



# ADOLESCENT HEALTH CARE 101: THE BASICS - CA EDITION

*An Adolescent Provider Toolkit*



## **HOW TO OBTAIN A COPY OF THIS TOOLKIT**

This toolkit can be downloaded from the Adolescent Health Working Group website at [www.ahwg.net](http://www.ahwg.net).

Additional copies of the Toolkit may be requested via mail, telephone, fax or e-mail from:

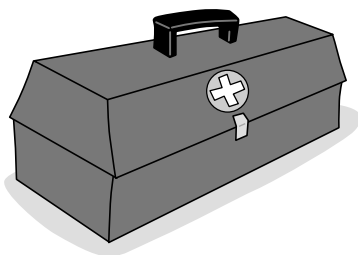
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## **ADOLESCENT HEALTH WORKING GROUP**

The Adolescent Health Working Group (AHWG) was formed in 1996 when adolescent health providers, administrators, and youth advocates in San Francisco became concerned about Medicaid managed care's impact on young people's access to youth-sensitive, comprehensive health care. Today, the mission of the AHWG is to significantly advance the health and well-being of San Francisco's youth by applying the collective wisdom, resources, and energy of individuals and agencies that care for and support young people. The AHWG conducts community research, public policy, advocacy and training activities. Members of the collaborative include representatives of youth development agencies; public and private primary care, behavioral health clinics and programs; academic institutions; health plans; schools; social service and advocacy organizations; youth and parents.

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**Adolescent Health Working Group**  
San Francisco, CA

Dear Colleagues:

We are pleased to present to you the second module of the *Adolescent Provider Toolkit: A Guide for Treating Teen Patients*, entitled *Adolescent Health 101: The Basics*. This project has been made possible through the generous support of The California Endowment, The Open Society Institute, and the collaborative efforts of the San Francisco Health Plan (SFHP) and the Adolescent Health Working Group. The first module of the Toolkit addresses issues around confidentiality and minor consent. This module addresses more general adolescent health care issues and includes:

- Screening tools
- Brief office interventions and counseling guidelines
- Resources and referrals
- Information and tip sheets
- Health education materials for teens and their adult caregivers
- Literature and internet resources
- A Youth Health Rights and Responsibilities Poster
- A counseling tips bookmark

Designed for busy providers, the Toolkit includes materials that you are free to copy and distribute to your adolescent patients and their families or to hang in waiting and exam rooms. We encourage you to modify and build off of our ideas to suit your patient population.

In the future, we plan to distribute additional modules which address behavioral health, sexual and reproductive health, and nutrition and exercise. These will include specific tools to complement the first two modules.

We hope you will take the time to review this resource designed by and for adolescent health care providers. If you have questions regarding the Toolkit or its accompanying resources, please call the Adolescent Health Working Group at (415) 576-1170. We encourage you to visit our website, [www.ahwg.net](http://www.ahwg.net), for additional Toolkit modules, tools and resources designed for you and your adolescent patients.

Regards,

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## **THE ADOLESCENT PROVIDER TOOLKIT ADVISORY COUNCIL**

We would like to extend our sincerest thanks to members of the Toolkit Advisory Council for their time, energy, dedication and unwavering commitment to the health of adolescents.

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**Amy Ranger** – Health Initiatives for Youth  
**Eric Hernandez, RD** – Child Health and Disability Prevention Program

# MODULE TWO: Adolescent Health Care 101: The Basics

## A. FOR PROVIDERS/CLINICS

### 1. Forms and Assessment Tools

Initial/Annual Comprehensive Adolescent 11-18 Year Visit .....	B-1
<i>This accompanies the Staying Healthy Assessment.</i>	
Staying Healthy Assessment (Medi-Cal Managed Care) .....	B-2
<i>Questions for teen patients to answer while waiting to see the provider.</i>	
Adolescent Past History .....	B-3
<i>For parents or guardians to fill out about their teen's medical history.</i>	
Adolescent Follow-Up/ Interval Visit .....	B-4
Parent/ Guardian Questionnaire .....	B-5
<i>For parents or guardians to fill out about current issues in their teen's life.</i>	
Contact Information .....	B-6
<i>Have teen patients fill out this form and keep it on file so you always know the best way to reach them.</i>	

### 2. Tip sheets and Counseling Tools



General Guidelines for the Office Visit .....	B-7
<i>A step by step guide to a productive and youth friendly visit</i>	
Questions to Consider When Creating a Youth Friendly Environment.....	B-8
<i>How comfortable is your clinic or office for youth?</i>	
Annotated HEADSSS Assessment.....	B-9
<i>This valuable psychosocial assessment tool includes questions and a guide to assessing responses.</i>	
Steps for Preventive Screening and Health Promotion .....	B-10
<i>A flow chart from the AMA for problem identification and solving.</i>	
Staying Healthy Brief Talking Points.....	B-11
<i>Questions to accompany the Staying Healthy Assessment (B-2).</i>	
Counseling for Behavior Change .....	B-12
<i>Once you have assessed patients' health risk behaviors, use this tool to guide them towards change.</i>	

### 3. Resources/references

Adolescent Growth and Development .....	B-13
Making a Difference... Youth Development .....	B-14
<i>A brief overview of youth development theory.</i>	
Recommendations for Preventive Pediatric Health Care.....	B-15
<i>The AAP's recommendations for screenings and procedures.</i>	
Preventive Health Services by Age and Procedure .....	B-16
<i>The AMA's recommendations for screenings and procedures.</i>	
Crisis Resources for Teens .....	B-17
Resources for Adolescent Health Care Providers .....	B-18
Literature/Research Review .....	B-19

## B. FOR PARENTS

Please print and distribute these tip sheets to the parents and guardians of your teen patients. Additional tip sheets are available on our website, [www.ahwg.net](http://www.ahwg.net).

Resources for Parents .....	B-20
What's Up? Talking With and Listening to Teens .....	B-21
Points for Parents: About Teenage Growth and Development: 11-14 years .....	B-22
Points for Parents: About Teenage Growth and Development: 15-17 years .....	B-23

## C. FOR YOUTH

Please print and distribute these tip sheets to your teen patients. Additional tip sheets are available on our website, [www.ahwg.net](http://www.ahwg.net).

Click on this! .....	B-24
<i>Internet health sites for teens.</i>	
Take Care of Yourself: Health Tips for Teens .....	B-25

# INITIAL/ANNUAL COMPREHENSIVE ADOLESCENT 11-18 YEAR VISIT

(accompanies "Staying Healthy Assessment")

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: ☐ F ☐ M ☐ Other Race/Ethnicity: \_\_\_\_\_  
Country/State of Birth: \_\_\_\_\_ Age arrived in SF: \_\_\_\_\_  
Language(s) spoken at home: \_\_\_\_\_  
Grade/School: \_\_\_\_\_  
Parent/guardian aware of today's visit? ☐ No ☐ Yes  
Confidentiality discussed? ☐ No ☐ Yes  
Contact information for general information: \_\_\_\_\_  
Contact information for confidential information: \_\_\_\_\_

## REASON FOR TODAY'S VISIT

\_\_\_\_\_

## MEDICAL HISTORY

(Past history form completed? ☐ No ☐ Yes)

\_\_\_\_\_

## CURRENT MEDICAL HISTORY

Current health problems and concerns: ☐ No ☐ Yes \_\_\_\_\_

Current medications: ☐ No ☐ Yes \_\_\_\_\_

Allergies: ☐ No ☐ Yes \_\_\_\_\_

Weight gain/loss this last year: ☐ No ☐ Yes \_\_\_\_\_

## Ob/Gyn (F)

1st menstrual period: \_\_\_\_\_ 1st day of LMP: \_\_\_\_\_

Irregular menses: ☐ No ☐ Yes \_\_\_\_\_

Menstrual problems: ☐ No ☐ Yes \_\_\_\_\_

Missed school days due to menses: ☐ No ☐ Yes \_\_\_\_\_

Pregnancy history/problems: G\_\_\_\_ P\_\_\_\_ SAB\_\_\_\_ TAB\_\_\_\_

Children (ages, location): \_\_\_\_\_

## PSYCHOSOCIAL HISTORY- HEADSSS (✓ or ✗ = Yes/Discussed ☐ = Not Asked/Discussed)

### Home

- ☐ Living with: \_\_mother \_\_father \_\_brother \_\_sister  
\_\_stepmother \_\_stepfather \_\_grandparent \_\_guardian  
\_\_friend \_\_foster parent \_\_other \_\_\_\_\_  
☐ Length of time in current home \_\_\_\_\_  
☐ Recent changes \_\_\_\_\_  
☐ Strongest adult connections \_\_\_\_\_  
☐ Family meals/celebrations \_\_\_\_\_  
☐ Environmental risks: \_\_inadequate housing \_\_TB exposure

Patient Name \_\_\_\_\_

Medical Record \_\_\_\_\_ BD \_\_\_\_\_

Today's Date \_\_\_\_\_

## Education/Employment

- ☐ Sources of help/support at school \_\_\_\_\_  
☐ Favorite classes/school activities \_\_\_\_\_  
☐ School difficulties/frustrations \_\_\_\_\_  
☐ Current employment/hours \_\_\_\_\_  
☐ Extracurricular activities \_\_\_\_\_  
☐ Future plans \_\_\_\_\_

## Activities

- ☐ After-school and weekend activities \_\_\_\_\_  
☐ Peer relationships \_\_\_\_\_  
☐ # hours/day watching TV, computer, video games \_\_\_\_\_  
☐ Volunteer/civic activities \_\_\_\_\_  
☐ Weekly physical activities \_\_\_\_\_  
☐ Food bingeing/purging \_\_\_\_\_  
☐ Religious/spiritual involvement \_\_\_\_\_  
☐ Dating \_\_\_\_\_

## Drugs/Alcohol/Tobacco (if yes on "Staying Healthy Assessment")

- ☐ Exposure to drugs/EtOH, tobacco \_\_\_\_\_  
☐ Steroids use/exposure \_\_\_\_\_  
☐ Refusal strategies/skills \_\_\_\_\_  
☐ Use (last 3 months) \_\_\_\_\_  
☐ Binging \_\_\_\_\_  
☐ Has/wants to quit \_\_\_\_\_

## Sexuality (if yes on "Staying Healthy Assessment")

- ☐ Age of sexual debut \_\_\_\_\_  
☐ F/M partners \_\_\_\_\_  
☐ Sexual ID \_\_\_\_\_  
☐ Oral/vaginal/anal intercourse \_\_\_\_\_  
☐ STD/HIV exposure/hx \_\_\_\_\_  
☐ STD/pregnancy protection \_\_\_\_\_  
☐ Sex under the influence \_\_\_\_\_  
☐ Forced/pressured sex \_\_\_\_\_

## Sadness/Self-Image/Depression/Suicide

- ☐ Family and/or personal changes/stresses in the past year:  
\_\_marriage \_\_divorce/separation \_\_serious illness \_\_births  
\_\_deaths \_\_job change/loss \_\_fighting \_\_new relationships  
\_\_foster care \_\_moves \_\_homelessness \_\_eviction \_\_arrests  
\_\_running away \_\_other \_\_\_\_\_  
☐ Body image \_\_\_\_\_  
☐ Stress/sadness/worries \_\_\_\_\_  
☐ Suicide exposure/thoughts/plan \_\_\_\_\_

## Safety

- ☐ Weapon carrying \_\_\_\_\_  
☐ Anger control \_\_\_\_\_  
☐ Comfort going to school/friends/work \_\_\_\_\_  
☐ Guns in house/bldg \_\_\_\_\_  
☐ Emotional/sexual/physical abuse \_\_\_\_\_  
☐ If in danger, safe place/person to go to \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



REVIEW OF SYSTEMS	N	AB
N=normal AB=abnormal ( <input checked="" type="checkbox"/> appropriate box)		
General (fatigue, sleep, fever)		
HEENT/teeth		
Skin/nodes		
CV (dizziness)		
Resp (SOB, wheezing, cough)		
GI (nausea, vomiting, stools)		
GU (dysuria, discharge)		
Musculoskeletal/back		
Neuropsych (HAs, worries)		
Other/Notes		

#### Measurements:

Ht. \_\_\_\_\_ (\_\_\_\_ % ile) Wt. \_\_\_\_\_ (\_\_\_\_ % ile) BMI \_\_\_\_\_  
 BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_

#### Vision/Hearing:

Glasses ☐ Yes ☐ No R \_\_\_\_/\_\_\_\_ L \_\_\_\_/\_\_\_\_

Hearing

Right				Left			
500	1000	2000	4000	500	1000	2000	4000
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Comments: _____							
Staff initials _____							

Vision concerns ☐ No ☐ Yes, \_\_\_\_\_

Hearing Concerns ☐ No ☐ Yes, \_\_\_\_\_

Physical Exam ( <input type="checkbox"/> = not examined)	N	AB
General appearance/mental status		
Skin		
HEENT		
Teeth		
Neck/nodes/thyroid		
Breast/axillary nodes		
T.S. _____ BSE taught? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Chest/lungs/CV		
Abdomen/Rectum/Anus		
GU Tanner Stage _____		
M: penis/testes/hemia TSE taught? <input type="checkbox"/> No <input type="checkbox"/> Yes		
F: labia/vagina		
Pelvic: cervix/uterus/adnexa		
Musculoskeletal/Back		
back screen: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Neuro		
Notes/labs results		

#### Assessment

##### Strengths/Assets:

1. \_\_\_\_\_ year old Well Teen
2. \_\_\_\_\_
3. \_\_\_\_\_

##### Problems/Risks:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### PLAN

##### #1. Anticipatory Guidance and Interventions

Note: C: counseling EM: educational materials

R: referral F: follow-up needed ☐: not discussed

Family time	Adult connections
Teen-parent relations	Learning/school evaluation
School, homework	Employment
After-school, volunteering	Future plans, college, job
Exercise, sports	Food choices, wt. management
TV, computer, internet, games	Religious/cultural activities
Peers, friends, relationships	Abstinence, dating
Sexuality	Harm reduction
Pregnancy, STDs, HIV	Condoms, EC, birth control
EtOH, tobacco, drugs, Steroids	Seat belts, helmets
Weapons	Respect
Stress, sadness, nervousness	Handling anger, conflict
Time management	Hygiene

##### #2 Laboratory Tests

##### #3 Immunizations/TB

##### #4 Referrals

##### #5 Follow-up Recommendations

1. RTC in \_\_\_\_\_



# “STAYING HEALTHY” ASSESSMENT Adolescents, 12–17 years of age

## Patient Stamp

Patient Number \_\_\_\_\_

Plan Name/Number \_\_\_\_\_

*If patient stamp not used, write in Patient and Plan Name/Number*

Patient's name (first, last)	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Today's date	<b>For Clinical Use</b>
Name of person completing form (If other than patient)	Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other			Assistance needed: Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No

*You and your health care team can work together towards better health. Please answer these questions as best you can. You may check (✓) “Skip” if you do not know an answer or do not wish to answer. You may talk with your provider about any questions. Your answers will be protected as part of your medical record.*

**Sample Question and Answer: Do you play sports?**

<input checked="" type="checkbox"/>	No	Skip
-------------------------------------	----	------

**Interventions  
Code/Date/Initials**

Do You:					
1.	Live at home?	Yes	No	Skip	
2.	Go to school?	Yes	No	Skip	
3.	Receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)?	No	Yes	Skip	
4.	See the dentist at least once a year?	Yes	No	Skip	
5.	Drink milk or eat yogurt or cheese at least 3 times each day?	Yes	No	Skip	
6.	Eat at least 5 servings of fruits or vegetables each day?	Yes	No	Skip	
7.	Try to limit the amount of fried or fast foods that you eat?	Yes	No	Skip	
8.	Exercise or play an active sport 5 days a week?	Yes	No	Skip	
9.	Think you need to lose or gain weight?	No	Yes	Skip	
10.	Often feel sad, down, or hopeless?	No	Yes	Skip	
11.	Always wear a seat belt when riding in a car?	Yes	No	Skip	
12.	Always wear a helmet when riding a bike or skateboard?	Yes	No	Skip	
13.	Spend time in a home where a gun is kept?	No	Yes	Skip	
14.	Spend time in a home with anyone who smokes?	No	Yes	Skip	
15.	Often spend time outdoors without sunscreen or other protection such as a hat or shirt?	No	Yes	Skip	

