Adolescent Health GP Resource Kit

Practice Points

section two - chapter five

Risk Taking and Health Promotion

Screening for Risk Behaviours *see page 56*

- Risk taking behaviour is central to the onset of many major adolescent health problems
- Routinely screen adolescent patients for risk behaviours – especially if they present with specific psychosocial problems
- This enables you to assess the young person's overall level of health risk and plan appropriate intervention

Identify Risk and Protective Factors *see page 56*

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:

- Use the HEEADSSS psychosocial assessment to identify risk and protective factors in a young person's life
- The presence of certain protective factors (such as a stable, positive relationship with at least one adult) can outweigh the effects of risk factors

Risk Status *see page 56*

Having identified the young person's risk and protective factors, their overall risk status can be classified as follows:

- ***No risk*** – *not yet engaged in risk behaviours*
  - family, school and social functioning are stable and positive
- ***Low risk*** – *engaged in safe experimentation*
  - risk taking is sporadic, recreational and experimental
  - protective factors outweigh risk behaviours
- ***Moderate risk*** – *engaged in behaviours with harmful consequences – e.g. impairment of positive functioning and developmental tasks*
  - presence of social/environmental risk factors – family problems; peer group influences; or other risk factors – e.g. family history of depression
- ***High risk*** – *major disruption or risk to health, safety or life*
  - persistent and/or escalating harmful behaviours
  - presence of major risk factors and few protective factors

Intervention *see page 60*

Risk Status	Interventions
Adolescents at no/low risk	• Aim to prevent the emergence of problem behaviour • Provide preventative health education • Enquire about level of knowledge – provide information about the health consequences of risk behaviours • Build a trusting relationship so that they might return if concerns arise in the future
Adolescents at moderate/high risk	• Reduce modifiable risk factors/ behaviours - use harm minimisation strategies to help reduce the dangers associated with risky behaviours - develop a management plan in conjunction with the young person to reduce risks associated with their behaviour and find safer alternatives - provide health education, basic counselling and referral to support services • Strengthen protective factors - identify ways to enhance protective factors in their lives – e.g. family counselling; school mediation - teach the young person protective behaviours to reduce risks – e.g. safer sexual practices; refusal and assertiveness skills

Providing Health Education *see page 61*

Health education should be targeted to the specific risk behaviors, health needs and developmental stage of the young person:

- **Provide information/education in an interactive style – adolescents will tune out if you start lecturing or giving a didactic monologue**
  - adopt a non-judgmental approach
- **Focus health messages on the immediate effects on their lifestyle**
  - focus on the *short-term consequences* of behaviours
- **Provide anticipatory counseling**
  - help the young person to anticipate potential harmful consequences of their behaviour and develop strategies and skills for reducing harmful consequences – *e.g. assertive communication; planning ahead*
- **Guided decision-making**
  - engage the young person in identifying and weighing up the perceived benefits and disadvantages of their risk-taking behaviour – *e.g. the risks of excessive drug use Vs. the benefits of acceptance by a peer group*

chapter five
Risk Taking and Health Promotion

Psychosocial problems and risk-taking behaviours account for the majority of adolescent death and illness[1]:

- **Accidents and injuries**
- **Substance use**
- **Mental health problems**
- **Co-morbid conditions**

Risk taking behaviour is central to the onset of many major adolescent health problems. GPs 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
- identify risk taking behaviours the adolescent is engaged in
- provide early intervention and health education appropriate to the developmental stage of the young person

Risk Taking

- 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 risk taking is almost always viewed in negative terms by adults, not all risk taking is dangerous and detrimental to the young person's health
- In fact, a certain degree of risk taking is essential for personal growth and development – it enables a young person to test their limits, learn new skills, develop competence and self worth, and assume greater responsibility for their life[2]

However, risk taking behaviour can be problematic and requires intervention when it:

- interferes with normal adolescent 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

Adolescent risk taking behaviour poses a greater threat when it is characterised by:

