural protocols
- Pay attention to non-verbal as well as verbal cues

Most experienced practitioners who work with young people find a participatory communication style works well for them. They work collaboratively with the young person, having a conversation rather than asking a series of interrogative questions.

Participatory communication involves a two-way exchange of information. Ideally, the young person would do most of the talking but it can take some time for a young person to feel confident and comfortable enough to speak freely. You can help build the conversation by:

- Giving feedback and letting the young person know what you are thinking
- Asking them for their ideas about their problems and what to do about them
- Involving them in the decision-making and management process
- Encouraging them to ask questions

Example:

“Michael, I understand that talking about these issues is difficult for you. Would it be all right if I ask you some questions about what is happening at home with your parents? This will help me to get a better understanding of the pressures you are dealing with. Perhaps then together we can look at some ways that might help you to cope better with this situation. How does that sound to you?”

Other ideas:

- Take a one-down approach and let the young person educate you:
Example: *“I'm not sure if I've got this right....was it a bit like....?”*
- Provide reassurance – this helps to validate the young person's feelings and establish your role as an advocate for them:

Example: "I understand that you sometimes get frustrated with your mum. Perhaps I could talk with you and mum together to look at ways that the two of you might work out your disagreements better."

While it is important to be non-judgemental about the things a young person reveals to you, you should not condone risky behaviour. Share your concerns about any risky behaviour they are engaged in and provide information about the health risks of these behaviours. This keeps the discussion focused on the known (evidence-based) risks associated with the behaviour rather than a judgement of the young person for engaging in the behaviours.

FINDING OUT MORE...

To learn more about how and why some young people engage in risky behaviours, see chapter 3.3 Understanding risk-taking behaviour.

SPECIFIC INTERVIEWING AND QUESTIONING SKILLS

Young people may not disclose the problem for which they are most in need of assistance until trust and rapport have been established. It may also be the case that some people have cultural beliefs or customs that discourage them from disclosing personal information or discussing "family problems" with other people.

To work towards the best possible outcome for the young person, you will need to allow plenty of time and use some specific communication skills.

ACTIVE LISTENING

Active listening means not just hearing the words that are said, but understanding the full message that is being communicated. To be an active listener, you need to:

- Pay full attention to the person who is speaking (including listening to their body language)
- Show that you are listening (through your posture, acknowledgements, verbal and non-verbal encouragement)
- Provide feedback (by checking for meaning, paraphrasing and asking questions)
- Avoid judgement (allow the speaker time to finish, don't interrupt with your opinion or facts)
- Respond appropriately (be open, honest, clear and respectful)

For example, Alice has come to see you and, when you ask how she is, she tells you that she is fine. Yet you notice Alice is slumped in her chair, her eyes are downcast, and she speaks very quietly. You might respond by saying:

"Alice, you said that you're feeling fine, but you seem a bit down today. I'm wondering if you're feeling a bit sad or depressed and what's happened for you this week..."

PARAPHRASING AND REFLECTING FEELINGS

Paraphrasing involves summarising – or restating – what the young person has said in your own words. Paraphrasing helps you to clarify what the young person has said and to check the accuracy of your perceptions

Reflecting the feelings they are expressing (consciously or unconsciously) can be a useful technique for building rapport and for helping the young person to understand what they are experiencing.

Both these skills demonstrate acceptance and understanding of the young person and their situation.

Example:

"Alice, you've said that you don't seem to be able to get on with the other kids at school and that no-one seems to understand you..." (Paraphrase)

"...It sounds like you're feeling really sad and angry about this." (Reflection of feelings)

QUESTIONS

Asking questions can be a way to get conversation started, but it is also how we elicit specific information. Because we want to engage the young person in a participative interview rather than an interrogatory interview, it is useful to use a range of questioning techniques.

Before you begin, explain and normalise the process of asking questions as your usual practice:

Example:

"I like to ask all the people I see about their family background (lifestyle, school, etc.) in order to get a better understanding about how these things may be affecting them..."

Young people feel more in control if you ask for their permission or consent to ask questions. Try:

"I'm concerned that you seem to be very down today – would it be okay if we talk about what's going on?"

"In order for me to work out the best way to help you, I need to know a few things. Would you mind if I asked you about your sexual relationship with your boyfriend?"

