

SECTION 3.2

PSYCHOSOCIAL ASSESSMENT

3.2 PSYCHOSOCIAL ASSESSMENT

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Psychosocial and behavioural concerns are the major cause of health and social problems in young people. A systematic process for assessing a young person's psychosocial status and identifying underlying health concerns and risk factors can help practitioners provide the best possible care.

The HEEADSSS screening tool allows you to conduct a comprehensive psychosocial assessment of the young person (Goldenring and Rosen 2004; Klein, Goldenring and Adelman 2014). It helps you elicit relevant information about the young person's functioning in key areas of their life in a systematic and engaging way.

As we identified in Section 1, many of the major health issues facing young people are psychosocial. Any health assessment of a young person should take into account the range of factors affecting their health and wellbeing. One of the most effective ways of developing a good picture of a young person's health and wellbeing is to use a structured process, such as the HEEADSSS screening tool.

HEEADSSS is a framework, not a formal interview. It is not a checklist but an approach you can apply responsively to the needs of the young person.

The HEEADSSS assessment is not just an exercise in information gathering. It is important that you listen carefully to the young person's verbal and non-verbal responses. Explore in more detail any areas of ambiguity and any area where you identify a risk – especially in sensitive areas such as drug use and sexual activity.

You may not have time to cover all of the HEEADSSS domains in the one interview. If some areas take more time, explain to the young person that what they are telling you is important and make another time to explore further with them.

KNOW YOUR YOUTH HEALTH RESOURCES

A psychosocial assessment takes into account the complex and often layered nature of many youth health issues. Addressing some of these problems will require a collaborative and multidisciplinary approach with referral to other youth health or youth services professionals.

Establish a database and begin developing relationships with other local services supporting young people in the area. Include youth-specific resources, (such as youth health centres, youth refuges, hospital-based adolescent units, and headspace centres)

and mainstream services that may be relevant to young people's needs (alcohol and drug services, sexual assault services, adolescent mental health services, family counselling programs, psychologists and social workers, and schools and vocational training programs).

FINDING OUT MORE...

Learn more about collaboration in chapter 2.3 Collaboration and case management.

USING HEEADSSS AS A SCREENING TOOL

The HEEADSSS categories reflect the major domains of a young person's life and the risks to their health and psychosocial status:

- H – Home
- E – Education & Employment
- E – Eating & Exercise
- A – Activities & Peer Relationships
- D – Drug Use/Cigarettes/Alcohol
- S – Sexuality
- S – Suicide and Depression
(including mood & possible psychiatric symptoms)
- S – Safety (also Spirituality)

It can be used to (Sanci 2001):

- Develop rapport with the young person while systematically gathering information about their world
- Guide enquiry into different areas of the young person's life in a non-judgemental way
- Move questioning smoothly from relatively 'safe' to more sensitive areas
- Perform a risk assessment and to screen for specific risk behaviours and underlying risk and protective factors
- Determine the current degree of risk (e.g. low, moderate, or high) and identify areas for intervention and prevention (young people at low risk require health promotion messages that are preventative in nature while young people at moderate or high-risk require more intensive interventions).

WHAT HEEADSSS WILL AND WON'T TELL YOU

At the end of the HEEADSSS assessment, you should have a profile of:

- The young person's psychosocial health
- The overall level of risk of the young person
- Specific risk factors in their lives – as well as protective factors and strengths
- Areas for possible intervention

This information will serve as a guide to intervention and providing health education.

The HEEADSSS assessment will form part of your overall comprehensive assessment of the young person – supplementing other information you gather in your initial contacts with the young person.

The HEEADSSS assessment can be used to systematically ask a young person about risk-taking behaviours and to identify social and environmental risk factors in their lives. It is equally important to develop a picture of the young person's protective factors and strengths, so you should also ask about:

- Family history
- Cultural background
- Recent life events (e.g. change of schools; separation of parents; death of a relative; migration history; etc.)
- Coping skills
- Medical and psychiatric history
- Available support systems
- Personality factors

This will enable you to plan appropriate interventions aimed at reducing risk behaviours, modifying risk factors and strengthening protective factors.

FINDING OUT MORE...

Learn more about young people and why they take risks in chapter 3.3 Understanding risk-taking behaviour.

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 areas.

