



Adolescence

11 - 21 Years



*The health system must adapt to the needs of adolescents,
and their needs reside as much in preventive medicine
as they do in curative medicine.*

—Michael I. Cohen, M.D.

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ADOLESCENCE

Adolescence, the transition between childhood and adult life, is one of the most dynamic stages of human development. Adolescence is accompanied by dramatic physical, cognitive, social, and emotional changes that present both opportunities and challenges for adolescents, families, health professionals, educators, and communities. Although early life experiences form the foundation for personality development, experiences during the adolescent years contribute significantly to the unique characteristics and maturation of the young adult. The health professional needs to be sensitive to the changes that will occur in the health supervision partnership as adolescents become increasingly capable of making independent decisions about their health.

Adolescence has usually been thought of as a period characterized by good health; however, millions of adolescents face significant challenges that can result in physical, emotional, and social morbidities. Among these challenges are high-risk behaviors such as alcohol, tobacco, and other drug use, and sexual behaviors that can lead to adolescent pregnancy and sexually transmitted diseases; mental health concerns such as eating disorders and depression; learning disabilities and school dropout rates; serious family problems, including neglect and abuse; and socioeconomic factors such as poverty and lack of health insurance. These health issues, most of which are preventable, can lead to significant morbidity and even mortality. Unintentional injuries, homicide, and suicide are leading causes of death in adolescence.

Adolescence is a time when some childhood health problems may be resolved, when new issues may emerge, and when risks for some long-term adult health problems may become evident. Thus, this pivotal developmental period offers special opportunities for preventive and health-promoting services. A major role of health supervision is the periodic assessment and support of the adolescent's adaptation to new roles and challenges that accompany growth and development. Nurturing a sense of self-assurance in adolescents, providing them with knowledge of how to meet life's challenges (and the belief that they can), and encouraging and reinforcing healthy choices help them develop the social competence and sense of responsibility needed for personal health, academic achievement, and competence at work.

Physical Development

The most noticeable changes during adolescence involve physical, psychological, and sexual growth and development, including the appearance of secondary sexual characteristics and the ability to reproduce. Young adolescents in particular are preoccupied with these physical changes and how they are perceived by others. Many adolescents and families are reassured to learn that the maturation process takes place at a different pace for each individual. Changes may occur earlier in some and later in others, but eventually they will occur.

Adolescent sexuality involves complex and interrelated issues such as sexual exploration, development of sexual identity, self-esteem, sexual responsibility, and pressures to become sexually



active. Sexual activity during adolescence can involve serious health consequences for which the adolescent is not prepared, such as unintentional pregnancy or sexually transmitted diseases. As the changes associated with adolescence affect core family relationships, the health professional can further develop a supportive partnership with the adolescent and the family, providing sensitive and effective anticipatory guidance that can help prepare them to navigate this developmental rite of passage successfully.

Cognitive Development

The changes in cognitive development during adolescence are, in their own way, as dramatic as those in the physical domain. During this period, adolescents who previously focused on the present begin to mature and to consider the future implications of their current actions. This shift obviously has major implications for health supervision. For the first time, adolescents begin to develop the cognitive capacity to comprehend the

impact of their present behaviors on their future health. It is important to note, however, that this emerging way of thinking is still limited and occurs erratically throughout much of adolescence and sometimes into adulthood.

The limited capacity to see beyond simple solutions to complex problems evolves into a tolerance for ambiguity and the growing recognition that many issues have multiple causes and interrelationships. This emerging capability for abstract thinking helps to account for the frequent questions posed by adolescents, their sometimes argumentative behavior, and their recurring challenges to parental authority and limit setting.

Social/Emotional Development

Peer relationships play a major role in the adolescent's emotional separation and emerging individuality. Adolescents often seek out peers whose beliefs, values, and even behaviors are similar to those of their families. While peer and other social influences often reinforce familial values, some influences may expose the adolescent to values that differ significantly from the family's. Thus, the need to balance peer pressure and family expectations creates both new challenges and family tensions as adolescents begin to make independent decisions. In their struggle to gain autonomy while retaining interdependence, they may be understandably ambivalent about replacing their familiar comfort with and dependence on their parents with the uncertainty of relationships with others. The health professional is in a key position to offer guidance and support for adolescents and families as they adapt to these changes.

The ability to integrate emotional and physical intimacy in a love relationship is an important developmental task for the older adolescent. Health supervision must address sexual experimentation and the risks that accompany this aspect of development.

Health Behaviors

Adolescence is a time of exploring a variety of new behaviors. While this experimentation is essential for development, it may lead to an increase in risky behaviors. The potentially negative health consequences of such behaviors (for example, alcohol use) are likely to be



underestimated by the adolescent. Continued periodic health supervision during adolescence is imperative in order to provide anticipatory guidance, support health-promoting behaviors, and help the adolescent apply increasingly sophisticated thinking in evaluating the consequences of new behaviors and roles.

Family

The dramatic changes that have occurred in contemporary family life are particularly significant for adolescents. The decreased amount of time that many parents, extended family members, and neighbors are able to spend with adolescents leads to decreased communication, support, and supervision from adults at a crucial period in development. At an age when adolescents are most likely to experiment with behaviors that can have serious health consequences, they may have less parental involvement and more unsupervised time and activities.

Parents should maintain a continuing interest in their adolescent's daily activities and concerns. Adolescents are more likely to become healthy, fulfilled adults if their families remain actively involved, providing loving parenting, needed limits, and respect for the process of developing maturity. Families are better able to be supportively involved when they receive accurate information on the physical, cognitive, social, and emotional changes that occur during adolescence.

As the nature of family relationships changes, the skilled health professional plays an important role in helping families adapt to the adolescent's need for confidentiality as they learn to negotiate a healthy balance between providing parental supervision and giving the adolescent some "space."

In strengthening health partnerships with families, the health professional can affirm the parents as ethical and behavioral models for their adolescent and can encourage parents to communicate family expectations clearly and respectfully. Although adolescence is characterized by growing independence and separation from parental authority, the adolescent still needs the family's love, support, and availability.

Community

Success in school contributes substantially to the adolescent's self-esteem and progress toward becoming a socially competent adult. Health promotion programs in schools can help adolescents establish good health habits and avoid those that may lead to morbidity and mortality. Health promotion curricula can include family life education and social skills training, as well as information on pregnancy prevention, abstinence, conflict resolution, healthy nutritional practices, and avoidance of unhealthy habits such as smoking, drinking, and substance abuse. On-site integrated health services in the schools—with referrals to primary care physicians and community agencies (including mental health centers) for supplementary services—are evolving as one way to deliver adolescent health care in medically underserved areas. School-based health settings can be especially effective in ensuring immunizations, promoting sports safety, and providing access for students with special health care needs.

Communities need to provide safe, supervised recreational programs and facilities for adolescents, opportunities for adolescents to pursue meaningful work experiences and community service activities, and access to training programs. These opportunities



enhance the adolescent's sense of being needed and valued within the community. Communities need to provide appropriate, accessible resources that help adolescents address mental health concerns and sexual health issues such as family planning, contraception, and prevention of sexually transmitted diseases. Regulating the sale and use of alcohol, cigarettes, and guns, mandating safety belt and helmet use, and instituting a graduated driver's license are key health supervision measures and areas for community involvement.

Health Supervision As a Partnership

Health supervision efforts are most likely to succeed when they foster joint participation and shared responsibility among adolescents, families, health professionals, educators, and others who have a personal, professional, or supervisory relationship with adolescents. Key components of successful health supervision include a respect for individual differences, support for the adolescent's emerging autonomy, a developmental approach,

and a focus on the adolescent's strengths. Because adolescents seek office-based health care less frequently than any other age group, they may need special efforts to help them participate in regular health supervision. Strategies to improve access to health care for adolescents can be evaluated with seven criteria: Services should be available, visible (convenient and recognizable), quality based, confidential, affordable, flexible (meeting diverse needs), and coordinated.¹

Confidentiality is an especially significant component of health partnerships during adolescence. Health professionals need to clearly communicate to adolescents and their parents a firm commitment to the principle of confidentiality, and to explain that only a very serious risk to the health of the adolescent would override that commitment. Building effective health partnerships during adolescence depends, in part, on the health professional's ability to form a

trusting relationship with the adolescent and the family. This will in turn enable the health professional to provide medical expertise and health supervision that engender confidence and to enjoy the rewards of helping adolescents achieve their full potential.