*For Clinical Use*

Intervention Codes: C: Counseling EM: Educational Materials R: Referral F: Follow-up Needed SPN: See Progress Notes



Your answers to questions about sex and family planning cannot be shared with anyone, including your parents, without your special written permission.				For Clinical Use	
				Interventions Code/Date/Initials	
<b>Do you ever:</b>					
16.	Smoke cigarettes or cigars or chew tobacco?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
17.	Drink alcohol such as beer, wine, wine coolers, or liquor?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
18.	Drive a car after drinking or ride in a car driven by someone who has been drinking?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
19.	Use drugs such as marijuana, cocaine, crack, crank, or ecstasy?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
20.	<b>Have you ever had sex?</b> <i>If "yes," continue to next question. If "no," go to question 26.</i>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
21.	Do you think you or your partner could be pregnant?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
22.	Have you had sex without using birth control in the last year?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
23.	Do you think you or your partner could have a sexually transmitted disease?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
24.	Have you or your partner(s) had sex with any other people in the past year?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
25.	Did you or your partner use a condom the last time you had sex?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Skip"/>	
<b>Have you:</b>					
26.	Ever been forced or pressured to have sex?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
27.	Ever been hit, slapped, kicked, or physically hurt by someone?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
28.	Ever carried a gun, knife, club, or other weapon?	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
29.	<b>Do you have other questions or concerns about your health?</b> (Please identify) _____ _____ _____	<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Skip"/>	
<div style="text-align: center;">For Clinical Use</div> <div> Intervention Codes:    C: Counseling    EM: Educational Materials    R: Referral    F: Follow-up Needed    SPN: See Progress Notes </div>					

#### Privacy Statement

The Information Practices Act of 1977 (California Civil Code 1798) and the Federal Privacy Act (5 USC 552a, Subdivision (E)(3)) require this notice to be provided when collecting personal information from individuals. The information on this form is requested by your health care provider, health plan, and the Department of Health Services for purposes of providing health education services. Furnishing the information requested on this form is optional for the patient. Failure to provide the information requested will not result in any negative consequence for the patient. Information collected on this form is to be maintained in the patient's medical record, and is subject to the same medical and legal protection as other information maintained in the patient's medical record. State law and regulation including reporting requirements and protection of patient confidentiality applies to all information identified on this form. Within the constraints of these laws and regulations, certain information collected on this form may be transferred to state and local governmental and regulating agencies, contracted health plans, and health care providers.

# ADOLESCENT PAST HISTORY

Please note: This form is to be completed by a parent/guardian or unaccompanied teen at the adolescent's first visit.

Patient Name \_\_\_\_\_

Medical Record \_\_\_\_\_ BD \_\_\_\_\_

Today's Date \_\_\_\_\_

## When was the last visit for:

Check-up or shots: \_\_\_\_\_ Medical problems: \_\_\_\_\_

Counseling: \_\_\_\_\_ Dental care: \_\_\_\_\_

## Medicines (prescribed or over the counter) taken in the past

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## Any history of the following? (please check no or yes)

	No	Yes	Age		No	Yes	Age
Allergies to medicines or other things				Headaches or migraines			
Anemia or low iron				Hepatitis			
Asthma or breathing problems				High blood pressure			
Bedwetting				Learning disability			
Behavior or emotional problems				Major health worries			
Blood disorder/sickle cell				Mononucleosis/mono			
Blackouts/dizziness				Overnight hospitalizations			
Bladder/urine/kidney infections				Pregnancy/abortion			
Cancer (type _____)				Scoliosis or curved spine			
Chicken Pox				Seizures or fits			
Constipation or diarrhea				Serious or chronic health problems			
Depression or super stress				Sexually transmitted diseases/HIV			
Eating or dieting problems				Sleeping problems			
Emergency room visits				Stomach pains or problems			
Eye problems/glasses				Tattoos/piercing/scarring			
Fatigue (being very tired)				Toothaches/cavities			
Heart disease or defects				Tuberculosis/TB			
Clinician notes:				Other ( _____ )			

## Family history of the following? (please check no or yes)

	No	Yes	Relationship to you
Alcohol, drug or tobacco use			
Allergies/asthma			
Cancer (type _____)			
Diabetes			
Heart attack, stroke or sudden death before age 55			
High cholesterol			
Lung problems/tuberculosis/TB			
Mental illness/depression/psychiatric condition/suicide			
Serious medical problem			
Violence/homicide/murder			
Other conditions that run in the family ( _____ )			

**Thanks for completing this form. This information will help us take better care of you and your teen!**

Completed by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



# ADOLESCENT FOLLOW-UP/INTERVAL VISIT

Patient Name \_\_\_\_\_

Medical Record \_\_\_\_\_ BD \_\_\_\_\_

Today's Date \_\_\_\_\_

☒ or ☒ = Yes/Discussed    ☐ = Not Asked/Discussed

Accompanied by: ☐ Mother ☐ Father ☐ Friend ☐ Partner ☐ Other \_\_\_\_\_

Parent aware of visit? ☐ Yes ☐ No, why? \_\_\_\_\_

Confidentiality reviewed? ☐ Yes ☐ No, \_\_\_\_\_

Current contact information: \_\_\_\_\_

## Reason for Visit/Concerns:

## Interval History

Date of last visit: \_\_\_\_\_

	No	Yes	Notes
<input type="checkbox"/> Seen by other providers/clinics?			
<input type="checkbox"/> Significant illness/injury			
<input type="checkbox"/> Medications (include OTC)			
<input type="checkbox"/> Allergies			
<input type="checkbox"/> H: Changes in family, social situation			
<input type="checkbox"/> E: School concerns/after school activities			
<input type="checkbox"/> A: Dietary changes/exercise/new activities			
<input type="checkbox"/> D: Tobacco, alcohol, drug use			
<input type="checkbox"/> S: Sexual activity, protection			
<input type="checkbox"/> S: Irritability, depression, suicide			
<input type="checkbox"/> S: Safety concerns, abuse			
<input type="checkbox"/> Additional information?			

## Additional History/Findings:

VS: Weight \_\_\_\_\_ Height \_\_\_\_\_ T/P/R (if indicated) \_\_\_\_\_ For females, LMP \_\_\_\_\_  
PE:

## Assessment:

Problems:  
1.  
2.  
3.

Assets/strengths:  
1.  
2.  
3.

## Plan:

1.  
2.  
3.  
4.

RTC in \_\_\_\_\_ months    DATE: \_\_\_\_\_    PROVIDER NAME: \_\_\_\_\_    SIGNATURE: \_\_\_\_\_



# PARENT GUARDIAN QUESTIONNAIRE

## ADOLESCENT 11-18 YEAR VISIT

Patient Name \_\_\_\_\_

Medical Record \_\_\_\_\_ BD \_\_\_\_\_

Today's Date \_\_\_\_\_

Thanks so much for taking the time to complete this questionnaire about your teenager. This information will be used to provide the best possible care to your son or daughter.

### 1. What are your child's strengths and talents?

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---

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### 2. Do you have concerns about your teen's health or lifestyle? ..... ☐ No ..... ☐ Yes

If yes, please describe: \_\_\_\_\_

Have you already talked about this with your teen? ..... ☐ No ..... ☐ Yes

### 3. Have there been any major changes or stresses in your family this last year? ..... ☐ No ..... ☐ Yes

If yes, please describe: \_\_\_\_\_

### 4. Have you noticed any changes in your teen's behavior: unusual anger or irritability, withdrawal, secrecy, sadness, depression, problems at school? .... ☐ No ..... ☐ Yes

If yes, please describe: \_\_\_\_\_

### 5. Do you think that smoking, drinking, or drug use is a problem for your teen or anyone in your family? ..... ☐ No ..... ☐ Yes

If yes, please describe: \_\_\_\_\_

### 6. Does your teen witness anyone hitting, punching or fighting a lot in your home or community? ..... ☐ No ..... ☐ Yes

### 7. Do you keep guns in your house? ..... ☐ No ..... ☐ Yes

If yes, are the guns unloaded and locked up? ..... ☐ No ..... ☐ Yes

### 8. Would you like help talking with your teen about sex? drinking? drugs? social issues? anything else? ..... ☐ No ..... ☐ Yes

### 9. Is there anything you would like to discuss with your doctor or nurse today? ☐ No ..... ☐ Yes

If yes, what would you like to discuss? \_\_\_\_\_

**Please let us know how to reach you, in case we need to call. Thanks!**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone or Pager #: \_\_\_\_\_ Good time to call: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



## CONTACT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

What name do you like to be called? \_\_\_\_\_

Address: \_\_\_\_\_

Can we send mail to this address? \_\_\_\_\_

If no, where can we send mail? \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_

Which of the above is the best way  
to reach you? \_\_\_\_\_

Will this work for confidential information? \_\_\_\_\_

If you don't want us calling any of those  
numbers, is there some other place or  
number where we can leave a message  
for you (ex. a friend)? \_\_\_\_\_

Who should we say is calling  
(ex. doctor's office, code name)? \_\_\_\_\_



## GENERAL GUIDELINES FOR THE OFFICE VISIT

### BEFORE THE VISIT



1. **The provider should like working with adolescents.** If the provider does not enjoy or feels very uncomfortable working with adolescents, he or she should refer the patient to another provider.
2. **Design the office in a manner that welcomes teenagers.**
  - a. Create an adolescents-only waiting room, or plan a time when only adolescents will be in the office. In this time or space, display information specific to adolescents. This includes educational resources, posters, magazines, and posted confidentiality regulations.
  - b. Have a special exam room only for adolescents that includes teen-oriented decorations and resources. The examination table should be to the side of the door or behind a curtain so the teen will not be concerned about others seeing in.
3. **Consider the impact of billing on confidentiality.** Explanations of benefits and consumer satisfaction surveys may be sent home and opened by parents. If confidentiality cannot be preserved consider the following:
  - a. Work with the teen's insurance company to ensure confidentiality.
  - b. Bill the adolescent directly for out-of-plan services based on a sliding scale.
  - c. Refer the teen to a provider that can provide care through the Medi-Cal Minor Consent or Family PACT programs for eligible services.
  - d. Refer the adolescent to a free clinic.

### DURING THE VISIT



#### WAITING

**Avoid keeping adolescent patients waiting.** If there is a wait, explain why. One study showed teens felt being offered explanations was important and demonstrated proof they were being treated equally and with honesty and respect.

#### MEETING THE ADOLESCENT AND FAMILY FOR THE FIRST TIME

##### Greet the adolescent first!

There are a number of choices on how to structure the initial visit. The three main options are:

1. **Meet initially with the adolescent and family together and suggest that the adolescent introduce his or her family.**
2. **Begin by speaking with the adolescent alone, and then bring in the family for everyone to speak together.**
3. **Under special circumstances, you might meet with the parent alone to talk, and then the adolescent alone to talk and perform the physical exam.** (Make sure the patient understands why the parent will meet alone with the doctor so as not to encourage distrust.)

#### TIME

**Allow for at least a half an hour for a preventive health visit.** Appointments should be scheduled at times convenient for the adolescent, such as after school or on special weekend hours. During the first visit, a decision should be made with the patient and family as to whether the adolescent has permission to come to future visits alone for non-confidential care.



## DURING THE VISIT

(continued)



### CONFIDENTIALITY

**Confidentiality policies should be described to parents and adolescents at the beginning of the visit.**

### HAND WASHING

**Providers should wash their hands within view of the adolescent.** A published research study showed that adolescents ranked providers washing hands in front of them as the most important item that affects their decision to seek health care.

### THE ROLE OF FAMILIES

While the adolescent is the primary participant of the visit, families are also needed:

- 1. To give a medical history and sign necessary consent, insurance and other forms.**
- 2. To give a clearer sense of family dynamics.**
- 3. To support a teen's decisions and behavioral changes.**
- 4. To clarify expectations and set fair limits with the adolescent.**
- 5. To ensure follow-up care for the adolescent.**

Reassure parents that adolescence is a challenging stage and encourage parents to engage in positive communication with their children, to set fair limits, and understand the stress of the teenage years. Have resources available specifically for parents and families. Remember that while immigrant adolescents may have adjusted to the United States culture, immigrant parents may follow different cultural norms and have different linguistic and literacy abilities than their children.



### SUGGESTIONS FOR THE INTERVIEW:

- 1. Establish rapport by shaking hands with the adolescent.** Begin with informal conversation, treat the adolescent's concerns seriously, ask non-threatening questions, and focus on the adolescent's concerns. Explain what will be happening and why.
- 2. Refrain from lecturing.** Power struggles with adolescents are rarely successful.
- 3. Advocate for the teenager by focusing on the positives.**
- 4. Criticize the activity, not the adolescent.**
- 5. Use gender-neutral terms until the patient has established a preference.**  
(ex. "Are you going out with someone?" Rather than, "Do you have a girlfriend?")
- 6. Minimize note-taking, particularly during sensitive questioning.**
- 7. Adolescence is made even more difficult for teens who perceive themselves or are perceived as different.** This is especially true for teens that stand out due to physical, developmental, emotional and behavioral characteristics. Be aware of the special issues, such as isolation, family rejection, school danger, and stress facing gay and lesbian (LGBTQ) youth.
- 8. Talk in terms the adolescent will understand without talking down to him or her.** Avoid medical jargon.
- 9. Practice good listening skills**
  - a. Stay focused on what the teen is telling you.
  - b. Ask questions.
  - c. Try to understand the teen's perspective.
  - d. Avoid interrupting.
  - e. Focus on non-verbal cues.



## DURING THE VISIT

(continued)

- 10. Ask open-ended questions.** This allows for a more complete answer. Teens want providers to initiate conversations about difficult subjects.  
(ex. **DON'T ASK:** "Do you use drugs?" This allows for a one-word answer.  
**DO ASK:** "I know drugs are common on a lot of school campuses. What drugs are popular at your school? Do you know people who use these drugs? How do you deal with that? Have you ever tried them?")  
(ex. **DON'T ASK:** "Are you sexually active?"  
**DO ASK:** "I mentioned that I might ask you some personal questions. Remember, your answers are confidential. Are you seeing anyone right now? What's this person's name? Many teens are sexually active. By that I mean that they have had sexual intercourse. How have you handled this part of your relationship? Do you have sex with males, females, or both?")
- 11. Always take a sexual history.** Remember that sexual identity may not mirror sexual activity. For example, a girl who considers herself a lesbian may have intercourse with males and will need pregnancy prevention education.
- 12. Using the phrase, "Many young people," shows teenagers that they are not alone or weird.**
- 13. One valuable tool is HEADSSS.** Ask questions about Home, Education and Employment, Activities, Drugs, Sexuality, Suicide/Stress/Depression, and Safety. These topics cover the important psychosocial risks and protective factors of adolescence.
- 14. Attempt to give choices in the question.** (ex. "Did that make you feel happy or sad or scared? Why?")
- 15. Help set short term goals.**
- 16. Remember that teens may not ask the "real" questions until the end.** They may ask simpler, "less important" questions first to gauge the provider's reaction.