- ignorance – lack of prior experience or adequate information
- impulsiveness and thrill-seeking
- cognitive immaturity – inability to comprehend the consequences of behaviour
- low self worth and feelings of inadequacy

Understanding Risk Taking

- For some young people, risk taking may be a way of resolving developmental challenges – *e.g. a young adolescent 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 – *e.g. a young woman who engages in sexual activity in response to her low self-esteem and feelings of worthlessness*
- 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 – *e.g. angry, acting-out behaviour that is masking underlying depression*

Some examples of negative risk taking behaviours which have serious implications for young people's health include:

- early and/or high risk sexual activity
- drink driving
- unprotected sexual activity
- substance or alcohol abuse
- runaway behaviour
- school dropout
- criminal activity
- severe dieting

What's Normal and When to Worry

- **Normal adolescent behaviours include:** moodiness, flare ups, open and talkative with friends, monosyllabic with family, active striving for independence, trying new experiences, need to be like peers, sleeping in, critical and argumentative
- **Worrying behaviours include:** wild mood swings, dramatic and/or persistent behaviour change, isolation from peers, failing school performance or dropout, violent or aggressive behaviour, dangerous

drug and/or alcohol use, loss of routine, excessive sleeping, withdrawn, secretive

Screening For Risk Behaviours

- Routinely screen adolescent patients for risk behaviours – especially if they present with specific psychosocial problems
- Identify social and environmental risk factors – e.g. school failure, socio-economic disadvantage, refugee experience, parental abuse
- This enables you to assess the young person's overall level of health risk and plan appropriate intervention if required
- Use the ***HEEADSSS*** psychosocial assessment to identify risk behaviours and determine the young person's degree of risk

See Chapter 2 – Conducting a Psychosocial Assessment

- Document the findings of your risk assessment using the Adolescent Health Check pro-forma to develop a profile of the young person's overall risk status

See Adolescent Health Check template – Appendix 1

Risk assessment should take place in the context of understanding that co-morbidity of health problems/ risk behaviours is prevalent in young people

Identify 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[3]:

- 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 are crucial to the development of resilience in young people
- The presence of certain protective factors (such as a stable, positive relationship with at least one adult) act as a buffer to the negative effects of risk behaviors
- The most powerful protective factors in reducing morbidity among adolescents are connectedness and belonging to family, school and peers[4]
- The ***HEEADSSS*** assessment gives a profile of the overall balance of risk and protective factors in a young person's life

See Table 1

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.

In assessing risk status, consider the following:

- How much is the behaviour compromising the young person's safety, health, and development?
- The range and severity of **risk factors** – the presence of one risk behaviour may increase the risk for the occurrence of others (e.g. substance abuse and sexual risk-taking; school drop-out and the development of anti-social behaviour)
- How severe is the risk behaviour and is it escalating?
- How aware is the young person of the consequences of their behaviour?
- How entrenched is the behaviour in the young person's lifestyle?
- What strategies do they know or use to minimise the harm associated with the risk behaviour?
- What **protective factors** exist in the young person's life to safeguard them against the consequences of risk behaviours?

Risk Status

Having identified the young person's risk and protective factors, their overall risk status can be classified as follows[3]:

- **No risk** – *not yet engaged in risk behaviours*
  - *'well adjusted'*
  - family, school and social functioning are stable and positive
  - presence of a number of protective factors

- **Low risk** – *engaged in experimentation*
  - *'safe experimenter'*
  - risk taking is sporadic, recreational and experimental
  - family, social and school profile is stable
  - protective factors outweigh risk behaviours
  - may need monitoring if individual or environmental risk factors present

Example: *a young person who has experimented with marijuana with peers, but who has stable family and peer relationships, and is doing well at school.*

- **Moderate risk** – *engaged in behaviours with harmful consequences – e.g. impairment of positive functioning and developmental tasks*
  - *'vulnerable'*
  - presence of social/environmental risk factors – family problems, peer group influences; or other risk factors – e.g. adolescent with low self-esteem and family history of depression
  - presence of some protective factors – e.g. positive family, school, or peer support
  - requires intervention