Adolescents sometimes feel more comfortable with health professionals who have the specialized training and experience necessary for understanding and addressing their particular issues. Another valuable strategy for encouraging health-promoting behaviors is the use of peer influence, such as trained adolescent peer counselors, adolescent focus groups in offices and schools, or volunteer adolescent speakers. Different types of settings, such as community or school health clinics, may also be more successful in encouraging adolescents to participate in regular health supervision.



ADOLESCENCE DEVELOPMENTAL CHART

Health professionals should assess the achievements of the adolescent and provide guidance to the family on anticipated tasks. The effects are demonstrated by health supervision outcomes.

<i>Developmental Achievements</i>	<i>Tasks for the Adolescent</i>	<i>Health Supervision Outcomes</i>
<ul style="list-style-type: none"> ■ Responsibility for good health habits ■ Physical, emotional, and sexual growth and development ■ Social and conflict resolution skills ■ Good peer relationships with the same and opposite sex ■ Capacity for intimacy ■ Sexual identity and responsible sexual behavior ■ Coping skills and strategies ■ Appropriate level of autonomy ■ Personal value system ■ Progression from concrete to abstract thinking ■ Academic and career goals ■ Educational or vocational competence 	<ul style="list-style-type: none"> ■ Maintain good eating habits and oral hygiene ■ Engage in physical activity regularly and maintain appropriate weight ■ Use appropriate safety measures (e.g., safety belt, helmet) ■ Avoid alcohol and other drugs, tobacco, inhalants ■ Practice abstinence or safer sex ■ Engage in safe and age-appropriate experimentation ■ Manage negative peer pressure ■ Learn conflict resolution skills ■ Develop self-confidence, self-esteem, and sense of individual identity ■ Develop healthy interactions with peers, siblings, and adults ■ Learn ways to reduce risk of physical, emotional, and sexual abuse ■ Continue process of becoming more independent ■ Develop sense of community responsibility ■ Be responsible for school performance ■ Develop effective communication skills 	<ul style="list-style-type: none"> ■ Self-efficacy and mastery ■ Independence ■ Active role in health supervision and promotion ■ Optimal growth and development ■ Good health habits ■ Optimal nutrition ■ Reduction of high-risk behavior ■ Injury prevention ■ Promotion of developmental potential ■ Prevention of behavioral problems ■ Sense of responsibility and morality ■ Promotion of family strengths ■ Enhancement of parental effectiveness ■ Educational/vocational success

FAMILY PREPARATION FOR ADOLESCENCE HEALTH SUPERVISION

Health professionals can help adolescents and families prepare for health supervision visits. This preparation supports a partnership in which the health professional and the adolescent and family share responsibility. Recommend that adolescents and their parents spend time preparing this information together.

- Be prepared to give updates on the following at your next visit:
 - Illnesses and infectious diseases
 - Injuries
 - Visits to other health professionals or facilities
 - Use of the emergency department
 - Hospitalizations or surgeries
 - Immunizations
 - Food and drug allergies
 - Eating habits
 - Medications (prescription or over-the-counter drugs, nutritional supplements)
 - Alternative or complementary medicine treatments (e.g., herbs, acupuncture, massage)
 - Supplementary fluoride and vitamins
 - Oral health care
 - Vision and hearing
 - Chronic health conditions
 - Growth and development
 - Sexual activity
- Be prepared to provide the following information about your family:
 - Health of each family member
 - Occupation of parent(s)
 - A three-generation family health and social history, including congenital disabilities and genetic disorders
 - Depression or other mental health problems in the immediate or extended family
 - Alcoholism or other substance abuse (including use of tobacco) in the immediate or extended family
 - Home environment/neighborhood
 - Family transitions (e.g., birth, death, marriage, divorce, loss of income, move, frequently absent parent, incarceration)
 - Exposure to hazardous conditions or substances (e.g., tuberculosis, asbestos, mercury, carbon monoxide)
 - Exposure to violence
- Prepare and bring in questions, concerns, and observations about issues such as
 - Physical and mental health
 - Substance use
 - Sexuality
 - Nutrition
 - Interactions (family and peer)
 - School concerns
 - Conflict management
 - Employment, after-school or part-time jobs, safety in the work environment
 - Increasing independence
 - Achievements/challenges
- Bring in reports from school and results of school conferences. Bring in the Individualized Education Program (IEP) if the adolescent has special needs.
- Complete special questionnaires on health-related issues (eating patterns, physical activities, dating and sexual activity) or psychosocial issues (family and peer relationships, school interests, substance use).
- Fill out and bring in health forms (camp, sports participation) for the health professional to complete.
- Help your adolescent prepare for the health visit by talking together about what to expect (physical exam, immunizations, screening procedures, external genital exam). A pelvic exam and Pap smear are indicated for sexually active females.
- When you get home, update your health and immunization records.

STRENGTHS DURING ADOLESCENCE

Health professionals should remind adolescents and families of their strengths during the health supervision visit. Strengths and issues for the adolescent, family, and community are interrelated and interdependent.

Adolescent	Family	Community
<ul style="list-style-type: none"> ■ Has good physical health and nutrition ■ Maintains an appropriate weight ■ Develops a positive body image ■ Develops healthy habits and personal responsibility for health ■ Receives regular oral health care ■ Participates in physical activity regularly ■ Has a positive attitude ■ Develops anger management skills ■ Engages in safe, age-appropriate experimentation ■ Has confidants and develops capacity for intimacy ■ Exhibits social competence ■ Experiences hope, joy, success, love ■ Has high self-esteem and expects personal success ■ Learns stress management skills ■ Demonstrates appropriate level of independence ■ Develops individual identity ■ Respects rights and needs of others ■ Establishes educational and vocational goals 	<ul style="list-style-type: none"> ■ Meets adolescent’s basic needs (food, shelter, clothing, safety, health care) ■ Provides strong, nurturing family ■ Provides value system and role models ■ Understands and accepts changes in feelings and moods during adolescence ■ Supports activities that enhance adolescent’s self-image ■ Spends individual time with adolescent ■ Praises adolescent’s efforts and achievements ■ Affirms adolescent’s feeling of being loved ■ Encourages adolescent’s development of close friendships ■ Recognizes changing roles of parent(s), adolescent, family ■ Serves nutritious family meals on a regular basis ■ Provides sexuality education at home ■ Encourages adolescent’s increasing independence, responsibility, and need for privacy ■ Develops balance between support, acceptance, and appropriate limits ■ Supports adolescent’s educational and vocational goals 	<ul style="list-style-type: none"> ■ Provides quality educational and vocational opportunities for all adolescents and families ■ Provides activities for adolescents (recreational, sports, educational, social, cultural) ■ Promotes physical activity (provides safe areas for recreation) ■ Provides support for families with special needs ■ Provides comprehensive health education and services ■ Provides integrated systems of accessible adolescent health care ■ Provides outreach to uninsured and underinsured adolescents and facilitates enrollment in health insurance programs and access to care ■ Recognizes autonomy of adolescents (legal rights, confidential care) ■ Provides an environment free of hazards ■ Passes and enforces legislation to protect adolescents (alcohol, tobacco, gun control; mandated safety belt/helmet use; graduated driver’s license) ■ Ensures that neighborhoods are safe ■ Provides affordable housing and public transportation ■ Fluoridates drinking water ■ Promotes positive ethnic/cultural environment

ISSUES DURING ADOLESCENCE

Health professionals should address problems, stressors, concerns, and other issues that arise during health supervision. Strengths and issues for the adolescent, family, and community are interrelated and interdependent.

