

SECTION 3.3

# UNDERSTANDING RISK-TAKING BEHAVIOUR



## 3.3 UNDERSTANDING RISK-TAKING BEHAVIOUR

### PETER CHOWN

**Most youth health problems are a consequence of risk-taking behaviours and exposure to social and environmental risk factors including accidents and injuries, substance use and mental health problems. It is important to understand, though, that risk-taking is a normal part of adolescent development: young people typically experiment with new behaviours as they explore their emerging identity and independence.**

While adults almost always view risk-taking in negative terms, not all risk-taking is dangerous or detrimental to a young person's health. In fact, a degree of risk-taking is essential for personal growth and development: it allows a young person to test their limits, learn new skills, develop competence and self-worth, and assume greater responsibility for their life (Clarke 2000).

Risk-taking behaviour, however, is also central to the onset of many major youth health problems. Risk-taking behaviour can be problematic and requires intervention when it:

- Interferes with normal youth development
- Poses serious risks to the young person's health and safety
- Impairs healthy functioning
- Becomes an established part of the young person's lifestyle

Risk-taking behaviour by young people poses an even greater threat when it is characterised by:

- Ignorance (lack of prior experience or adequate information)
- Impulsiveness and thrill-seeking
- Cognitive immaturity (the inability to comprehend the consequences of behaviour)
- Low self-worth and feelings of inadequacy

Extreme risk-taking often indicates other issues, such as recent or past experience of being a victim of sexual and physical assault, bullying, or child abuse and neglect.

Service providers can play a vital role in prevention and health promotion by using their consultations to:

- Screen for health risk factors in the young person's life through the HEEADSSS assessment
- Identify risk-taking behaviours the young person is engaged in
- Provide early intervention and health education appropriate to the developmental stage of the young person

### UNDERSTANDING RISK-TAKING

For some young people, risk-taking is a way of resolving developmental challenges (for example, a young male who drinks heavily to prove that he is as grown-up as his peers). For others, risk-taking may be a way of dealing with problems or escaping unhappy situations or feelings (such as a young woman who engages in sexual activity in response to her low self-esteem and feelings of worthlessness, or her experience of sexual assault).

While risk-taking behaviour can constitute a major health problem in itself, it may also be an indicator of an underlying problem in the young person's life. Angry, acting-out behaviour can mask depression, or it may reflect the young person's experience of violence.

Risk-taking behaviours which can have serious negative implications for young people's health include:

- Early and/or high risk sexual activity
- Drink driving
- Substance or alcohol abuse
- Running away from home
- Dropping out of school
- Criminal activity
- Severe dieting
- Dissociation
- Suicidal thoughts and talk
- Self-harm
- Assaulting others

**PRACTICE POINT - WHAT'S NORMAL AND WHEN TO WORRY**

Normal adolescent behaviours include:

- Moodiness
- Flare-ups
- Open and talkative with friends, monosyllabic with family
- Actively striving for independence
- Trying new experiences
- To be like peers
- Sleeping in
- Critical and argumentative.

**PRACTICE POINT - WHAT'S NORMAL AND WHEN TO WORRY**

Worrying behaviours include:

- Wild mood swings
- Dramatic and/or persistent behaviour change
- Isolation from peers
- Failing school performance or dropping out
- Violent or aggressive behaviour
- Dangerous drug and/or alcohol use
- Loss of routine
- Excessive sleeping
- Withdrawn, secretive or self-harming behaviours.

**ASSESSING THE DANGER OF RISK-TAKING**

Risk assessment should take place in the context of understanding that the co-occurrence of health problems and risk-taking behaviours is prevalent in young people. It is also important to screen for trauma and domestic violence as these can have an effect on a young person's vulnerability.

**IDENTIFYING RISK AND PROTECTIVE FACTORS**

The degree of health risk attached to a young person's behaviour depends in part on the balance of risk and protective factors in a young person's life (Sanci 2001). The greater the number of risk factors present in a young person's life, the greater the likelihood that they will engage in risk-taking behaviours (Bond et al. 2000).

When screening for risk factors, it is also important to identify protective factors in the young person's life. Research has shown that protective factors can act as a buffer to the negative effects of risk factors and risk-taking behaviours (Bond et al. 2000). The most powerful protective factors in reducing morbidity among young people are connectedness and belonging to family, school and peers (Resnick, Harris and Blum 1993).

