

BARRIERS to adolescent risk screening

Completing a confidential screening for high-risk behaviors in adolescents can be a challenge for health care providers. Youth are unlikely to bring up risky behaviors on their own, especially if they think the information might not be kept confidential. Conversations about risky behaviors can be difficult for providers to navigate with adolescents and caregivers, and providers may not believe adolescent patients will be honest with them. Time with each patient may be limited, and providers may find it hard to imagine fitting in one more assessment.

STRATEGIES for adolescent risk screening

Use a comprehensive, standardized risk screening tool for high-risk behaviors

- Using a comprehensive screening tool allows risky behaviors to be reviewed before talking with teens so that the provider can gather resources. It can help start the conversation, and, while still screening for multiple risks, allows the discussion and counseling to be focused on the issues most affecting that adolescent.
- Comprehensive tools assess risks related to sexual behaviors, substance use, mental health, eating disorders, and safety (including intimate partner violence).
- Administration and interpretation of a health risk assessment tool is reimbursable by some insurance companies.
- With a standardized, validated tool, individual changes can be measured over time and risk trends in a clinic population identified.
- The Rapid Assessment for Adolescent Preventive Services ([RAAPS](#)¹) is one risk screening tool recommended by the Society for Adolescent Health and Medicine.
- Other risk screening tool options include [GAPS](#)² and [Bright Futures](#)³.
- AHI has curated an Adolescent Risk Screening Directory that compiles risk screening tools across a wide array of topics to be used with adolescent patients. Access it [here](#).
- Best practice is to use an electronic version, as teens prefer to communicate through and respond more honestly when using technology.
- If a clinic cannot use an electronic version due to cost, workflow, or lack of computers or tablets for patients to use, risk assessments can be done on paper instead.
- Risk screening tools should be available in all of the languages that patients speak. It can be helpful to have professionally translated versions of your screening tool available and to ask patients what language they prefer for written materials.

Create a workflow that ensures risk screening is done confidentially at least once a year

- Build risk screening into the well visit workflow for patients age 12 to 24. (See sample workflows on page 3.)
- Patients should complete the risk screening form privately, while no one is in the room.
- Risk screenings should **not** be completed while sitting with a caregiver in the waiting room; giving adolescents their own clipboard is not enough to ensure their privacy sharing sensitive information.
- Explain confidentiality laws and/or provide a handout when giving instructions for completing the risk screening so the teen can feel comfortable answering the questions honestly.

Adolescent Risk Screening

- Consider scheduling slightly longer visits with adolescents when possible so they have time to get answers to their questions.
- AHI developed an [infographic](#)⁴ on confidential risk screening that can be posted or shared with colleagues, caregivers, and patients.

Help caregivers feel like partners in the process

- Send letters home to families before well child visits explaining the following:
 - Allowing teens to use their voice & share their views of their health is an important developmental step.
 - Confidential time alone with teens is standard.
 - Teens will complete a health survey on their own to give them a chance to independently express their views on their health.
 - See sample letter on page 4.
- Provide adolescents and caregivers handouts at check in so that caregivers know to expect that confidential time will be spent with their child and both parties know about minor health care rights.
- Consider using a questionnaire for caregivers in addition to an adolescent questionnaire.
 - A caregiver questionnaire can get important information from caregivers to supplement information provided by the adolescent patient and provide caregivers with a task to focus on while their adolescent completes the risk assessment tool.
 - The Children's Clinic created this [parent questionnaire](#)⁵ to accompany their [adolescent questionnaire](#)⁶.
 - Encourage open communication between teens and caregivers after completion of the questionnaires.