Adolescent	Family	Community
<ul style="list-style-type: none"> ■ School concerns (poor grades, underachievement, disinterest, truancy) ■ Vocational concerns ■ Behavioral concerns (acting out, aggression, violence) ■ Social concerns (lack of friends, bullying, negative peer influence, withdrawal from family) ■ Emotional concerns (depression, anxiety, confusion about sexual orientation, low self-esteem, threat of suicide, attempted suicide) ■ Difficulty in managing anger ■ Early sexual activity, inappropriate sexual behavior, pregnancy, sexually transmitted diseases, HIV/AIDS, hepatitis ■ Substance abuse (alcohol, drugs, inhalants, tobacco, steroids) ■ Dangerous behaviors (drunk driving, failure to use safety belts or helmets) ■ Excessive risk-taking ■ Medical concerns (hypertension, scoliosis, menstrual problems, acne) ■ Weight and height concerns, body image, poor nutrition, obesity, eating disorders ■ Lack of regular physical activity ■ Chronic illness ■ Transitional challenges for adolescent with special health care needs 	<ul style="list-style-type: none"> ■ Parents or other family members with serious problems (depressed, mentally ill, abusive, uninvolved, overly critical, overprotective, incarcerated) ■ Severe marital problems ■ Domestic violence (verbal, physical, emotional, or sexual abuse) ■ Frequently absent parent ■ Rotating “parents” (parents’ male or female partners) ■ Family health problems (illness, siblings or parents with chronic illness or disability) ■ Substance use (alcohol, drugs, inhalants, tobacco) ■ Financial insecurity ■ Homelessness ■ Family transitions (move, divorce, remarriage, incarceration, death) ■ Lack of knowledge about adolescent development ■ Lack of parental self-esteem and self-efficacy ■ Poor family communication ■ Social isolation and lack of support ■ Neglect or rejection of adolescent ■ Lack of health insurance 	<ul style="list-style-type: none"> ■ Poverty ■ Inadequate housing ■ Environmental or occupational hazards ■ Unsafe neighborhoods ■ Discrimination and prejudice ■ Community violence, gangs ■ Lack of protective legislation (alcohol, tobacco, gun control; mandated safety belt/helmet use; graduated driver’s license) ■ Few opportunities for vocational training and employment ■ Inadequate or unsafe schools ■ Lack of supervised programs before and after school ■ Lack of programs for families with special needs ■ Inadequate outreach to uninsured/underinsured adolescents; failure to facilitate enrollment in health insurance programs and access to care ■ Isolation in a rural community ■ Lack of community/school/public health partnerships ■ Lack of social, educational, cultural, and recreational opportunities ■ Lack of access to immunizations and other health services ■ Inadequate public services (lighting, transportation, garbage removal) ■ Inadequate fluoride in drinking water



Dramatic physical changes are the hallmark of early adolescence. Typically, girls show signs of puberty 2 years earlier than boys.

11, 12, 13, AND 14 YEAR VISITS

Dramatic physical changes are the hallmark of early adolescence. The profound biological and hormonal changes of puberty engender feelings of vulnerability and sensitivity to physical appearance. Young adolescents are egocentric, intensely preoccupied with the question “How do I look?” They often have the feeling of being “on stage” and may spend hours grooming in front of the mirror.

Physical Development

Typically, girls show signs of puberty 2 years earlier than boys. During early adolescence, most girls experience a rapid growth spurt, changes in fat distribution, and development of secondary sexual characteristics such as pubic hair and breasts. For most boys, the early adolescent period marks the beginning of the biological changes of puberty, including testicular growth, voice changes, and development of acne, pubic hair, and nocturnal emissions. Many young adolescents are unaware that the onset of puberty and rate of sexual development can vary greatly; teens can benefit from learning about the progression of physiologic changes and should be given reassurance that their own growth and development are normal. Because of their sensitivity and modesty about their bodies, young teens have an increased need for privacy, so

families must learn to respect a “closed-door policy.”

Many young adolescents, preoccupied with their attractiveness, will attempt to change their appearance through dieting or lifting weights. Eating disorders may develop during this period, especially among females. Some teens engage in physical activity regularly and develop bodies that are extremely fit; others choose sedentary behaviors such as watching television or playing video games. Because these behaviors are often predictors of adult lifestyles, helping sedentary adolescents develop an individualized plan to refocus their energies on healthier pursuits, such as participating in physical activities at school or after school, may have life-long consequences for their well-being.

Cognitive and Moral Development

In addition to adolescents’ changing physiology and heightened perceptions of body image during this period, their cognitive abilities are continuing to develop. Young adolescents have increasing potential for abstract, complex thinking, although their cognition still focuses primarily on the concrete and the present—the “here and now.” Their sense of morality, like their cognition, tends to be concrete and governed by conventional standards or rules. Young teens tend to see individuals and their behaviors in somewhat rigid

terms as good or bad, right or wrong, and have not yet developed an understanding of complex interrelationships or long-term consequences.

Social/Emotional Development

Puberty is a time not only of increased risks but also of intense changes in emotions. Young adolescents may display erratic or moody behavior, especially with the stresses of academic achievement, sports performance, peer pressure, and changing family relationships. Young teens may be very opinionated, challenging family rules, values, and behaviors. Families need to continue supervising the adolescent and setting appropriate limits. At the same time, they need to affirm their adolescent's growing self-efficacy and promote skills and confidence in decision-making.

Parents remain important role models, serving as a consistent, stabilizing influence, especially as adolescents become exposed to a wide range of risky behaviors among peers. Family members, too, need support in dealing with feelings of confusion and anxiety as they try to negotiate new understandings with their teenager.

School

As adolescents make the transition to middle school or high school and have to cope with less adult support and greater anonymity, they frequently experience anxiety. Some youth who leave the familiar community of elementary school

must learn to navigate the classrooms and corridors of a larger, more impersonal institution where they encounter higher academic expectations and significantly greater peer pressures. Scholastic demands require students to be more organized and efficient; there may be a reduction in overall academic performance for males and females, as well as a gender gap in math and science. This gap increases with age so that by 12th grade, boys significantly outscore girls in standardized math and science tests.²

Truancy and school dropout rates tend to rise in early adolescence. Some adolescents find incentive to stay in school by participating in meaningful in-school and after-school activities such as sports, music, drama, journalism, or community volunteering; others participate in cultural and religious youth groups. These activities provide both positive group recognition and adult mentoring to ease the transition to middle school or high school. Unfortunately, many public schools have reduced costs by cutting back on after-school clubs and activities, and many youth now lack constructive, supervised recreational opportunities.

School now becomes the primary setting through which peer group standards or expectations are communicated. The attraction of peer groups is a powerful phenomenon. Preparing young adolescents to deal with increasing peer pressure is an important part of health supervision. Although parents' modeling of healthy behaviors



remains an important influence, schoolmates can significantly influence adolescents' perceptions and attitudes about healthy and risky behaviors.

Risky Behaviors

Although exploration and experimentation—usually in the company of peers—serve important developmental purposes, adolescent experimentation can also have serious health consequences. Experimentation with alcohol and tobacco are significant health concerns during early adolescence. In a CDC national survey, 72 percent of ninth graders had already experimented with alcohol, and 25 percent reported at least one episode of heavy drinking (five or more drinks) during the preceding month. Two out of three ninth-grade students had tried cigarette smoking,

and 13 percent reported smoking regularly. Nearly 40 percent of the ninth-graders also reported having used marijuana, and nearly 7 percent had used cocaine.³ Inhalant abuse is a growing problem among young adolescents, with nearly 20 percent of students in ninth grade having reported inhalant use.³

Injury Prevention

More than half the injury-related deaths in this age group involve motor vehicles, with the adolescent as passenger, pedestrian, or cyclist. Few young adolescents take measures to reduce their risk of injury. Overall, 21 percent of ninth-grade students have reported rarely or never using a safety belt, and 87 percent have reported rarely or never wearing a bicycle helmet.³ Youth are also at serious risk for unintentional injuries received in sports or other physical activities, performing work duties, or operating farm machinery.

Sexuality

Sexual exploration is a concern during early adolescence, although both the teen pregnancy rate and the number of teens who report being sexually active have decreased since 1991. However, many young adolescents do not have accurate information about sexual development or the risks and consequences of early and unprotected sexual activity. Parents and health professionals need to talk with adolescents about issues such as the

menstrual cycle, fertility, and prevention of sexually transmitted diseases; correct any misinformation; and sensitively address adolescent concerns.

Adolescents should be strongly advised to delay having sexual intercourse and should be fully supported in that decision. Young teens who are already sexually active need guidance in understanding and practicing protective behaviors to minimize their risk of becoming pregnant or acquiring sexually transmitted diseases.