TABLE 3 - QUESTION STYLES

Questioning style	When, how and why to use it
Open-ended	<p>This style encourages the young person to talk about themselves, rather than simply giving a 'yes' or 'no' answer. It enables the young person to express their thoughts and feelings about their situation. Open-ended questions are also very useful in exploring alternatives and assisting the young person with decision-making</p> <p>Try to avoid 'why' questions – these can put the young person on the defensive. Rather, help them to describe thoughts, feelings and events by asking 'what', 'how', 'where' and 'when' questions.</p> <p>Examples:</p> <p><i>"How do you get along with your parents?"</i></p> <p><i>"What's happened in the last week that's made you feel like you want to leave school?"</i></p> <p><i>"What did you think when your parents told you that you had to see me?"</i></p> <p><i>"When you are feeling really sad or down, what do you usually do to cope?"</i></p>
Probing questions	<p>These questions are less open-ended and more direct. They are useful with younger adolescents who are more concrete in their thinking, and with young people who are not talkative.</p> <p>Examples:</p> <p><i>"What do you like/dislike about school?"</i></p> <p><i>"What are your best/worst subjects at school?"</i></p> <p><i>"How do you get along with your teachers at school?"</i></p>
Insight questions	<p>These questions ask the young person to think about their experiences and describe abstract feelings or concepts. They are useful in getting a broader sense of the young person in the context of their life experience. They also help you to establish rapport with the young person, and give an insight into how the young person sees himself or herself.</p> <p>Examples:</p> <p><i>"What things do you do well?"</i></p> <p><i>"How do you feel about yourself most of the time?"</i></p> <p><i>"What do you like most about yourself?"</i></p> <p><i>"If I were to ask your friends, how do you think they would describe you?"</i></p> <p><i>"If you had three wishes, what would they be?"</i></p> <p><i>"If you could describe in one word how you feel about your life right now, what would it be?"</i></p> <p><i>"What do you want to do when you finish high school?"</i></p> <p><i>"What are your main interests?"</i></p>
Scaling questions	<p>Scaling questions ask the young person to give a rating on a scale. They can be useful to elicit information about feelings or moods, or for describing the severity of a problem.</p> <p>Examples:</p> <p><i>"On a scale of 1 to 10, where 1 is really calm and chilled-out and ten is out-of-control angry, how angry have you felt on average over the last week?"</i></p> <p><i>"On a scale of 1 to 10, how bad is the pain right now?"</i></p> <p>They can also be used to draw comparisons and to help the young person monitor their progress towards their goals.</p> <p>Examples:</p> <p><i>"On a scale of 1 to 10, with one being the worst you feel and ten being really great and positive, how would you rate your mood today?"</i></p> <p><i>"On a scale of 1 to 10, where 1 means little or no control and ten means total control, how would rate your control over your anger since I last saw you?"</i></p> <p><i>"What would it look like being at (one point higher)? What would be different?"</i></p>

FINDING OUT MORE...

For more information about asking sensitive questions see chapter 3.2 Psychosocial assessment.

SUPPORTING YOUNG PEOPLE WITH A DISABILITY

Disability can have a significant effect on the psychosocial development of a young person and their ability to engage in social activities, recreation and employment (Groce 2004 in AIHW 2010).

Some studies have indicated that people with disabilities have higher rates of risky behaviours such as smoking, poor diet and physical inactivity (WHO 2011).

A young person with a disability may be accompanied by a parent, carer or support person; however it is important to talk directly to the person with the disability and to see the young person alone.

Additional factors to consider when conducting a psychosocial assessment with a young person with a disability include their communication capabilities, mobility levels, and self-care ability.

To communicate with young people with an intellectual disability, Easy English is recommended (as opposed to standard English). You can find more information about Easy English at www.scopevic.org.au/index.php/site/resources

The young person may also have a communication system with which they feel comfortable (for example, pictographs).

Young people with an intellectual or developmental disability, like all adolescents, experience physical and psychological changes. Adolescents may experience strong sexual feelings for the first time, and many adolescents with an intellectual or developmental disability will not have the maturity and social skills to cope with these feelings appropriately. Immature sexual curiosity may lead to embarrassing behaviour such as masturbating in public or inappropriate touching of other people. Such behaviour can make an adolescent with a disability vulnerable to abuse.

People with intellectual disability encounter challenges in learning and applying knowledge and in decision-making. They often have difficulty adjusting to changed circumstances and unfamiliar environments and therefore need high support during times of change (Western Australia Ministerial Advisory Council on Disability 2006 in AIHW 2008). Two of the most significant transition points for young people with a disability are from home to school and from school to adult life – work,

post-school study and participation in meaningful activities (AIHW 2008).

Begin to foster an independent relationship with the young person as early as possible in their development. As always, raise the issue of spending “time alone” and confidentiality early with both the parents/carers and the young person, mentioning it as part of routine practice, but acknowledging that the involvement of parents is appropriate at present.

Building a strong relationship with a young person with a disability will enable you to help the young person acquire the knowledge and skills to become an informed health consumer who can make informed decisions.

FINDING OUT MORE...

You can learn more about working with young people with a disability in 3.11 Chronic conditions and disability.

