



Young Person DOORS

YP-DOOR 2 Practitioner Aide Memoire

For YP DOOR 1 follow up or interview-based screening

Client ID
Practitioner
Date

Once a client has completed YP DOOR 1, the practitioner meets with him/her/them to discuss and evaluate any items of risk that were endorsed by the client (here shown as the shaded responses).

YP DOOR 2 can also be used when the screen is completed face-to-face, with ready-to-hand follow-up questions.

Domain 1. Your culture and religious background	
<p>Domain-specific notes Specific cultural and religious factors may be protective, or may elevate risk.</p> <ul style="list-style-type: none"> Genograms can be helpful in mapping sources of stress and support, and lines of responsibility (e.g., financial, caregiving), both here and in country of origin. Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response. 	
YP DOOR 1: Young Person Self-Report Items	YP DOOR 1: Example prompts for follow-up
<p>1.1 Is there anything important about your culture or religion you want us to know?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> What would you like me to understand about your background?

Domain 2. About you today													
<p>Domain-specific notes</p> <ul style="list-style-type: none"> Risks are often higher for young people as they navigate new relationships, have left or are preparing to leave school, or have recently moved out of home. If clients have used other services for similar issues, then inquire what (or who) may have changed since then. Note how openly, coherently, and rationally the young person talks about their feelings, or how restricted and cut-off they seem. Normalise a range of feelings that occur around key personal, relationship or family transitions, such as separation of family members, leaving school and friendships changing, the start or end of romantic relationships, loss of employment, or birth of a child. Enquire further when normative feelings are absent. Note extreme or irrational responses and consider links to safety. 													
YP DOOR 1: Young Person Self-Report Items	YP DOOR 2: Example prompts for follow-up												
<p>2.1 Please think about the main reasons you are here today. How do you feel about those reasons? Tick all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> fine/content</td> <td><input type="checkbox"/> accepting/resigned</td> </tr> <tr> <td><input type="checkbox"/> sad/down</td> <td><input type="checkbox"/> distressed/upset</td> </tr> <tr> <td><input type="checkbox"/> frustrated/annoyed</td> <td><input type="checkbox"/> worried/anxious</td> </tr> <tr> <td><input checked="" type="checkbox"/> hopeless/powerless</td> <td><input checked="" type="checkbox"/> scared/afraid</td> </tr> <tr> <td><input checked="" type="checkbox"/> embarrassed/humiliated</td> <td><input checked="" type="checkbox"/> jealous/resentful</td> </tr> <tr> <td><input checked="" type="checkbox"/> angry/furious</td> <td><input checked="" type="checkbox"/> shocked/devastated</td> </tr> </table>	<input type="checkbox"/> fine/content	<input type="checkbox"/> accepting/resigned	<input type="checkbox"/> sad/down	<input type="checkbox"/> distressed/upset	<input type="checkbox"/> frustrated/annoyed	<input type="checkbox"/> worried/anxious	<input checked="" type="checkbox"/> hopeless/powerless	<input checked="" type="checkbox"/> scared/afraid	<input checked="" type="checkbox"/> embarrassed/humiliated	<input checked="" type="checkbox"/> jealous/resentful	<input checked="" type="checkbox"/> angry/furious	<input checked="" type="checkbox"/> shocked/devastated	<ul style="list-style-type: none"> How manageable are these feelings now? How do you deal with these feelings? Are you getting enough support with this?
<input type="checkbox"/> fine/content	<input type="checkbox"/> accepting/resigned												
<input type="checkbox"/> sad/down	<input type="checkbox"/> distressed/upset												
<input type="checkbox"/> frustrated/annoyed	<input type="checkbox"/> worried/anxious												
<input checked="" type="checkbox"/> hopeless/powerless	<input checked="" type="checkbox"/> scared/afraid												
<input checked="" type="checkbox"/> embarrassed/humiliated	<input checked="" type="checkbox"/> jealous/resentful												
<input checked="" type="checkbox"/> angry/furious	<input checked="" type="checkbox"/> shocked/devastated												

Domain 3. Managing conflict

Domain-specific notes

- Disagreements in relationships are normal, so take notice if a young person expresses that conflict is completely absent in all areas of interpersonal life.
- Also notice if a young person is highly dysregulated and involved in conflict across many areas of life.
- Explore the severity of anger and hostile attitudes, and patterns of communication, noting escalating conflict and hostility.
- Note the manner with which the young person describes problems — overly constricted and poorly restricted emotional responses need to be considered further.
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

3a Managing conflict with your current partner

YP DOOR 1: Young Person Self-Report Items

YP DOOR 2: Example prompts for follow-up

Please answer this question if you are currently in a relationship/seeing someone. Otherwise skip to the next section 3b.

3a.1 With your **partner**, over the past 3 months, how often have you:

- a) Felt hostile or hateful towards him/her/them?
 Often Sometimes Not often / Never
- b) Had angry disagreements with him/her/them?
 Often Sometimes Not often / Never
- c) Avoided or kept away from him/her/them?
 Often Sometimes Not often / Never

- *How frequent? How severe?*
- *Is this getting worse lately?*
- *At its worst, what does this look like?*

3b Managing conflict with an ex

YP DOOR 1: Young Person Self-Report Items

YP DOOR 2: Example prompts for follow-up

Please answer this question if you recently broke up from a relationship/stopped seeing someone. Otherwise skip to the next section 3c.