For some young people, however, the first domain (Home) can be a difficult and highly sensitive area:

- There may be conflict or violence in the home environment
- Young people from CALD backgrounds may initially feel uncomfortable talking about their parents and other family issues
- They may think that they do not have the right to complain or fear being perceived as complaining about their parents
- Some young people may be living in out of home care arrangements

Young people are often more willing to engage with these topics if you seek their permission to ask sensitive questions:

Example:

"I'd like to ask you a few personal questions. You don't have to answer them 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?"

You can use the third-person approach, which 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)?"

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

Progress from neutral to more sensitive topics – for example, if the young person mentions that they have a boyfriend or girlfriend, a further question might be:

"Can I ask what his/her name is? How long have you been going out with him/her? Has the relationship become more sexual? Have you thought about having sex?"

When exploring the area of sexuality, don't assume the young person's sexual orientation, enquire about both opposite and same-sex relationships, and adopt a gender-neutral and non-judgemental approach:

"Have you ever had a relationship with a boy or girl or both?"

FINDING OUT MORE...

See chapter 3.1 Youth-friendly communication for other ways to ask questions that help young people to discuss sensitive or difficult topics.

USING THE HEEADSSS SCREENING TOOL

(Klein, Goldenring and Adelman 2014)

This is a guide designed to help you conduct a HEEADSSS assessment with a young person. You can add other relevant open-ended or probing questions. We have provided a guide to HEEADSSS questions below. You will find a form in the Kit Appendix that you can use to capture the information related to each of the domains in the screening tool. Remember, this is a guide only. Try to keep the conversation flowing and be guided by the young person rather than following the structure rigidly.

Assessment Area	Questions
H - Home	<p>Explore home situation, family life, relationships and stability:</p> <p>Where do you live? Who lives at home with you?</p> <p>Who is in your family (parents, siblings, extended family)?</p> <p>What is your/your family's cultural background?</p> <p>What language is spoken at home? Does the family have friends from outside its own cultural group/from the same cultural group?</p> <p>Do you have your own room?</p> <p>Have there been any recent changes in your family/home recently (moves, departures, etc.)?</p> <p>How do you get along with mum and dad and other members of your family?</p> <p>Are there any fights at home? If so, what do you and/or your family argue about the most?</p> <p>Who are you closest to in your family?</p> <p>Who could you go to if you needed help with a problem?</p> <p>Do you provide care for anyone at home?</p> <p>Is there any physical violence at home?</p>
E - Education / Employment	<p>Explore sense of belonging at school/work and relationships with teachers/peers/workmates; changes in performance:</p> <p>What do you like/not like about school (work)?</p> <p>Do you feel connected to your school? Do you feel as if you belong?</p> <p>Are there adults at school you feel you can talk to about something important? Who?</p> <p>What are you good at/ not good at?</p> <p>How do you get along with teachers /other students/workmates?</p> <p>How do you usually perform in different subjects?</p> <p>What problems do you experience at school/work?</p> <p>Some young people experience bullying at school, have you ever had to put up with this?</p> <p>What are your goals for future education /employment?</p> <p>Any recent changes in education/ employment?</p>
E - Eating & Exercise	<p>Explore how they look after themselves; eating and sleeping patterns:</p> <p>What do you usually eat for breakfast/lunch/dinner?</p> <p>Sometimes when people are stressed they can overeat, or under-eat – Do you ever find yourself doing either of these?</p> <p>Have there been any recent changes in your weight? In your dietary habits?</p> <p>What do you like/not like about your body?</p> <p><i>If screening more specifically for eating disorders you may ask about body image, the use of laxatives, diuretics, vomiting, excessive exercise, and rigid dietary restrictions to control weight.</i></p> <p>What do you do for exercise?</p> <p>How much exercise do you get in average day/week?</p>