A completed HEEADSSS assessment (see chapter 3.2), provides you with profile of the balance of risk and protective factors in a young person's life – see Table 4 (on the opposite page).

**ASSESSING THE DEGREE OF RISK**

The more risk factors in a young person's life, the more likely they are to experience harmful consequences from their risk-taking behaviour. When you are trying to determine the level of risk the young person faces, consider:

- The extent to which the behaviour is compromising the young person's safety, health and development.
- The range and severity of risk factors. The presence of one risk-taking behaviour raises the risk of other risk-taking behaviours co-occurring (e.g. substance abuse combined with sexual risk-taking; dropping out of school leading to the development of anti-social behaviour) (Bond et al. 2000).
- The severity of the risk-taking behaviour and whether it is escalating.
- The level of awareness the young person shows about the consequences of their behaviour.
- The extent to which the behaviour has become entrenched in the young person's lifestyle.
- Any strategies they use to minimise the harm associated with the risk behaviour.
- The protective factors in the young person's life that might safeguard them against the consequences of risk-taking behaviours.

When you have identified the risk and protective factors in the young person's life you can identify an overall risk status (Sanci 2001):

**TABLE 4 – RISK AND PROTECTIVE FACTORS**

<b>Risk factors</b> <b>Characteristics of the young person and their social environment that increase their vulnerability to harm.</b>	<b>Protective factors</b> <b>Individual and environmental factors that increase resistance to risk factors.</b>
<b>Youth factors</b>	
<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Poor social skills</li> <li>• Poor problem-solving skills</li> <li>• Lack of empathy</li> <li>• Homelessness</li> <li>• Diagnosed Attention Deficit Hyperactivity Disorder (ADHD)</li> <li>• Non-adherence with health treatments</li> </ul>	<ul style="list-style-type: none"> <li>• Social competence</li> <li>• Solid problem-solving skills</li> <li>• Optimism</li> <li>• Good coping style</li> <li>• School achievement</li> <li>• Strong sense of moral values/spiritual beliefs</li> <li>• Creativity and imagination</li> </ul>
<b>Family factors</b>	
<ul style="list-style-type: none"> <li>• Family conflict/breakdown/violence</li> <li>• Harsh or inconsistent discipline</li> <li>• Lack of warmth and affection</li> <li>• Physical and/or sexual abuse and neglect</li> <li>• Lack of meaningful relationships with adults</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive, caring parents or carers</li> <li>• Secure and stable family environment</li> <li>• Supportive relationship with other adults</li> <li>• Attachment to family</li> </ul>
<b>School factors</b>	
<ul style="list-style-type: none"> <li>• School failure or dropping out</li> <li>• Bullying</li> <li>• Peer rejection</li> <li>• Deviant peer group</li> <li>• Learning difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• Positive school climate</li> <li>• Pro-social peer group</li> <li>• Positive achievements and sense of belonging at school</li> <li>• Opportunities for some success (at sport, study etc.) or development of a special talent/hobby</li> <li>• Recognition of achievement</li> </ul>
<b>Community &amp; Cultural factors</b>	
<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Exposure to violence and crime</li> <li>• Homelessness</li> <li>• Refugee experience</li> <li>• Racism or discrimination</li> <li>• Intercultural conflict (the young person trying to 'fit in' and adapt to the new culture)</li> <li>• Lack of support services</li> </ul>	<ul style="list-style-type: none"> <li>• Attachment and belonging to community</li> <li>• Access to support services</li> <li>• Participation in community group</li> <li>• Strong cultural identity/pride</li> <li>• Secure home/housing</li> </ul>