## THE PHYSICAL EXAM

This is a good opportunity to teach the adolescent about his or her changing body. Some things to consider:

- 1. The teen should be asked whether he or she wants a parent present.**
- 2. Male practitioners should consider using a chaperone during the breast and genital exam of female patients.**
- 3. A pelvic exam should be performed if the adolescent requests it, if she is sexually active, or if she has signs or symptoms warranting a pelvic exam.** The provider should explain what the exam entails, as well as the instruments that will be used. Provide a mirror so the patient can see what is going on.

## CLOSURE OF THE VISIT

- 1. Summarize findings and treatment to the adolescent and parent** (See Module One, A-7, "Performing an Atraumatic Parentectomy.")
- 2. Allow time for questions and provide additional resources.**
- 3. Schedule follow-up appointments.**
- 4. Ask for the teen's input into treatment plans.** This will encourage compliance.
- 5. Make sure the teen is given office/clinic contact information including names of people to call for questions or follow-up, daytime and after-hours phone numbers and office hours.**



Adapted from "Office Visit, Interview Techniques, and Recommendations to Parents," by Elizabeth R. Woods and Lawrence Neinstein in *Adolescent Health Care: A Practical Guide*. Philadelphia: Lippincott Williams & Wilkins. 2002.







## QUESTIONS TO CONSIDER WHEN CREATING A YOUTH FRIENDLY ENVIRONMENT

### ? DOES YOUR OFFICE/HEALTH CENTER HAVE...

- ☐ An atmosphere that is appealing to adolescents (pictures, posters, wallpaper)?
- ☐ Magazines that would interest adolescents and reflect their cultures and literacy levels?
- ☐ Appropriate sized tables and chairs in your waiting and exam rooms (i.e. not for small children)?
- ☐ Private areas to complete forms and discuss reasons for visits?
- ☐ Facilities that comply with the Americans with Disabilities Act?
- ☐ Decorations that reflect the genders, sexual orientations, cultures, and ethnicities of your clients?

### ? DO YOU PROVIDE...

- ☐ Health education materials written for or by teens at the appropriate literacy level and in their first languages?
- ☐ Translation services appropriate for your patient population?
- ☐ A clearly posted office policy about confidentiality?
- ☐ After-school hours?
- ☐ Opportunities for parents and adolescents to speak separately with a health care provider?
- ☐ Alternatives to written communications (i.e. phone calls, meetings, videos, audiotapes)?
- ☐ Health education materials in various locations, such as the waiting room, exam room, and bathroom, where teens would feel comfortable reading and taking them?
- ☐ Condoms?

### ? DOES YOUR STAFF...

- ☐ Greet adolescents in a courteous and friendly manner?
- ☐ Explain procedures and directions in an easy and understandable manner?
- ☐ Enjoy working with adolescents and their families?
- ☐ Have up-to-date knowledge about consent and confidentiality laws?
- ☐ Incorporate principles and practices that promote cultural and linguistic competence?

- ☐ Consider privacy concerns when adolescents check-in?
- ☐ Provide resource and referral information when there is a delay in scheduling a teen's appointment?

### ? WHEN YOU SPEAK TO ADOLESCENTS DO YOU...

- ☐ Use nonjudgmental, jargon free, and gender-neutral language?
- ☐ Allow time to address their concerns and questions?
- ☐ Restate your name and explain your role and what you are doing?
- ☐ Ask gentle but direct questions?
- ☐ Offer options for another setting or provider?
- ☐ Explain the purpose and costs for tests, procedures, and referrals?
- ☐ Keep in mind that their communication skills may not reflect their cognitive or problem-solving abilities?
- ☐ Ask for clarification and explanations?
- ☐ Listen?
- ☐ Congratulate them when they are making healthy choices and decisions?

### ? ARE YOU AWARE...

- ☐ That your values may conflict with or be inconsistent with those of other cultural or religious groups?
- ☐ That age and gender roles may vary among different cultures?
- ☐ Of health care beliefs and acceptable behaviors, customs, and expectations of different geographic, religious and ethnic groups?
- ☐ Of the socio-economic and environmental risk factors that contribute to the major health problems among the diverse groups you serve?
- ☐ Of community resources for youth and families?



## ANNOTATED HEADSSS ASSESSMENT

The **Annotated HEADSSS Assessment** is designed to walk the clinician through a psychosocial assessment utilizing the mnemonic HEADSSS as a guide to questioning. For each domain of questioning, the **Annotated HEADSSS Assessment** lists some sample opening and possible follow-up questions, and highlights responses that are considered to be indicators of strengths or protection from risk, as well as those that are indicators of risky behaviors or situations. HEADSSS is a flexible interview tool, and the interviewer should modify questions based on the subject's responses. The following questions are suggested areas of inquiry, not a list of questions which must be answered by every young person with whom you undertake a psychosocial assessment.

### H OME

#### OPENING QUESTIONS

- Tell me a little about your home life.
- Who do you live with?
- Are there other adults who are important to you?
- Tell me about your relationship with your parent(s), brother(s) /sister(s), other family members.

#### FOLLOW-UP QUESTIONS

- Do you feel safe in your home? In your community or neighborhood? Are you worried about losing your housing?
- Are you at home alone much?
- Has anyone in your home ever physically hurt you?
- Do you feel unwelcome or uncared for in your home?

#### STRENGTH/ PROTECTIVE RESPONSES

*The youth:*

- Indicates a positive relationship with parent(s).
- Sees parents/family as a resource.
- Indicates good communication with parent(s).
- Can identify caring adult(s).

#### RISK INDICATOR RESPONSES

*The youth:*

- Indicates conflicted /negative relationship with parent(s).
- Is unable to identify any adults who are caring and a resource.
- Indicates poor communication in family.

### E DUCATION/EMPLOYMENT

#### OPENING QUESTIONS

- How do you feel about school?
- Are you going to school?
- What grade are you in?
- How are you doing in school? Grades/marks? Better, worse or the same?
- What do you like the best? The least?
- What are your school and/or work goals?
- How do you get along with other people at school?
- Do you have friends at school?
- Do you work? How much? What kind of job?

#### FOLLOW-UP QUESTIONS

- Do you go to classes? How often do you cut?
- Do you think school is important? Why, why not?
- Have you ever been suspended or expelled?
- How do you usually spend your day during and after school?
- Do you have a job right now (or some other responsibility, such as caring for your child or siblings) which keeps you busy every day?
- Do you have someone around to talk to?
- Do you plan to finish high school or get your GED?
- What are the reason(s) you are not in school? What made you stop going to school?



## (EDUCATION continued)

### STRENGTH/ PROTECTIVE RESPONSES

*The youth:*

- Indicates positive attitude about school.
- Feels part of and involved in school.
- Feels that teachers and school are caring and fair.
- Indicates that parents communicate high academic expectations.
- Shows good academic achievement.
- Has future goals related to educational attainment.

### RISK INDICATOR RESPONSES

*The youth:*

- Has repeated a grade.
- Is cutting classes.
- Indicates school failure.
- Reports a recent decrement in grades.
- Indicates feeling isolated, unsafe or disengaged from school.
- Works more than 20 hrs. per week.

## A CTIVITIES

### OPENING QUESTIONS

- How do you spend your spare time?
- What do you do for fun?
- Who do you hang out with?
- Where/with whom do you eat your meals?
- How many hours do you spend in front of a screen (TV/video/video games/computer) daily?
- What kinds of physical activities are you involved in daily?
- What do you eat during and after school?

### FOLLOW-UP QUESTIONS

- Are you involved with any organized sports activities? Community center? Religious/church groups?
- How often do you volunteer? What do you do?
- How do you get money? Work, allowance?
- Where and when do you do your homework?

### STRENGTH/ PROTECTIVE RESPONSES

*The youth:*

- Is involved in supervised group activities (in after-school, community-based, sports, arts and/or faith-based organizations).
- Reports that religion and prayer are important to him/her.
- Is involved in social justice, political advocacy and/or community work.
- Eats at least one meal/day with family.

### RISK INDICATOR RESPONSES

*The youth:*

- Indicates largely unsupervised after school time or is not in school.
- Works >20 hours/week.
- Is isolated or disconnected from peers.
- Indicates engagement in risky behaviors (e.g.: In response to “What do you do for fun?” youth states “I get high with my friends”).

## D RUGS

### OPENING QUESTIONS

- Do your friends/family members smoke?
- What drugs have you tried?
- Do you smoke tobacco? Chew tobacco? How much/how often? What kinds of situations?
- Do you drink alcohol (beer, wine, coolers, hard liquor)? How much/how often? What kinds of situations?
- Do you smoke marijuana (weed)? How much/how often? What kinds of situations?
- What about other drugs? Prescription, OTC, illegal?

- How much/how often? What kinds of situations?
- Do the people you hang out with smoke, drink, smoke weed, use other drugs, sell drugs?

### FOLLOW-UP QUESTIONS

- How do you feel about your \_\_\_\_\_ (cigarette, alcohol, marijuana...) use?
- How do your parents/teachers/friends feel about your \_\_\_\_\_ (cigarette, alcohol, marijuana...) use?
- Have you ever tried to quit or cut down? How has that gone for you?



## (DRUGS continued)

- Do you want help with your \_\_\_\_\_ (cigarette, alcohol, marijuana...) use?
- Have you ever gotten into trouble with (cigarette, alcohol, drug) use? (e.g. caught using, arrested, accident, fight, etc.)

## STRENGTH/ PROTECTIVE RESPONSES

*The youth:*

- Does not associate with substance-involved peers.
- Indicates that parents/family members do not use substances.
- Indicates a negative attitude towards substances of abuse.
- Has used but quit.

## RISK INDICATOR RESPONSES

*The youth:*

- Reports easy access to substances, particularly in the home.
- Has a parent with substance abuse/addiction.
- Indicates early, intense and/or consistent engagement in substance use.

# S EXUALITY

## OPENING QUESTIONS

- Have you ever had a crush on anyone?
- Have you/are you in a serious relationship?
- Are you attracted to guys, girls or both?
- Have you ever had sex? What do you mean by “having sex” (intercourse/outercourse)?

*If yes:* • How old were you the first time you had sex?

- Do you have sex with guys, girls or both?

*If no:* • What are your plans about sex in the future?

- Has anyone ever touched you in a way that made you uncomfortable or forced you to have sex?
- Have you ever had sex unwillingly?
- How do you feel about your sexual life?
- Do you talk with your parents or other adults about sex and sexual issues?

## FOLLOW-UP QUESTIONS

- How many people have you had sex with in the last 3 months? In your life?
- Do you (or your partner) use anything to prevent getting pregnant or getting an STD?
- Have you ever been pregnant? What happened with that pregnancy?
- Have you ever been told that you had an STD?
- Have you ever traded sex for money, drugs, a place to stay or other things that you need?

## STRENGTH/ PROTECTIVE RESPONSES

*The youth:*

- Indicates the intention to abstain from sexual intercourse until late adolescence/young adulthood.
- Is not currently sexually active or is using a reliable approach to reduce their pregnancy and STD/HIV risk.
- Indicates a sexual debut when > 15 y.o.
- Indicates that s/he talks with an adult about sexual issues.

## RISK INDICATOR RESPONSES

*The youth:*

- Indicates an early (<14 y.o.) sexual debut.
- Reports a history of sexual molestation, assault or abuse.
- Reports unprotected sex.
- Has been pregnant or has had an STD in the past.
- Indicates that s/he only talks with peers about sexual issues.





## SUICIDE/DEPRESSION/SELF-IMAGE

### OPENING QUESTIONS

- How is life going in general?
- Are you satisfied with your height and weight?
- What do you do when you feel stressed or overwhelmed?
- Do you ever feel very sad, tearful, bored, disconnected, depressed, blue? (choose a few, not all, for your question)
- Have you ever felt so sad that you feel life isn't worth living? Do you think about hurting or killing yourself? Have you ever tried to hurt or kill yourself?

### FOLLOW-UP QUESTIONS

- Is there any adult that you can talk to if you feel depressed/suicidal (mirror youth language e.g.: sad, low, down)?
- Do you think a lot about losing or gaining weight or dieting?
- Have you ever been in counseling or therapy?
- What was that like for you?
- Have you ever been given any medications to affect your mood or behavior?

- Are you thinking about hurting/killing yourself now? Have you thought about it recently?
- Do you know anyone who has tried to kill her/himself or has committed suicide?

### STRENGTH/ PROTECTIVE RESPONSES

*The youth:*

- Indicates a generally positive outlook.
- Has healthy coping mechanisms.
- Has a caring adult that s/he can talk to when stressed/distressed.

### RISK INDICATOR RESPONSES

*The youth:*

- Reports current depression/isolation/boredom/disengagement.
- Reports current suicidal ideation (ASSESS FOR LETHALITY AND TRIAGE AS APPROPRIATE.)
- Has thought about or attempted suicide in the past.
- Has a family member or friend who committed suicide.

## SAFETY

### OPENING QUESTIONS

- When you drive or ride in a car, do you use a seat belt?
- What do you do if the person you are riding with is drunk or using drugs?
- When you bike, ride a motorcycle, skateboard or roller skate do you use a helmet/protective gear?
- Is there a gun in your home?
- Do you ever carry a weapon to protect yourself?
- Have you been in a serious physical fight?

### FOLLOW-UP QUESTIONS

- What do you do when you think the situation you are in is dangerous? Give me an example.
- How do you and your parents resolve conflicts?
- Has anyone ever hurt you or intentionally destroyed something that you value?
- If you felt that you needed a weapon, where/how would you get one?
- What do you/would you do if you are/were in a situation that might lead to a physical fight?

### STRENGTH/ PROTECTIVE RESPONSES

*The youth:*

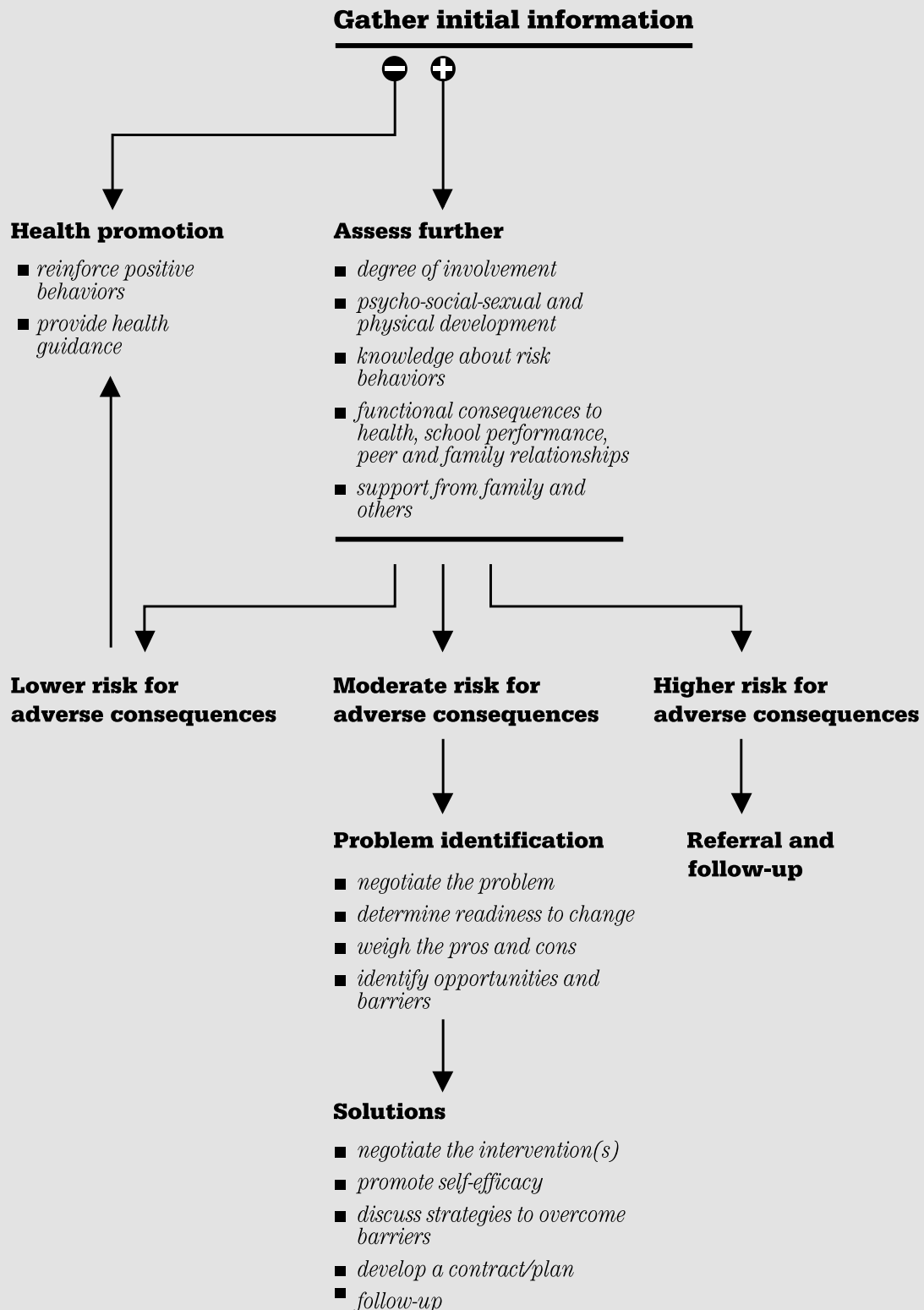
- Uses seat belts and protective equipment.
- Shows good problem solving skills related to dangerous situations.
- Engages in non-violent conflict resolution.

