
BARRIERS to adolescent risk screening

Completing a confidential screening for high-risk behaviors in adolescents can be a challenge for health care providers. Teens 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 parents, 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 standardized risk screening tool for high-risk behaviors.

- Using a 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 teen.
- 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.
- 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.

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 21. (See sample workflows on page 3.)
- Patients should complete the risk screening form privately, while no one is around.
- Risk screenings should **NOT** be completed while sitting with a parent in the waiting room; giving adolescents their own clipboard is not enough to make them comfortable 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.
- 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, parents, and patients.

Help parents 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 parents handouts at check in so that parents know to expect that confidential time will be spent with their child and both parties know about minor healthcare rights.
- Consider using a questionnaire for parents in addition to an adolescent questionnaire.
 - A parent questionnaire can get important information from parents to supplement information provided by the adolescent patient and provide parents 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 parents 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 parents, 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 parents) with questions about teens' prescriptions.

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. Refer to these policies and procedures used by the University of Michigan Health System Regional Alliance for Healthy Schools as examples for [suicide](#)⁷, [psychiatric crises](#)⁸, [child abuse](#)⁹, and [domestic abuse](#)¹⁰ situations that may arise.

ADDITIONAL RECOMMENDATIONS

- Use the Parent Handout, Teen Handout, and Poster on confidentiality rights to inform families of the laws and your practices. These resources for sites in the state of Michigan can be found [here](#).¹¹ Materials for other states may be available upon request.

 SAMPLE WORKFLOWS FOR CONFIDENTIAL RISK SCREENING

Workflow 1:

1. Front desk staff gives the parent/guardian a letter explaining confidential time with adolescent patients.
2. MA calls patient and explains to parent/guardian “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 give teens a chance to share their own views on their health, and that’s why we have them complete the health survey on their own.” If there is parent 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, and brings the results to the provider for review. MA then gets the parent/guardian from the waiting room.
4. Provider meets with the parent/guardian and patient then asks the parent/guardian to step out at the end of the visit for confidential time. Provider then reviews risk screening with the patient.

Limitations of this workflow: Parent 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 parent/guardian a letter explaining confidential time with adolescent patients.
2. Front desk staff or MA brings the patient to an area in waiting room with a privacy screen 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 computer or tablet).
3. When risk screening is completed, provider receives it for review (either from staff or electronically).
4. MA calls the patient and parent/guardian back, and the provider meets with both together.
5. Provider then asks the parent/guardian to step out for confidential time with the patient, then reviews the risk screening with the patient alone.
6. MA brings the parent/guardian 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.

SAMPLE PARENT LETTER

Dear Parent /Guardian:

Adolescence is a time of transition from childhood to adulthood. We want to help prepare your teen to be an active participant in their medical care. A normal developmental step in this process is allowing your teen to share their views of health in their own voice. We have two standard practices to give them this chance to express their views: your teen will complete a health survey on their own, and we will talk to your teen independently for part of their visit. Since this can be a difficult time of life, we will be taking some time to talk to them in private concerning issues that you or your teen may not necessarily be comfortable discussing with each other.

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

- Healthy eating and sleeping habits
- Friends and relationships
- Emotions and mood
- Sexuality
- Drugs and alcohol

We will address all these subjects in an age- and maturity-appropriate manner.

In order for these discussions to be as open and helpful as possible, we will assure your teenager that our discussions will be confidential. If there is a concern about your teen doing harm to themselves or someone else, we will inform you. On issues of sexually transmitted diseases, birth control, pregnancy, and drug use, we will encourage your teen to share this information with you.

If there are any particular issues that you would like us to address with your teen, please let us know. Also, let us know if you would like to talk to us privately about concerns you have about your teen or strategies to discuss sensitive topics with them. We want to do our very best to be your ally in helping your child grow up to be healthy and happy.

Sincerely,

[provider name or health center name]

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>

⁷ <http://www.umhs-adolescenthealth.org/wp-content/uploads/2017/02/policy-2-5-suicide-assessment.pdf>

⁸ <http://www.umhs-adolescenthealth.org/wp-content/uploads/2017/02/psych-emergencies-policy-procedure-draft.docx>

⁹ <http://www.umhs-adolescenthealth.org/wp-content/uploads/2017/06/rahs-procedure-for-reporting-child-abuse-2.pdf>

¹⁰ <http://www.umhs-adolescenthealth.org/wp-content/uploads/2017/06/rahs-procedure-for-reporting-domestic-abuse.pdf>

¹¹ <http://www.umhs-adolescenthealth.org/improving-care/health-center-materials/>