Make sure all providers and staff members know confidentiality laws and limitations

- Setting clear expectations minimizes confusion for families, improves communication with adolescents, and decreases teens' uncertainty about what can and cannot be managed confidentially.
- Have front desk staff systematically confirm the preferred method for communicating with each adolescent patient.
- Consider allowing adolescents to choose a password to confirm that providers/staff are talking with the right person when they call to discuss results.
- Be sure adolescents understand that if they use private insurance, and Explanation of Benefits (EOB) will be sent home to their caregivers, detailing services received even if services were requested confidentially.
- Keep lists of clinics where patients can receive confidential care on a free or sliding scale, like school-based health centers, Planned Parenthood, and local health departments.
- Establish connections with local pharmacies to ensure adolescents' confidentiality will be respected there; ask the pharmacist to call the clinician (not the caregivers) with questions about teens' prescriptions.
- AHI has a menu of Spark mini-trainings on Adolescent Confidentiality that can be used to educate staff. [Check to see if your state is included in the list](#) or contact AHI to have one created.

Make staff aware of at-risk populations and how they can respond

- Some adolescents, including those in foster care, homeless shelters, juvenile detention centers, and substance abuse programs have higher rates of risk-taking than other adolescents.
- Develop protocols for risk intervention and referral, particularly for patients disclosing self-harm, suicidal ideation, or abuse, keeping in mind your state's confidentiality and mandatory reporting laws. This [guide](#) from the University of Washington provides guidance on developing protocols for psychiatric emergencies.

SAMPLE WORKFLOWS FOR CONFIDENTIAL RISK SCREENING

Workflow 1:

1. Front desk staff gives the caregiver a letter/handout explaining confidential time with adolescent patients.
2. MA calls patient and explains to caregiver, "I'm going to take your child back to get their vital signs and have them complete a brief health survey, and then I'll bring you to the room before the provider comes to see them."
 - a. MA can explain that "We ask teens to complete the health survey on their own so they can share their own views on their health." If there is caregiver push-back, MA rooms the patient without doing risk screening, and the provider can address the issue.
3. MA rooms the patient, has them complete the risk screening tool, and brings the results to the provider for review. MA then gets the caregiver from the waiting room.
4. Provider meets with the caregiver and patient then asks the caregiver to step out at the end of the visit for confidential time. Provider then reviews risk screening with the patient.

Limitations of this workflow: Caregiver is asked to not be present twice and has to go back and forth between the waiting room and patient room.

Workflow 2:

1. Front desk staff gives the caregiver a letter/handout explaining confidential time with adolescent patients.
2. Front desk staff or MA brings the patient to a private area in the waiting room (e.g., a kiosk) to complete their risk screening. Staff instructs the patient to return the risk screening directly to the front desk staff when they are finished (if on paper) or submit electronically (if on a tablet).
3. When risk screening is completed, provider receives it for review (either from staff or electronically).
4. MA calls the patient and caregiver back, and the provider meets with both together.
5. Provider then asks the caregiver to step out for confidential time with the patient, then reviews the risk screening results with the patient alone.
6. MA brings the caregiver in from the waiting room for the remainder of the visit.

Limitations of this workflow: May be hard to create a truly private space in the waiting room and for the patient to successfully hand a paper form directly back to the front desk.

¹ <http://www.possibilitiesforchange.com/raaps/>

² <https://www.uvpediatrics.com/health-topics/stage/#GAPS>

³ <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/adolescence-tools.aspx>

⁴ <http://www.umhs-adolescenthealth.org/wp-content/uploads/2017/02/riskscreeninginfographic.pdf>

⁵ <http://www.umhs-adolescenthealth.org/wp-content/uploads/2017/06/adolescent-parent-questionnaire-tcc.pdf>

⁶ <http://www.umhs-adolescenthealth.org/wp-content/uploads/2017/06/adolescent-questionnaire-tcc.pdf>

SAMPLE CAREGIVER LETTER

Dear Caregiver:

Congratulations! Your child has reached the teenage years. Adolescence is a time of transition from childhood to adulthood. This is an exciting time of life that can bring up new questions or concerns for teens. During these years, it is also important to increasingly involve teens in their care in order to best prepare them to manage their health independently as adults. Therefore, we will start spending part of your teen's visit meeting with them in private. During our time together, we will talk to them about how they are navigating the changes that come with being a teen and any questions and needs that they might rather discuss with us in private. If they are more comfortable, your child can request to have a caregiver/friend/someone else in the room, but we will still encourage them to talk privately.

