

FOR PROVIDERS: SCREENING, ASSESSMENT AND REFERRAL

HEADSS Assessment: Risk and Protective Factors

Risk factors increase the likelihood that an adolescent will engage in risky behaviors. Protective factors, on the other hand, build an adolescent's resiliency and contribute to his/her ability to cope with stress and thrive. Identify the adolescent's risk and protective factors during each visit. Encourage all of your patients to build upon their assets and reach out for help.

Biological Risk Factors:

- ❖ Genetics: family history of mood, anxiety, and/or eating disorders, schizophrenia, substance addiction.
- ❖ In-utero and childhood risks: fetal alcohol exposure, toxin exposure, brain injury, infections, nutritional deficits.

PSYCHOSOCIAL REALMS	PROTECTIVE FACTORS	RISK FACTORS
HOME	<ul style="list-style-type: none"> • Positive relationship with parent(s) • Parent(s)/family seen as resource • Good communication with parent(s)/family • Caring adults involved in his/her life 	<ul style="list-style-type: none"> • Conflicted/negative relationship with parent(s) • Absent or excessive rules, structure, or supervision • Uncomfortable asking parent(s)/family for help • Poor communication with parent(s)/family • Caring adults cannot be identified
EDUCATION/ EMPLOYMENT	<ul style="list-style-type: none"> • Positive attitude about school • Involvement in school and school activities • Belief that teachers and school are caring and fair • High academic expectations communicated by parent(s) • Good academic achievement • Future educational attainment goals 	<ul style="list-style-type: none"> • Belief that school is boring, useless, and/or unsafe • Isolated, disengaged, or discriminated in school • Belief that teachers and school mistreat him/her • Low or extremely high academic expectations from parent(s) • Grade(s) repeated, ▼ school performance/attendance • Education not seen as part of her/his future life • 20 hours or more per week of work
ACTIVITIES	<ul style="list-style-type: none"> • Involvement in supervised group activities such as after-school, community-based, sports, arts and/or faith-based programs • Religious and/or spiritual practice • Involvement in social justice, advocacy, and/or community work • At least one meal per day eaten with family 	<ul style="list-style-type: none"> • Lack of supervision in school or after school • Engaged in risky and/or harmful behaviors • Isolated or disconnected from peers, community, and family • Overscheduled and without down time • Inadequate nutrition or sleep • Excessive preoccupation with diet and/or exercise
DRUGS	<ul style="list-style-type: none"> • Not associated w/ substance-involved peers • Parent(s)/family members do not use substances • Negative attitude towards substances • Past substance use but now abstinent 	<ul style="list-style-type: none"> • Substance use by peers • Substance use by parent(s)/family members • Early, intense, and/or consistent substance involvement
SEXUALITY	<ul style="list-style-type: none"> • Intention to abstain from sexual intercourse until late adolescence/young adulthood • Not currently sexually active or using reliable methods to reduce pregnancy and STI/HIV risk • Sexual debut after 15 years of age • Trusted adult to talk to about sexual issues 	<ul style="list-style-type: none"> • Engaged in unprotected sex • Pregnancy or STI in the past • Sexual debut before 14 years of age • Peers are only source of sexual information • History of sexual assault or abuse
SUICIDE/ DEPRESSION/ SELF-IMAGE	<ul style="list-style-type: none"> • Caring adult to talk to when stressed • Peer support network • Healthy coping skills • Positive self-esteem/ self-image • Acceptance of appearance and weight 	<ul style="list-style-type: none"> • Current depression/isolation/disengagement • Current suicidal ideation • History of suicide attempt and/or major trauma • Family member/friend who committed suicide • Unreasonable expectations from self or others • Extreme dissatisfaction with appearance or weight
SAFETY	<ul style="list-style-type: none"> • Seat belt and protective gear usage • Good problem solving skills when faced with dangerous situations • Non-violent conflict resolution skills 	<ul style="list-style-type: none"> • No or inconsistent seat belt & protective gear usage • Easy access to weapons or carrying weapons • Victimization through family, intimate partner, gang, or school violence/bullying

Sources:
 1) Simmons M, Shalwitz J, Pollock S, Young A. *Adolescent Health Care 101: The Basics*. Adolescent Health Working Group. 2003: B-9. <http://www.ahwg.net/resources/toolkit.htm>
 Annotated HEADSS assessment can be found in *Adolescent Health Care 101*.
 2) Erica Monasterio, RN, MN, FNP. University of California San Francisco, Division of Adolescent Medicine. 2006.

Adolescent Provider Toolkit

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