**TABLE 5 – OVERALL RISK STATUS**

Risk level	Description	Characteristics	Example
<b>No Risk</b>	Not yet engaged in risk-taking behaviour	<ul style="list-style-type: none"> <li>Well-adjusted</li> <li>Family, school and social functioning are stable and positive</li> <li>Presence of a number of protective factors</li> </ul>	
<b>Low Risk</b>	Engaged in experimentation	<ul style="list-style-type: none"> <li>'Safe' experimenter</li> <li>Risk-taking is sporadic, recreational and experimental</li> <li>Family, social and school profile is stable</li> <li>Protective factors outweigh risk behaviours</li> <li>May need monitoring if individual or environmental risk factors present</li> </ul>	A young person who has experimented with marijuana with peers, but who has stable family and peer relationships, and is doing well at school
<b>Moderate Risk</b>	Engaged in behaviours with harmful consequences (i.e. impairment of positive functioning and developmental tasks)	<ul style="list-style-type: none"> <li>Vulnerable</li> <li>Presence of social/environmental risk factors (family problems, peer group influences; or other risk factors such as low self-esteem and family history of depression)</li> <li>Presence of some protective factors (such as positive family, school or peer support)</li> <li>Requires intervention</li> </ul>	A depressed young person with low self-esteem and a family history of depression, who occasionally smokes marijuana by himself
<b>High Risk</b>	Major disruption or risk to health, safety or life	<ul style="list-style-type: none"> <li>Troubled or out-of-control</li> <li>Persistent and/or escalating harmful behaviours</li> <li>Persistent and/or negative consequences (e.g. disruption of relationships, poor school performance, trouble with police, conflict with family)</li> <li>Presence of major risk factors and few protective factors</li> </ul>	A young person who is involved in anti-social behaviour, at risk of expulsion from school, with frequent alcohol and substance use, and with a lack of family support

## UNDERSTANDING THE EFFECTS OF TRAUMA

Many young people with serious behavioural or emotional problems have experienced complex trauma in their childhood or adolescent development. Complex trauma refers to exposure to multiple and ongoing interpersonal stressors such as abuse, neglect or emotional or physical deprivation (Toro, Dworsky and Fowler 2007; Kezelman and Stavropoulos 2012). This exposure often occurs within the family or another care-giving arrangement that is supposed to be the source of stability and safety in a child's life.

Research has highlighted the adverse effects of early onset trauma on the developing brain. Early onset trauma requires the brain to shift its focus from learning to survival and disrupts the neural integration necessary to respond flexibly to daily challenges (Courtois and Ford 2009). The effects of complex

trauma on individual functioning are pervasive and deeply disruptive to the key developmental of attachment, self-regulation and the development of competencies (Kezelman and Stavropoulos 2012; Siegel and Hartzell 2004).

### FINDING OUT MORE...

A trauma-informed approach recognises that much high risk behaviour can be directly linked to the experience of trauma and may be part of a coping mechanism the young person has developed over time.

You can learn more about trauma, its effects on the developing brain and adopting a trauma-informed approach to working with young people in 3.4 Trauma-informed practice.

Adults Surviving Child Abuse (ASCA) is an Australia-wide support network that launched a set of practice guidelines in 2012 for dealing

with complex trauma: The Last Frontier. Practice Guidelines for Treatment Of Complex Trauma and Trauma Informed Care And Service Delivery

These guidelines have been endorsed nationally and internationally. The Guidelines can be downloaded free at [www.asca.org.au/guidelines](http://www.asca.org.au/guidelines)

## YOUNG PEOPLE AT HIGH RISK

Young people at high risk present a particular challenge for health workers. They are generally marginalised, under-served and have few resources. Their situations are typically characterised by (Rogers 2005):

- The presence of multiple risk factors and few protective factors
- Engagement in high risk behaviours
- Inter-related health problems – in particular, substance use and mental health disorders
- Disorganised living situation e.g. homeless, itinerant or living in care

Their lives and health are often made more difficult to manage by the ongoing effects of trauma, neglect and abuse, and they sometimes experience complicated grief reactions stemming from significant loss.

Young people at risk frequently have to cope with extreme circumstances in their lives, often without adequate support structures. Their risk-taking behaviour should, therefore, be viewed in this light: substance use, for example, may be a coping mechanism.

### FINDING OUT MORE...

NSW Health has recently released the NSW Health Clinical Practice Guidelines for the Health Assessment of Children and Young People in Out-of-Home Care. The guidelines aim to provide guidance to Local Health Districts and health professionals on the recommended approach to the health assessment process for children and young people in statutory Out-of-Home Care. They reflect NSW Health's approach to the implementation of the National Clinical Assessment Framework for Children and Young People in OOH (2011). They can be found at [www.health.nsw.gov.au/policies](http://www.health.nsw.gov.au/policies) (use Out of Home Care as a search term).

