Michigan Quality Improvement Consortium Guideline

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 health risk behaviors utilizing evidence-based risk assessments and counseling strategies.

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<th>Eligible Population</th>
<th>Key Components</th>
<th>Recommendation</th>
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| Patients 11-20 years of age, accessing healthcare in a variety of settings: Primary Care Clinics, School-Based Health Centers, STI Clinics, Mental Health Clinics, Emergency Centers | ADAPT: Create an environment that builds trust and rapport with adolescent population | Ask questions in a way that establishes trust through dialogue and body language.  
- Explain confidentiality to youth and parent before assessment is completed. Minors may access confidential services without parental consent.  
- Ensure separate and private space for survey completion and during visit.  
- Train health professionals in effective counseling strategies such as motivational interviewing.  
- Display sensitivity to cultural and religious beliefs, sexual orientation and gender identity. |
| SUPPORT: Connect to appropriate referrals and resources for at-risk patients in your community | | At least annually, use a brief, validated risk screening tool in all health care settings in which adolescents present for care, addressing the following categories:  
1. **Unintentional injuries/violence** - weapons, helmet and seat belt use, driving when distracted (cell phone/texting), bullying, abuse  
2. **Mental Health** - depression, anxiety, self-harm, suicidal ideation/behaviors  
3. **Tobacco Use** - cigarettes, e-cigarettes, other forms of tobacco  
4. **Alcohol and other drugs** - alcohol, marijuana, prescription/non-prescription drug use, inhalants, other drugs, use prior to sex, driving under influence  
5. **Sexual behaviors contributing to unintended pregnancy, STIs and HIV** - sexual activity/involvement, sexual orientation, past pregnancy and STI, contraception use, and safer sex practices  
6. **Dietary behaviors** - energy drink/soda/caffeine intake; fruits/vegetables; dieting behaviors, eating disorder; fast/junk food intake  
7. **Physical Activity** - exercise 60 minutes 3 or more days/week, screen time <2 hours/day  
8. **Protective factors** - supportive adult, future goals, school/community connectedness, peer influence |
| Patients at risk | ENGAGE: Recommend interventions to reduce risk | Assess and discuss:  
- Patient's risks; adapt counseling techniques based on patient readiness to make behavior changes  
- Patient's strengths; elicit strengths through discussion  
- Elicit implications, consequences, and adverse outcomes associated with risk in relationship to life goals  
Assist patients in reducing their risk(s) by:  
- Developing a risk reduction and/or safety plan based on patient's goals & readiness to make behavior changes  
- 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?)  
- Offering self-management resources  
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 adolescent.  
- Discuss and determine resources for social and emotional support.  
- Refer to a primary care provider, family planning clinic, local health department, dietitian, mental health provider, or substance abuse treatment center when needed. |
| Patients, parents or other trusted adults | EMPOWER: | Converse with patient/trusted adult that emphasizes ownership of their health behaviors, and offer to support them in making their own healthy decisions. |

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1Bright Futures Guidelines for Health Supervision for Infants, Children, and Adolescents Tool and Resource Kit [http://brightfutures.aap.org/tool_and_resource_kit.html](http://brightfutures.aap.org/tool_and_resource_kit.html)


**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


Approved by MQIC Medical Directors September 2012, 2013, 2014

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