

Adolescent and Young Adult Health Risk Behavior Assessment

Nearly 75% of adolescent morbidity and mortality is related to their risky behaviors. The following guideline recommends best practices for assessing adolescent and young adult health risk behaviors utilizing evidence-based risk assessments and counseling strategies.

Eligible Population	Key Components	Recommendation
Patients 11-20 years of age, accessing health care in a variety of settings: Primary Care Practices, School-Based Health Centers, STI Clinics, Behavioral Health Clinics, Emergency Centers	<p>ADAPT: Create an environment that builds trust and rapport with adolescent population</p> <p>SUPPORT: Connect to appropriate referrals and community resources for at-risk patients</p> <p>SCREEN: Use a developmentally appropriate screening tool to identify risk of the leading causes of adolescent morbidity and mortality</p>	<p>Ask questions in a way that establishes trust through dialogue and body language.</p> <p>Explain confidentiality to youth and parent early in assessment to encourage openness. Minors may access specified confidential services without parental consent or knowledge. For limits on confidentiality and information on which services minors may access without parental consent, see Michigan Legislature Public Health Code Act 368 of 1978, Section 333.9132</p> <p>Ensure separate and private space for survey completion and during visit.</p> <p>Display sensitivity to cultural and religious beliefs, sexual orientation and gender identity.</p> <p>Compile a list of community resources for use with patients/families (eg. Local 211 http://www.211.org/).</p> <p>Facilitate referrals to needed resource (e.g., behavioral health providers, social worker, psychiatrist, psychologist, nutritionist)</p> <p>At least annually, use a brief, validated risk screening tool^{1,2} in all health care settings in which adolescents present for care, addressing the following categories:</p> <ol style="list-style-type: none"> Unintentional injuries/violence - weapons, helmet and seat belt use, driving when distracted (cell phone/texting), bullying, personal content exposure via social media, physical/psychological abuse Behavioral Health Disorder - depression, anxiety, self-harm, suicidal ideation/behaviors (PHQ-2, PHQ-9) Tobacco Use - cigarettes, e-cigarettes, other forms of tobacco Alcohol and other drugs - alcohol, marijuana, prescription/non-prescription drug use, inhalants, other drugs, use prior to sex, driving under influence (CRAFFT) Sexual behaviors contributing to unintended pregnancy, STIs and HIV - sexual activity/involvement, sexual orientation, gender identity, past pregnancy and STI, contraception use, and safer sex practices Dietary behaviors - energy drink/soda/caffeine intake; fruits/vegetables; dieting behaviors, eating disorder; fast/junk food intake Physical Activity - exercise 60 minutes 3 or more days/week, screen time <2 hours/day Protective factors - supportive adult, future goals, school/community connectedness, peer influence
Patients at risk	<p>ENGAGE: Recommend interventions to reduce risk</p>	<p>Assess and discuss:</p> <p>Patient's risks; adapt counseling techniques based on patient readiness to make behavior changes</p> <p>Patient's strengths; elicit strengths through discussion</p> <p>Elicit implications, consequences, and adverse outcomes associated with risk in relationship to life goals</p> <p>Assist patients in reducing their risk(s) by:</p> <p>Developing a risk reduction and/or safety plan based on patient's goals and readiness to make behavior changes</p> <p>Encouraging safer choices and behaviors and discussing multiple options to reduce risky behaviors (eg. How can we work together to keep you safe and healthy?)</p> <p>Offering self-management resources including anticipatory guidance and contracting for safety.</p> <p>Arrange follow-up testing, counseling, or referrals. Frequency of follow up is based upon risk behaviors identified and risk reduction plans created.</p> <p>Ensure follow up that protects the patient's privacy and confidentiality. Obtain a safe and confidential phone number or other contact information from adolescent.</p> <p>Discuss and determine resources for social and emotional support.</p> <p>Refer to a primary care provider, family planning clinic, local health department, dietitian, mental health provider, or substance abuse treatment center when needed.</p> <p>Negotiate agreement with patient regarding the content to be shared with the trusted adult.</p>
Patients, parents or other trusted adults	<p>EMPOWER:</p>	<p>Emphasize ownership of health behaviors, and offer support making their own healthy decisions.</p>

¹Bright Futures Guidelines for Health Supervision for Infants, Children, and Adolescents Tool and Resource Kit

²Rapid Assessment for Adolescent Preventive Services (RAAPS)

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources including Guide to Clinical Preventive Services, 2014: Recommendations of the U.S. Preventive Services Task Force, June 2014; Agency for Healthcare Research and Quality, Rockville, MD; and Hagan JF, Shaw JS, Duncan P, eds. 2008. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition. Pocket Guide. Elk Grove Village, IL: American Academy of Pediatrics. Individual patient considerations and advances in medical science may supersede or modify these recommendations.