CREATE Foundation is Australia's peak body representing the voices of all children and young people in out of home care. Visit [www.create.org.au](http://www.create.org.au)

## WORKING WITH YOUNG PEOPLE AT HIGH RISK

Young people at high risk are often reluctant to seek out health services. A parent, carer or youth worker may bring them, or they may have been referred by another service. Health workers sometimes come into contact with young people at outreach clinics or specialist youth health services. Regardless of how they came, if they are not seeing you because they want to, it can be challenging to engage them in positive discussion about their health, wellbeing and behaviour.

Engaging the young person in a trusting relationship is possibly the single most important thing that a professional can do. It makes it possible to increase the rate at which they access often essential treatment and services. Remember that young people at high risk often have chaotic lifestyles, so they may miss appointments. Whenever you can, try to maintain the relationship and re-engage them.

Not all service providers have the time, skill, resources or responsibility to provide comprehensive intervention. However, you can play a crucial role by:

- Detecting serious health risks and referring the young person to appropriate services
- Participating in collaborative care and case management (for more information, see 2.3 Collaboration and case management)
- Providing a safety net for the young person by linking them with crisis and support services
- Being aware of and drawing on the range of specialist services for young people in the local area.

### DISCUSSING RISK

When you start speaking with the young person about their risk-taking behaviours and the possible consequences, remain non-judgemental. Explain the health risks in objective and simple terms, and explore some of the health and social consequences of the risk-taking behaviours in an interactive way. Avoid lecturing.

Example:

*"Jason, you said that when you get together with your friends and smoke dope you have a lot of fun and you forget about your problems. I'm wondering how you feel the next day. What do your body and your mind feel like? What's it like trying to go to school after you've had such a big night?"*

You can also help the young person explore the reasons behind their behaviour and what function it might fulfil in their life.

Example:

*"How does smoking marijuana help you to deal with some of your problems? What else do you do to help cope with these problems?"*

While not condoning risky behaviours, it is important to acknowledge that there are usually positive benefits that the young person attains from engaging in the risk behaviour. These include peer acceptance, having fun or relieving anxiety. You can help the young person to identify other ways to achieve the same kind of positive effects from their behaviours and to identify ways to reduce the harm associated with the behaviour.

While you should present your concerns about their behaviour, ultimately the young person will make their own decisions. Attempt to maintain contact with the young person even if they continue with their risky behaviour – your presence and availability can serve as a major protective factor in their life. Let them know that your relationship with them is important and that you want to continue to support them:

Example:

*"Sara, I'm interested in you and your wellbeing. It's my job to let you know if something is a risk to your health, but what you do about that is your choice. I can help you look at some other alternatives if you like. Whatever you decide, I want to continue seeing you..."*

### PROMOTING BEHAVIOUR CHANGE

A major goal in health education and managing risk-taking behaviours is to promote behaviour change in the young person. It is helpful to have a model or framework for understanding the process of behaviour change – particularly as it applies to health behaviours.

The Health Belief Model (Garcia and Mann 2003) proposes that the probability that individuals will change their behaviour to improve or protect their health is directly related to:

- Their awareness and perception of the health issue
- The perceived risks and consequences
- The anticipated benefits of the behaviour change
- Their level of skills

To help young people modify their behaviour you can provide them with information and basic counselling to:

- Raise their awareness and knowledge about the behaviour and its consequences
- 'Personalise' the risk – help them to see how the risk applies to them in their particular situation
- Promote a belief that behaviour change will eliminate or lessen the risk
- Support a belief that they can make and sustain the behaviour change
- Teach them appropriate interpersonal and life skills to help make changes
- Identify and reinforce support for them in making those changes

Another useful model is the Stages of Change model (Prochaska, DiClemente and Norcross 1992) which states that people are at different stages of readiness to change their behaviour, and go through a number of stages on their way to making changes. Consequently:

- Many people are not ready/able to change their behaviour when they first come into contact with a health professional
- Interventions should be matched to the person's current stage of preparedness to change
- The objective is to assist people in moving from one stage to the next, and not push them prematurely into action

While some research has questioned the effectiveness of this model in providing practical intervention strategies for change (West 2005), it can still be a very useful framework for initial discussions with a young person. In particular, it can help you assess:

- Their awareness of the problem and acceptance of the need to address it
- Their readiness to attempt to change the behaviour
- Their belief in their capacity (self-efficacy) to make changes