### RISK INDICATOR RESPONSES

*The youth:*

- Has been victimized through intrafamilial, partner, gang or school violence.
- Carries a weapon or reports easy access to weapons.
- Reports that there is a gun in the home.

# Steps for preventive screening and health promotion



# **“STAYING HEALTHY” BRIEF TALKING POINTS – CHILDREN 12-17 YEARS OF AGE (SEE “B-2”)**

1. **Do you live at home?**
  - Assess current living situation especially as it relates to safety and stability.
2. **Do you go to school?**
  - Advise out of school youth that they are especially at risk for alcohol/drug use, unintended pregnancy, STDs/HIV, violence, and abuse.
  - Assess further to identify if teen works, how teen spends time, if he or she would like to go back to school or get training in a job skill.
3. **Do you receive health care from anyone beside a medical doctor?**
  - Explain your role as primary care provider.
  - Discuss if there appears to be concern regarding accepted medical practices or teaching and any alternative medical treatment or advice patient is receiving, including home or herbal remedies.
  - Advise the patient to call the 800# for plan if he/she cannot reach you (discuss overuse of Emergency Room if appropriate).
4. **Do you see the dentist once a year?**
  - Counsel the patient about the importance of brushing, flossing, fluoride use, and regular preventive checkups.
  - Counsel patient on proper dental care (fluoride, brushing, and regular dental visits).
5. **Do you drink milk, or eat yogurt at least 3 times a day?**
  - Discuss importance of calcium in patient’s diet.
  - Discuss alternative sources of calcium (broccoli, fortified cereals and grains, fortified orange juice, and spinach) for children who are lactose intolerant.
6. **Do you eat at least 5 servings of fruits or vegetables each day?**
  - Counsel on importance of balanced diet including fruits and vegetables.
7. **Do you eat only a limited amount of fried or fast foods?**
  - Counsel on high fat, high sugar, and high salt content of fast food, sweets, and soda.
  - Advise regarding healthy food substitutes.
8. **Do you exercise or play an active sport 5 days a week?**
  - Advise on importance of daily physical activity for teens.
  - Assess how many hours he/she spends watching TV.
9. **Do you think you need to lose or gain weight?**
  - Identify nature of teen’s concern with weight.
  - Discuss natural changes during pre-adolescence
  - Discuss dangers of fad diets, diet pills, laxatives, starvation, and vomiting.
  - Counsel on safe ways to lose and maintain a healthy weight through exercise, and balanced, nutritious, low fat diet.
10. **Do you often feel sad or depressed?**
  - Assess further to identify nature of problems and possible causes.
  - Assess if teen has support network including someone he/she can talk with.
  - Assess needs of youth with special needs.
11. **Do you always wear a seat belt when riding in a car?**
  - Advise regarding importance, legal requirement, and proper use of seat belts.
12. **Do you always wear a helmet when riding a bike or skateboard?**
  - Advise that all everyone should wear safety helmets when riding bicycles, skateboarding or roller-skating.
  - Counsel on proper use of helmet – so front of head is adequately covered.
13. **Do you spend time in a home where a gun is kept?**
  - Advise on dangers of having a loaded gun in the home.
  - Keep guns and ammunition locked in separate places away from child’s access.
14. **Do you spend time in a home where anyone smokes?**
  - Advise of relationship of second hand smoke to health problems (ear infections, asthma, etc.).
  - Discuss strategies to prevent second hand smoke including asking smoker not to smoke in the home or car.

15. **Do you often spend time outdoors without sunscreen or other protection such as a hat or shirt?**
  - Advise of need to use sunscreen of SPF 15 or more and to wear protective clothing at all times. Avoid using baby oil, mineral oil, or tanning oil.
  - Discuss dangers of early sun damage to skin and the susceptibility to skin cancers later in life.
16. **Do you ever smoke cigarettes or chew tobacco?**
  - Advise on health consequences, addiction and, difficulty of quitting.
  - Assist teen with smoking cessation if indicated.
17. **Do you drink alcohol such as beer, wine coolers, or liquor?**
  - Assess frequency of alcohol use and patterns of use.
  - Advise on health consequences of drinking and danger of dependency.
  - Offer assistance including referral to alcohol treatment programs, if needed.
18. **Do you drive a car after drinking or ride in a car driven by someone who has been drinking?**
  - Counsel on importance of assigning a “designated driver.”
  - Counsel on importance of avoiding drinking and driving or riding in a vehicle driven by someone who has been drinking.
19. **Do you use drugs such as marijuana, cocaine, crack, crank, or ecstasy?**
  - Assess frequency and patterns of drug use.
  - Counsel on harmful effects of drug use and danger of dependency.
  - Offer assistance including referral to drug treatment, if needed.
20. **Have you ever had sex?**
  - Provide information on importance of postponing sexual involvement.
  - Provide information on contraception and STD/HIV risk reduction.
  - Advise that services are confidential.
21. **Do you think you or your partner could be pregnant?**
  - Provide patient with pregnancy test and in-depth birth control counseling, as appropriate.
  - Counsel on family planning alternatives, if needed.
22. **Have you had sex without using birth control in the last year?**
  - Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
  - Discuss important factors affecting effective use of birth control (consistency, proper use, comfort, communication with partner, etc.)
23. **Do you think you or your partner could have a sexually transmitted disease?**
  - Provide patient with STD/HIV test and in-depth risk reduction counseling, as appropriate.
  - Advise patient of right to receive confidential STD/HIV testing/counseling services.
24. **Have you or your partner(s) had sex with any other people in the last year?**
  - Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
25. **Did you or your partner use a condom the last time you had sex?**
  - Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
  - Discuss important factors affecting effective use of birth control (consistency, proper use, comfort, communication with partner, etc.).
26. **Have you ever been forced or pressured to have sex?**
  - Further assessment and counseling may be required.
  - Follow reporting procedures established by the state and local authorities.
27. **Have you ever been hit, slapped, kicked, or physically hurt by someone?**
  - Further assessment and counseling may be required.
  - Follow reporting procedures established by the state and local authorities.
28. **Have you ever carried a gun, knife, club, or other weapon?**
  - Advise regarding increased risk (2 times higher) of injury or death if he or she carries a weapon.
  - Discuss the dangers of associating with gangs (if indicated).





## COUNSELING FOR BEHAVIOR CHANGE

Pre-contemplations	Contemplation	Determination/Preparation	Action	Maintenance	Relapse/Recycle
No: Denial	Fence Maybe: Ambivalence	0-3 months Yes, let's go: Motivated	3-6 months Doing it: Go	over 6 months Living it	over 6 months Start over: Ugh!

Adapted from UCSF AIDS Health Project, 1998, Building quality HIV prevention counseling skills: The Basic 1 training. <http://www.engenderhealth.org/res/one/hiv/preventing/miw/hiv6miw2.html>

### JAMES O. PROCHASKA, PH.D.'S TRANSTHEORETICAL MODEL OF THE STAGES OF CHANGE

STAGE OF CHANGE	MEANING	CONSIDERATIONS FOR ADOLESCENTS
<b>PRE-CONTEMPLATION</b>	Is not considering changing or intending to take action.	Adolescents are often focused on the present. Until they see the direct effects of their behavior on their lives, they are likely to remain in this stage. Too much pushing may cause a teen to rebel.
<b>CONTEMPLATION</b>	Intends to take action in the near future, although may be ambivalent.	This stage arrives when individuals see how their actions affect their lives. This may happen for teens when they see a peer or loved one in their situation or when they are exposed to convincing and consistent messages about something relevant to them. For example, different media presentations about STDs in teens might influence contemplation.
<b>PREPARATION</b>	Intends to take action very soon and has taken some steps in this direction.	This is a planning stage. Again, do not plan for adolescents. Rather, provide options and guide their decisions using open-ended questions that will help them form their own opinions.
<b>ACTION</b>	Changes behavior.	The individual puts planning into action. Because adolescents, especially younger teens, operate in the present, action must be considered on a day-to-day basis. Constant encouragement may be needed to support actions, even small ones. With the teen, create a written plan of action and encourage that he or she record daily activities and thoughts in a journal or diary.
<b>MAINTENANCE</b>	Maintaining new behavior over time.	Maintaining an action is extremely difficult for adults and youth alike. Adolescents will often want immediate gratification and may discontinue behavior if they do not see results. Congratulate and praise them for what they do, rather than admonish them for failure.
<b>RECYCLING</b>	Reworking preparation and action after setbacks.	Relapse often makes adolescents feel very demoralized. It is important to explain that even though there's been a setback, helpful lessons have been learned about themselves and about the process of changing behavior.



## HOW READY ARE YOU TO MAKE CHANGE?

To determine where an adolescent falls on the spectrum, use a tool like the one below:

NOT READY										READY
0	1	2	3	4	5	6	7	8	9	10

1. Once a behavior is identified as one that might be changed, ask the teen where he or she sees him or herself on this scale.
2. Ask a straight question, “Why a 5?”
3. Ask a backward question, “Why a 5 and not a 3?” This elicits why he or she wants to change.
4. Ask a forward question, “Why a 5 and not a 7?” This elicits the barriers to change perceived by the teen.

## ALWAYS TAILOR BEHAVIOR CHANGE TO THE INDIVIDUAL AND HIS OR HER STAGE OF DEVELOPMENT

NOT READY (0-3) PRECONTEMPLATION	UNSURE (4-6) CONTEMPLATION	READY (7-10) PREPARATION
<b>Advise and Encourage</b>	<b>Explore Ambivalence</b>	<b>Strengthen Commitment and Facilitate Action</b>
<ul style="list-style-type: none"> <li>• Would you like to have more information?</li> <li>• How can I help?</li> <li>• Encourage and emphasize confidence.</li> </ul>	<ul style="list-style-type: none"> <li>• What are the things you like about your behavior?</li> <li>• What are the things you don't like?</li> <li>• What are the advantages of your behavior?</li> <li>• What are the disadvantages?</li> <li>• Where does that leave you?</li> <li>• Summarize.</li> </ul>	<ul style="list-style-type: none"> <li>• Why is this important to you now?</li> <li>• What are your ideas for making this work?</li> <li>• What might get in the way?</li> <li>• How might you deal with those barriers?</li> <li>• How confident are you?</li> <li>• How will you know you've reached your goal?</li> <li>• How might you reward yourself along the way?</li> <li>• Make sure the plan is specific, measurable, and achievable.</li> </ul>

**! Move one stage at a time!**

**! Make sure there is enough time to achieve goals!**

Sources:

1. Steve's Primer of Practical Persuasion and Influence, Copyright © SBB, 1996-00  
<http://www.as.wvu.edu/~sbb/comm221/chapters/stages.htm>
2. University of South Florida Community and Family Health  
TRANSTHEORETICAL MODEL/STAGES OF CHANGE  
[http://hsc.usf.edu/~kmbrown/Stages\\_of\\_Change\\_Overview.htm](http://hsc.usf.edu/~kmbrown/Stages_of_Change_Overview.htm)
3. Kaiser Permanente Regional Health Education



## ADOLESCENT GROWTH AND DEVELOPMENT

CHARACTERISTICS	EARLY ADOLESCENCE	MIDDLE ADOLESCENCE	LATE ADOLESCENCE
<b>AGE RANGE</b> (These stages are variable and fluid.)	<ul style="list-style-type: none"> <li>Females: 9-13 years</li> <li>Males: 11-15 years</li> </ul>	<ul style="list-style-type: none"> <li>Females: 13-16 years</li> <li>Males: 15-17 years</li> </ul>	<ul style="list-style-type: none"> <li>Females: 16-21 years</li> <li>Males: 17-21 years</li> <li>The upper end varies and depends on cultural, economic, and educational factors.</li> </ul>
<b>GROWTH</b>	<ul style="list-style-type: none"> <li>Secondary sexual characteristics appear.</li> <li>Voice changes and body odor increases.</li> <li>Growth rapidly accelerating; reaches peak velocity.</li> </ul>	<ul style="list-style-type: none"> <li>Secondary sexual characteristics well advanced.</li> <li>Menstruation begins in females.</li> <li>Growth decelerating; stature reaches 95% of adult height.</li> </ul>	<ul style="list-style-type: none"> <li>Physically mature; statural and reproductive growth virtually complete.</li> </ul>
<b>COGNITION</b>	<ul style="list-style-type: none"> <li>Concrete thought dominant.</li> <li>Existential orientation.</li> <li>Cannot perceive long-range implications of current decisions and acts.</li> </ul>	<ul style="list-style-type: none"> <li>Rapidly gaining competence in abstract thought.</li> <li>Capable of perceiving future implications of current acts and decisions but variably applied.</li> <li>Reverts to concrete operations under stress.</li> </ul>	<ul style="list-style-type: none"> <li>Established abstract thought processes.</li> <li>Future oriented.</li> <li>Capable of perceiving and acting on long-range options.</li> </ul>
<b>PSYCHOLOGICAL SELF AND SELF-PERCEPTION</b>	<ul style="list-style-type: none"> <li>Preoccupation with rapid body change.</li> <li>Former body image disrupted.</li> <li>Concerned with privacy.</li> <li>Frequent mood swings.</li> <li>Very self-focused.</li> </ul>	<ul style="list-style-type: none"> <li>Reestablishes body image as growth decelerates and stabilizes.</li> <li>Extremely concerned with appearance and body.</li> <li>Preoccupation with fantasy and idealism in exploring expanded cognition and future options.</li> <li>Often risk takers.</li> <li>Development of a sense of omnipotence and invincibility.</li> </ul>	<ul style="list-style-type: none"> <li>Emancipation completed.</li> <li>Intellectual and functional identity established.</li> <li>May experience “crisis of 21” when facing societal demands for autonomy.</li> <li>Body image and gender role definition nearly secured.</li> </ul>
<b>FAMILY</b>	<ul style="list-style-type: none"> <li>Defining independence–dependence boundaries.</li> <li>Conflicts may occur but relate to minor issues.</li> </ul>	<ul style="list-style-type: none"> <li>Frequency of conflicts may decrease but their intensity increases.</li> <li>Struggle for emancipation.</li> </ul>	<ul style="list-style-type: none"> <li>Transposition of child-parent dependency relationship to the adult-adult model</li> </ul>
<b>PEER GROUP</b>	<ul style="list-style-type: none"> <li>Seeks peer affiliation to counter instability generated by rapid change.</li> <li>Compares own normality and acceptance with same sex/age mates.</li> <li>Same-sex friends and group activities.</li> </ul>	<ul style="list-style-type: none"> <li>Strong need for identification to affirm self-image.</li> <li>Looks to peer group to define behavioral code during emancipation process.</li> <li>Cross-gender friendships more common.</li> </ul>	<ul style="list-style-type: none"> <li>Group recedes in importance in favor of individual friendships and intimate relationships.</li> </ul>