3b.1 With your **ex**, over the past 3 months, how often have you:

- a) Felt hostile or hateful towards him/her/them?
 Often Sometimes Not often / Never
- b) Had angry disagreements with him/her/them?
 Often Sometimes Not often / Never
- c) Avoided or kept away from him/her/them?
 Often Sometimes Not often / Never

- *How frequent? How severe?*
- *Is this getting worse lately?*
- *At its worst, what does this look like?*

3c Managing other relationships

YP DOOR 1: Young Person Self-Report Items

YP DOOR 2: Example prompts for follow-up

This question is about other important people involved in your life (e.g., family members, friends, workers, people at school, etc).

3c.1 With these **other people**, over the past 6 months, how often have you:

- a) Felt hostile or hateful towards any of them?
 Often Sometimes Not often / Never
- b) Had angry disagreements with any of them?
 Often Sometimes Not often / Never
- c) Avoided or kept away from any of them?
 Often Sometimes Not often / Never

- *How frequent? How severe?*
- *Is this getting worse lately?*
- *At its worst, what does this look like?*



Domain 4. How you are coping

Domain-specific notes

- Consider connections between coping difficulties and surrounding stressors on Domain 10.
- Consider overflow into safety problems raised in Domain 9.
- Note the young person's ability to talk openly and coherently; overly constricted or poorly restricted emotional responses indicate a need for further assessment.
- Explore the nature and effectiveness of support they are receiving.
- Receiving psychological treatment is not in itself a risk factor.
- Untreated, ongoing, or worsening mental health or drug and alcohol problems need to be further assessed.
- Note the high prevalence of mental health and alcohol/drug issues in family violence.
- If severe distress/depression is noted, follow up carefully on suicide risk (see Domain 9b).
- Consider specialist referral options when multiple risks are evident, or when downward escalation of problem behaviour is apparent.
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

YP DOOR 1: Young Person Self-Report Items

YP DOOR 2: Example prompts for follow-up

<p>4.1 Do you have any <i>major</i> worries about how you have been coping in the past 6 months?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What are the concerns? History and severity of the problem?</i> • <i>Is this getting worse lately?</i>
<p>4.2 In the past 6 months, have you:</p> <p>a. felt very anxious/fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. felt very angry/irritated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. felt very sad/empty/depressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. done or felt things that are unusual or out of character for you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is this affecting how you are managing everyday tasks?</i> • <i>Are you getting any professional help?</i>
<p>4.3 In the past year, for whatever reason:</p> <p>a. have you drunk alcohol and/or used drugs more than you meant to? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. have you felt you wanted or needed to cut down on your drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. is anyone else worried about your alcohol and/or drug use these days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Have drug and alcohol problems led to legal or work-related problems (e.g. road accidents, losing a job)?</i> • <i>Are you receiving professional help for this?</i>



YP DOOR 2

<p>4.4 In the past year, for whatever reason:</p> <p>a. have you gambled more than you meant to? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. have you felt you wanted or needed to cut down on your gambling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. is anyone else worried about your gambling these days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Have gambling problems led to legal or work-related problems (e.g., unmanageable debts, losing a job)?</i> • <i>Are you receiving professional help for this?</i>
<p>4.5 In the past 2 years, have you been seriously ill or injured and ended up in hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Can you foresee this happening again?</i> • <i>Are there any ongoing health concerns for you?</i>
<p>4.6 In the past 2 years, have you seen a doctor, psychologist or psychiatrist for a mental health, gambling or drug/alcohol problem? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Was this helpful? Is there a formal diagnosis? Does this link to why you're here today?</i>
<p>4.7 Are you getting enough emotional support now (e.g. from friends, family, professionals)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like any help with this?</i>

The following questions are about your safety, and the safety of others. Even if you didn't come here intending to talk about safety, we always check to see if the young people we work with need extra support to feel safe and be safe.

Domain 9a. Your safety	
<p>Domain-specific notes</p> <ul style="list-style-type: none"> • Note carefully the young person's openness and ability to discuss these issues. Patterns of being dismissive, minimising, avoiding, or appearing overwhelmed, or fearful to talk are important to notice. Note any disparity of facts against referral information. • If in doubt about comfort to disclose, a useful question is, <i>'If you had ever been threatened/hurt, would you feel worried about telling someone?'</i> • Has the young person spoken to a professional or authorities about any concerns? • Immediate threats to safety require immediate follow-up, including safety planning, and may require further, coordinated referral to specialist services. 	
YP DOOR 1: Young Person Self-Report Item	YP DOOR 2: Example prompts for follow-up
<p>9a.1 In the past year, have you <i>in any way</i> been concerned for your safety because of anyone (including a current and/or ex-partner)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What has happened?</i> • <i>History and current severity of concern?</i>
<p>9a.2 Are you now <i>in any way</i> afraid for your own safety because of him/her/they, or anyone else? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Who and what is causing the fear?</i>
<p>9a.3 In the past year, has anyone else said they were worried for your safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Who and what was the concern?</i>