<p>A - Activities & Peer Relationships</p>	<p>Explore their social and interpersonal relationships, risk-taking behaviour, as well as their attitudes about themselves:</p> <p>What sort of things do you do in your free time out of school/work? What do you like to do for fun? Who are your main friends (at school/out of school)? Do you have friends from outside your own cultural group/from the same cultural group? How do you get on with others your own age? How do you think your friends would describe you? What are some of the things you like about yourself? What sort of things do you like to do with your friends? How much television do you watch each night? What's your favourite music? Are you involved in sports/hobbies/clubs, etc.? Do you have a smart phone or computer at home? In your room? What do you use it for? How many hours do you spend per day in front of a screen, such as computer, TV or phone?</p>
<p>D - Drug Use / Cigarettes / Alcohol</p>	<p>Explore the context of substance use (if any) and risk-taking behaviours:</p> <p>Many young people at your age are starting to experiment with cigarettes/ drugs/alcohol. Have any of your friends tried these or other drugs like marijuana, injecting drugs, other substances? How about you, have you tried any? <i>If Yes, explore further</i> How much do you use and how often? How do you (and your friends) take/use them? - <i>Explore safe/unsafe use; binge drinking; etc.</i> What effects does drug taking or smoking or alcohol, have on you? Has your use increased recently? What sort of things do you (& your friends) do when you take drugs/drink? How do you pay for the drugs/alcohol? Have you had any problems as a result of your alcohol/ drug use (with police, school, family, friends)? Do other family members take drugs/drink?</p>
<p>S - Sexuality</p>	<p>Explore their knowledge, understanding, experience, sexual orientation and sexual practices - Look for risk-taking behaviour/abuse:</p> <p>Many young people your age become interested in romance and sometimes sexual relationships. Have you been in any romantic relationships or been dating anyone? Have you ever had a sexual relationship with a boy or a girl (or both)? - <i>if Yes, explore further</i> (If sexually active) What do you use to protect yourself (condoms, contraception)? What do you know about contraception and protection against STIs? How do you feel about relationships in general or about your own sexuality? (For older adolescents) Do you identify yourself as being heterosexual or gay, lesbian, bisexual, transgender or questioning? Have you ever felt pressured or uncomfortable about having sex?</p>

<p>S - Suicide / Self-Harm/ Depression / Mood</p>	<p>Explore risk of mental health problems, strategies for coping and available support:</p> <p>Sometimes when people feel really down they feel like hurting, or even killing themselves. Have you ever felt that way?</p> <p>Have you ever deliberately harmed or injured yourself (cutting, burning or putting yourself in unsafe situations – e.g. unsafe sex)?</p> <p>What prevented you from going ahead with it?</p> <p>How did you try to harm/kill yourself?</p> <p>What happened to you after this?</p> <p>What do you do if you are feeling sad, angry or hurt?</p> <p>Do you feel sad or down more than usual? How long have you felt that way?</p> <p>Have you lost interest in things you usually like?</p> <p>How do you feel in yourself at the moment on a scale of 1 to 10?</p> <p>Who can you talk to when you're feeling down?</p> <p>How often do you feel this way?</p> <p>How well do you usually sleep?</p> <p>It's normal to feel anxious in certain situations – do you ever feel very anxious, nervous or stressed (e.g. in social situations)?</p> <p>Have you ever felt really anxious all of a sudden – for particular reason?</p> <p>Do you worry about your body or your weight? Do you do things to try and manage your weight (e.g. dieting)?</p> <p>Sometimes, especially when feeling really stressed, people can hear or see things that others don't seem to hear or see. Has this ever happened to you?</p> <p>Have you ever found yourself feeling really high energy or racey, or feeling like you can take on the whole world?</p>
<p>You can also explore:</p> <p>S - Safety</p> <p>S - Spirituality</p>	<p>Sun screen protection, immunisation, bullying, abuse, traumatic experiences, domestic violence, risky behaviours.</p> <p>Have you ever been seriously injured?</p> <p>When did you last send a text message while driving?</p> <p>When did you last get into a car with a driver who was drunk or on drugs?</p> <p>Beliefs, religion; What helps them relax, escape? What gives them a sense of meaning?</p>

FINDING OUT MORE...

If you would like more information about the HEEADSSS assessment, we recommend the latest version: Klein D, Goldenring J & Adelman WP. (2014). HEEADSSS 3.0: The psychosocial interview for adolescents updated for a new century fuelled by media. Available online at <http://contemporarypediatrics.modernmedicine.com>

ALTERNATIVE ASSESSMENT TOOLS FOR YOUNG PEOPLE WITH AN INTELLECTUAL DISABILITY

HEEADSSS may not be suitable for use with all young people you work with. In particular, alternative screening tools might be considered for young people with an intellectual disability. The Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) measures psychological wellbeing and health in 4 domains; Wellbeing, Symptoms, Functioning, Risk.