Example: *a depressed young person with low self-esteem and a family history of depression, who occasionally smokes marijuana by himself.*

- **High risk –** *major disruption or risk to health, safety or life*
  - *'troubled' or 'out of control'*
  - persistent and/or escalating harmful behaviours
  - persistent and/or negative consequences – e.g. disruption of relationships, poor school performance, trouble with the police, conflict with family
  - presence of major risk factors and few protective factors

Example: *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.*

Table 1 - Examples of Key Risk & Protective Factors for Adolescents

Risk Factors *Characteristics of the young person themselves and their social environment that increase a young person's vulnerability to harm.*	**Protective Factors** *Individual and environmental factors that increase resistance to risk factors – including environmental supports, family background, personal skills and internal attitude.*
Adolescent Factors	
• Low self esteem • Poor social skills • Poor problem solving • Lack of empathy • Homelessness	• Social competence • Problem solving skills • Optimism • Good coping style • School achievement • Strong sense of moral values/spiritual beliefs • Creativity and imagination
Family Factors	
• Family conflict/breakdown • Harsh or inconsistent discipline • Lack of warmth and affection • Abuse and neglect • Lack of meaningful relationships with adults	• Supportive caring parents • Secure and stable family • Supportive relationship with other adult • Attachment to family
School Factors	
• School failure/dropout • Bullying • Peer rejection • Deviant peer group	• Positive school climate • Prosocial peer group • Positive achievements and sense of belonging at school • Opportunities for some success (at sport, study, etc.) or development of a special talent/hobby • Recognition of achievement
Community and Cultural Factors	
• Socio-economic disadvantage • Exposure to violence and crime • Homelessness • Refugee experience • Racism / discrimination • Intercultural conflict – the adolescent trying to 'fit in' and adapt to the new culture • Lack of support services	• Attachment and belonging to community • Access to support services • Participation in community group • Strong cultural identity/pride • Secure home/housing

Working With Young People At High Risk

- Young people at high risk present a particular challenge for GPs and health workers
- They are generally marginalised, under-serviced and have few resources
- Their situation is typically characterised by the following features[5]:
  - the presence of **multiple risk factors** and few protective factors
  - engagement in **high-risk behaviours**
  - **co-morbid health problems** – in particular, substance use and mental health disorders
  - their living situation may be in disarray – e.g. homeless, itinerant or living in care
  - their lives are often made more difficult to manage by the ongoing effects of trauma, neglect and abuse, as well as complicated grief reactions stemming from the experience of significant loss
- Young people at risk frequently have to cope with extreme circumstances in their lives, often without adequate support structures – therefore their risk-taking behaviour should be viewed in this light *(e.g. substance use as a coping mechanism)*

The GP's role

- High risk young people rarely present to a GP by themselves
- They may be brought along by a youth worker or referred by another health worker or service
- The GP may also come into contact with them if they work in outreach clinics at youth services or in a specialist Youth Health Centre
- A **collaborative management approach** is essential in working with Young People at high risk
- Engaging the young person in a **trusting relationship** is possibly the single most important thing that a GP can do in working with this target group – as this will provide the possibility of increasing their access to much needed treatment and services
- Young people at high risk often have chaotic lifestyles, therefore it is important to understand that they may miss appointments – attempt to maintain the relationship and try to re-engage them where possible
- Working with high risk adolescents with complex, co-morbid conditions takes time and commitment
- GPs often will not have the time and resources to provide comprehensive intervention – however, the GP can play a crucial role by providing the following:
  - detection of serious health risks and referral to appropriate services (e.g. specialist substance use or mental health services)
  - effective treatment of minor physical complaints that are common in this group – e.g. colds, skin infections, etc.
  - collaborative case management – e.g. use the **Medicare Mental Health Item Numbers** to facilitate the young person's access to allied health or specialist services and initiate a multidisciplinary treatment approach