## ADOLESCENT GROWTH AND DEVELOPMENT (continued)

CHARACTERISTICS	EARLY ADOLESCENCE	MIDDLE ADOLESCENCE	LATE ADOLESCENCE
<b>SEXUALITY</b>	<ul style="list-style-type: none"> <li>• Self-exploration and evaluation.</li> <li>• Limited dating.</li> <li>• Sexual fantasies are common and may serve as a source of guilt.</li> <li>• Masturbation begins during this period and may be accompanied by guilt.</li> <li>• Sexual activities are usually non-physical. Early adolescents are often highly content with nonsexual interactions such as telephone calls to peers.</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple plural relationships.</li> <li>• Heightened sexual activity.</li> <li>• Testing ability to attract boy/girl-friends and parameters of masculinity or femininity.</li> <li>• Preoccupation with romantic fantasy.</li> <li>• Experimentation with relationships and sexual behaviors.</li> <li>• More emphasis on physical contact.</li> <li>• Establishing sexual identity; fears/questions about homosexuality.</li> <li>• Dating and making out (petting) are common, and casual relationships with both noncoital and coital contacts are prevalent.</li> <li>• Denial of consequences of sexual behavior is typical.</li> </ul>	<ul style="list-style-type: none"> <li>• Forms stable relationships.</li> <li>• Capable of mutuality and reciprocity in caring for another rather than former narcissistic orientation.</li> <li>• Plans for future in thinking of marriage and/or family.</li> <li>• Intimacy involves commitment rather than exploration and romanticism.</li> <li>• Sexual orientation nearly secured.</li> </ul>
<b>TIPS</b>	<ul style="list-style-type: none"> <li>• Effective communication tools must be very specific.</li> <li>• Use materials with pictures rather than tables and graphs.</li> <li>• Focus on issues that most concern these teens (weight gain, acne, physical changes, peer acceptance).</li> <li>• Early and late maturation can lead to difficulties.</li> <li>• Parents will welcome guidance on discipline, rules and communication.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare providers perceived as “friends” rather than authority figures help to develop trust with teens.</li> <li>• Teens must identify with the healthcare message to ensure follow through and success.</li> <li>• Peer counseling, if carefully selected, can be effective with this age group.</li> <li>• Focus on supportive adult connections, health promotion and harm reduction is key during this stage.</li> </ul>	<ul style="list-style-type: none"> <li>• More abstract reasoning allows for more traditional counseling approaches that rely on knowing consequences of behaviors.</li> <li>• Pediatric practices need to assist in transition to adult healthcare providers.</li> <li>• Provide the option to include close friends and/or partners for office visits.</li> </ul>

Adapted from Greydanus, D. (2002) “Characteristics of Early, Middle, and Late Adolescence.” *Delivering Culturally Effective Health Care to Adolescents*. American Medical Association. Permission from Dr. Greydanus, December, 2002.



Making a difference...

## YOUTH DEVELOPMENT

- **Youth development is a model** that strives to identify the processes that promote successful growth from childhood to adulthood.
- **This model promotes** activities and experiences that help young people to become socially, morally, physically and cognitively competent.

- **Recent studies have shown** that protective factors in the lives of young people, such as supportive family members and teachers, diminish the likelihood of negative health and social outcomes.<sup>4</sup>

*“The resilient child is one who works well, plays well, loves well, and expects well.” – Norman Garmezy, 1974*

### WHAT CAN YOU DO?

#### 1. When talking to youth, focus on the positive.

- Don't just focus on problematic or risky behaviors.
- Take the time to congratulate young people on their successes.
- Remember, every young person is doing something right, and positive reinforcement goes a long way.

#### 2. Ask about connectedness.

- Explore the relationships in the youth's life, including family, school, church, and community bonds.
- Determine whether or not the youth has an adult mentor or role model, and if not, try to identify someone in the youth's life who might serve in this capacity.
- Encourage youth to build relationships with the adults in their lives.

#### 3. Give youth the opportunity to contribute.

- Become knowledgeable about various opportunities for youth to be involved in community service.
- Discuss these opportunities with youth who you meet, and help facilitate their involvement.

#### 4. Take the time to ask about social issues and then follow up on them.

- Explore aspects of the youth's life such as issues at home, school and in the community.
- Once a specific issue is identified, make a note to follow up by calling the youth or scheduling an appointment in the near future to discuss it further.
- Periodic visits or calls, even if short in duration, foster trust and affirm that you care about the youth.

#### 5. Create a positive environment in your office setting.

- Encourage all staff members to show interest in youth and provide positive reinforcement.
- Display materials that focus on youth assets and that celebrate diversity and positive accomplishments.

#### 6. Do your part in the community.

- Support programs which focus on youth and community development and potential.
- During the implementation of youth programs, engage young people early on in the planning process in order to better understand and serve their needs.
- Be a mentor for youth and encourage others to do the same.

### Talking to Adolescents: HEADSSS mnemonic<sup>5</sup>

**Home:** Living situation, life at home, parents

**Education:** School, performance, peers, goals

**Activities:** Leisure, hobbies, friends, spiritual/religious interests

**Drugs:** Curiosity, use, abuse (including alcohol and tobacco)

**Suicide and Stress:** Sadness, isolation, emotions, body image, suicide, psych history

**Sex:** Orientation, curiosity, experiences, partners, pregnancy, STD exposure

**Safety:** In home, school, neighborhood - abuse, fighting, weapons, protective gear

#### Additional resources:

1. Search Institute ([www.search-institute.org](http://www.search-institute.org)): Mission is to advance the well-being of adolescents and children by generating knowledge and promoting its application.
2. National Youth Development Information Center ([www.nydic.org](http://www.nydic.org)): Provides practice-related information about youth development.
3. 4H Club ([www.fourhcouncil.edu](http://www.fourhcouncil.edu)): Youth development organization fostering innovation and shared learning.
4. YMCA ([www.ymca.net](http://www.ymca.net))/YWCA ([www.ywca.org](http://www.ywca.org)): Largest not-for-profit community service organization in America.
5. Family and Youth Services Bureau ([www.acf.dhhs.gov/programs/fysb](http://www.acf.dhhs.gov/programs/fysb)): Provides national leadership on youth issues.

#### References:

1. Understanding Youth Development: Promoting Positive Pathways of Growth. Washington, DC: US Department of Health and Human Services, 1997.
2. Blum RW. Improving the health of youth: a community health perspective. *Journal of Adolescent Health*. 1998;23:245-8.
3. Blum RW. Health youth development as a model for youth health promotion. A review. *Journal of Adolescent Health*. 1998;22:368-75.
4. Resnick, MD, Bearman Ps, Blum RW, et al. Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health (see comments). *JAMA*. 1997; 278:823-32.
5. Goldenring JM, Cohen E. Getting into adolescent heads. *Contemporary Pediatrics* 1988; 5:75-90.



# AAP RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC HEALTH CARE

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal. These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care**.

AGE <sup>5</sup>	MIDDLE CHILDHOOD <sup>4</sup>				ADOLESCENCE <sup>4</sup>										
	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MESUREMENTS Height and Weight Head Circumference Blood Pressure	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING Vision Hearing	O O	O O	O O	O O	S S	O O	S S	S S	O O	S S	S S	O O	S S	S S	S S
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT <sup>8</sup>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION <sup>9</sup>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES-GENERAL <sup>10</sup> Hereditary/Metabolic Screening <sup>11</sup> Immunization <sup>12</sup> Hematocrit or Hemoglobin <sup>13</sup> Urinalysis	●	●	●	●	●	●	● <sup>14</sup>	●	●	●	●	●	●	●	●
PROCEDURES-PATIENTS AT RISK <sup>16</sup> Lead Screening <sup>16</sup> Tuberculin Test <sup>17</sup> Cholesterol Screening <sup>18</sup> STD Screening <sup>19</sup> Pelvic Exam <sup>20</sup>	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
ANTICIPATORY GUIDANCE <sup>21</sup> Injury Prevention <sup>22</sup> Violence Prevention <sup>23</sup> Sleep Positioning Counseling <sup>24</sup> Nutrition Counseling <sup>25</sup>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
DENTAL REFERRAL <sup>26</sup>															

4. Developmental, psychosocial, and chronic disease issues for adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
8. By history and appropriate physical examination: if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with the child undressed and suitably draped.
12. Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of Pediatrics. Every visit should be an opportunity to update and complete a child's immunizations.
14. All menstruating adolescents should be screened annually.
15. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of Red Book: Report of the Committee on Infectious Diseases. Testing should be done upon recognition of high-risk factors.
18. Cholesterol screening for high-risk patients per AAP statement "Cholesterol in Childhood" (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
19. All sexually active patients should be screened for sexually transmitted diseases (STDs).
20. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
21. Age-appropriate discussion & counseling should be an integral part of each visit for care per the AAP Guidelines for Health Supervision III (1998).
22. From birth to age 12, refer to the AAP injury prevention program (TIPP®) as described in A Guide to Safety Counseling in Office Practice (1994).
23. Violence prevention and management for all patients per AAP Statement "The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level" (1999).
25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP Handbook of Nutrition (1998).
26. Earlier initial dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist.

## KEY:

● = to be performed ★ = to be performed for patients at risk

S = subjective, by history

O = objective, by a standard testing method the range during which a service may be provided, with the dot indicating the preferred age.

# Preventive health services by age and procedure

Adolescents and young adults have a unique set of health care needs. The recommendations for *Guidelines for Adolescent Preventive Services (GAPS)* emphasize annual clinical preventive services visits that address both the developmental and psychosocial aspects of health, in addition to traditional biomedical conditions. These recommendations were developed by the American Medical Association with contributions from a Scientific Advisory Panel, comprised of national experts, as well as representatives of primary care medical organizations and the health insurance industry. The body of scientific evidence indicated that the periodicity and content of preventive services can be important in promoting the health and well-being of adolescents.

## Age of adolescent

Procedure	Early				Middle			Late			
	11	12	13	14	15	16	17	18	19	20	21
<b>Health guidance</b>											
Parenting*											
Development	■	■	■	■	■	■	■	■	■	■	■
Diet & physical activity	■	■	■	■	■	■	■	■	■	■	■
Healthy lifestyles**	■	■	■	■	■	■	■	■	■	■	■
Injury prevention	■	■	■	■	■	■	■	■	■	■	■
<b>Screening history</b>											
Eating disorders	■	■	■	■	■	■	■	■	■	■	■
Sexual activity***	■	■	■	■	■	■	■	■	■	■	■
Alcohol & other drug use	■	■	■	■	■	■	■	■	■	■	■
Tobacco use	■	■	■	■	■	■	■	■	■	■	■
Abuse	■	■	■	■	■	■	■	■	■	■	■
School performance	■	■	■	■	■	■	■	■	■	■	■
Depression	■	■	■	■	■	■	■	■	■	■	■
Risk for suicide	■	■	■	■	■	■	■	■	■	■	■
<b>Physical assessment</b>											
Blood pressure	■	■	■	■	■	■	■	■	■	■	■
BMI	■	■	■	■	■	■	■	■	■	■	■
Comprehensive exam											
<b>Tests</b>											
Cholesterol	_____ 1 _____				_____ 1 _____			_____ 1 _____			
TB	_____ 2 _____				_____ 2 _____			_____ 2 _____			
GC, Chlamydia, Syphilis & HPV	_____ 3 _____				_____ 3 _____			_____ 3 _____			
HIV	_____ 4 _____				_____ 4 _____			_____ 4 _____			
Pap smear	_____ 5 _____				_____ 5 _____			_____ 5 _____			
<b>Immunizations</b>											
MMR	_____ ■ _____										
Td	_____ ■ _____				_____ ○ _____						
Hep B	_____ ■ _____				_____ 3 _____			_____ 6 _____			
Hep A	_____ 7 _____				_____ 4 _____			_____ 7 _____			
Varicella	_____ 8 _____				_____ 5 _____			_____ 8 _____			

1. Screening test performed once if family history is positive for early cardiovascular disease or hyperlipidemia.
2. Screen if positive for exposure to active TB or lives/works in high-risk situation, eg, homeless shelter, health care facility.
3. Screen at least annually if sexually active.
4. Screen if high-risk for infection.
5. Screen annually if sexually active or if 18 years or older.
6. Vaccinate if high risk for hepatitis B infection.

7. Vaccinate if at risk for hepatitis A infection.
  8. Vaccinate if no reliable history of chicken pox.
- \* A parent health guidance visit is recommended during early and middle adolescence.
- \*\* Includes counseling regarding sexual behavior and avoidance of tobacco, alcohol, and other drug use.
- \*\*\* Includes history of unintended pregnancy and STD.
- Do not give if administered in last five years.

From <http://www.ama-assn.org/ama/upload/mm/39/gapsmono.pdf>. 1997.



# CALIFORNIA CRISIS RESOURCES FOR TEENS

❖ 24 hour operation

## ABUSE/EXPULSION

- ❖ **National Child Abuse Hotline...** ☎ (800) 422-4453  
**www.childhelp.org**  
Call this number to report child abuse or neglect. This hotline offers crisis intervention, information, literature and referrals to youth and families.

## HOMELESSNESS

- ❖ **National Runaway Switchboard....** ☎ (800) 621-4000  
**www.nrscrisisline.org**  
Crisis intervention, prevention and referrals for youth, parents and other concerned adults. The National Runaway Switchboard also operates Home Free in partnership with Greyhound Bus Lines, providing free bus tickets for runaways 12 to 21 years old who wish to return home or to an independent living facility in the vicinity of their hometown.

- ❖ **Children of the Night...** ☎ (800) 551-1300  
A runaway crisis hotline, but you don't have to be running away to call. Talk, 24 hrs a day about anything. If they can't help, they will refer you to someone who can.

## SEXUAL ABUSE AND DOMESTIC VIOLENCE

- ❖ **National Domestic Violence Hotline...**  
☎ (800) 799-7233...(800) 799-SAFE  
**www.ndvh.org**  
A crisis intervention line providing information and referrals to local service providers for victims of domestic violence and those calling on their behalf.
- ❖ **Rape, Abuse & Incest National Network (RAINN)...**  
☎ (800) 656-4673...(800) 656-HOPE  
**www.rainn.org**  
National hotline for survivors of sexual assault. Callers receive confidential, free counseling 24/7. Search for your local rape crisis center at the web address.
- ❖ **Teen Crisis Line...** ☎ (877) 923-0700  
**www.lacasa.org/teen**  
Provides counseling, support, advocacy and referrals for youth dealing with domestic violence, abuse, and related crises. This statewide hotline is part of the Teen Intervention and Prevention Program at La Casa de Las Madres in San Francisco, a crisis intervention center providing residential shelter and counseling for battered women and their children.

## DRUG USE

- ❖ **Drug Help...** ☎ (800) 662-4357  
Call this number for referrals to local drug treatment centers or to request printed substance abuse information.
- ❖ **California Poison Control...** ☎ (800) 876-4766  
**www.calpoison.org**  
Pharmacists, physicians, nurses, and poison information providers are available to provide free and expert treatment advice and assistance over the telephone in case of exposure to poisonous, hazardous or toxic substances.

