CHAPTER 32

The SSHADESS Screening: A Strength-Based Psychosocial Assessment

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Why This Matters

We can do our greatest good when we assess youth for risk and emotional well-being before crises occur. This positions us to guide adolescents to consider safer behaviors and refer them to appropriate supports.

The SSHADESS screening offers a standard flow to the adolescent psychosocial interview that is rooted in a strength-based approach but also explores emotional well-being and adolescent risk behaviors. The SSHADESS screening[1,2] is a modified HEADSS screening, which has been taught in adolescent medicine and pediatric training programs for many years.[3]

Incorporate at least a brief screening into every visit because youth in emotional crisis may present with a hidden agenda. They may be searching for a responsible adult to ask the right questions.

The rationale behind the modification includes

- **It begins with strengths.** This demonstrates that we do not view youth only in the risk context. Further, it gives us the ability to react to risk in the broader context of the youth's life so that we can minimize the shame associated with focusing only on risk.
- **School is addressed before home.** Home is an intimate subject that may raise sensitive issues too early. School is a safer subject that allows a general view of functioning. When a young person is in crisis, it usually impairs schoolwork and, therefore, can serve as a marker of stress.
- **A wider range of emotions are screened for.** Rather than just depression or suicide, additional emotions are screened for. In particular, many young people who would deny sad feelings or nervousness would readily endorse stress.

Screening for Strengths, Well-being, and Risks

The SSHADESS screening has been designed for direct questioning of an adolescent in a private setting after trust has been earned (see Chapter 23, Setting the Stage for a Trustworthy Relationship). It is not meant to be used verbatim in a programmatic setting, but elements of the screening can be helpful in any setting.

The SSHADESS screening can also be used to elicit information when a parent or another caregiver has accompanied an older child or younger adolescent who is not yet comfortable with a private interview. (Ideally, have a few moments of light conversation in private with these youth to normalize the experience.) When topics are broached in the presence of a parent, only the general topics should be asked directly to the youth (strengths, school, and activities). Direct risk behaviors should not be elicited. Rather, use this as an opportunity to offer general guidance and model for the parent how to approach sensitive topics. Also, use it as an opening to discuss whether the parents are approaching these topics at home as they prepare their child to navigate adolescence. This also presents the opportunity to explore needed supports.

Examples of key questions you might ask in a SSHADESS screening are included below. Positive or concerning responses will require a deeper level of questioning than the level included here. Strategies to explore each area are discussed in the chapters specific to that area.

- **Strengths.** *What do you like doing? How would you describe yourself? Tell me what you're most proud of? How would your best friends describe you?*
- **School.** *What do you enjoy most about school? Least? How many days have you missed or had to be excused early or arrived late to school? How are your grades? Any different from last year? Do you feel like you are doing your best at school?* (If no) *Why not? What's getting in the way? Do you feel safe on the way to school and in school? Do you participate in gym class? What would you like to do when you get older?*
- **Home.** *Who do you live with? Any changes in your family? Could you talk with anyone in your family if you were stressed? Who would you go to first?*
- **Activities.** *Are your friends treating you well? Do you have a best friend or adult you can trust outside your family? Are you still involved in the activities you were doing last year? What kind of things do you do just for fun? Are you spending as much time with your friends as you used to?*
- **Drugs and substance use.** *Do any of your friends talk about smoking cigarettes, vaping, taking drugs, or drinking alcohol? Do you smoke cigarettes? Drink alcohol? Have you tried sniffing glue, smoking weed, or using pills or other drugs? If and when you smoke, drink, or get high, how does it make you feel or what does it do for you?*
- **Emotions, eating, and depression.** *Have you been feeling stressed? Do people get on your nerves more than they used to? Are you feeling more bored than usual? Do you feel nervous a lot? Have you been having trouble sleeping lately?* (If yes) *What kind of trouble? Would you describe yourself as a healthy eater? Have you been trying to gain or lose weight? Tell me why. Have you been feeling down, sad, or depressed? Have you thought of hurting yourself or someone else? Have you ever tried to hurt yourself?*
- **Sexuality.** *Are you attracted to anyone? Tell me about that person.* (Using gender-neutral language) *Are you comfortable with your sexual feelings? Are you attracted to guys, girls, both, or neither? What kind of things have you done sexually? Kissing? Touching? Oral sex? Have you ever had sexual intercourse? Have you enjoyed it? What kind of steps do you take to protect yourself? Have you ever been worried that you could be pregnant? Have you ever been worried about or had a sexually transmitted infection?*
- **Safety.** *Are there a lot of fights at your school? Do you feel safe at school? Is there bullying? Have you been bullied? Do you carry weapons? What kind of things makes you mad enough to fight? Has anyone ever touched you physically or sexually when you didn't want them to?* (Abuse is asked in the context of safety, *not* sexuality.) *Does your boyfriend, girlfriend, or partner get jealous?* (Jealousy is an early sign of controlling, potentially abusive relationships.) *Do you ever get into fights with your boyfriend, girlfriend, or partner? Physical fights? Have you ever seen people in your family or home hurt each other? Say mean things? Throw things or hit each other?*