See Chapter 13 – Collaborative Care for Medicare item numbers

  - creating **safety nets** by promoting access and links to crisis and support services
  - familiarise yourself with specialist services for young people in your local area (e.g. drug & alcohol counselling services, psychologists who work with young people, mental health services)

resources

- Refer to individual chapters in this Kit for approaches to treating specific health risk behaviours:
  - **Chapter 8 – Substance Abuse**
  - **Chapter 9 – Sexual Health**
  - **Chapter 10 – Mental Health**
- **See also Section Four** – for resources and contact details of services for specific health problems
- **The YSAS (Youth Substance Abuse Service)** website has information about working with high risk, co-morbid young people – www.ysas.org.au

Case Study

Mark is a 19 year old young man who is accompanied by his mother. He presents with symptoms of low mood, anxiety and disordered thoughts. Mark's life is very chaotic. He lives in his own self-contained flat beneath his mother's house – but he is often not there, spending days at a time at friend's places, usually engaging in binge drinking and smoking marijuana. His mother suspects that he and his friends have also been selling drugs. He has an unusual presentation. He is constantly agitated and appears to have difficulty in organizing his thoughts or retaining his line of thinking. He is very thin and his hygiene appears to be poor. His mother explains that this is partially related to his longstanding history of Asperger Syndrome which Mark was diagnosed as a child. It also appears to be exacerbated by his frequent marijuana use which may also be contributing to his low mood, lack of self-care (e.g. poor hygiene), and his difficulties in performing routine tasks (e.g. cooking for himself).

He dropped out of school at a young age. He makes his own jewellery and says that he wants to establish his own business. However, he is very disorganized and has difficulty in 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 and fixated, 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 organization for assistance in finding suitable alternative accommodation for Mark. She says that she can't have him living with her anymore.

Risk Assessment

- Using HEEADSSS, you identify the following 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 behaviours : marijuana use, binge drinking, selling drugs, aggressive behaviour toward his mother
- You also identify the following protective factors : a supportive mother; his interest in jewellery; involvement with community support services

Risk Status

As a result of 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 his risk factors. You are particularly concerned about his mental health history and his high risk of developing a co-morbid condition of substance abuse and mental illness.

Management Approaches

Your first challenge is to engage Mark in a therapeutic relationship. 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 some of his strengths. You outline a number of interventions for assisting Mark and his mother:

- using the **Medicare item numbers**, you make a mental health care plan for Mark and refer him to a psychologist for counselling for behavioural issues and to address the conflict with his mother
- you also refer him to a psychiatrist for specialised assessment in regard to Asperger or other possible mental health condition, as well as assessing suitable medication options for Mark

See Chapter 13 – Collaborative Care - for relevant Medicare item numbers

- you discuss the possibility with Mark of reducing his alcohol intake and marijuana use and identify specialist services he could attend to assist him with this

You conduct an assessment of Mark's general health, diet, sleep, exercise and lifestyle. You provide health education on these issues. You make a follow-up appointment for Mark to review the implementation of the care plan.

Intervention

- When exploring risk factors and planning interventions, adopt a non-judgemental approach
- Explain the health risks in objective and simple terms
- Explore the health and social consequences of these risks in an interactive and non-judgmental style:

  "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?"

- Help the young person explore the reasons behind their behaviour and what function it might fulfill in their life:

  "How does smoking marijuana help you to deal with some of your problems?"

Note: While not condoning risky behaviors, it is important to acknowledge that there are usually also positive benefits that the young person attains from engaging in the risk behaviour – e.g. peer acceptance; having fun; relieving anxiety

- Identify alternative ways of achieving the positive benefits of their behaviours
- Identify ways of minimizing the harm associated with the behaviour
- Present your concerns about their behaviour, but allow the adolescent to make their own decisions
- Attempt to maintain contact with the young person even if they continue with their risky behaviour
  - this 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 be their doctor:

  "I'm interested in you and your wellbeing. It's my job as a doctor 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…"

