

## RISK TAKING AND HEALTH PROMOTION

### Screening for Risk Behaviours

- 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
- Use the *HEADSS* psychosocial assessment to identify risk behaviours and determine the young person's degree of risk

### 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:

- Use the *HEADSS* assessment to identify the overall balance of 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

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
  - presence of a number of protective factors
- **Low risk** – *engaged in safe experimentation*
  - risk taking is sporadic, recreational and experimental
  - family, social and school profile is stable
  - 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
  - presence of some protective factors – e.g. family, school, or peer support
- **High risk** – *major disruption or risk to health, safety or life*
  - persistent and/or escalating harmful behaviours
  - persistent and/or negative consequences – e.g. disruption of relationships; poor school performance; trouble with the police
  - presence of major risk factors and few protective factors

ADOLESCENT HEALTH RESOURCE KIT  
**PRACTICE POINTS**

<b>Risk Status</b>	<b>Interventions</b>
<b>Adolescents at no / low risk</b>	<ul style="list-style-type: none"> <li>■ Aim to prevent the emergence of problem behaviour</li> <li>■ Provide preventative health education</li> <li>■ Enquire about level of knowledge – provide information about the health consequences of risk behaviours</li> <li>■ Build a trusting relationship so that they might return if concerns arise in the future</li> </ul>
<b>Adolescents at moderate / high risk</b>	<ul style="list-style-type: none"> <li>■ <b>Reduce modifiable risk factors / behaviours</b> <ul style="list-style-type: none"> <li>– use harm minimisation strategies to help reduce the dangers associated with risky behaviours</li> <li>– develop a management plan in conjunction with the young person to reduce risks associated with their behaviour and find safer alternatives</li> <li>– provide health education, basic counselling and referral to support services</li> </ul> </li> <li>■ <b>Strengthen protective factors</b> <ul style="list-style-type: none"> <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> </li> </ul>

### **Providing Health Education**

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**
  - invite the young person to share what they know about the particular behaviour, health risk or problem
  - 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 – 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 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*
  - identify alternative ways that the young person might achieve some of the same benefits – e.g. *relaxation techniques*
  - support the young person in making healthy decisions