**TABLE 6 – STAGES OF CHANGE**

Stage of change	Issues	Strategies
<b>Pre-contemplation</b>	<ul style="list-style-type: none"> <li>• Hasn't thought about change</li> <li>• Young person doesn't see the problem as an issue</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of risks associated with current behaviour</li> <li>• Identify risks and benefits of their behaviour</li> <li>• Identify effects on others</li> <li>• Provide information on health/social consequences</li> </ul>
<b>Contemplation</b>	<ul style="list-style-type: none"> <li>• Considering the benefits of changing and the risks associated with not changing</li> <li>• Young person thinking about change</li> </ul>	<ul style="list-style-type: none"> <li>• Reinforce benefits of changing</li> <li>• Elicit person's own reasons for changing</li> <li>• Motivate, encourage to make goals for change</li> <li>• Examine pros and cons of changing</li> <li>• Support young person to reduce risks associated with their behaviour</li> </ul>
<b>Decision/Determination</b>	<ul style="list-style-type: none"> <li>• Ready to make a change</li> <li>• Young person is making a plan to change</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen young person's belief in their ability to change</li> <li>• Provide a range of options for action</li> <li>• Assist in developing concrete action plans, setting gradual goals</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>• Carries out specific action plans for change</li> <li>• Dealing with barriers to change</li> </ul>	<ul style="list-style-type: none"> <li>• Provide positive reinforcement</li> <li>• Assist with problem solving</li> <li>• Identify barriers to change</li> <li>• Identify social supports</li> <li>• Teach coping skills</li> <li>• Identify harm reduction strategies</li> <li>• Refer to specialist services</li> </ul>
<b>Maintenance</b>	<ul style="list-style-type: none"> <li>• Developing strategies for sustaining changes</li> </ul>	<ul style="list-style-type: none"> <li>• Affirm and support behaviour change</li> <li>• Teach coping skills</li> <li>• Foster strengths and protective factors</li> <li>• Provide reminders</li> <li>• Identify alternatives</li> <li>• Identify social supports</li> </ul>
<b>Relapse</b>	<ul style="list-style-type: none"> <li>• Re-engagement in problem behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Empathise and normalise as part of the change process</li> <li>• Assist in resuming the change process</li> <li>• Return to 'Determination' and 'Action' stages</li> <li>• Avoid guilt, blame and demoralisation</li> </ul>

## MOTIVATIONAL INTERVIEWING

Motivational interviewing (MI) is a technique that can be used in conjunction with a number of different models of behaviour change (Baer and Peterson 2002). The technique can help you prepare a young person for change by helping to building their motivation and reinforcing their capacity to make changes (self-efficacy).

MI is person-centred. It focuses on the concerns and perspectives presented by the young person and is based on the belief that the resources and motivation for change already exist within the person. The technique aims to get the young person talking and voicing the advantages of change, plans for change, readiness for change and confidence in ability to make a change.

The role of the health professional is to reflectively listen, which reinforces the change talk.

MI focuses on understanding the person's beliefs and priorities in the following areas (Gomez 2002):

1. Problem recognition – Ask questions that help to define the problem clearly. *What is the issue?*
2. Perceived impact on life – Ask questions that bring out what effect it is having on the person's life. *What effect is it having?*
3. Beliefs about capacity to change – Ask questions that explore what the person believes it would be possible to do. *What could be done to make the problem better?*
4. Intention to change – Ask questions to find out whether the person wants to commit to making changes. *What do you think you might be able to do/ change in regard to the problem?*

Motivational Interviewing can be used with the Stages of Change model to assess the person's change potential at different stages – e.g.:

1. Thinking of changing: *What would you like to discuss? Tell me more about...? How do you feel when...?*
2. Preparing for change: *How confident are you? What has worked in the past?*
3. Making changes: *How can we plan for this? What are the likely barriers?*
4. Maintaining changes: *How is it going?*
5. Dealing with relapse: *What has happened? How can we get back on track?*

### FINDING OUT MORE...

To learn more about conducting Motivational Interviewing visit the Motivational Interviewing website – [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

You can also refer to Miller W. And Rollnick S. (2002). *Motivational Interviewing: Preparing people for change.* (2nd edn). Guildford Press: London.