Goals of Intervention

Some risk taking behaviours may only require the provision of health education. Others may need more proactive intervention, particularly if the young person is at high risk. The level of intervention required depends on the balance of risk and protective factors and the severity of the risk taking behaviour.[3]

See Table 2

Table 2 - Interventions for Risk Behaviours

Risk Status	Intervention
Adolescents at no/low risk	◆ **Aim to prevent the emergence of problem behaviour** - Provide preventative health education and health promotion messages - Enquire about their level of knowledge and provide objective information about the health consequences associated with a particular behaviour - Build a trusting relationship so that they might return if concerns arise in the future
Adolescents at moderate/ high risk	◆ **Reduce modifiable risk factors/behaviours** - use harm minimisation strategies to help reduce the dangers associated with risky behaviours - develop a plan of management in conjunction with the young person to reduce risks associated with their behaviour and find safer alternatives - provide health education and basic counselling - referral to specialist treatment and support services - interventions that are effective in reducing one risk behaviour are likely to positively affect other risk behaviours ◆ **Strengthen protective factors** - identify and reinforce the young person's strengths - identify ways to enhance protective factors in their lives – e.g. family counselling, school mediation - teach the young person protective behaviours to reduce risks – e.g. safer sexual practices, refusal and assertiveness skills

Intervention Strategies

◆ ***Promote resilience***

The development of resilience in young people is linked to long term success in life and the prevention of substance abuse, violence and suicide.[4] You can foster resilience by:

- strengthening a young person's connectedness in their social environment[6] – to their family; school/work; community; culture; peers; meaningful involvement in activities
- fostering positive self-esteem; teaching social, emotional and cognitive skills

See box below

◆ ***Adopt a collaborative approach to management***

- identify existing support structures in the young person's life and work together with these where possible – e.g. school, youth worker
- provide referral to specialist services if needed – counsellor, youth service, etc.
- where appropriate, involve the family if the young person is willing

◆ ***If the young person does not want to discuss the issue***

- provide some simple educational material that you can give them on relevant topics (e.g. drug & alcohol use, sexual health, etc.)
- there are many excellent youth-friendly pamphlets available on these topics

See Section Four – For resource materials and websites for young people

Example: *"Jason, what do you know about the effects of marijuana? If you like, I'll give you a bit of information on what we know about the effects of marijuana on your body and your brain. This might help you in making decisions and in keeping yourself safe."*

Strategies for Promoting Resilience [6, 7]

◆ **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
- Emotional self-management – identify and regulate emotions, encourage appropriate expression of emotions
- Social competency – interpersonal and communication skills

◆ **Teach protective behaviors** – 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**

Providing Health Education

The risk profile gathered from your HEEADSSS and risk assessment provides a guide to areas where the young person may need health education. Information should be targeted to the specific behaviors, needs and developmental stage of the particular young person.

Effective strategies for providing health education to young people include:

◆ ***Provide information/education in an interactive style***

- adolescents will tune out if you start lecturing or giving a didactic monologue
- invite the young person to share what they know about the particular behaviour, health risk or problem
- tailor information to the young person's developmental stage and cultural background
- adopt a non-judgmental approach
- encourage them to ask questions

◆ ***Focus health messages on the immediate effects on their lifestyle***

- focus on the *short-term consequences* of behaviours
- e.g. with cigarette smoking – focusing on bad breath, stained fingers and teeth, and bad skin is more likely to be effective than emphasizing long-term consequences such as lung cancer or heart disease

◆ ***Provide anticipatory counseling***

- help the young person to anticipate potential harmful consequences of their behaviour – *e.g. driving to a party where they may be drinking; drinking or using drugs at a party and the risks of unsafe sex*
- help them to anticipate the barriers they may face in attempting to change a behaviour that is part of their lifestyle, such as substance use – *e.g. peer pressure, withdrawal symptoms*
- help them to identify strategies and develop skills for reducing harmful consequences and dealing with barriers to change – *e.g. assertive communication, planning ahead, decision-making skills*
- use '*cognitive rehearsal*' to help the young person anticipate the risks they may encounter in different situations and to think about strategies they could use:

