

Adolescent and Young Adult Health Risk Behavior Assessment

The leading causes of death and disability among youth are related to preventable health behaviors. The following guideline recommends best practices for assessing and utilizing evidence-based risk assessments and counseling strategies.

Eligible Population	Key Components	Recommendation
<p>Patients 10-21 years of age, accessing health care in a <u>variety of settings</u>, such as primary care practices, school-based health centers, mental health providers, emergency centers, etc.</p>	<p>ADAPT: Create an environment that builds trust and rapport with the patient</p>	<p>Ask questions in a way that establishes trust: through dialogue, body language, use of trauma-informed and strength-based approaches, use of <u>motivational interviewing</u> techniques, etc. Explain confidentiality, including limitations, to both patient and adult early in assessment as developmentally appropriate. This supports understanding, openness, and relationships among youth, adult, and provider. When confidentiality is assured, adolescents are more likely to access health care, have a more favorable attitude about their clinicians, and share sensitive information. Minors may access specified confidential services without parent consent or knowledge. For limits on confidentiality and information on which services minors may access without parent consent, see <u>Michigan Minor Consent Laws</u>. (note that there is an updated version of this form (2020) - https://www.networkforphl.org/wp-content/uploads/2020/05/Issue-Brief-Michigan-Minor-Privacy-Laws-May-2020-Update-DC.pdf) Explain a young person's rights and responsibilities, including the right to refuse and/or defer care. When a disclosure is needed, adolescent health standard of care is to discuss, if and what, would be disclosed with adolescent first. Ensure a separate and private space for survey completion and visit. Display sensitivity to cultural and religious beliefs, sexual orientation, and gender identity, etc.</p>
	<p>SUPPORT: Connect to appropriate referrals and community resources</p>	<p>Compile a list of local community resources for use with patients and families (e.g. 211, 988) Facilitate referrals to needed resource (e.g., school-based health center, mental health provider, social worker, psychiatrist, psychologist, nutritionist, youth mentoring programs)</p>
	<p>SCREEN: Use a developmentally appropriate screening tool to identify risk of the leading causes of adolescent morbidity and mortality – See supplemental <u>resources</u> document for the 10 health domains</p>	<p>At least annually, use a validated risk screening tool, such as <u>RAAPS</u>, <u>Just Health-APEX</u>, (<u>AYA</u>), in all health care settings and assess the following domains. 1. Protective Factors: supportive trustworthy adults, future goals, school/community connectedness, academic achievements, peer influence, readiness to make behavior changes, resiliency factors, coping mechanisms, emotional self-regulation, etc. 2. Social Determinants of Health: conditions in the environments where people are born, live, learn, work, play, etc (i.e. household income, housing, food security) 3. Preventable Injury: weapons, helmet and seat belt use, sport/work-related risk, driving while distracted, etc. 4. Nutrition, Physical Activity, & Sleep: energy drink/soda/caffeine intake, fruits/vegetables, dieting behaviors, disordered eating behaviors, fast/junk food intake, exercise, screen time, sleep, etc. 5. Healthy Relationships/Interpersonal Aggression & Violence: bullying, reproductive coercion, social media misuse, physical/sexual/psychological abuse, etc. 6. Sexual Behaviors & Identity: sexual orientation, gender identity and expression, sexual activity, sexual partners, reproductive health, HIV/STIs, contraception use, safer sex practices, the 8 "P"s, etc. 7. Substance Use: cigarettes/e-cigarettes, other forms of tobacco/nicotine (i.e. vaping), alcohol, marijuana, prescription/non-prescription drug use, inhalants, other drugs, use prior to sex, driving under the influence, etc. 8. Mental Health: depression, anxiety, self-harm, OCD, eating disorders, suicidal ideation/behaviors, etc. 9. Adverse Childhood Experiences: potential traumatic events occurring in childhood, such as experiencing violence, abuse or neglect, witnessing home or community violence, family suicide, household substance use, imprisoned family member, parent separation or divorce, etc. 10. Human Trafficking/Sex Trafficking: disconnection from family and friends, sudden or dramatic change in behavior, lack of personal possessions, commercial sex acts, paranoia, etc.</p>
<p>Patients at risk</p>	<p>ENGAGE: Recommend interventions to reduce risk</p>	<p>Assist patients in reducing their risk(s): Employ strength-based approaches, including <u>motivational interviewing</u>, strength-based interviewing (<u>SSHADES</u>), or other evidence-based interventions based on training. Elicit implications, consequences, and adverse outcomes associated with risk in relationship to life goals. Develop a risk reduction and/or safety plan based on patient's goals and readiness to make behavior changes. Encourage safer choices and behaviors. Discuss protective factors, safety plans, and multiple options to reduce risk (e.g., How can we work together to keep you safe and healthy?). Offer self-management resources including anticipatory guidance and contracting for safety. Arrange follow-up testing, counseling, or referrals. Frequency of follow-up is based upon risk behaviors identified and risk reduction plans created. Ensure follow-up that protects the patient's privacy and confidentiality. Obtain a safe and confidential phone number or other contact information from patient. Discuss and determine <u>resources</u> for health and well-being, social and emotional support. (note that this "resources" link is not functional, American Academy of Family Physicians offers a table of resources for adolescents here: https://www.aafp.org/pubs/afp/issues/2020/0201/p147/jcr:content/root/aafp-article-primary-content-container/aafp_article_main_par/aafp_tables_content2.enlarge.html) Alternatively, University of Michigan has a list of resources here: https://www.michiganmedicine.org/community/community-health-services/adolescent-health/resources-topic Use a primary care provider, school-based health center, family planning clinic, local health department, dietitian, mental health provider, substance abuse treatment center, or intimate partner violence services provider, when needed. Negotiate agreement with patient regarding the content to be shared with their parent/guardian or trusted adult.</p>

Patients and parents/guardians, or other trusted adults	EMPOWER: Create an environment that encourages and supports strength, autonomy, and confidence	Emphasize patient's ownership of their health behaviors and offer support for making their own healthy decisions, including taking care of their own health needs. (this link is not functional) Encourage support, understanding, and positive communication among parents/guardians or other trusted adults to foster strong relationships, reduce risk, and encourage youth in taking care of their own health needs. (this link is not functional) Provide education and resources to parents/guardians or other trusted adults to support transitional healthcare, as developmentally appropriate.
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This guideline is based on [Bright Futures](#), a national health promotion and prevention initiative led by the American Academy of Pediatrics.

This guideline lists core management steps and is based on several sources including: [AAP Preventive Pediatric Health Care Schedule \(2022\)](#); [AAP Bright Futures Guidelines and Pocket Guide \(4/26/22\)](#); [AAP Bright Futures Pocket Guide, 4th Ed. \(2022\)](#); [AAP Unique Needs of the Adolescent \(2019\)](#). Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors 2012, 2013, 2014, 2016, 2018, 2020, 2022: September 2024 **MQIC.ORG**