Abuse and Violence

For a significant number of adolescents, sexual abuse is a serious problem. Some have experienced sexual victimization from an early age; many are forced to have sexual intercourse without their consent. Because sexual identity and sexual behavior patterns are established in adolescence, it is important to understand the link between previous sexual abuse and current risky behaviors and to conduct a thorough and sensitive assessment of the adolescent's sexual health.

In addition to the risk of sexual abuse, adolescents today face an unprecedented risk of injury or death from violence—in their homes, schools, and communities. Youth may experience intense pressure to join gangs or other groups, or may feel threatened by gang activities or other types of violence. Many youth grow up with guns in the home. Some carry weapons as a means of protecting themselves—or intimidating others.

Students in grade 9 are significantly more likely than students in grades 11 and 12 to have carried a weapon and to have been threatened or injured with a weapon on school property.³

Community

Many communities have become more transient and impersonal, offering less support and supervision to young adolescents. Many communities lack visible positive adult role models. The media tend to compound this problem, since most of the videos, music, films, and television programs that fascinate adolescents often glamorize violence and other unhealthy behaviors.

Communities also vary in their efforts to establish and enforce regulations protecting the health and safety of adolescents (e.g., restricting access to cigarette machines, alcohol, and guns; mandating helmet use).

Establishing a Trusting Relationship

Although their minds and bodies are developing rapidly and becoming more capable and mature, young adolescents still lack the experience and judgment to use these new capabilities wisely. The challenge for the health professional is to establish a trusting relationship that supports the adolescent and the family so that opportunities for exploration and continued growth are presented in a safe and nurturing context.

HEALTH SUPERVISION: 11–14 YEARS

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the adolescent and family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family. Questions can be modified to match the health professional's communication style.

Injuries and experimentation with alcohol and tobacco are key health concerns in early adolescence.

Questions for the Parent(s)

- How are you?
- How have things changed now that Angela is becoming/is a teenager?
- What makes you most proud of her?
- What questions or concerns about Angela do you have today? (For example, eating and physical activity patterns; weight gain/loss; use of diet pills, tobacco, alcohol, drugs, or inhalants; frequent physical complaints; depression; communication; friendships; sexual activity)
- Have there been any major changes or stresses in your family since your last visit?
- What are some of the things you do together as a family? How often?
- How is Angela doing in school? What does she do after school?
- What kind of music does Angela listen to? How do you feel about her choice of music? About the volume?
- What do you think of Angela's choice of friends?
- What has Angela been taught in school or at home about drugs, sex, or other health topics?
- What have you and Angela discussed about the risks of using alcohol, tobacco, and other drugs?
- Does anyone in your home smoke?
- Do you regularly supervise Matt's social and recreational activities? How do you check for the use of alcohol or drugs?
- Does Matt understand what you consider appropriate behavior? Have you clearly stated your rules and expectations for acceptable behavior?
- How much time does Matt spend watching television, playing video games, or surfing the Net? What do you think of the programs and movies he watches? Do they contain violent themes?
- What sports or other physical activities does Matt enjoy?
- Does Matt take any nonprescription drugs, vitamins, supplements, or health foods?
- Does he use alternative medicine treatments (e.g., herbs, acupuncture, massage)?
- Do you remind Matt to wear a safety belt in the car? Does he wear a helmet when riding a bike or motorcycle? Do you always wear a safety belt or helmet yourself?
- Do you have a gun in your home? Are you aware of the increased risk of suicide with a gun in the home?
- Have you considered not owning a gun because of the dangers involved?

Questions for the Adolescent

- How are you?
- What questions or concerns do you have today?

Social and Emotional Development

- **What do you like to do for fun?**
What is your favorite activity?
Who is your best friend? What do you do together? About how many friends do you have?
What do you and your friends do outside of school? How old are your friends?
Tell me some of the things you're really good at.
- **What are some of the things that worry you? Make you sad? Make you angry?**
What do you do about these things? Who do you talk to about them?
Do you ever have bad dreams? How often?
Do you often feel sad or alone at a party?
Have you ever run away or thought about running away?
- **What do you do when you feel really down and depressed? Do these feelings sometimes last more than a week or two?**
Do you know if any of your friends or relatives have tried to hurt or kill themselves?
- **Have you ever thought about hurting or killing yourself?⁴**
- **Have you ever been in trouble at school or with the law?**

Physical Development and Health Habits

- **What kind of changes have you noticed in your body during the past 6 months?**
How do you feel about these changes?
Has anyone talked with you about what to expect as your body develops?
Do you think you are developing pretty much like the rest of your friends?
Have you started having wet dreams?
Have you started your period? Is it regular?
- **How do you feel about the way you look?**
How do you feel about your weight? Are you trying to change your weight? How?
What do you usually eat for breakfast? At lunchtime? For snacks? Do you and your family usually eat dinner together at night?
- **Do you ever fast, vomit, or take laxatives or diet pills to control your weight?**
- **What kinds of physical activities or organized sports do you engage in?**
What else would you like to do if, for some reason, you could not play a particular sport?
Have you ever been injured playing sports? Ever been encouraged to "play hurt"?
- **What do you do to stay healthy?**
How much time do you spend in the sun? When was the last time you used sunscreen?
How much time do you spend each week watching television or videos? Playing video games or surfing the Net?

Do you take any nonprescription drugs, vitamins, supplements, or health foods?

Do you use any alternative medicine treatments (e.g., herbs, acupuncture, massage)?

- **Are you worried about any friends or family members and how much they drink or use drugs?**

Do your friends smoke? Chew tobacco? Drink? Take drugs? Use inhalants?

What do you think about smoking or chewing tobacco? Drinking? Taking drugs? Using inhalants?

What education have you had about smoking or chewing tobacco? Drinking? Taking drugs? Using inhalants?

- **Did you smoke any cigarettes in the last month? Chew tobacco? How often?**
- **Did you drink alcohol in the last month? How much? What is the most you have had to drink at one time?**
- **Have you tried other drugs? How often have you used them in the past month?**
- **Have you ever been in a car where the driver had been drinking or using drugs?**
- **Do your friends sometimes try to pressure you to do things you don't want to do?**
How do you handle that?
- **Do you always wear a safety belt in the car?**
- **Do you wear a helmet when riding your bike? When riding a motorcycle or ATV (all-terrain vehicle)?**

- **Do you own a gun or have access to one?**

Is there a gun in your home? If so, is it unloaded and locked away? Have you passed a gun safety course?

Do any of your friends own a gun? Where is it kept?

- **Have you ever witnessed violence?**
- **Have you ever been threatened with violence or been a victim of violence?**

Have you ever been frightened by violent or sexual things someone has said to you?

Have you ever been seriously injured in a fight? Ever tried to injure someone?

Have you ever carried a weapon for protection? How do you try to protect yourself?

Relationships and Sexuality

- **Have you started dating?**

If so, how often do you date? What do you like to do on a date?

Do you date one person? More than one? Or do you usually go out with a group?

- **What questions or concerns do you have about sex?**
- **Have you ever had sex? Are you sexually active now?**

Do you use condoms? How often?

Do you sometimes have sexual feelings for someone of your own sex?

Have you thought about what you might do if you ever felt pressure to have sex?

- **Has anyone ever touched you in a way you didn't like? Forced you to have sex?**
- **Have you had any sexually transmitted diseases such as chlamydia, herpes, or genital warts?**

Ever had sexual contact with someone who has an STD?

Do you know that many people with STDs don't know that they have them?

Family Functioning

- **How do you get along with other members of your family?**

Do you live with your parents?

If adolescent lives with one parent: How often do you see the parent who does not live with you? What do you do together? How do you feel about this arrangement?

Do you feel that your family listens to you? Do you feel that they spend enough time with you?

What would you like to change about your family if you could?

- **Are the rules in your family clear and fair?**

Do the adults in your family talk about decisions and make decisions fairly?

What types of responsibilities do you have at home?

School Performance

- **How are you doing in school?**

Compared with others in your class (not just your friends), how well do you think you are doing? Average? Better than average? Below average?

How often do you miss school? How often are you late for school?

What activities are you involved in?

What do you plan to do after high school?