Example: *"What would you do if you were at a party with your friends who all had a lot of alcohol to drink and wanted to drive home? How do you think your friends might react if you said that you weren't going to ride with them? What could you do to make sure you were safe in that situation?"*

◆ ***Guided decision-making***

- engage the young person in identifying and weighing up the perceived benefits and disadvantages of their risk-taking behaviour – *e.g. the risks of excessive drug use vs. the benefits of acceptance by a peer group*
- it is important to acknowledge the perceived benefits of the risk behaviour for the young person – *e.g. using marijuana to relieve stress*
- identify alternative ways that the young person might achieve some of the same benefits – *e.g. relaxation techniques*
- allow the young person to make the actual decisions
- respect and support their developing maturity and independence

Case Study

Sam is a sixteen year old boy who sees you for a sprained ankle. On your follow-up consultation, you conduct a brief psychosocial screen and discover that he drinks most weekends – often getting drunk with his mates and smokes marijuana several times a week, usually on his own. He is sexually active with his girlfriend of one year. Usually he uses condoms but occasionally when he and his girlfriend have both been drinking they have unprotected sex. Sam does well at school although recently his grades have begun to drop. He is editor of the school magazine and plans to go to university. He plays football and is one of the top players in the team. He gets on well with his parents and they have always taken a keen interest in his sport and school progress. However, his parents are having a lot of conflict in their relationship and Sam is feeling upset and worried that they are going to separate. They fight frequently and when this happening Sam withdraws to his room. He deals with the stress of this situation by smoking marijuana. He finds it difficult to talk about what he is going through with his parents. He says that his girlfriend has been complaining lately that he is always in a bad mood and doesn't talk to her.

Risk Assessment

Using the **HEEADSSS** assessment, you identify the following ***Risk Factors*** in Sam's life – binge drinking; marijuana use; unsafe sex; parental conflict; decline in his grades; lack of communication skills; lack of emotional coping skills.

You also identify the following ***Protective Factors*** – success at sport and school; connection to his parents; relationship with his girlfriend; connection to his school; his sense of purpose.

Risk Status

As a result of your risk assessment, you determine that Sam is at a ***moderate*** level of risk – although he has a number of protective factors in his life, Sam is vulnerable because of his escalating risk behaviour and the threat of the conflict in his parents' relationship.

Promoting Behaviour Change

A major goal in health education and managing risk 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. Some useful models are:

- ***Health Belief Model*** [8] – states that the probability 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
- Therefore, to help adolescents modify their behaviour according to his model – 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

- ***The 'Stages of Change'*** [9] – According to this model, patients 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 patient's current stage of preparedness to change
  - the objective is to assist patients in moving from one stage to the next, and not push them prematurely into action

Using the Stages of Change (SOC) Model

- Recent research has questioned the effectiveness of this model in providing practical intervention strategies for change[10]. However, the Stages of Change model is still useful – especially in the initial contact with an adolescent – as a framework for assessing their status in terms of:
  - 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
- The SOC model also helps to identify interventions that most closely match where the young person is at in their attempts to change their behaviour. However, the model should be used as a guide to working with patients rather than rigidly applied as a prescriptive formula, or for making clinical predictions
- Though most widely used with substance use, the SOC model can be applied to a wide range of health behaviours

See Chapter 8 – Treating Substance Abuse

The key issues of each stage in the change process and strategies for addressing these issues are outlined in Table 3.