It takes 5-10 minutes to complete. Adaptations include:

- YP-CORE: is a 10-item measure derived from the CORE-OM and designed for use with young

people in the 11-16 years age range. It is structurally similar to the CORE-OM but items have been rephrased to be more easily understood by the target age group.

- CORE-LD: is a variation being developed in Scotland and England. Specifically for use with people with a learning difficulty, it will include items that cover the major issues they face that are not in the CORE-OM.

FINDING OUT MORE...

For more information about CORE-OM and the range of adaptations available, visit www.coreims.co.uk

WHAT COMES NEXT

After you've completed the assessment, the next step is to work with the young person (and, where appropriate, their parents or carers) to develop a management plan. Developing the management plan is a process of shared decision-making. By actively engaging the young person in identifying what they want to work on and how they want to go about it, you will empower them to be an active partner in their own health and wellbeing. It also increases the likelihood that they will stick to any plans that you make.

PROVIDING FEEDBACK

Give the young person some feedback about the assessment.

- Identify and compliment them on areas of their life where they are handling things well and reinforce their strengths.
- Give them your understanding of their main concerns (that is, the things that they have identified themselves that are not going as well as they would like).
- Provide information and education about their psychosocial development – including the fact that the 'executive' and regulatory functions of their brain are still developing. Review 1.1 Understanding young people for more information on the developing adolescent brain.
- Where it is appropriate, reassure the young person that they are normal and that many young people experience similar issues or problems:

Example:

"Many people experience anxiety when they are under a lot of stress...but we can check this out further to see if there is anything else that may be contributing to your anxiety."

Or:

"It's not unusual for young people your age to feel confused and uncertain about sexual feelings and sexual relationships...perhaps we can talk about this some more and look at any concerns or questions you have."

- 5. Highlight areas of concern where intervention may be needed. Help them understand the connection between their concerns and other problems they may be experiencing. It is best to take a straightforward and honest approach to this:

Example:

"Michael, your anxiety is something we can deal with by helping you to cope better with stress at school. However, I am concerned about how depressed you're feeling and I think we need to look at what we can do about this."

- If the young person is engaged in risky behaviours, share your concerns about that. Provide information about the risks associated with these behaviours and discuss ways they can protect themselves against these risks:

Example:

"Rebecca there are a few things you've mentioned that I'm concerned about – especially your alcohol 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 alcohol, 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 stay safe..."

PRACTICE POINT ON DISCLOSURES OF ABUSE

Many service providers are Mandatory Reporters under child protection legislation and are required to report suspected cases of child abuse and neglect. The ages for mandatory reporting and mandatory reporting laws and procedures vary from state to state.

If a young person discloses physical, sexual or other abuse, or you if you suspect they are at risk of harm, it is important that you understand your responsibilities to make a report or otherwise act in the interests of the young person's safety.

Learn more about your responsibilities when a young person discloses violence or abuse in chapter 3.5 Medico-legal issues.

NEGOTIATING A MANAGEMENT PLAN

Begin talking with the young person about options for addressing their concerns.

- Ask directly what the young person's concerns are and what outcomes they would like to achieve
- Outline the various treatment or management options
- Explain the options or actions you recommend and why

- Involve them in making decisions about their treatment and management options
- Working together, set realistic therapy and behaviour change goals that are relevant to the young person's concerns, developmental stage and life circumstances
- Make sure that the management plan comprises actions that the young person can understand and manage
- Initiate early intervention for problems or risk factors identified in the interview or HEEADSSS assessment

WRAPPING UP THE INTERVIEW

Invite questions or comments from the young person. Ask if they have any other problems or concerns that they would like to talk about. Then:

- Identify possible sources of support – who can they talk to about things that are troubling them?
- Adopt an 'open door' approach – let them know that they can speak to you about problems and encourage them to contact you if they need assistance.
- Explain how they can make an appointment if they need to see you.
- If they have come with a parent or carer, discuss what they would like to tell their parents or carers, and identify those things don't want to discuss.
- Offer to talk to the parent(s) on their behalf about any sensitive issues, but respect the young person's wishes to not discuss certain issues with parents.

Example:

"Rebecca, before your mum 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's going on for you? What sort of support would you like to get from your mum?"

Or:

"If you'd like, I could talk to your mother about some of the things that are happening for you. But I need to be clear about what you'd like me to say or not say to your mum."