Observation of Parent-Adolescent Interaction

Does the parent allow the adolescent to answer some of the questions? Is the parent supportive of the adolescent? How do the adolescent and the parent respond when the health professional talks with the adolescent alone? Does the parent seem to respect the adolescent's growing need for confidentiality? Is the parent able to discuss sensitive issues?

Physical Examination

Measure the adolescent's height and weight, and calculate body mass index (BMI). Plot these on the CDC growth charts (see Appendix C and the back pocket of this publication). Share the information with the adolescent and family.

As part of the complete physical examination, the following should be particularly noted:

- Sexual Maturity Rating (SMR) or Tanner stage (see Appendix K). Evaluate if onset of puberty has not occurred in females by age 13 or in males by age 14.
- Scoliosis⁵ or kyphosis (screen males and females annually).
- Evidence of possible abuse or neglect.
- Evidence of eating disorders (e.g., extreme weight loss or gain, erosion of tooth enamel).
- Sports injuries, other orthopedic problems.
- Caries, developmental dental anomalies, malocclusion, gingivitis, pathologic conditions, or dental injuries.
- Acne and common dermatoses.
- Tattoos, piercing.



An external genital exam should also be performed during early adolescent health visits.

For females: Examine genitals for normal development. Check for condyloma/lesions, vulvovaginitis. If adolescent is sexually active, perform pelvic exam annually.

For males: Examine genitals for normal development. Check for varicoceles, hernias, condyloma/lesions, testicular cancer. (Risk criteria for testicular cancer include history of undescended testes, single testicle.) Evaluate for gynecomastia.

Additional Screening Procedures

Vision: Examine eyes; assess vision annually and screen with an objective method at age 12 or more frequently if indicated (see Appendix E).

Hearing: Assess hearing annually; screen with an objective method at age 12 or more frequently if indicated (see Appendix D).

Anemia: Assess risk of anemia and screen adolescents at risk; screen menstruating females annually (see Appendix F).

Hyperlipidemia: Assess risk of hyperlipidemia and screen as needed (see Appendix H).

Blood pressure: Conduct blood pressure screening annually (see Appendix I).

Urinalysis: Perform urinalysis at least once during adolescence.

Tuberculosis: Administer tuberculin test (PPD) if adolescent meets any of the following risk criteria:⁶

- Exposure to tuberculosis
- Radiographic or clinical findings
- Immigration from areas with high prevalence
- Residence/travel in areas with high prevalence
- Injection drug use
- Homelessness
- History of incarceration
- HIV infection, or living with person who has HIV
- Other medical risk factors
- Employment or volunteer work in health care settings

Pap smear: Screen sexually active females with Pap smear annually. (Those with a previous abnormal Pap smear need more frequent follow-up.)

Sexually Transmitted Diseases (STDs)

See Appendix L.

Screen sexually active adolescents annually for

- Chlamydia
- Gonorrhea
- Trichomoniasis
- Human papilloma virus (HPV)/genital warts
- Herpes simplex virus (HSV)
- Bacterial vaginosis (females)

Screen for syphilis (VDRL/RPR) and/or HIV/AIDS* if the adolescent asks to be tested or meets any of the following criteria for risk:

- History of STDs
- More than one sexual partner in past 6 months
- Intravenous drug use
- Sexual intercourse with a partner at risk
- Sex in exchange for drugs or money
- For males:* Sex with other males
- Homelessness
- For syphilis only:* Residence in areas where syphilis is prevalent

*When screening for HIV/AIDS, obtain informed consent and provide adolescent-specific pretest and posttest counseling.

Emotional Health

Assess annually for the following risk indicators (see also Health Supervision questions):

- Multiple stressors
- Use of tobacco products, alcohol, or other drugs
- Sexual behavior
- Recurrent or severe depression or other risk factors for suicide⁴
- History of emotional, physical, or sexual abuse
- Learning disabilities or school problems
- Cruelty to other persons or to animals

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.

ANTICIPATORY GUIDANCE FOR THE ADOLESCENT

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Try to get 8 hours of sleep every night.

Engage in moderately strenuous to vigorous physical activity (e.g., walking, biking, aerobics) for 30 to 60 minutes at least three times a week. Encourage friends and family members to be physically active.

Check with the health professional before increasing physical activity. Ask the health professional or coach about athletic conditioning, weight training, fluids, and weight gain or loss.

Limit TV viewing and computer and video games.

Take time to enjoy activities such as biking, hiking, or skating.

Learn ways to manage your time and activities.

Injury and Violence Prevention

Always wear a lap and shoulder belt when riding in the car.

Do not drink alcohol, especially when swimming, boating, riding a bike or motorcycle, or operating farm equipment or other machinery.

Learn how to swim (if you haven't already learned).

Reduce your risk of developing skin cancer by limiting time in the sun and applying sunscreen (SPF 15 or higher) before going outside.

Help your parents test smoke alarms in your home to be sure they work properly, and help change the batteries yearly.

Discuss safety rules with your parents (e.g., having visitors, using the phone, handling fire or other emergencies). Review fire safety plans at home.

Always wear a helmet when riding a bike, motorcycle, or all-terrain vehicle. However, ATVs and motorcycles are dangerous, even with a helmet.

Wear protective gear (e.g., eye protection, mouth guard, helmet, knee and elbow pads) for sports and other physical activities such as in-line skating.

Learn first aid and CPR.

Wear appropriate protective gear at work and follow job safety procedures.

Avoid high noise levels, especially when using earphones.

Do not carry or use a weapon of any kind.

Develop skills in conflict resolution, negotiation, and dealing with anger constructively.

Learn techniques to protect yourself from physical, emotional, and sexual abuse or rape. Avoid alcohol and unsafe situations.

Seek help if you are physically or sexually abused or fear that you are in danger.

Mental Health

Take on new challenges that will increase your self-confidence.

Continue learning about yourself (what you believe in, what is important to you).

Recognize that you are growing and changing.

Learn to feel good about yourself through learning what your strengths are and listening to what good friends and valued adults say about you.

Talk with the health professional or another trusted adult if you are often sad or nervous or feel that things are just not going right.

Learn to recognize and deal with stress.

Understand the importance of your spiritual needs and try to fulfill them.

Nutrition

Choose a variety of healthy foods.

Eat three nutritious meals a day; breakfast is especially important. Eat meals with your family on a regular basis.

Select a nutritious lunch from the school cafeteria or pack a balanced lunch.

Choose plenty of fruits and vegetables; breads, cereals, and other grain products; low-fat dairy products; lean meats, chicken, fish, and other sources of protein; and foods prepared with little or no fat. Include foods rich in calcium and iron.

Choose nutritious snacks that are rich in complex carbohydrates. Limit high-fat or low-nutrient foods and beverages such as candy, chips, or soft drinks.

Achieve and maintain a healthy weight. Manage weight through appropriate eating habits and regular physical activity.

Oral Health

Brush your teeth twice a day with a pea-size amount of fluoridated toothpaste, and floss between your teeth daily.

Take fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.

Ask the health professional or your dentist any questions you have about how to handle dental emergencies, especially the loss or fracture of a tooth.

Schedule an oral health appointment every 6 months or as indicated by your individual needs or susceptibility to disease.

As your permanent molars erupt, be sure that your dentist evaluates them for placement of dental sealants.

Do not smoke or use chewing tobacco.

Sexuality^B

Identify a supportive adult who can give you accurate information about sex.

Ask the health professional any questions you have about body changes during puberty, including individual variations in the rate of growth and development.

Ask the health professional for information on sexual development, contraception, and prevention of sexually transmitted diseases. Discuss any questions you have.

If you are confused or concerned about your sexual feelings (for the same sex or opposite sex), talk with the health professional or a trusted adult.

Recognize that sexual feelings are normal, but having sex should be a well-thought-out decision.

Learn ways to resist sexual pressures and to say no to sex.

Delay having sex until you are mature enough to assume responsibility for sexual relations.

Abstaining from sexual intercourse is the safest way to prevent pregnancy and sexually transmitted diseases, including HIV infection/AIDS.

If you are sexually active, discuss contraceptive methods and STD prevention with the health professional.

Learn about and practice safer sex. Use latex condoms correctly.

Prevention of Substance Use/Abuse

Do not smoke, use smokeless tobacco, drink alcohol, or use drugs, inhalants, or diet pills.