The Brief Psychosocial Screening

Time constraints may preclude the comprehensive psychosocial screening from being completed in every encounter. However, a brief psychosocial screening can be incorporated into every visit. The rationale of incorporating this screening into even brief visits is that youth in emotional crisis may present with a hidden agenda. They may be searching for a responsible adult to ask the right questions. In particular, 50% of youth who had completed suicide were found to have presented to primary care health providers in the month preceding the attempt.[4,5] The numbers would of course be even higher in school and in some programmatic settings. Further, somatic concerns may be driven by emotional stressors. Be particularly vigilant with vague concerns or primary concerns of headache, fatigue, dizziness, abdominal pain, and chest pain (see Chapter 64, Somatic Symptoms and Related Disorders).

With these points in mind, a 3-part screening is recommended.

1. *"How is school going?"* School is a proxy measure for general well-being; life's stressors are likely to adversely affect school performance. Concerning responses suggest recent changes and may include *"I had a bad quarter," "Not as well as it used to be,"* or *"I'm not going very much."* This is an invitation to ask, *"Really? What's been going on?"*

2. *"Would you describe yourself as pretty happy or stressed?"* or *"How is life going for you?"*
3. No matter the response, ask, *"When you're not happy, how do you handle it and who do you talk with?"*

A youth who feels unhappy or highly stressed who also feels isolated and lacks anyone to talk with may be "at risk." Regardless of the primary concern, this patient deserves a more thorough evaluation. (See videos of full SSHADESS screening demonstrations in the online version of *Reaching Teens*.)

General Tips for the Psychosocial Interview

- The interview should proceed from general, less intimate topics to those more personal. The SSHADESS screening is designed with this flow in mind.
- Questions within sensitive topics should initially be impersonal. For example, *"Are many of the teens in your school doing drugs?"* should precede *"Are you using any drugs?"*
- Take care not to express shock, dismay, or judgment of any kind to the responses. There is time later to offer guidance. A quick reaction may disrupt disclosure of the full history.
  - Similarly, a positive reaction is still judgment. Early praise makes young people want to continue to give prosocial responses to continue earning your praise. Therefore, learn to praise the process of communication rather than the specific content. Say, "I am so impressed by how clearly you can tell your story," instead of, "Wow, you are such a committed student," or, "Your story inspires me." There will be ample time for summative praise after the whole history has unfolded. See Chapter 44, Focusing and Building on Existing Strengths, for strategies on how to share all that impresses you in the context of what you also believe needs to be addressed.
- Be careful not to ask yes-or-no questions, for 2 reasons. First, they limit the depth of the responses. Second, when you ask a sensitive question and a youth does not yet fully trust you, she may lie, making her embarrassed to disclose honestly later.
- Do not assume an adolescent who offers full and rapid disclosure is not at risk. Sometimes adolescents who feel vulnerable or isolated disclose personal information very rapidly in an effort to bond with you. Remember that monosyllabic responses can be within the range of normal for an adolescent interview, whereas sometimes, excessive friendliness or revelation could be a sign that the adolescent is in crisis and unable to appropriately "edit" his disclosure.
- After the interview, ask permission to address a problem or concern that may have been raised. If you don't ask teens whether they want your advice, they may be less likely to listen to it.

Disclosure Is Not Your Goal

There are 2 potential harms to performing a psychosocial screening. First, it can contextualize a person's life through a lens of brokenness or risk. By starting with highlighted strengths, the SSHADESS screening is designed to address this. Second, it holds potential of retraumatizing a young person by triggering memories. For this reason, it is imperative that we clearly state a few points.

- Questions should be asked only once the stage is set for a trustworthy interaction.
- The goal is to get the most therapeutic history, not the most thorough history. Adolescents often go through a testing process before disclosing their most intimate issues, and that testing may require several visits over time. Further, in some cases, it may not be safe to push them further than their comfort zone, as the resultant shame may drive them toward risk behaviors that help them cope with stress.
- Your real goal is to initiate a relationship that will position you to make a difference now or in the future. Therefore, it is good to let them know you are nonjudgmental, and you do so by covering a breadth of issues comfortably. (See Chapter 31, Healing-Centered Engagement.)
- Relationships are 2-way streets. Certainly, this is not the time to share details of your life or experiences. But this is a space to let the person know that your hope is to meet her needs. Before you ask any questions, ask the young person what she hopes to get out of your time together.

A Bit More on Strengths

The strengths element of the SSHADESS screening has a formative component and a summative component. The formative component is in the beginning of the interview, when you are making an active effort to nest any potential risk in a broader context. Above all, while listening to responses, allow time to think about what you really admire or respect about the teen. The restatement of these positive points allows you to offer guidance about risk in the broader context that also recognizes strengths (see Chapter 3, The Journey From Risk-Focused Attention to Strength-Based Care). More important, it allows teens to know that you really see them—who they *are*—and not only through the lens of the behaviors they may be displaying. They will know you are on their side—authentically—and that is the start of a meaningful relationship.