(Bennett and Kang 2001)

If a follow-up meeting is needed, encourage the young person to return and explain why it is important that you see them again. If you feel concerned that the young person might not keep the appointment, make a contract with them to return. You could offer to give them a reminder call; just ask

them for the best way to contact them. These steps help you to further cement the relationship you have started building with the young person.

If it is necessary, this is the point at which you would facilitate a referral to a specialist or other agency (such as a counsellor or youth agency). Explain to the young person how referrals work and what they need to do. Offer them information about the service to which you are referring them, and remind them that they can always contact you if they have questions or need more information or advice.

FINDING OUT MORE...

For more information on referral and collaborative care, see chapter 2.3 Collaboration and case management.

INVOLVING PARENTS AND CARERS IN THE MANAGEMENT PLAN

For most young people, parents are the main providers of physical and emotional support. For some young people, a carer (perhaps a member of the extended family, or another trusted adult) will be their main source of support. Generally, management or treatment plans are more successfully implemented if the parents or carers are involved. This is especially the case with younger adolescents and in situations where the young person's cultural background necessitates their involvement.

Carefully assess the level of parental involvement required. You may need to consider the best ways to balance the young person's needs for confidentiality and autonomy with the need to keep the parents or carers engaged and involved. Wherever possible, make a collaborative decision with the young person on parental or carer involvement: discuss the pros and cons with the young person.

From a medico-legal perspective, this also means taking into account the young person's capacity for decision-making and informed consent. Be sensitive to the concerns of parents from cultural backgrounds where health care may be viewed as a family matter.

You may need to guide parents or carers in the most effective ways they can support their young person to complete the treatment plan: sometimes, this will involve helping them identify more positive responses to their adolescent's risk-taking behaviours.

FINDING OUT MORE...

For more information, see chapters 3.5 Medico-legal issues and 3.13 Working with families.

RESISTANCE TO PARENTAL INVOLVEMENT

Some young people are adamant that they don't want their parents to know about their concerns or to be involved in a management plan. It is important to tread carefully and gently explore their reasons.

Example:

"What are your fears or concerns about your parents knowing about your situation?"

Or:

"How do you think your mother would react if you were to tell her about this problem?"

Your duty of confidentiality does not prevent you from encouraging and assisting young people to talk to parents about important issues. You can play an important role in helping the young person communicate with their parents or carers about difficult or sensitive issues.

Examples:

"If you could, what would you like to be able to tell your parents?"

"How would you like your parents to respond so that you felt supported?"

"What do you need from your parents to help you with this problem?"

Remember, there may be situations where you need to inform the parents or carers about the young person's situation because of medico-legal issues and/or the age of the young person. Where this is not the case, hand back the choice and responsibility to the young person for the decision of whether to inform parents.

PRACTICE POINTS FOR CONDUCTING PSYCHOSOCIAL ASSESSMENTS

- Help the young person to identify risks associated with their behaviour and to develop strategies for reducing those risks
- Use the findings of your assessment to identify areas for intervention and follow-up
- Give the young person feedback about your assessment and actively involve them in developing a management plan
- Remember to also identify what is going well for the young person and congratulate them on what they are doing well
- Work collaboratively with the young person to set realistic treatment goals that fit with the young person's health concerns, developmental stage and lifestyle
- Where appropriate, let the young person decide the level of involvement they wish their parents or carers to have
- Give guidance to parents and carers on how they can support the management plan and on effective responses to their adolescent's risk-taking behaviours

CHAPTER SUMMARY - WHAT TO REMEMBER

The process of the HEEADSSS assessment can help you form a better picture of the range of issues and risks affecting a young person. It can help you identify areas of concern and highlight factors that might be contributing to the issues a young person is facing.

A challenge in responding to the issues identified through the assessment is weighing up the needs of the young person for independence and confidentiality with the potential value of involving their parents or carers in developing and implementing a management plan.

It is essential that you are aware of and understand how to respond to disclosures of sexual, physical or other abuse or neglect.

REFLECTION QUESTIONS

To what extent might HEEADSSS assessments be useful in your work with young people?

How can you apply this framework for psychosocial assessment in your workplace?

How might conducting a risk assessment assist you in your work with young people?

How do your assessments fit with the assessments required by other services in your service network?

What training do you need in conducting psychosocial risk assessment with young people?

How well does your service collaboratively engage young people in development of management plans?

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