If you smoke, talk with the health professional about how to stop smoking.

Ask for information on how to resist peer pressure to drink alcohol or use drugs.

If you use drugs or alcohol, discuss this with the health professional and ask for help (e.g., substance abuse treatment programs).

Avoid situations in which drugs or alcohol are readily available.

Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.

Promotion of Social Competence

Spend time with your family doing things you all enjoy.

Participate in social activities, community groups, or team sports.

Make sure you understand the limits your parents have set and the consequences they have established for unacceptable behavior.

Learn to respect, get along with, and care about your peers and siblings.

Talk with the health professional and your family and friends about your strategies and coping mechanisms for handling negative peer pressure.

Continue your progress in making independent decisions and understanding the consequences of your behavior.

Promotion of Responsibility

Respect the rights and needs of others.

Follow family rules, such as those for curfews, homework, and chores.

Share in household chores.

Learn how you can take on new responsibility in your family, peer group, and community.

Learn new skills (e.g., babysitting/child care, signing for the hearing impaired) that can help friends, family, or community.

Promotion of School Achievement

If you are anxious about the transition to middle school or high school, discuss it with your family, teachers, and health professional.

Become responsible for your own attendance, homework, and course selection.

If you feel frustrated with school or are thinking about dropping out, discuss your feelings and options with a trusted adult.

Participate in school activities.

Identify talents and interests that you might want to pursue as a career or for enjoyment.

Begin to think about college options, vocational training, the military, or other career choices.

Promotion of Community Interactions

Participate in social, religious, cultural, volunteer, or recreational organizations or activities.

Talk with your friends and family about current events and community responsibilities such as recycling and conservation.

Explore your cultural heritage and learn about other cultures. Participate in culturally diverse activities.

Find out what you can do to make your community safer.

Participate in peer-mediated conflict management training if it is offered through your school.

Ask about health programs and services provided at your school.

ANTICIPATORY GUIDANCE FOR THE PARENT(S)

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Enhance your adolescent's self-esteem by showing affection, praising positive behavior, and recognizing efforts and achievements.

Continue to affirm and model family values such as respect for self and others.

Respect your adolescent's need for privacy.

Spend time with your adolescent.

Decide with your adolescent when she can do things independently, including staying at home alone.

Establish realistic expectations for family rules, giving your adolescent increasing autonomy and responsibility.

Establish and communicate clear limits and consequences for breaking rules.

Minimize criticism and avoid nagging, derogatory comments and other belittling or demeaning messages.

Understand that your adolescent may be unwilling to participate in some family activities and may suddenly challenge parental authority.

Emphasize the importance of school and demonstrate interest in your adolescent's school activities.

Model safe driving practices (e.g., avoiding alcohol, using safety belts) and discuss family rules about driving before your adolescent is eligible to drive.

Talk with the health professional about your own preventive and health-promoting practices (e.g., avoiding tobacco, eating nutritiously, being physically active, doing breast self-exams or testicular self-exams).

If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state health insurance or medical assistance programs.

Ask about resources or referrals for food and/or nutrition assistance (e.g., Commodity Supplemental Food Program, Food Stamp Program), housing, or transportation if needed.



Playing Safe

Thomas Galinsky is 11 years old and full of energy. He is eagerly awaiting the start of soccer season. His 13-year-old sister, Nicole, plays on the basketball and softball teams at her middle school. Both Thomas and Nicole are very active and interested in excelling at the sports they play. Thomas keeps pictures of World Cup soccer players on his bedroom wall. Nicole wants to play college basketball someday. Her coach played on a college team and encourages Nicole to keep working on her skills.

Thomas and Nicole's parents take them to Dr. Jackson's office for a health supervision visit, and the physician completes the physical evaluation forms they need to participate in school activities and team sports. Meeting with the whole family after completing Thomas's and Nicole's physical exams, Dr. Jackson asks the family if they have any questions or concerns they would like to discuss.

Mr. Galinsky mentions that he is concerned about his children's risk of being injured while participating in sports.

Turning to Thomas and Nicole, Dr. Jackson asks, "Have

your coaches talked with you about how to prevent injuries?"

"A little," Nicole answers.

"We learned that you have to warm up," Thomas volunteers.

"That's right," Dr. Jackson replies. "You should always stretch both before and after you participate in physical activity, and make sure that you drink plenty of water. You should also wear a mouth guard and shin guards for soccer, and a helmet when you're at bat during softball." Dr. Jackson continues, "Even when you take precautions, injuries sometimes happen. If you do get hurt, make sure to tell your coach and your parents."

Dr. Galinsky asks the family if they have any other concerns.

"I worry that the kids are too focused on their sports," says Mrs. Galinsky. "It takes up so much of their time."

Dr. Galinsky explains that it's healthy for children to have goals and aspirations, and that their parents should encourage this. He asks Thomas and Nicole about their grades and about their other interests. Both are doing fine in school. Thomas likes reading and computer games, and Nicole is

taking flute lessons and says she also likes spending time with her friends, "just hanging out and having fun."

At the conclusion of the visit, Dr. Jackson stresses to Mr. and Mrs. Galinsky the importance of their role as parents in maintaining an interest in Nicole's and Thomas's activities and in getting to know the coaching staff.

"Like teachers and doctors, coaches have a lot of influence," says Dr. Galinsky. "Effective coaches will promote healthy habits, like eating well, and will also help your children learn about sportsmanship and how to prevent sports-related injuries. And your guidance and support as parents are an important part of your children's healthy participation in sports and other activities."



William's Temper

Two months after William begins junior high, his mother takes him to the physician's office for his 12-year health supervision visit. Before the visit, William's mother indicates on the health questionnaire that his schoolwork is satisfactory. She notes, however, that he is having some problems with his behavior in the classroom and on the school grounds.

Dr. Stedman begins the visit by talking to William and his mother together. William's mother tells Dr. Stedman that William was sent home from school once last month for fighting. William and his younger brother also sometimes get into arguments. William's mother mentions that William had been in an after-school program, but he has dropped out.

Dr. Stedman asks William and his mother a few questions, including whether anything has changed recently at home. William's mother answers that nothing major has changed. Dr. Stedman then requests that William's mother go into the waiting room so that she can talk to William alone.

When William's mother has left the office, Dr. Stedman asks William, "Why do you think you're fighting and getting into arguments?" William says he doesn't know. "Do you want to stop?" Dr. Stedman asks him.

William says that he does. "I feel bad after I argue with people."

Dr. Stedman asks if William has ever used drugs or alcohol, and William responds that he has not. She asks William if he has been feeling sad or down lately.

"Not really," William answers.

"Do you feel safe at home?" Dr. Stedman asks William.

William says that he does. "Do you ever think about hurting yourself?"

"No."

"What has it been like starting junior high?" Dr. Stedman then inquires.

"Kind of tough. We have a ton of homework. And making new friends hasn't been going so great."

Dr. Stedman tells William that the transition to junior high can be a difficult time for many kids. She also explains to William that, since he's an adolescent, his whole body is changing. "Some-

times you may feel angry or violent. I have some ideas on ways to help you learn to manage your feelings. I'd like to talk about these ideas with you and your mother."

Dr. Stedman asks William's mother to return to the office. Dr. Stedman says that she thinks William should give the after-school program another try. She also suggests that he enroll in a conflict-resolution skills class offered by his school, and volunteers to call the school to make the necessary arrangements. In addition, she asks William's mother to talk to William's teachers weekly for the next few weeks to monitor his behavior. Finally, Dr. Stedman asks William and his mother to make a special effort to spend more fun family time together.

Dr. Stedman suggests a follow-up visit. If at that time William's behavioral problems have not improved, she will refer him to a specialist to be assessed for underlying psychosocial difficulties such as attention deficit hyperactivity disorder, mood disorders, anxiety, or substance use.



*Positive peer influence can be an effective strategy
in adolescent health promotion.*

15, 16, AND 17 YEAR VISITS

Middle adolescence is filled with challenging new experiences such as dating and driving, and, for most teens, it is a time of unparalleled potential and creative energy. Middle adolescents begin to probe more deeply to discover their individual identity, as they sort out values and beliefs in their quest for a clearer sense of self.