## INTERVENTIONS

The extent of intervention required varies. For some risk-taking behaviours, a good response may be to simply provide some health education. Other behaviours may need more active intervention, particularly if the young person is at high risk. It is worth noting that interventions that are effective in reducing one type of risk-taking behaviour are likely to positively affect other risk-taking behaviours. The level of intervention required depends on the balance of risk and protective factors and the severity of the risk-taking behaviour.

**TABLE 7 – INTERVENTIONS FOR RISK-TAKING BEHAVIOURS**

Risk status	Possible interventions
<b>No risk/low risk</b>	<ul style="list-style-type: none"> <li>• Aim to prevent the emergence of problem behaviour</li> <li>• Provide preventative health education and health promotion messages</li> <li>• Enquire about their level of knowledge and provide objective information about the health consequences associated with a particular behaviour</li> <li>• Build a trusting relationship so that they might return if concerns arise in the future</li> </ul>
<b>Moderate/high risk</b>	<ul style="list-style-type: none"> <li>• Reduce modifiable risk factors/behaviours</li> <li>• Assess other external risks to safety: if a young person discloses violence or abuse, develop a safety plan with the young person and people in their identified safety network, and notify police</li> <li>• Use harm minimisation strategies to help reduce the dangers associated with risky behaviours</li> <li>• Develop a management plan with the young person to reduce risks associated with the behaviour and find safer alternatives</li> <li>• Provide health education and counselling</li> <li>• Refer as necessary to specialist treatment and support services</li> <li>• Strengthen protective factors</li> <li>• Identify and reinforce the young person's strengths</li> <li>• Identify ways to enhance protective factors in their lives – e.g. family counselling, school mediation</li> <li>• Teach the young person protective behaviours to reduce risks – e.g. safer sexual practices, refusal and assertiveness skills</li> </ul>

**STRATEGIES FOR PROMOTING RESILIENCE**

- Adopt a strengths perspective – focus on strengths not just problems: help the young person to recognise and affirm existing strengths & personal assets
- Enhance and reinforce protective factors in the young person's life – e.g. family support, connection to school, positive peer relationships, connection to their culture
- Foster a positive self-image and self-esteem – through participation in activities, sports, academic achievement, hobbies, artistic abilities
- Teach life skills – cognitive/social/emotional competence:
  - » Cognitive competence – identify and challenge faulty thinking, develop positive self-talk, decision-making skills, self-management
  - » Emotional self-management – teach practical skills for identifying and regulating emotions, encourage appropriate expression of emotions, self-management
  - » Social competency – interpersonal and communication skills
- Teach protective behaviours – e.g. safe sexual practices, assertiveness and refusal skills
- Encourage the young person to find a sense of meaning and purpose – exploring creativity, spirituality, relationships
- Encourage appropriate help-seeking behaviour (Blum 1998; Fuller 1996)

## CASE STUDY: WORKING WITH MARK TO REDUCE RISK

Mark is an 18-year-old young man who comes to see you accompanied by his mother. He presents with low mood, anxiety and disordered thoughts.

Mark's life is chaotic. He lives in a self-contained flat beneath his mother's house, but he often spends days at a time at friend's places, usually binge drinking and smoking marijuana. His mother suspects that he and his friends have also been selling drugs. He is highly agitated and appears to have difficulty in organising his thoughts. He is very thin and his hygiene appears to be poor. His frequent marijuana use seems to be contributing to his low mood, lack of self-care, and his difficulties in performing routine tasks like cooking for himself.

Mark dropped out of school at a young age. He makes jewellery and says that he wants to establish his own business. However, he is highly disorganised and has difficulty following through on plans. This is a source of major ongoing conflict with his mother. She is trying to encourage him to live more independently in his daily life. However, because of his poor level of self-care, she feels that she has to constantly cook and clean for him. Mark resents his mother's interference and consequently they have frequent arguments during which Mark becomes very aggressive, causing stress to both parties.

His mother reports that Mark was prescribed medication a couple of years ago for similar problems but he refused to take it. She has approached a community support organisation for help to find suitable alternative accommodation for Mark. She says that she can't have him living with her anymore.