## SUICIDE

- ❖ **Girls and Boys Town Hotline...** ☎ (800) 448-3000, (800) 448-1833 (TDD)  
**www.girlsandboystown.org**  
The Girls and Boys Town National Hotline is a 24-hour crisis, resource and referral line. Accredited by the American Association of Suicidology, this Hotline is staffed by trained counselors who can respond to questions regarding suicidal thoughts, depression, school problems, relationship problems, homelessness, abuse, chemical dependency or anger.
- ❖ **National Hopeline Network...**  
☎ (800) 784-2433...(800) SUICIDE  
**www.suicidehotlines.com**  
24 hour suicide prevention and intervention hotline.







## CALIFORNIA CRISIS RESOURCES FOR TEENS (continued)

❖ 24 hour operation

### YOUTH STRESS

**Teen Line ... ☎ (800) 852-8336...(800) TLC-TEEN**  
**www.teenlineonline.org**

Call nightly from 6pm-10pm for peer support and referral to a wide range of programs and services. Teen line is staffed by volunteer high school students (9-12 grade) under the supervision of professional counselors, who provide a free and confidential space for teens to talk about their problems.

❖ **California Youth Crisis Line... ☎ 800-843-5200**  
**www.youthcrisisline.org**

This is a statewide, toll free, 24-hour, confidential phone line available to young people, primarily between the ages of 12-24, and those who are concerned about them. Provides crisis intervention counseling on such issues as abuse, assault and exploitation, running away, living on the streets, prostitution, gang membership, lesbian/ gay/ bisexual/ transgender issues and suicide.

### CRISIS RESOURCE FOR PARENTS

❖ **The Parental Stress Line... ☎ (800) 632-8188**  
**www.pcsonline.org**

A 24-hour service offering crisis intervention, information and referrals for parents who just need help.

### LGBTQ

**LYRIC Talkline... ☎ (800) 246-7743...(800) 246-PRIDE**  
**www.lyric.org**

This confidential support and referral line is staffed Mon-Sat 6:30-9 pm, Tues 4-9 pm for young people ages 23 and under who have questions regarding sexuality. When the line is not staffed, there is a 24-hour recording listing resources and events.

❖ **Trevor Helpline... ☎ (800) 850-8078**  
**www.thetrevorproject.org**

This is a hotline for gay, lesbian, bisexual, or transgendered youth, for youth who are questioning their sexual identity, and for youth in crisis.

**Gay & Lesbian National Hotline... ☎ (888)-843-4564**  
**www.glnh.org**

This hotline offers free and anonymous information, referrals and peer counseling Mon-Fri 4pm-midnight and Sat

noon-5pm Eastern Standard Time. Trained volunteers have access to a national database of referrals specific to the gay and lesbian community.

**National Center for Lesbian Rights Youth Legal Information Line... ☎ (800) 528-6257...(800)-528-NCLR**  
**www.nclrights.org/projects/youthproject.htm**

Youth receive confidential & free legal information regarding medical and legal issues for transsexual youth. Staffed Mon-Fri 9am-5pm Pacific Standard Time.

### SEXUAL HEALTH

**Teen AIDS Line... ☎ (800) 234-8336...**  
**on weekends (800) 440-8336**

Provides information and referrals regarding HIV and STD testing and counseling. Staffed Mon-Fri 4pm-8pm.

❖ **CDC National STD and AIDS Hotline...**

**☎ English (800) 227-8922...Spanish (800) 344-7432**  
**www.ashastd.org and www.iwannaknow.org** – relevant websites

The Centers for Disease Control operates this national STD hotline to provide accurate information, referrals, and educational materials about a wide variety of sexually transmitted diseases including: gonorrhea, chlamydia, genital warts, herpes and HPV. Information specialists can answer basic STD questions, refer callers to local public health clinics and other local resources, and send free written information.

**Pregnancy Support and Advice Line...**

**☎ (888) 467-8466...(888) 4-OPTIONS**

Offer support, guidance and referrals for youth who have concerns or questions about pregnancy. This line is staffed 7am-10pm Central Time with a 24hr live answering service during off hours.





## RESOURCES FOR ADOLESCENT HEALTH CARE PROVIDERS

❖ Free handouts available to print and reproduce.

### GENERAL PATIENT INFORMATION

<http://www.education.indiana.edu/cas/adol/adol.html>

A very complete site on adolescence run by the University of Indiana. Includes a teen site, a counselor-information site, parent information, and data links.

❖ <http://www.doh.wa.gov/cfh/adolescenthealth.htm>

The Washington State Department of Health Website includes a variety of tip sheets for adults who care about teens.

### ACNE

<http://www.derm-infonet.com/acnenet/acne.html>

This web site is sponsored by the American Academy of Dermatology and Roche Laboratories, Inc.

### DRUG AND ALCOHOL ABUSE

❖ <http://www.nida.nih.gov/DrugAbuse.html>

The National Institute on Drug Abuse has facts on drugs of abuse including Facts for Teens brochures on some drugs, and Infobox sheets on other drugs. It also has a chart with common street names and effects of various substances.

❖ <http://www.health.org>

The National Clearinghouse on Alcohol and Drug Information includes various resources, such as webcasts, about drug and alcohol issues.

### EATING DISORDERS

<http://www.something-fishy.org/>

A site dedicated to eating disorders. Funny name, lots of information, including tips for doctors, reprinted articles, and links to many other eating disorder resources.

### MENTAL HEALTH

❖ <http://mentalhealth.samhsa.gov/cmhs/ChildrensCampaign/default.asp>

The Center for Mental Health Services Child, Adolescent, and Family Branch offers tips sheets for dealing with adolescents and their families around issues of mental health.

❖ <http://www.nimh.nih.gov/publicat/childmenu.cfm>

The Child and Adolescent Mental Health section of NIMH. A related federal site on a wide variety of mental health topics including Spanish resources is: <http://ken@mentalhealth.org>



### NUTRITION

❖ <http://www.cdc.gov/nccdphp/dash/healthtopics/nutrition/guidelines/>

The CDC's Guidelines to Promote Lifelong Healthy Eating outlines nutrition recommendations for adolescents.

### SEXUAL HEALTH

<http://www.cdc.gov/std/treatment/TOC2002TG.htm>

This site has the guidelines from the CDC on sexual disease and health.

<http://www.stdhivtraining.org/>

The California STD/HIV Training Center website features online training courses.

<http://www.etr.org/recapp/index.htm>

This Resource Center for Adolescent Pregnancy Prevention offers theories, statistics, and concrete strategies for dealing with adolescent pregnancy prevention. It also includes online learning activities, with some credit options available.

<http://www.ucsf.edu/castd/>

California STD Initiatives includes STD statistics, publications, and clinical guidelines.

### SPORTS INJURIES

❖ <http://orthoinfo.aaos.org/>

This site is from the American Academy of Orthopaedic Surgeons. There are fact sheets on many conditions and brochures and booklets on common problems.

❖ <http://www.orthoseek.com>

Facts on numerous orthopaedic and sports injury conditions.

### VIOLENCE AND SUICIDE

<http://www.ama-assn.org/ama/pub/category/3548.html>

American Medical Association guidelines on managing various forms of violence.

<http://www.preventviolence.org>

Choices for Youth is a public education campaign sponsored by the California Wellness Foundation to prevent violence against youth. This website offers facts, publications, and guidelines about youth violence. Also check here for valuable links to other violence prevention organizations.



## RESOURCES FOR ADOLESCENT HEALTH CARE PROVIDERS (continued)

❖ Free handouts available to print and reproduce.

### LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING

<http://www.amsa.org/pdf/lgbtpmreading.pdf>

Contains a reading list for adults who work with youth.

### PRACTICE MANAGEMENT

<http://www.health.state.mn.us/divs/chs/adolescent/>

Minnesota has an excellent site for practioners with sample forms, guidelines, information sources.

<http://www.brightfutures.org>

At this site, you may order "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents," recommendations for care.

<http://www.ama-assn.org/ama/pub/category/1980.html>

Monograph of the Guidelines for Adolescent Preventive Services, as well as corresponding questionnaires.

### SOCIAL SERVICES

<http://peoplesguide.org/>

This Los Angeles based organization gives a comprehensive review of state public health and welfare benefits.

### ADOLESCENT HEALTH ORGANIZATIONS

<http://www.canfit.org>

The California Adolescent Nutrition and Fitness Program encourages young people to practice healthy lifestyles.

<http://www.adolescenthealth.org/>

Society for Adolescent Medicine

❖ <http://www.advocatesforyouth.org/rrr/healthcareprovider.htm>  
Advocates for Youth

[http://www.acog.org/from\\_home/departments/dept\\_web.cfm?recno=7](http://www.acog.org/from_home/departments/dept_web.cfm?recno=7)

American College of Obstetricians and Gynecologists, Adolescent Health Care

<http://www.ama-assn.org/ama/pub/category/1947.html>

American Medical Association, Adolescent Health

<http://www.californiateenhealth.org/>

California Adolescent Health Collaborative

<http://www.aap.org/sections/adol/>

American Academy of Pediatrics



❖ <http://www.ahwg.net/>

The Adolescent Health Working Group

<http://youth.ucsf.edu/nahic/>

National Adolescent Health Information Center

<http://www.hify.org>

Health Initiatives For Youth

### LEGAL

<http://www.youthlaw.org>

National Center for Youth Law

<http://www.lsc-sf.org>

Legal Services for Children

### HEALTH EDUCATION MATERIALS FOR A FEE

#### ETR Associates

☎ 1-800-321-4407, P.O. Box 1830 Santa Cruz, CA 95061-1830

[www.etr.org/pub/titles/browse.html](http://www.etr.org/pub/titles/browse.html)

Pamphlets cover a wide range of topics, including stress, self-esteem, body image, drug and alcohol use, relationships, and sexual health. Sample pamphlets are free, and can be ordered in bulk for a small fee.

#### Journeyworks Publishing

☎ 1-800-775-1998, P.O. Box 8466 Santa Cruz, CA 95061

<http://www.journeyworks.com>

Pamphlets cover a similar range of topics as ETR. There are also free samples available, with bulk orders requiring payment. Many pamphlets are also available in Spanish.

#### HealthPartners

<http://www.healthpartners.org> See Just for Teens

HealthPartners publishes a handout called "Totally Teens."

It includes information about mental, physical, and sexual health for teenagers. It is available online or can be ordered for \$2.50 each.

#### Planned Parenthood Golden Gate

<http://www.ppgg.org>

Various sexual health pamphlets for a fee. These can be viewed for free as well.



## 101 LITERATURE REVIEW

### PREVENTIVE SCREENING AND ASSESSMENTS

**Bethell, Christina, PhD, et al.**

**"Assessing Health System Provision of Adolescent Preventive Services: The Young Adult Health Care Survey," *Medical Care* Vol. 39 No.5, January 2001.**

Bethell et al. aim to develop a reliable, valid, and feasible method for measuring adherence to consensus guidelines for adolescent preventive counseling and screening services. The Young Adult Health Care Survey (YAHCS) was tested with a diverse group of adolescents enrolled in managed care organizations (n=4,060). Analyses indicate that the 45-item YAHCS has strong construct validity for purposes of measuring adherence to national guidelines as well as high internal consistency reliability. Findings indicate that ensuring confidentiality and private care is likely to significantly increase the provision of preventive counseling and screening. In turn, educating adolescents about places they can receive confidential health care services when needed can increase the probability that teens will seek and receive private care.

**Halpern-Felsher, Bonnie L., PhD, et al.**

**"Preventive Services in a Health Maintenance Organization," *Pediatrics & Adolescent Medicine* Vol. 154, February 2000.**

Halpern-Felsher, et al. determine whether pediatricians in managed care settings adhere to national guidelines regarding the provision of clinical preventive services. Three hundred sixty-six pediatricians practicing in a California group-model health maintenance organization responded to surveys mailed between September 1996 to April 1997. The survey asked pediatricians about their screening and education practices on thirty-four recommended services and the actions taken with adolescent patients who have engaged in risk behavior. On average, pediatricians screened 92% of their adolescent patients for immunization status and blood pressure; 85% for performance; 60% to 80% for obesity, sexual intercourse, cigarette use, alcohol use, drug use, and seat belt and helmet use; 30% to 47% for access to handguns, suicide, eating disorders, depression, and driving after drinking alcohol; fewer than 20% for sexual orientation and sexual or physical abuse. Female physicians, physicians who saw a greater proportion of older adolescents, and recent medical school graduates were more likely to provide preventive services. Improvement is especially needed in the areas that contribute most to adolescent mortality and for patients who screen positive for risk behavior.

**Klein, Jonathan D., MD, et al.**

**"Improving Adolescent Preventive Care in Community Health Centers," *PEDIATRICS* Vol.107 No.2, February 2001.**

Klein, et al. evaluate the implementation of the Guidelines for Adolescent Preventive Services (GAPS) in five Community and Migrant Health Centers. Health center staff were trained to implement GAPS and were provided resource materials, patient questionnaires, and clinician manuals. Following implementation of the guidelines, adolescents reported increases in having discussed prevention content with providers in 19 of 31 content areas, including discussion of physical or sexual abuse (10% before, to 22%), eating disorders (11% before, to 28%), suicide (7% before, to 22%), and weapons (5% before, to 22%). Adolescents were also more likely to report knowledge of where to obtain reproductive or mental health services and corresponding education materials. In addition, GAPS implementation increased documentation of recommended screening and counseling in 51 of 79 specific content areas assessed in chart reviews.



## 101 LITERATURE REVIEW (continued)

**Wilkes, Michael S. and  
Anderson, Martin**

**"A Primary Care Approach to  
Adolescent Health Care,"  
*West J Med*, Vol. 172, No. 3,  
2000.**

**[http://www.ewjm.com/cgi/  
content/full/172/3/177](http://www.ewjm.com/cgi/content/full/172/3/177)**

This article reviews the approach to adolescent care that is used at the Venice Family Clinic in Los Angeles. These tools can help providers feel comfortable and competent interviewing and examining teens. There should be an initial meeting with both the adolescent and parents in order to obtain a medical history and learn about the parent's concerns. Then, the parent should wait in the waiting room while the doctor speaks privately to the adolescent. Overall, a teen's history will yield more information than the physical exam and diagnostic tests, so this is an integral part of the appointment. During this time, motivational interviewing is suggested. This gives adolescents feedback on risks, reinforcement of positive behaviors, and a sense of responsibility for their health. These conversations should include the five "F"s, facts, fears, fables, family, and future. It is important to remain non-judgmental during conversations, and to cover the topics of the assessment tool HEADSSS (home, education, activities, drugs, sexuality, suicide or depression, and safety). After the discussion, the physical examination should be performed with a chaperone (not a parent) in the room. If there is a pelvic exam, it should be explained while the teenager is still dressed. There should be plenty of time for questions, and a mirror should be provided. Before the parent is invited back into the room, the provider and patient should discuss issues related to prevention, as well as a consultation about what will be shared with the parent and what will remain confidential.

### ADOLESCENT ATTITUDES ABOUT HEALTH CARE

**Ford, Carol A., MD, et al.**

**"Foregone Health Care  
Among Adolescents," *JAMA*  
Vol. 282 No. 23, December  
1999.**

Ford, et al. describe the proportion of young people who report foregone health care each year and the influence of sociodemographic factors, insurance status, past health care, and health risks/behaviors on the foregone care. Cross-sectional analyses of data from the 1995 National Longitudinal Study of Adolescent Health showed that on average, 18.7% of adolescents reported foregone health care within the past year. Factors associated with decreased risk of foregone care included continuous private or public insurance, or a physical examination within the past year. Factors associated with increased risk of foregone care included older age, minority race/ethnicity, single-parent household, or disability. In addition, adolescents who reported daily cigarette use, frequent alcohol use, and sexual intercourse were more likely to report foregone care. The results of this study suggest that adolescents who forego care are at increased risk of physical and mental health problems. In order for health care professionals to address major causes of adolescent morbidity and mortality, strategies are needed to decrease foregone care.