Physical Development

By the age of 15, most girls have completed the physiologic changes associated with puberty, and most boys are still in the process of maturing, rapidly gaining muscle mass, strength, and height, and completing development of secondary sexual characteristics.

Most middle adolescents are increasingly comfortable with their sexual identity; however, for gay and lesbian youth, a growing recognition of their sexual orientation and harassment or a lack of acceptance by others may precipitate feelings of isolation or depression, or thoughts of suicide.⁹

Social/Emotional Development

Youth of this age are extremely sensitive to the social norms of the peer group, including choices in dress, hairstyle, language, music, and behavior. Friends become very important, and adolescents tend to have a small group of friends who share similar values, interests, and activities.

When at home, adolescents tend to seek privacy and time alone. Although parents may be frustrated at times by their adolescent's behavior, affection and respectful communication within the family are crucial and should be encouraged during health supervision.

Cognitive and Moral Development

Some 15- and 16-year-olds are beginning to make the transition from concrete to formal operational thinking, becoming more adept at abstract thought, problem solving, and planning for the future. Youth in middle adolescence are better able to understand complex interrelationships and appreciate the perspectives of others. Changes in moral development also continue, as teens begin to identify with and internalize societal values. As adolescents broaden and deepen their perspective, they often become concerned about community and societal issues such as homelessness, crime, or preserving the environment.

School

Academic life also presents challenges during adolescence. Academic performance during high school has major implications for future educational and career choices, so it is not surprising that many adolescents are concerned that their intellectual abilities are being measured "by number" (grade point average and standardized test

scores). Some adolescents use their capabilities to excel and to enhance their skills; however, too many youth experience serious challenges to academic success, including undiagnosed learning disabilities, attention deficit hyperactivity disorder, inadequate school resources, or lack of parental involvement. Youth facing such challenges may fail to achieve their academic potential, as witnessed by truancy and school dropout rates.

Work

In addition to academic pressures, adolescents now face certain economic realities. Middle adolescents seek part-time or after-school jobs for a variety of reasons: Some seek employment to contribute to the family income or to help earn money for further education; others work to boost their own purchasing power. Earning a salary offers adolescents the opportunity to gain experience in money management and other “real-world” skills. However, spending excessive time (more than 20 hours a week) in after-school jobs can negatively affect academic performance. Adolescents and their families need to discuss how to balance academic responsibilities and extracurricular activities, as well as goals and strategies for how to save money and guidelines for how to spend it.

Injury Prevention

Obtaining a driver’s license is considered a rite of passage for middle adolescents. As they reach the legal age to drive, adolescents gain a mobility and

independence that presents not only new opportunities but also significant risks. Motor vehicle crashes remain the leading cause of death for all young persons ages 15–24.¹⁰ In a CDC national survey, one in four 12th-grade students reported having driven a vehicle in the previous month after drinking alcohol; during that same time period, more than one-third (36.6 percent) of students in grades 9 through 12 reported riding with a driver who had been drinking.³

Risky Behaviors

Alcohol and other drugs are major factors in adolescent deaths, contributing to motor vehicle crashes, homicides, and suicides. Substance use increases with each successive year of high school. In the CDC survey, by 12th grade 60 percent of all high school students reported having one or more drinks of alcohol during the previous month, with nearly 40 percent reporting at least one episode of heavy drinking during that same month.³

Use of marijuana and cocaine has become significantly worse among high school students since 1991; 26.2 percent of high school students have reported using marijuana at least once during the previous month, compared with 14.7 percent in 1991. The percentage of students who have used cocaine one or more times increased from 5.9 percent in 1991 to 8.2 percent in 1997.¹¹

Tobacco use among adolescents is another behavior that has significantly worsened since 1991.¹¹ Thirty-six percent of high school seniors

now report occasional use of cigarettes, and 16.7 percent report smoking frequently.³ Many frequent smokers report some failed efforts to quit. The use of chewing or smokeless tobacco, which is a popular practice among some student athletes, increases the risk of developing oral cancer.

Sexual Behaviors

Sexual activity also increases with each successive year of high school. In the CDC survey, 60.9 percent of 12th-grade students reported having had sexual intercourse at least once, and 46 percent reported being sexually active during the previous 3 months. Among the 12th-grade students who reported having sexual intercourse, 20.6 percent reported having had sex with four or more partners during their lifetime.³

Nearly 93 percent of the 12th-grade students in the CDC survey acknowledged receiving HIV/AIDS education in school. Less than half of the sexually active 12th graders who were surveyed reported using a condom during their last sexual intercourse.³

Risky sexual behaviors present critical issues for health supervision. It is imperative that health



professionals reinforce the importance of delaying sexual intercourse. If the adolescent is already sexually active, health professionals need to reinforce the necessity of practicing safer sex and the health consequences of having unprotected sex, especially unplanned pregnancies and sexually transmitted diseases (including

HIV/AIDS). In addition, the potential for physical and sexual victimization is a major concern.

Violence

Fear of violence is often uppermost in the minds of many adolescents. Although the number of adolescents carrying weapons has declined during this decade,¹¹ 27.7 percent of high school males have reported carrying a weapon at least once during the previous month.³ Some studies indicate that, over time, observation of violence may lead to participation in violence.¹²

Emotional Health Risks

Risky or violent behaviors can sometimes be an indicator of emotional distress, and the health

professional should carefully assess the adolescent's emotional health. Mood swings are a common characteristic of adolescence, but persistent feelings of sadness and depression should not be dismissed as "normal" moodiness. Losses during this period—including problems with girlfriends or boyfriends, school failure, and parental divorce or death—can lead to depression and even suicide. Suicide is a leading cause of death among adolescents, and 20.5 percent of high school students report having seriously considered suicide.³ Gay, lesbian, and bisexual youth are at particular risk.⁹

Family

Middle adolescence can present both challenges and rewards for families, as teens frequently test rules and question authority. Teens can be opinionated, and this can result in family conflict, especially over issues such as dress, music, curfews, and behavior. Activities such as driving and dating may require negotiating family rules.

Yet the family is still home base in the changing world of middle adolescence, and core family values continue to exert a significant and stabilizing influence. With their increasingly sophisticated cognitive, moral, and social capabilities, adolescents are forming attitudes and values that will have a lasting impact on the quality of their lives, as well as those of their family and the larger community. Sharing the family's love, affection, and support with the adolescent is critical during this stage of development.

Community

Communities can support adolescents by providing resources, programs, and meaningful work and volunteer opportunities to involve youth in community life and enhance their skills and confidence. Recreational programs geared specifically to middle adolescents are needed in communities, especially in low-income and rural areas; such programs are an important means of channeling adolescent energies constructively. Shopping malls, fast-food restaurants, and parks are popular teen gathering places that can become innovative settings for community-sponsored adolescent health promotion programs.

Strengthening the Relationship

Adolescents need family members, educators, health professionals, and other caring adults to take their problems and concerns seriously, to listen attentively, to respect their confidentiality, and to respond without judging them.

Health professionals may need to develop innovative approaches to engage adolescents in health care. Some health professionals use positive peer influence effectively in adolescent health promotion. Health supervision plays a major role in strengthening the partnership between the health professional, family, and adolescent in key ways: providing accurate information about a range of adolescent health issues, encouraging efforts to develop healthy habits, and recognizing the unique strengths of the adolescent and the family.

HEALTH SUPERVISION: 15–17 YEARS

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the adolescent and family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family. Questions can be modified to match the health professional's communication style.

Sexual behavior and injury prevention are key health concerns in middle adolescence.

