

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	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 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 Ensure separate and private space for survey completion and during visit. Display sensitivity to cultural and religious beliefs, sexual orientation and gender identity.
	SUPPORT: Connect to appropriate referrals and community resources for at-risk patients	Compile a list of community resources for use with patients/families (e.g., Local 211 http://www.211.org/). Facilitate referrals to needed resource (e.g., behavioral health providers, social worker, psychiatrist, psychologist, nutritionist)
	SCREEN: Use a developmentally appropriate screening tool to identify risk of the leading causes of adolescent morbidity and mortality	At least annually, use a brief, validated risk screening tool in all health care settings, and assess the following categories: <ol style="list-style-type: none"> 1. Interpersonal aggression and violence: bullying, physical/sexual/psychological abuse, social media misuse. 2. Preventable injury: weapons, helmet and seat belt use, sport/work-related risk, driving while distracted. 3. Substance Use: cigarettes, e-cigarettes, other forms of tobacco, alcohol, marijuana, prescription/non-prescription drug use, inhalants, other drugs, use prior to sex, driving under the influence (CRAFFT). 4. Sexual behaviors and identity: sexual orientation, gender identity and expression, sexual activity/involvement, past pregnancy and STI, contraception use, and safer sex practices. 5. Nutrition, physical activity and sleep: energy drink/soda/cafeine intake; fruits/vegetables; dieting behaviors, eating disorder; fast/junk food intake; exercise 60 minutes 3 or more days/week, screen time < 2 hours/days, sleep hygiene. 6. Social determinants of health 7. Adverse childhood events 8. Behavioral health disorders: depression, self-harm, suicidal ideation/behaviors (PHQ-2, PHQ-9, PHQ-9M), anxiety (GAD2, GAD7). 9. Human Trafficking: Observe for signs of human trafficking. 10. Protective factors: supportive trustworthy adult, future goals, school/community connectedness, peer influence, patient readiness to make behavior changes, resilience resources, and coping mechanisms.
Patients at risk	ENGAGE: Recommend interventions to reduce risk	Assist patients in reducing their risk(s). Employ motivational interviewing to: 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 adolescent. Discuss and determine resources for social and emotional support. Use a primary care provider, family planning clinic, local health department, dietitian, mental health provider, substance abuse treatment center, or sexual and/or domestic assault services provider, when needed.
Patients, parents or other trusted adults	EMPOWER:	Emphasize ownership of health behaviors, and offer support making their own healthy decisions. Encourage positive communication among supportive, trustworthy friends and/or family members to foster strong relationships and reduce risk.

¹[Bright Futures Guidelines for Health Supervision for Infants, Children, and Adolescents Tool and Resource Kit](#)

²[Rapid 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.