**Ginsburg, Kenneth R., MD,  
et al.**

**"Factors Affecting the  
Decision to Seek Health Care:  
The Voice of Adolescents,"  
*Pediatrics* Vol. 100 No.6,  
December 1997.**

Ginsburg et al. enlisted a model of teen-centered focus groups to qualify specific factors affecting adolescents' decision to seek health care. Two key points emerged. First, adolescents are more concerned with provider characteristics than with system characteristics. Second, they worry especially about disease transmission in the health care setting. Of the 392 evaluated factors affecting utilization of health service, confidentiality was rated the eleventh factor involved in the decision for health care utilization. Adolescents offered measures to alleviate fear of disease transmission in the office such as constant hand washing and visible sanitizing of medical instruments. They also suggested that providers establish trust by explaining confidentiality in more familiar terms such as "privacy" or "just between you and me." Adolescents repeatedly expressed concern that private issues would be disclosed to parents or discussed in public among medical staff. Most adolescents felt providers should explain their position on confidentiality in a sensitive manner prior to asking any personal questions. The results allow health professionals who care for adolescents to consider what they do well and where change may be needed.



## 101 LITERATURE REVIEW (continued)

**Klein, Jonathan D., MD, et al.**  
**"Access to Medical Care for Adolescents: Results from the 1997 Commonwealth Fund Survey of the Health of Adolescent Girls," *Journal of Adolescent Health* 25:120-130, 1999.**

Klein, et al. examine the factors associated with access to care among adolescents, including gender, insurance coverage, and having a regular source of health care. This study shows that adolescents face barriers to access which include lack of insurance, financial difficulty, and lack of confidentiality. Analyses were done on a 1997 health survey sampling 5th through 12th grade students nationwide. Nearly a third of the 6748 adolescents surveyed had missed needed care. The most common reason for missing care was not wanting parents to know (35%). Girls were more likely than boys to miss care (29% vs. 24%). Eleven percent of adolescents reported having no health insurance, and those uninsured adolescents were more likely to miss needed health care (40% vs. 23%). Girls were far more likely to have missed care because they did not want their parents to know about their problems. They were also much more likely to report being embarrassed to tell their health provider about a problem. Non-caucasian adolescents were more likely to miss needed care, and less likely to be able to talk privately with their provider. Adolescents (57%) who reported being uninsured in families with financial hardship reported missing needed care.

### ADOLESCENT VIEWS ON THE COMMUNITY

**Kenneth R., MD, MEd, et al.**  
**"Enhancing Their Likelihood for a Positive Future: Focus Groups Reveal the Voice of Inner-City Youth," *Pediatrics* Vol. 109 No. 6, June 2002.**  
**<http://www.pediatrics.org/cgi/content/full/109/g/e95>**

This article describes a study done in north Philadelphia, led by the Mayor's Children and Families Cabinet of the city of Philadelphia. The objective of the study was to identify factors that adolescents believe would most influence their likelihood of achieving a positive future. The methodology was teen-centered and involved 8th, 9th, and 12th graders. The students helped develop the question, "What would you like to see happen in your community that would make things better for teenagers and make it more likely that they would have a positive future." Other teens conducted a survey revealing that education and jobs were highly prioritized, while items related to risk exposure, such as the presence of guns and drugs, were rated lower. Students primarily saw education and school conditions, as well as job training and opportunities, to be the most important influences on their futures. Also important were productive use of free time, meaningful interactions with adults, and cultural awareness. The participants saw that items such as drugs and guns interfered with their futures, but indicated that these were factors that were beyond help. Generally, adolescent pregnancy was not perceived as a barrier to success.

### LESBIAN, GAY BISEXUAL, TRANSEXUAL, AND QUESTIONING YOUTH

**Huwiler, Susanne M.**  
**Stronski, MD, MPH,**  
**Remafedi, G., MD, MPH.**  
**"Adolescent Homosexuality." *Advances in Pediatrics*, Vol. 45., 1998.**

This is a comprehensive article about the many issues facing homosexual youth and youth questioning their sexuality. Huwiler and Remafedi cover the biological theories of homosexuality as well as the environmental factors. They describe the development of homosexual identity and ways to support adolescents throughout this process. Health care providers should understand this difficult period and know how youth may react to their confusion and identity development. This includes knowing the risks associated with homosexual youth, being prepared to refer patients to other resources and addressing issues with their families.



## 101 LITERATURE REVIEW (continued)

**Ryan, C., MSW, and  
Futterman, D., MD.**

**"Caring for Gay and Lesbian  
Teens." *Contemporary  
Pediatrics*, November 1998.**

This article outlines the special issues confronting gay, lesbian, bisexual, and questioning youth, and provides advice to health care providers on how to handle these concerns. Health care providers should avoid applying too much significance to adolescent sexual feelings. Many adolescents are still exploring their sexuality, and teenager behavior may not translate into an adult identity. Providers should create a supportive environment through visual cues by incorporating gay related information with the general literature in the office. Ryan and Futterman outline issues of anticipatory guidance for counseling youth who may be gay. These topics include identity integration, coming out, sexual activity, safer sex precautions, substance use, mental health, discrimination and anti-gay violence, social supports, access to the lesbian/gay community, and career and vocational plans. Initiating discussions about these issues may help reduce risk taking behaviors. The article also includes a number of resources that can be directly used in a health care office. The material in this article is adapted from Ryan C., Futterman, D. Lesbian and Gay Youth: Care and Counseling. New York: Columbia University Press, 1998.

### CULTURAL COMPETENCE

**Dunn, Ardys McNaughton,  
PhD.**

**"Cultural Competence and  
the Primary Care Provider."  
*Journal of Pediatric Health  
Care*, Volume 16, 2002.**

This article explores definitions of culture and how to develop culturally competency. Cultural competence, like culture itself, is dynamic, shared, symbolic, learned, and integrated. To become culturally competent is an ongoing process. Dunn identifies six elements that help to develop this competency: 1) work on changing one's world view; 2) become more familiar with core cultural issues, such as concepts of physical contact; 3) learn about the cultural groups with whom one works; 4) become familiar with core cultural issues related to health and illness, such as what an illness means to a patient; 5) develop a relationship of trust with clients and create a welcoming atmosphere; and 6) negotiate for mutually acceptable and understandable interventions of care. Through this entire process, it is most important to remember that the goal is not to increase compliance, but to make a client feel in control of a situation and the decisions made around his or her health.

### SEXUAL HEALTH

**Sieving, Renee E., PhD, RNC,  
Oliphant, Jennifer A., MPH,  
Blum, Robert Wm., MD, PhD.**

**"Adolescent Sexual Behavior  
and Sexual Health." *Pediatrics  
in Review*, Vol. 23. No 12.  
December 2002.**

This comprehensive article about adolescent sexual health covers topics such as patterns and trends in adolescent sexual health, sexual history-taking, consent and confidentiality, assessing risk and designing good intervention strategies, and working with parents. This piece supports the importance of promoting adolescent sexual health through asking the right questions and creating individualized patient assessments.

### OTHER RECOMMENDED READING

- Remafedi, G., MD, MPH. "Male Homosexuality: The Adolescent's Perspective." *Pediatrics*, Vol. 79, No. 3. March 1987
- Garofalo, R., MD, MPH and Katz, E. AB. "Health care issues of gay and lesbian youth." *Current Opinion in Pediatrics*, Vol. 13, No. 4. Aug. 2001
- Lustig, Julie L., PhD, et al. "Improving Delivery of Adolescent Clinical Preventive Services Through Skills-Based Training," *Pediatrics*, Vol. 107, No.5, May 2001.
- Elster, Arthur B., MD, "Integrating Comprehensive Adolescent Preventive Services into Routine Medicine Care," *Adolescent Medicine* Vol.44 No.6, 1997.



## RESOURCES FOR PARENTS

- ☐ **Your adolescent's health care provider.**
- ☐ *How to Talk So Your Kids Will Listen and Listen So Your Kids Will Talk*  
Faber, Adele; Mazlish, Elaine. New York, NY: Avon Books; 1980.
- ☐ *Wonderful Ways to Love a Teen*  
Ford, Judy. Berkeley, California: Conari Press; 1996.
- ☐ *Beyond the Big Talk: Every Parent's Guide to Raising Sexually Health Teens – From Middle School to High School and Beyond*  
Haffner, Debra W. New York, NY: New Market Press; 2001.
- ☐ *It's Perfectly Normal: Changing Bodies, Growing Up, Sex and Sexual Health.*  
Harris, Robie H. Cambridge, Mass: Candlewick Press; 1994.
- ☐ *The New Teenage Body Book.*  
McCoy, Kathy; Wibbelsman, Charles. Newark, NJ: Berkley Publishing; 1992. (Available by calling 800 788-6262.)
- ☐ *Teen Tips: A Practical Guide for Parents With Kids 11 to 19.*  
McMahon, Tom. New York, NY: Pocket Books; 1996.
- ☐ *A Parent's Guide to the Teen Years: Raising Your 11- to 14-Year-Old in the Age of ChatRooms and Navel Rings.*  
Panzarine, Susan. New York, NY: Checkmark Books; 2000.
- ☐ *Reviving Ophelia: Saving the Selves of Adolescent Girls.*  
Pipher, Mary. New York, NY: Ballantine Books; 1994.
- ☐ *The Sex Lives of Teenagers: Revealing the Secret World of Adolescent Boys and Girls.*  
Ponton, Lynn, MD. New York, NY: Dutton Books, 2000.
- ☐ *Raising Teens: A Synthesis of Research and a Foundation for Action.*  
Simpson, A. Rae. Boston, MASS: Center for Health Communications, Harvard School of Public Health; 2001.
- ☐ *Teenage Health Care.*  
Slap, Gail; Jablow, Martha. New York, NY: Pocket Books; 1994.
- ☐ *You and Your Adolescent: A Parent's Guide for Ages 10-20.*  
Steinberg, L.; Levine, A. Dunmore, PA: Harper Collins Publishers Inc; 1997.
- ☐ *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior.*  
<http://www.surgeongeneral.gov>
- ☐ *Teen Talk: A Guide to Understanding Your Body and Your Self.*  
Chicago, Ill: American Medical Association; 1996.  
Available by calling 312-464-5570.
- ☐ <http://www.talkingwithkids.org>  
Talk with Kids about Tough Issues—a project of Children Now and the Kaiser Family Foundation
- ☐ <http://www.tnpsc.com/parentalk/adoles.html>  
National Parenting Center—Parentalk
- ☐ <http://www.parentingteens.com/>  
“Information, insight, support for parenting today's teens.”  
A commercial site with some ads and lots of different types of information, chat rooms, book reviews.
- ☐ <http://www.4girls.gov/parents/index.htm>  
Resources about caring for an adolescent girl.
- ☐ <http://www.doh.wa.gov/cfh/adolescenthealth.htm>  
Fact sheets about adolescent health from the Washington State Department of Health.
- ☐ <http://www.advocatesforyouth.org/parents/>  
Advocates for Youth
- ☐ <http://www.keepkidshealthy.com/adolescent/adolescent.html>  
Adolescent Health Care Center at Keep Kids Healthy
- ☐ <http://www.familyeducation.com/age/0,3598,3,00.html>  
Family Education Network Teen Page
- ☐ <http://www.pflag.org>  
Parents, Families and Friends of Lesbians and Gays (PFLAG)
- ☐ <http://www.ama-assn.org/ama/upload/mm39/parentinfo.pdf>  
Fact sheets about parenting a teenager from the American Medical Association.
- ☐ <http://www.aacap.org/publications/factsfam/index.htm>  
Fact sheets for families about mental health issues from the American Academy of Child and Adolescent Psychiatry. In English and Spanish.
- ☐ <http://www.backdoor.com/pflagsf/>  
Gay and Lesbian Parents Coalition International  
PO Box 50360, Washington, DC 20091  
☎ 202-583-8029







# what's up?

## What's it all about?

Communication is the cornerstone of our relationships with teens—be they our children, students, neighbors, clients or patients. Creating safe, open and honest channels of communication help us share information and hear what a teen thinks, needs or is doing.

Because adolescence is a time of developing personal identity, testing of boundaries and increasing independence from family, communication can be contentious, argumentative and unsatisfying.

Time is another factor—teens and adults are spending more time working, watching TV or using the computer, reducing the opportunity for conversations. Meal times are still one of the main opportunities for parents to talk and listen to their teens.

## What are the details?

- 65% of Washington teens report that their parents often talk to them about what they are doing in school.
- 81% say their parents ask them where they will be going and with whom.
- 88% of teens agree that their parents encourage them to be the best they can be.
- A national YMCA study found that teens and their parents are talking and spending time together—an average of 80 minutes per day talking and eating together.
- 1 in 4 parents in the survey reported eating no more than 4 meals a week together as a family.
- Not having enough time together with their parents is a top concern among teens. Parents are more concerned about outside threats (such as drugs).

## talking with & listening to teens

### INFORMATION FOR ADULTS WHO CARE ABOUT TEENS

## Why does it matter?

Communication helps teens:

- Feel cared for and loved
- Believe they matter and are important to you
- Feel safe and not alone with their worries
- Learn how to tell what they feel and need
- Learn how to talk openly

## Keep talking!

Start talking and keep talking! Begin with easier topics like sports, the media (music, videos, games, the Internet), school, friends, sports, the weather . . . then you can move on to sex, drugs and rock and roll.

There are some good reasons to keep talking. For example, studies indicate that clear, strong messages from parents to teens about sex are critical, yet parents report it is one of the most difficult things for them to do. So practice with easier subjects.

Before you tackle tough subjects, do your research. The Washington State Department of Health “What's Up?” series can be a start!

## TALKING WITH AND LISTENING TO TEENS INFORMATION FOR ADULTS WHO CARE ABOUT TEENS

### What can I do?

- Start early—talk to children through their entire lives.
- Be available—set aside enough time to deal with the subject at hand.
- Don't let the TV, telephone or other things distract or interrupt.
- For families, eat dinner together as often as possible.
- If you want to start a discussion, ask your teen's permission first.
- Be a good listener first.
- Show empathy, relax and be a good "sender" (tone, word choice).
- If a teen comes to you, recognize and thank him or her for trusting you to listen.
- Listen for tone as well as words. Watch body language.
- Encourage teens to express their feelings.
- Be ready to hear opinions you may not agree with.
- Resist the urge to lecture or nag.
- As you listen, validate what you can. There will be opportunities for dissent later.
- Ask questions about their ideas for solutions—don't always give answers.
- If asked a question, answer it. Don't evade.
- Don't pretend you know all the answers.
- If you are wrong, admit it.
- If you have to go to other sources for information, let teens know and then follow up.
- Be a good role model in your communications with others.
- Lastly, offer your opinion.

### Is it verbal abuse?

Negative communications can be verbal abuse when you resort to:

- Name calling
- Frequent criticism
- Blaming
- Violating teens' boundaries
- Yelling
- Threatening to hurt a teen
- Long silence (hours or days)

Sometimes adults are silent because they don't know what to say, they are afraid they will say something that makes matters worse, or they are unable to communicate due to their own issues and problems.

Some adults never learned how to be healthy communicators. Some techniques can help:

- Take a few deep breaths.
- Wait 5 minutes before talking to a teen if you are angry or in the wrong frame of mind.
- Try to find words to label your feelings.
- Say it to yourself or write it down (practice).
- Share your feelings with another adult.
- Focus on the present—don't add up the past or the future.

**hot  
links!**

Washington State Department of Health  
DOH Pub 910-125 11/2000

For persons with disabilities, this document  
is available on request in other formats.  
Please call 1-800-525-0127.