Some of the topics that we will be talking about will include:

- healthy eating and sleeping habits
- connectedness with family and peers
- school performance and goals
- emotions, mood, and coping with stress
- sexual health and sexuality
- alcohol and other substances
- safety topics such as seat belt and helmet use, sun protection, and safety equipment use during sports
- any other topics your teen may want to discuss with their provider

We will always discuss these subjects in ways that are suited to your teen's age and maturity.

In order for our discussions to be as open and helpful as possible, we will assure your teen that our discussions will be kept confidential. However, we also care about keeping caregivers involved, especially when there are serious concerns about teen's health and safety. We will inform you if your teen might pose a threat to themselves or to others. We will also encourage your teen to share/communicate with information about matters that may not always be easy to talk about, such as sexually transmitted infections, birth control, pregnancy, and substance use. Also, in order to provide care that aligns with the United States Preventive Service Task Force, we will begin routine screening of all adolescents 15 years and older for an infection called chlamydia.

If there are any particular issues that you would like to have addressed, please let us know.

Thanks!

SAMPLE CAREGIVER LETTER (SPANISH)

(Insert your health center's logo, if appropriate)

Health Center Contact Information

Querido/a cuidador/a:

¡Felicitaciones! Su hijo/a ha llegado a la adolescencia. La adolescencia es una etapa de transición de la niñez a la adultez. Esta es una etapa emocionante de la vida que puede traer nuevas preguntas o preocupaciones para las y los adolescentes. Durante estos años, también es importante involucrar cada vez más a las y los adolescentes en su propio cuidado, a fin de que estén mejor preparados/as para manejar su salud de manera independiente como adultos/as. Por lo tanto, comenzaremos a usar parte del tiempo de visita de su adolescente reuniéndonos con ella o él en privado. Durante este tiempo, le hablaremos sobre cómo enfrentar los cambios que aparecen en la adolescencia, y sobre cualquier pregunta o necesidad que quieran hablar en privado con nosotros/as. Si se siente más cómodo/a, su hijo/a puede solicitar tener un/a cuidador/a, amigo/a u otra persona en la habitación, pero aun así le animaremos a hablar en privado.

Algunos de los temas sobre los que hablaremos incluyen:

- alimentación saludable y hábitos de sueño
- conexión con su familia y sus pares
- rendimiento y objetivos académicos
- emociones, estado de ánimo y formas de manejar el estrés
- salud sexual y sexualidad
- alcohol y otras sustancias
- temas de seguridad como el uso del cinturón de seguridad y el casco, la protección solar y el uso de equipos de seguridad al hacer deporte
- cualquier otro tema que su adolescente quisiera conversar con su proveedor/a

Siempre hablaremos estos temas de manera apropiada para la edad y el nivel de madurez de su adolescente.

Para que estas conversaciones puedan ser lo más abiertas y de la mayor ayuda posible, le vamos a asegurar a su adolescente que lo que hablemos será confidencial. Sin embargo, también queremos que las y los cuidadoras/es sigan estando involucrados, especialmente cuando existan serias preocupaciones sobre la salud y seguridad de su adolescente. Le informaremos si su adolescente pudiese ser una amenaza para sí mismo/a o para otras personas. También animaremos a su adolescente a comunicarse y a compartir información sobre temas que no siempre son fáciles de hablar, como las enfermedades de transmisión sexual, los métodos anticonceptivos, el embarazo y el consumo de sustancias. Además, con el fin de brindar atención acorde con el Grupo de Trabajo de Servicios Preventivos de los Estados Unidos, empezaremos pruebas rutinarias en todos/as los/las adolescentes de 15 años o más para detectar una infección llamada clamidia.

Si hay algún problema en particular que usted quiera que abordemos, por favor avísenos.

¡Gracias!