Interventions

Once you have an idea of the young person's readiness to change, intervention can focus on:

- Promoting the young person's motivation to change
  - ***"What are your concerns about your (drug use, sexual behaviour, etc.)?"***
  - ***"What benefits do you think you might get by cutting down or stopping (the behaviour)?"***

- Assisting them in moving through the different stages of change
- Assisting the young person to set goals and make decisions about changing their behaviour
- Promoting the young person's self-efficacy for making change
- Identifying practical strategies for making changes and overcoming barriers to change
- Teaching coping skills for supporting and maintaining change

Motivational Interviewing[11]

Motivational interviewing (MI) is a technique that can be used in conjunction with a number of different models of behaviour change:

- MI is a process of preparing young people for change by building their motivation and reinforcing their capacity to make changes ('self efficacy')
- MI is patient-centred – it focuses on the concerns and perspectives presented by the patient
- It is based on the belief that the resources and motivation for change already exist within the patient
- MI aims to get the young person doing the talking and voicing the advantages of change, plans for change, readiness for change and confidence in ability to make a change
- The role of GP is to reflectively listen which reinforces the change talk
- MI focuses on understanding the patient's beliefs and priorities in the following areas[12]:
    - **Problem recognition** – Ask questions that help to define the problem clearly. What is the issue?
    - **Perceived impact on life** – Ask questions that bring out what effect it is having on the patient's life. What effect is it having?
    - **Beliefs about capacity to change** – Ask questions that explore what patient believes it would be possible to do. What could be done to make the problem better?
    - **Intention to change** – Ask questions to find out whether the patient 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 patient's change potential at different stages – e.g.:
    - **Thinking of changing:** What would you like to discuss? Tell me more about...? How do you feel when...?
    - **Preparing for change:** How confident are you? What has worked in the past?
    - **Making changes:** How can we plan for this? What are the likely barriers?
    - **Maintaining changes:** How is it going?
    - **Dealing with relapse:** What has happened? How to get back on track?

See Chapter 8 – Treating Substance Abuse – for more information on Motivational Interviewing

Table 3 - Stages of Change

Stage of Change	Issues	Strategies
Pre-contemplation	• Patient doesn't see the problem as an issue *'Hasn't thought about change'*	• Increase awareness of risks associated with current behaviour • Identify risks and benefits of their behaviour • Identify effects on others • Provide information on health/social consequences
Contemplation	• Patient thinking about change *'Considering the benefits of changing and the risks of not changing'*	• Reinforce benefits of changing • Elicit patient's own reasons for changing • Motivate, encourage to make goals for change • Examine pros and cons of changing • Support young person to reduce risks associated with their behavior
Decision / Determination	• Patient is making a plan to change *'Ready to ready to make a change'*	• Strengthen patient's belief in their ability to change • Provide a range of options for action • Assist in developing concrete action plans, setting gradual goals
Action	• Patient carries out specific action plans for change • Dealing with barriers to change	• Provide positive reinforcement • Assist with problem solving • Identify barriers to change • Identify social supports • Teach coping skills • Harm reduction strategies • Referral to specialist services
Maintenance	• Developing strategies for sustaining changes	• Affirm and support behaviour change • Teach coping skills • Foster strengths and protective factors • Provide reminders • Identify alternatives • Social supports
Relapse	• Re-engagement in problem behaviour	• Empathize and normalize as part of the change process • Assist in resuming the change process • Return to 'Determination' and 'Action' stages • Avoid guilt, blame and demoralisation

resources

The following resources provide further information about conducting Motivational Interviewing:

- The **Motivational Interviewing website** – www.motivationalinterviewing.org
- Miller, W. and Rollnick, S. (2002) *Motivational Interviewing: Preparing people for change.* (2nd edn) Guildford Press. London.

practice points

- Routinely screen adolescent patients for risk behaviours – especially if they present with specific psychosocial problems
- Risk assessment should take place in the context of understanding that co-morbidity of health risk behaviours is prevalent in young people
- 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
- The main GP roles in working with high risk young people are detection of serious health risks and collaborative case management through referral to appropriate services – use the **Medicare Item Numbers** to initiate a multidisciplinary treatment approach
- Promote the young person's resilience by strengthening their connection to supports in their social environment
- Actively promote behaviour change:
  - provide anticipatory counselling and guided decision-making
  - raise awareness of harmful consequences
  - teach skills for minimising risks and promoting protective behaviours
- Motivational Interviewing prepares a young person for change by building their motivation and reinforcing their capacity to make changes

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