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<p>9a.4 As a result of anyone's behaviour (including a current or ex-partner), have the police ever been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against him/her/them? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there now an Intervention/Violence/Protection Order against him/her/them? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none">• <i>What happened?</i>• <i>Current status of order and any breaches?</i>• <i>Request copy of order.</i>
<p>9a.5 Have any child protection reports ever been made about you or a family member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there a current investigation into child protection matters about you or a family member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none">• <i>History, nature, substantiation and current status of report(s)?</i>• <i>Any current concerns not being addressed?</i>
<p>9a.6 In the past year, has anyone (including a current or ex-partner):</p> <p>a. Followed you or watched your movements in a way that felt worrying (e.g., driving by or watching your home, being in the same place when he/she/they had no business there)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control you or acted in a very jealous way (e.g., controlling your money, where you went, who you saw)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Threatened your safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Hurt you in a way that wasn't an accident or used force to get you to do something you did not want to do? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none">• <i>What happened?</i>• <i>History and current severity of concern?</i>• <i>Are you changing anything about your life as a result of these behaviours (e.g. taking a different route to work, not answering the phone or other more extreme solutions)?</i>
<p>9a.7 Has your current or ex-partner <i>ever</i> threatened to or actually tried to hurt or kill him/her/themself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none">• <i>History, nature, current severity of threat?</i>
<p>9a.8 Does your current or ex-partner have access to a gun or other weapon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none">• <i>What is the weapon? Where is it kept?</i>
<p>9a.9 If yes to any of the above: Are these, or similar behaviours becoming worse or more frequent recently? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none">• <i>What is happening now?</i>



Domain 9b. Behaving safely

Domain-specific notes

- Note carefully the young person's openness and ability to discuss these issues.
- Note any disparity of facts against referral information.
- Patterns of being dismissive, minimising, avoiding, or appearing overwhelmed, or fearful to talk are important to notice.
- References to entitlements or justified behaviours need to be considered carefully, with specific reference to any relevant cultural or religious factors.
- Immediate threats to safety require immediate follow-up, including safety planning and may require rapid referral to specialist services.

YP DOOR 1: Young Person Self-Report Items	YP DOOR 2: Example prompts for follow-up
<p>9b.1 As far as you know, has anyone expressed concern about the safety of your behaviour toward anyone (including a current or ex-partner, or anyone else)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Who and what is/was the concern?</i>
<p>9b.2 As a result of your behaviour, have the police ever been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against you?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there now an Intervention/Violence/Protection Order in place against you?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>History, nature and current status of order?</i> • <i>Any breaches of safety/protection orders?</i>
<p>9b.3 Do you think anyone (including current or ex boyfriends / girlfriends / partners) is afraid of you in any way?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Why do you think this may be the case?</i>
<p>9b.4 Would anyone (including a current or ex-partner) be likely to say that you have done any of the following things in the past year:</p> <p>a. Followed or watched his/her/their movements in a way that felt worrying to him/her/them (e.g., driving by or watching his/her/their home, being in the same place when you had no business there)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control him/her/them, or acted in a very jealous way (e.g., controlling his/her/their money, where he/she/they went, who he/she/they saw)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Threatened his/her/their safety?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Hurt him/her/them in a way that wasn't an accident, or used force to get him/her/them to do something he/she/they did not want to do?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What happened?</i> • <i>History, nature, and current severity of concern?</i>
<p>9b.5 Have things in your life ever felt so bad that you have thought about hurting yourself, or even killing yourself?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes: do you feel that way lately?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Current thoughts about this? Prior attempts?</i> • <i>Do you have a plan about how you would do that?</i> • <i>What is the plan?</i>
<p>9b.6 Do you have access to a gun or weapon?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What weapon? Where is it kept? Is it possible you would use this?</i>

10. Other stresses	
Domain-specific notes	
<ul style="list-style-type: none"> •Cumulative stress is a trigger for safety incidents and increases in risk-taking behaviour, increasing the risk of self-harm and suicide in young people. •Explore the effectiveness of supports the client has in place, including supports in place for any other members of the family/household. Consider what else you can assist them with, directly or by referral. •When multiple or severe stressors co-occur with risks on other domains, coordinated response by a network of services is recommended. •Consider other stressors relevant to young people that may not have been captured in the assessment, and enquire where relevant, e.g., gaming, social media/internet, bullying and trolling. 	
YP DOOR 1: Young Person Self-Report Items	YP DOOR 2: Example prompts for follow-up
Are these things happening now and causing <i>major</i> stress for you?	
10.1 Not having a job/not getting enough shifts/work <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10.2 Money problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10.3 Legal matters <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10.4 Housing problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10.5 Transportation problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10.6 Feeling lonely/isolated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10.7 Feeling harassed by someone (including being abused online) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10.8 Illness/sickness/physical disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10.9 Problems in your neighbourhood with safety, crime, drugs etc. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10.10 Are there any other stresses that are a <i>serious</i> problem for you at the moment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, please tell us what they are. 	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>

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Citations and references

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