### RISK ASSESSMENT

Using HEEADSSS, you identify a number of risk factors in Mark's life:

- Substance using peer group
- Low educational attainment
- Conflict with mother
- Unstable living situation
- Poor social and problem-solving skills
- History of mental health difficulties
- Lifestyle

He is engaged in the following risk-taking behaviours:

- Marijuana use
- Binge drinking
- Selling drugs
- Aggressive behaviour toward his mother

You have identified the following protective factors:

- A supportive mother
- His interest in jewellery
- His willingness to talk with you
- Involvement with community support services

### RISK STATUS

Based on your assessment, you determine that Mark is at a moderate-to-high level of risk. He has some protective factors in his life, but these are weak compared to the risk factors. You are particularly concerned about his mental health history and his high risk of developing a co-morbid condition of substance use and mental illness.

### MANAGEMENT APPROACHES

Your first challenge is to engage Mark in a trusting relationship. You begin to build trust and establish safety by explaining confidentiality and its limits, and by asking Mark what feels uncomfortable and what he needs to feel safe. You praise Mark for attending and being willing to look at addressing the problems in his life. You discuss the risks that you have identified but also acknowledge his strengths. You work with Mark to identify the safe people in his life.

It is also important to identify what Mark sees as his concerns and what goals he wants to pursue. This needs to be a collaborative process, especially as Mark is an adult.

You identify a series of interventions that will form a care plan to help Mark and his mother:

- You discuss the possibility with Mark of reducing his alcohol intake and marijuana use and identify specialist services that could assist him with this
- You assess Mark's general health, diet, sleep, exercise and lifestyle. You provide health education on these issues
- You arrange referral to a GP to make a Mental Health Care Plan for Mark and onward referral to a psychiatrist for specialised assessment and to identify suitable medication options for Mark

- You arrange referral to a psychologist for counselling for behavioural issues and to address the conflict with his mother

You undertake to follow-up with Mark to review the implementation of this care plan.

### CASE STUDY: SAMANTHA'S RISK

Samantha is 16 years old. While you're talking with her, you discover that she drinks most weekends – often getting drunk with her friends – and smokes marijuana a few times a week, usually on her own.

She is sexually active with her boyfriend of one year. She says they usually use condoms but occasionally when they have both been drinking they have unprotected sex.

Samantha does well at school although recently her grades have begun to drop. She is editor of the school magazine and plans to go to university. She plays tennis and is one of the top players in the school's team. She has always gotten along well with her parents and they have taken a keen interest in her sporting and school progress.

However, her parents are having a lot of conflict in their relationship and Samantha is feeling upset and worried that they are going to separate. They fight frequently and, when this happens, Samantha withdraws to her room. She deals with the stress of this situation by smoking marijuana. She finds it difficult to talk about what is going on with his parents. She says that her boyfriend and friends have been complaining lately that she is always in a bad mood.

#### RISK ASSESSMENT

Using the HEEADSSS assessment, you identify the following risk factors in Samantha's life:

- Binge drinking
- Marijuana use
- Unsafe sex
- Parental conflict
- Decline in grades
- Lack of communication skills
- Lack of emotional coping skills
- Past and present trauma and abuse experiences were not identified as issues.

You also identify the following protective factors:

- Success at sport and school
- Connection to parents
- Relationship with boyfriend and peers
- Connection to school
- Sense of purpose.

#### RISK STATUS

As a result of your risk assessment, you determine that Samantha is at a moderate level of risk

Although she has a number of protective factors in his life, Sam is vulnerable because of her escalating risk-taking behaviour and the presence of conflict in her parents' relationship.

#### MANAGEMENT APPROACHES

You work on building rapport with Samantha. You praise her for seeking help and for staying connected to her friends and boyfriend. You feed back your assessment of the risks in her life at the moment and share your concerns. You identify some ways that you can support her to reduce the risks in her life and to build her resilience. These include:

- Health education and anticipatory counselling regarding her alcohol and drug use
- Education about safer sexual practices
- Education about building healthy and safe relationships
- Referral to a counsellor for assistance in dealing with her parents' conflict and to develop more effective communication and emotional coping skills

You negotiate with Samantha about talking with her parents to share some of your concerns and to get their support for Samantha to attend counselling.