Family Planning NSW has an extensive Disability Resource Collection for sexual education, which is available for loan: www.fpnsw.org.au

Other states may have similar resources available from their State Family Planning Service.

The Better Health Victoria website has information on adolescent sexuality and disabilities – www.betterhealth.vic.gov.au

WORKING WITH CHALLENGING YOUNG PEOPLE

Some young people are resistant or angry because they have been coerced into attending an appointment or assessment. They may be silent and withdrawn. Regardless of how they present, your goal is still to build rapport and give the young person every opportunity to open up.

Remember that off-putting behaviour – such as monosyllabic answers or hostile body language – may be a normal response in the context of their developmental stage, and the circumstances by which they have come to see you. Such behaviour may also be a reflection of their anxiety or nervousness about engaging with the health system.

Your attempts to engage them will be more successful if you aim to validate their feelings and experience, rather than struggle with them for cooperation.

Example:

“My guess is that you’re not too happy about being here today and that you’re unsure about what is going to happen...”

Of course, different adolescents will respond to different approaches. Here are some strategies for engaging uncommunicative or resistant young people:

- Use reflective listening – make a reflective statement to acknowledge and validate their feelings. For example:

"I imagine it must feel quite strange to have to come along and talk to someone you don't know about your problems..."

"I guess you must be wondering how seeing me is going to help you..."

"You seem pretty upset about being here, but I sense you're also feeling pretty down about some things in your life right now..."
- De-personalise – Start with a less personal focus by using a narrative approach:

"Tell me what it's like being a teenager in the world today"

"What do young people think about coming to see a health professional?"
- Use multiple choice questions – offer choices within a question or sentence and invite them to agree or disagree:

"When that happened I imagine that you might have felt sad/angry/confused/hurt/scared. Can you remember how you felt?"
- Try sentence completion – use unfinished sentences based on what you know about the young person and their situation to help them express themselves. Ask the young person to complete the sentence:

"Your father was shouting at you and you were thinking..."

"And so you felt..."

"And after that you decided to..."

"When your mother insisted that you come here today, your first response was to..."

"Then when you realised you had to come, you thought..."
- Use comparisons – form comparisons in a question to elicit a response:

"Do you feel better or worse about yourself than you did before this happened?"
- 6. Use 'Imagine' questions – these can be particularly useful when the young person repeatedly responds with "I don't know":

"Just for a moment, imagine what you would have been thinking when the teacher kicked you out of the classroom...."
- 7. Offer normalising questions or try the third-person approach – by reducing the personal focus of your questions, you can normalise their behaviours and begin to indirectly explore the young person's concerns:

"Many young people your age experience problems with their parents. How do you usually get along with your parents?"

"Some young people your age are starting to try out alcohol or drugs. I'm wondering if any of your friends have tried these. What about yourself?"

FINDING OUT MORE...

A range of resources for health professionals working with young people and useful links can be found at the NSW Kids and Families website – www.kidsfamilies.health.nsw.gov.au

The Centre for Adolescent Health, University of Melbourne – provides training, research, resources and distance education programs in Adolescent Health – www.rch.org.au/cah

Another useful resource is McCutcheon LK, Chanen AM, Fraser RJ, Drew L. and Brewer W. (2007). Tips and techniques for engaging and managing the reluctant, resistant or hostile young person. Medical Journal of Australia, 187 (7 Suppl.), S64-S67.

PRACTICE POINTS

- Spend time building rapport with the young person: give them a reason to trust you
- If the young person is accompanied by a family member, make sure you spend some time with the young person alone
- Discuss confidentiality and privacy with the young person
- Communicate in a way that is appropriate to the developmental stage of the young person

- Be sensitive to and respect cultural difference when seeing young people from culturally diverse backgrounds
- Adopt a non-judgemental perspective
- Take a comprehensive approach to youth health and wellbeing: where you can, conduct a psychosocial risk assessment to identify broader concerns in the young person's life
- Involve the young person in developing and deciding on any management or treatment plan
- Decide with the young person which issues to discuss with parents/guardians
- Address the concerns of the young person's parents and involve them wherever it is appropriate

CHAPTER SUMMARY - WHAT TO REMEMBER

Communicating with young people takes time. Young people need to feel safe to share information before they can open up. You can help them reach this point more smoothly by taking the time to build rapport and investing in understanding the young person, their family and their view of the world.

There are a variety of basic and more advanced communication skills you can employ to help you build rapport and learn about the young people you are working with, but treating the young person with respect, empathy and openness will start the process well.

REFLECTION QUESTIONS

How well does your service engage with young people? How do you know?

What are some of the difficulties and barriers you experience in communicating and engaging with young people?

What concerns do young people who attend your service have about privacy and confidentiality?

What training do you need to strengthen your communication and engagement skills with young people?

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