#### American Academy of Pediatrics

"Healthy Communications with Your Child" Fact Sheet—[www.aap.org/family/healcomm.htm](http://www.aap.org/family/healcomm.htm)

#### YMCA

Parent & Teen Survey—[www.ymca.net/presrm/research/teensurvey.htm](http://www.ymca.net/presrm/research/teensurvey.htm)

#### Washington State PTA

"Every Teen Counts" Fact Sheet—1-800-562-3804 or [www.wastatepta.org](http://www.wastatepta.org)

#### Washington State Department of Health

"Talking with Teens about Sex" Public Health Fact Sheet—[www.doh.wa.gov/topics/teen\\_sex.htm](http://www.doh.wa.gov/topics/teen_sex.htm)

Washington State Youth Risk Behavior Survey 1999—[www.doh.wa.gov/publicat/publications.htm](http://www.doh.wa.gov/publicat/publications.htm)

#### American Social Health Association

Becoming an Askable Parent

1-800-783-9877 or <http://sunsite.unc.edu/ASHA>



## Points for Parents

# About Teenage Growth and Development: 11-14 Years

*Adolescence is a time of rapid physical, intellectual, social, and emotional growth. Knowing what kinds of changes to expect can help to decrease the “growing pains” for both parents and youth.*

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### Quick Facts

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The physical changes that take place during puberty are caused by hormones.

A girl will usually get her first period around the same age that her mother did.

Because teens want to fit in, most choose friends whose interests, activities, and values are similar to their own.

Talking on the phone is one way teens develop their social skills.

#### Physical changes (Puberty)

For girls, puberty begins around 10 or 11 years of age and ends around age 16. Boys enter puberty later than girls—usually around 12 years of age—and it lasts until around age 16 or 17. Girls and boys usually begin puberty around the same time their mothers and fathers did. Talk with your child about the following physical changes that will happen during puberty. The changes are listed in the order in which they generally occur.

#### Girls

- body fat increases
- breasts begin to enlarge
- pubic hair grows
- height and weight increase
- first menstrual period occurs
- hips widen
- underarm hair grows
- skin and hair become more oily
- pimples may appear

#### Boys

- scrotum becomes darker
- testicles grow larger
- penis grows longer and fuller
- pubic hair grows
- breasts can get “lumps” and become tender
- height and weight increase
- muscles develop
- wet dreams occur
- voice cracks and gets deeper
- skin and hair become more oily
- pimples may appear
- underarm and facial hair grow

#### Intellectual development

- Most 11- to 14-year-olds are still concrete thinkers—they perceive things as good or bad, right or wrong. This is normal. They are just beginning to imagine possibilities, recognize consequences of their actions, and anticipate what others are thinking.
- Youth begin to question family and school rules and challenge their parents.
- Preteens and teens tend to believe that bad things won't happen to them. This helps explain why they are risk-takers. For example, a young girl may believe she can smoke cigarettes without becoming addicted.
- Preteens and teens believe they are the center of attention. This explains why they are painfully self-conscious—a tiny pimple may seem like the end of the world.

#### Social and emotional development

- Preteens and teens begin to spend more time with peers and less time with family.
- Preteens and teens begin to form their identity by exploring different clothes, hairstyles, friends, music, and hobbies.
- Moodiness is common as youth struggle to search for an identity.
- Preteens and teens push limits that adults put on them to assert their independence.

*Continues on the next page...*

- Preteens and teens have mixed feelings about “breaking away” from parents. One day your daughter may want nothing to do with you, the next she is constantly at your side.
- Troubled youth may act out (for example, get into physical fights, use alcohol or other drugs, skip school) to express emotional pain.

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## Tips for Parents

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1. Preteens and teens are sometimes embarrassed by their changing bodies and concerned that they are not developing at the same rate as their friends. Reassure your child that young people grow and develop at their own pace and that the changes are normal.
2. Do not tease your child about pubertal changes.
3. Explain the importance of good personal hygiene. Active sweat glands call for regular bathing and deodorant. For healthy teeth, everyone should brush twice a day with a fluoride toothpaste and floss daily.
4. Set reasonable and appropriate limits. Preteens and teens want guidance.
5. When differences arise, listen to your child and try to understand his or her point of view.
6. Choose your battles! Hold your ground on important issues such as grades and drugs, and let go of smaller issues such as hairstyles and clothes. If it won't matter a year from now, is it worth arguing over?
7. Allow your preteen or teen to make more decisions as he or she proves the ability to use good judgment.
8. If your child is acting out, talk with him or her to get to the heart of the problem.
9. Get counseling for your child or the whole family if you believe it could help.
10. Talk with other parents about your concerns, their parenting experiences, setting limits, etc.

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## Resources

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Your teen's health care provider.

Adolescent Health On Line  
<http://www.ama-assn.org/go/adolescenthealth>

Familyeducation.com:  
 Learning Network Parent Channel  
<http://www.familyeducation.com>

National Parent Information Network  
<http://www.ericps.ed.uiuc.edu/npin>

American Academy of Pediatrics. *Caring for Your Adolescent Ages 12 to 21*. New York, NY: Bantam Books; 1991.

Haffner, Debra W. *Beyond the Big Talk: Every Parent's Guide to Raising Sexually Healthy Teens – From Middle School to High School and Beyond*. New York, NY: New Market Press; 2001.

Harris, Robie H. *It's Perfectly Normal: Changing Bodies, Growing Up, Sex & Sexual Health*. Cambridge, Mass: Candlewick Press; 1994.

McMahon, Tom. *Teen Tips: A Practical Survival Guide for Parents With Kids 11 to 19*. New York, NY: Pocket Books; 1996.

McCoy, Kathy; Wibbelsman, Charles. *The New Teenage Body Book*. Newark, NJ: Berkley Publishing; 1992. (Available by calling 800 788-6262.)

Panzarine, Susan. *A Parent's Guide to the Teen Years: Raising Your 11- to 14-Year-Old in the Age of Chat Rooms and Navel Rings*. New York, NY: Checkmark Books; 2000.

Simpson, A. Rae. *Raising Teens: A Synthesis of Research and a Foundation for Action*. Boston, MASS: Center for Health Communications, Harvard School of Public Health; 2001.

Steinberg, L.; Levine, A. *You and Your Adolescent: A Parent's Guide for Ages 10-20*. Dunmore, PA: HarperCollins Publishers Inc; 1997.

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# About Teenage Growth and Development: 15-17 Years

*Congratulations! You and your teen have made it through what is usually the most difficult period of adolescence—11 to 14 years. Midadolescence (15-17 years) is usually an easier time for teens and parents. But don't get too comfortable. New challenges will test your patience, understanding, and parenting skills.*

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## Quick Facts

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Most teens navigate the developmental tasks of adolescence successfully.

Teens ages 15-19 have much higher mortality rates than younger children.

The leading causes of death for teens are motor vehicle crashes, homicide, and suicide.

### Physical growth

Girls have usually reached full physical development. Many teenage girls are concerned with the way they look and are dissatisfied with their bodies and their weight. Nearly half of all high school girls diet to lose weight. Boys are close to completing their physical growth. Around 15 or 16 years of age, boys' voices will lower and facial hair will appear. Boys may continue to gain height and muscle.

### Intellectual characteristics

Teens are better able to solve problems, think about their future, appreciate opinions of others, and understand the long-term effects of their decisions. However, teens tend to use these skills inconsistently; as a result, they sometimes do things without thinking first.

Teens' organizational skills improve. Many successfully juggle school, outside activities, and work.

In an attempt to answer the questions "Who am I?" and "What should I be?" teens listen to new music, try out clothing fashions, and begin to explore jobs, religion, political issues, and social causes.

Teens frequently question and challenge school and parental rules.

### Social and emotional characteristics

Older teens are more self-assured and better able to resist peer pressure than younger teens.

Teens spend less time than they used to with their families. They prefer to spend more time with friends or alone.

Teens try to make close friends and may become part of a group based on interests or attributes (sports, arts, etc.).

Teens want control over more aspects of their lives.

Teens are excited and at the same time overwhelmed by the possibilities for their future (college, work, or military).

Like adults, teens get depressed—sadness lasting more than 2 weeks, however, is not normal. Call your teen's health care provider if this happens.

Use of alcohol, tobacco, and other drugs is more common now than before.

Teens begin to have strong sexual urges, and many become sexually active.

Teens become more aware of their sexual orientation (homosexual, heterosexual, bisexual).

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## Tips for Parents

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1. Breaking away from parents or guardians and wanting more privacy are normal parts of growing up—don't take it personally.

*Continues on the next page...*

2. Although they won't admit it, teens still need parents to set limits. Rules and privileges (curfew, driving, dating, etc.) should be based on your teen's level of maturity, not age.
3. Negotiate rules with your teen. The more controlling you try to be, the more rebellious your teen is likely to become.
4. Discuss the consequences of breaking the rules and follow through with them if your teen misbehaves.
5. Teens will make mistakes and may lose your trust. It's important to give them another chance.
6. Express your values about school, work, alcohol and other drugs, and sex.
7. Encourage your teen to take aptitude and interest tests at school to identify future directions. Help your teen plan for his or her future after high school.
8. If your teen tells you that he or she is homosexual, he or she will need your love and support. You, in turn, may benefit from a support group for parents of gays and lesbians.
9. Know how to recognize the signs and symptoms of eating disorders and other mental health problems. Deal with any problem right away.
10. Talk with your teen about ways to handle pressure to drink, smoke, have sex, etc. Teach your teen how to say no and to suggest doing something different (safe). To feel comfortable talking openly with you, your teen needs to know that you will not punish him or her for being honest.

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## Resources

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Your teen's health care provider.

Adolescent Health On-Line  
<http://www.ama-assn.org/go/adolescenthealth>

American Academy of Child and Adolescent Psychiatry  
<http://www.aacap.org>

Familyeducation.com:  
 Learning Network Parent Channel  
<http://www.familyeducation.com>

National Parent Information Network  
<http://www.ericps.ed.uiuc.edu/npin>

American Medical Association. *Complete Guide to Women's Health*. New York, NY: Random House; 1996.

American Academy of Pediatrics. *Caring for Your Adolescent Ages 12 to 21*. New York, NY: Bantam Books; 1991.

Haffner, Debra W. *Beyond the Big Talk: Every Parent's Guide to Raising Sexually Healthy Teens – From Middle School to High School and Beyond*. New York, NY: New Market Press; 2001.

Harris, Robie H. *It's Perfectly Normal: Changing Bodies, Growing Up, Sex & Sexual Health*. Cambridge, Mass: Candlewick Press; 1994.

McMahon, Tom. *Teen Tips: A Practical Survival Guide for Parents With Kids 11 to 19*. New York, NY: Pocket Books; 1996.

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## CLICK ON THIS!

*Check out these websites for more info about your health...*

### GENERAL HEALTH

- <http://www.bam.gov>  
The Center for Disease Control's youth website with games and facts about health.
- <http://www.teenhealthfx.com>  
An interactive website to learn from other teens. This site includes lots of great links.
- <http://www.kidshealth.org/teen/index2.html>  
A very complete site with information on everything including your mind, your body, and your relationships.
- <http://www.teencentral.net>  
A teen-helpline website for teens and by teens.
- <http://www.advocatesforyouth.org/teens>  
Find out about your health, especially sexual health, and ways to get involved in teen health organizations. This site includes tons of great links, especially about sexual health.

### SEXUAL HEALTH

- <http://www.teenpregnancy.org/teen/default.asp>  
The website from the National Campaign to Prevent Teen Pregnancy.
- <http://www.whatyoudo.org>  
HIV facts, opinions, and actions to take.
- <http://www.mtv.com/onair/ffyr/protect/>  
MTV's Fight For Your Rights campaign provides information about sexual health and how to make positive changes.
- <http://www.bet.com/health>  
BET provides information about sexual health and the African American community.
- <http://www.seventeen.com/sexsmarts/>  
Website created by Seventeen magazine and the Kaiser Family Foundation about teenagers and sex.

### WEBSITES FOR GAY, LESBIAN, BISEXUAL, AND QUESTIONING YOUTH

- <http://www.advocatesforyouth.org/glbtc.htm>  
This site includes fact sheets in English and Spanish, as well as many links to other LGBT website.
- <http://www.oasismag.com/>  
This is an online zine created for and by LGBT teens. It includes resources as well as fiction and non-fiction writing. Readers are free to keep online diaries and post their own work.
- <http://www.queeramerica.org>  
Do a search for area code and find various LGBT resources for your region.
- <http://www.gsanetwork.org>  
Resources and news from the Gay Straight Alliance Network.

Information is geared toward empowering youth activists to end harassment and discrimination in schools based on gender and sexuality. Links to youth media and art activism websites.

### FEELINGS

- <http://library.thinkquest.org/13561/english/>  
Teens and Stress website.
- <http://helping.apa.org/changeyourmind/index.html>  
A guide for teens about mental health by the American Psychological Association.

### DRUGS, ALCOHOL, AND SMOKING

- <http://beta.lungusa.org/smokefreeclass/>  
The American Lung Association's youth smoking site with information about stopping, preventing, organizing.
- <http://www.wholetruth.com>  
Uses a computer game format to learn more about cigarettes.
- <http://www.forreal.org>  
Information for teens about marijuana and other drugs, including lots of great links.

### ILLNESS

- <http://www.encourageonline.org>  
Website for teens with chronic illnesses. Provides chatrooms and resources.

### NUTRITION

- <http://www.toneteen.com/>  
Website for teens about nutrition and exercise.

### EATING DISORDERS AND BODY IMAGE

- <http://www.somethingfishy.org>  
The ultimate site for information about eating disorders, including all kinds of links and resources.

### SITE FOR GIRLS

- <http://www.4girls.gov>  
Information about being a healthy teenage woman.
- <http://www.iemily.com>  
An extremely complete site about health and wellness for teenage girls.

### SITES FOR GUYS

- <http://www.kotex.com/infor/education/guything>  
Kotex Company's site for teenage boys about puberty and feelings.





## TAKE CARE OF YOURSELF: HEALTH TIPS FOR TEENS

**The way you treat yourself NOW will make a difference to your health when you are older!**  
**Here are some ways you can keep yourself healthy all through your life.**

- ☐ Get enough sleep! Teens should get about 9 hours of sleep a night.
- ☐ Brush your teeth for at least 2 minutes twice a day.
- ☐ Wash your face with a gentle soap twice a day to help control acne (pimples and zits).
- ☐ Get your heart rate up by exercising for 30 minutes 3-5 times a week.
- ☐ Protect yourself with a helmet during activities where you might injure your head, like biking.
- ☐ Always wear your seatbelt!
- ☐ Avoid smoking and other tobacco products, including second-hand cigarette smoke.
- ☐ Do not get into a car with a driver who has been drinking or using drugs, even when the driver is you!
- ☐ Eat a healthy diet with lots of fresh fruits and vegetables.
- ☐ Talk to an adult you trust if you're feeling sad, lonely, or thinking about harming yourself.
- ☐ Stay away from situations where violence or fighting may cause you harm.
- ☐ Make sure you have protection to avoid pregnancy and sexually transmitted diseases before you have sex.
- ☐ See your health care provider (doctor, nurse, physician's assistant, etc.) every year for preventive care.  
You can always call if you have a question!
- ☐ Get insured! To find out about free or low cost insurance, call 1-800-300-9950.



### WHAT TO EXPECT AT THE DOCTOR'S OFFICE...

- ☐ You can ask for a male or female health care provider, whatever makes you more comfortable.
- ☐ You'll answer lots of questions about your health, but a lot of this information is confidential (your health care provider won't tell anyone).
- ☐ You can always call your health care provider or clinic if you think of any questions.

*Use the other side of this page to write down questions to ask your health care provider!*