**PRACTICE POINTS - ASSESSING AND ADDRESSING RISK**

- Build rapport with the young person
- Routinely screen young people for risk behaviours – especially if they present with specific psychosocial problems
- Use the HEEADSSS psychosocial assessment to identify the overall balance of risk and protective factors in the young person's life
- Provide early intervention and health education appropriate to the risk status and developmental stage of the young person
- Actively promote behaviour change by:
  - » Providing anticipatory counselling and guided decision-making
  - » Raising awareness of harmful consequences
  - » Teaching skills for minimising risks and promoting protective behaviours

**CHAPTER SUMMARY - WHAT TO REMEMBER**

Risk-taking is a normal part of adolescence. By taking risks, young people build their sense of self, their capabilities and their independence.

Young people are unlikely to be at serious risk of harm from experimenting with risk-taking behaviours if they have strong protective factors. Low level interventions to manage risks include providing education and information about the health risks associated with behaviours so that young people can make educated decisions about their options.

There are, however, health risks associated with many of the behaviours that young people engage in and more extreme risktaking behaviour can be masking other issues - such as the experience of trauma or abuse. Interventions to reduce risktaking behaviour are unlikely to be effective if the young person continues to be assaulted and abused or experience other trauma. The experience of complex trauma and/or a moderate-to-high level scored on a risk assessment will require a more intensive, collaborative approach to risk reduction.

**REFLECTION QUESTIONS**

How might understanding a young person's risk and protective factors assist you in your work with young people?

What are some of the difficulties and challenges you experience in managing young peoples' risk taking behaviours and promoting behaviour change?

What are some ways that you or your service intervenes with young people to modify risk factors or behaviours and enhance their protective factors or behaviours?

What training do you need to strengthen your skills in managing risk taking behaviour and promoting behaviour change?

## REFERENCES

- Baer JS & Peterson PL. (2002). Motivational interviewing with adolescents and young adults. In W Miller and S Rollnick (eds.) *Motivational Interviewing: Preparing People for Change*. 2nd ed. Guildford Press: London.
- Blum R. (1998). Healthy youth development as a model for youth health promotion – a review. *Journal of Adolescent Health*. 22(5), 368-375.
- Bond L, Thomas L, Toumbourou J, Patton G & Catalano R. (2000). *Improving the lives of young Victorians in our community: A survey of risk and protective factors*. Centre for Adolescent Health: Melbourne.
- Clarke S. (2000). Adolescent Risk-Taking Behaviour. *Australian Doctor*. 111, 1.
- Courtois CA & Ford JD. (2009). *Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide*. The Guilford Press: New York.
- Fuller A. (1996). *From Surviving to Thriving – Promoting Mental Health in Young People*. ACER Press: Melbourne.
- Garcia K & Mann T. (2003). 'I Wish' to 'I Will': social-cognitive predictors of behavioral intentions. *Journal of Health Psychology*. 8, 347-360.
- Gomez F. (2002). Harnessing the winds of change. *Australian Doctor*. 35-36.
- Kezelman C & Stavropoulos P. (2012). *The Last Frontier. Practice Guidelines for Treatment Of Complex Trauma and Trauma Informed Care And Service Delivery*. ASCA: Sydney.
- Prochaska JO, DiClemente CC & Norcross K. (1992). In search of how people change: applications to addictive behaviours. *American Psychologist*. 47(9), 1102-1104.
- Resnick M, Harris L & Blum R. (1993). The impact of caring and connectedness on adolescent health and wellbeing. *Journal of Paediatric Child Health*. 29, S3-S9.
- Rogers N. (2005). *The prevalence of mental health needs in young drug users: Implications for service delivery*. Paper presented at the Australasian Professional Society of Alcohol and Other Drugs (APSAD). Melbourne.
- Sanci L. (2001). *Adolescent Health Care Principles*. Centre for Adolescent Health. The Royal Australian College of General Practitioners: Melbourne.
- Siegel DJ & Hartzell M. (2004). *Parenting from the Inside Out: How a Deeper Understanding Can Help You Raise Children Who Thrive*. Penguin: New York.
- Toro PA, Dworsky A & Fowler PJ. (2007). Homeless Youth in the United States: Recent Research Findings and Intervention Approaches. In D Dennis, G Locke & J Khadduri (eds). *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*. 6-1, 6-33. U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development: Washington DC.
- West R. (2005). Time for a change: Putting the Transtheoretical (Stages of Change) model to rest. *Addiction*. 100(8), 1036-1039.