Final Thoughts

A psychosocial screening is a start. Hopefully, it initiates a relationship while offering the adolescent a clear sense of your comfort in addressing, without judgment, a wide range of topics. Once the nonjudgmental, trustworthy, helpful relationship is initiated, you can trust that the teen will come to you on their timeline.

A screening is just a first pass. It should heighten areas of concern for focused attention. When an area of concern gets highlighted, turn to a validated tool such as a depression inventory or the CRAFFT Interview for substance use. (See the Related Resources section in the online version.)

Related Video Content

- 18.0 A Strength-Based Comprehensive Psychosocial Assessment: The SSHADESS Screen. *Ginsburg*
- 18.1 Maximizing the Yield From a Strength-Based Interview: Avoiding the Pitfalls of Using Only a Positive Lens. *Ginsburg*
- 18.2 How a Comprehensive Assessment Positions Us to Develop and Prioritize Interventions. *Ford*
- 18.3 A Strategy for Incorporating a Comprehensive Psychosocial Screen Into the Office Visit. *Pletcher*
- 18.4 Using a "Self-esteem Score" to Gain Rapid Insight Into the Adolescent's Well-being. *Clark*
- 18.5 Using Media History as a Way to Connect With and Understand Youth. *Rich*
- 18.6 Pearls to More Effectively Elicit Psychosocial Histories. *Pletcher, Campbell, Reirden, Bailer, and Feit*
- 18.7 The Goal Is Not to Get the Most Detailed History, It Is to Get the Most Therapeutic History for the Youth at That Time: A Case of Abuse That Revealed Itself Over Time. *Ginsburg*
- 18.8 A Change in Behavior or Emotional Status May Signal an Identity Crisis. *Chaffee*
- 18.9 Incorporating a Screen for Abuse Into the SSHADESS Screen. *Diaz*
- 18.10 SSHADESS Screen: Pearls on Asking About School. *Diaz and Jenkins*
- 18.11 SSHADESS Screen: Pearls on Asking About Sexuality. *Dowshen, Diaz, Pletcher, and Reirden*
- 18.12 It May Be as Important to Ask "Why" a Teen Is Using as It Is to "Ask" What the Teen Is Using. *Diaz and Adolescent Advocates staff*
- 18.13 SSHADESS Screen: Pearls on Asking About Strengths. *Chaffee, Diaz, and Pletcher*
- 18.14 Case: SSHADESS Screen With Young Teen. *Catallozzi*
- 18.15 Case: SSHADESS Screen Reveals Bullying. *Lewis*

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- 18.16 Case: SSHADESS Screen Reveals Substance Use—CRAFFT Screen Follow-up. *Kinsman*
- 18.17 Case: SSHADESS Screen Reveals Teen Feeling Uncomfortable With Sexual Experience. *Lerman*
- 18.18 Case: 11-Year-Old Girl With Chronic Disease and Depression. *Peter*
- 18.19 Case: A Brief Routine SSHADESS Screen. *Clark*
- 11.12 Avoiding Labels: Exploring Attractions, Behaviors, and Orientation. *Hawkins and Arrington-Sanders*
- 34.0 Four Approaches to Wrapping Up the Visit: All Committed to Informing and Engaging the Parent While Maintaining Teen Confidentiality. *Ford, Pletcher, Diaz, and Sugerman*
- 34.8 Helping Parents Understand the Additive Role Professionals Can Play in Their Adolescents' Lives. *Jenkins*
- 41.3 Peer Relationships Can Tell Us so Much if We Don't Interrupt Disclosure With Judgment. *Pletcher*

Group Learning and Discussion/Personal Reflection

Before a discussion on the SSHADESS screen, assign different colleagues to dive deeper into 1 or 2 of the specific areas (eg, mental health, sex and sexuality, substance use, violence, abuse, eating disorders). On the day of the discussion, first pair up and practice a routine SSHADESS screen. Then take each topic and have the colleague who focused on that area discuss the deeper level of any questioning or office-based interventions that could be useful when screening triggers a concern. Finally, come up with a plan to create a comprehensive referral resource list so that you will have it readily available for when findings from a SSHADESS screen raise a concern that merits further exploration or support.

References

1. Ginsburg KR. Viewing our adolescent patients through a positive lens. *Contemp Pediatr*. 2007;24(1):65–76

2. Ginsburg KR. Engaging adolescents and building on their strengths. *Adolesc Health Update*. 2007;19(2):1–8

3. Clark LR, Ginsburg KR. How to talk to your teenaged patients. *Contemp Adolesc Gynecol*. 1995;1(4):23–27

4. Smith K, Crawford S. Suicide behavior among "normal" high school students. *Suicide Life Threat Behav*. 1986;16(3):313–325

5. Hawton K, O'Grady J, Osborn M, Cole D. Adolescents who take overdoses: their characteristics, problems, and contacts with helping agencies. *Br J Psychiatry*. 1982;140:118–123

Related Resources

SAMSHA-HRSA Center for Integrated Health Solutions "Screening Tools: Depression"

Boston Children's Hospital the CRAFFT Interview