Questions for the Parent(s)

- What makes you most proud of Kamal?
- What questions or concerns would you like to discuss today? (For example, eating and physical activity patterns; weight gain/loss; use of diet pills, tobacco, alcohol, drugs, or inhalants; frequent physical complaints; depression; communication; friendships; sexual activity)
- Have there been any major changes or stresses in your family since your last visit?
- How has Kamal changed most in the past year? How are you dealing with the changes? Do you sometimes talk things over with other parents of teens?
- How does Kamal show that he understands your family's values? Is he respectful of the rights and needs of others? How does he react to others who may be different or have views unlike his own?
- What kind of music does Kamal like to listen to? Are you concerned about his choice of music? About the volume?
- How are you staying involved in Kamal's activities and interests as he matures? What are some of the things you do together as a family? How often?
- What discussions have you had with Michelle about sexuality and your values about sex?
- What have you and Michelle discussed about the risks of using alcohol, tobacco, and other drugs?
- Does anyone in your home smoke?
- Do you keep track of Michelle's social and recreational activities? How do you check for the use of alcohol or drugs?
- How does Michelle's school performance match her future goals? Does it match your goals for her?
- Does Michelle have an after-school or part-time job? How many hours does she work? Is the work environment safe?
- How much time does Michelle spend watching television or playing video games? What do you think of the programs and movies she watches? Do they contain violent themes?
- Does Michelle have a driving permit or driver's license? What rules have you set for her use of the car?
- Do you have a gun in the house? Are you aware of the increased risk of suicide with a gun in the home?
- Have you considered not owning a gun because of the dangers involved?

Questions for the Adolescent

- How are you?
- What questions or concerns do you have today?

Social and Emotional Development

- What do you like to do for fun?
What is your favorite activity?
Who is your best friend? What do you two like to do together? Do you prefer having many friends or a few close friends?
Are your friends your own age? Older? Younger?
- Tell me some of the things you're really good at.
Do you feel you'll be successful and accomplish what you would like to do?
- What are some of the things that worry you? Make you sad? Make you angry?
What do you do about these things? Who do you talk to about them?
Do you often feel sad or alone at a party?
Have you ever thought about leaving home?
Have you ever run away?
- What do you do when you feel really down and depressed? Do these feelings sometimes last more than a week or two?
Have any of your friends or relatives tried to hurt or kill themselves?

- Have you ever thought about hurting or killing yourself?⁴
- Have you ever been in trouble at school or with the law?
- If you could change anything in your life, what would you change?

Physical Development and Health Habits

- Do you think you have developed pretty much like the rest of your friends?
Are you having regular periods?
- How do you feel about the way you look?
How do you feel about your weight? Are you trying to change your weight? How?
What do you usually eat for breakfast? At lunchtime? For snacks? Do you and your family usually eat dinner together?
- Do you ever fast, vomit, or take laxatives or diet pills to control your weight?
- What kinds of physical activities or organized sports do you engage in?
What else would you like to do if, for some reason, you could not play a particular sport?
Have you ever been injured playing sports? Ever been encouraged to "play hurt"?

■ **What are you doing to stay healthy?**

How much time do you spend in the sun?
When was the last time you used sunscreen?

How much time do you spend each week watching TV or videos? Playing video games or surfing the Net?

Do you take any nonprescription drugs, vitamins, supplements, or health foods?

Do you use any alternative medicine treatments (e.g., herbs, acupuncture, massage)?

■ **Do you work? How many hours per week?**

Are there job safety procedures in place at your worksite? Do you feel safe at work?

■ **Are you concerned about the alcohol or drug use of anyone you know?**

What education have you had about smoking or chewing tobacco? Drinking? Drugs? Inhalants?

■ **Did you smoke any cigarettes in the last month? Chew tobacco? How often?**

■ **Did you drink alcohol in the last month? How much? What is the most you have had to drink at one time?**

■ **Have you ever used other drugs? Which ones? How often have you used them in the past month? Have you used inhalants? How often?**

■ **Do your friends try to pressure you to do things that you don't want to do?**

How do you handle that?

■ **Do you always wear a safety belt when driving or riding in a car?**

Do you make sure that passengers riding with you wear safety belts?

■ **Do you wear a helmet when riding a bike, motorcycle, or ATV? Do you know the dangers of riding motorcycles and ATVs, even with a helmet?**

■ **Are you aware that this is a high-risk time in your life for being involved in a car crash?**

How would you describe your driving? Do you drive responsibly? Defensively? Aggressively?

■ **Do you ever drink and drive? Have you ever been in a car where the driver had been drinking or using drugs?**

Do you have a plan to avoid riding with someone who has been drinking or using drugs?

■ **Do you own a gun or have access to one?**

Is there a gun in your home? If so, is it unloaded and locked away? Have you passed a gun safety course?

Do any of your friends own a gun? Where is it kept?

■ **Have you ever witnessed violence?**

■ **Have you ever been threatened with violence? Been a victim of violence?**

Have you ever been frightened by violent or sexual things someone has said to you?

Have you ever been seriously injured in a fight? Ever tried to injure someone?

Have you ever carried a weapon for protection? How do you try to protect yourself?

Relationships and Sexuality

■ Do you date?

What do you like to do on a date?

Do you date one person? More than one?
Or do you usually go out with a group?

■ What questions or concerns do you have about sex?

What kind of support do you get from your family, friends, and community to delay having sex?

On what will/do you base your decision to have sex?

Have you thought about what you might do if you ever felt pressure to have sex?

Do you sometimes have sexual feelings for someone of your own sex?

■ Have you ever had sex? Are you sexually active now? If so, tell me about your partner.

■ Do you use condoms? How often?

■ Have you ever been pregnant (or responsible for someone becoming pregnant)?

What do you think having a baby involves?

■ Has anyone ever touched you in a way you didn't like? Forced you to have sex?

■ Have you had any sexually transmitted diseases such as chlamydia, herpes, or genital warts?

Ever had sexual contact with someone who has an STD?

Do you know that many people with STDs don't know that they have them?

Family Functioning

■ How do you get along with family members?

Do you live with your parents?

If adolescent lives with one parent: How often do you see the parent who does not live with you? What do you do together? How do you feel about this arrangement?

What would you like to change about your family if you could?

■ Are the rules in your family clear and reasonable?

What types of responsibilities do you have at home?

School Performance

■ How are you doing in school?

Compared with others in your class (not just your friends), how well do you think you are doing? Average? Better than average? Below average?

How often do you miss school? How often are you late for school?

What activities are you involved in?

What do you plan to do after high school?

Observation of Parent-Adolescent Interaction

Is the parent supportive of the adolescent? Does the adolescent's attitude change when the parent is not in the room? How does the parent react to being asked to wait outside? Does the parent respect the adolescent's need for confidentiality? Is the parent able to discuss sensitive topics?

Physical Examination

Measure the adolescent's height and weight, and calculate body mass index (BMI). Plot these on the CDC growth charts (see Appendix C and the back pocket of this publication). Share the information with the adolescent and family.

As part of the complete physical examination, the following should be particularly noted:

- Sexual Maturity Rating (SMR) or Tanner stage (see Appendix K). Evaluate if onset of puberty has not occurred in females by age 13 or in males by age 14.
- Scoliosis⁵ or kyphosis (screen males and females annually).
- Evidence of possible abuse or neglect.
- Evidence of eating disorders (e.g., extreme weight loss or gain, erosion of tooth enamel).
- Sports injuries, other orthopedic problems.
- Caries, developmental dental anomalies, malocclusion, gingivitis, pathologic conditions, or dental injuries.
- Acne and common dermatoses.
- Tattoos, piercing.
- Excessive body hair (hirsutism).

An external genital exam should be performed.



For females: Teach breast self-examination. Examine genitals for normal development. Check for condyloma/lesions, vulvovaginitis. If adolescent is sexually active or has primary amenorrhea or menstrual complaints, perform a pelvic exam and evaluate.

For males: Teach testicular self-examination. Examine genitals for normal development. Check for varicoceles, hernias, condyloma/lesions, testicular cancer. (Risk criteria for testicular cancer include history of undescended testes, single testicle.) Evaluate for gynecomastia.

Additional Screening Procedures

Vision: Examine eyes; assess vision annually and screen with an objective method at age 15 or more frequently if indicated (see Appendix E).

Hearing: Assess hearing annually; screen with an objective method at age 15 or more frequently if indicated (see Appendix D).

Anemia: Assess risk of anemia and screen adolescents at risk; screen menstruating females annually (see Appendix F).

Hyperlipidemia: Assess risk of hyperlipidemia and screen as needed (see Appendix H).

Blood pressure: Conduct blood pressure screening annually (see Appendix I).

Urinalysis: Perform urinalysis at least once during adolescence.

Tuberculosis: Administer tuberculin test (PPD) if adolescent meets any of the following risk criteria:⁶

- Exposure to tuberculosis
- Radiographic or clinical findings
- Immigration from areas with high prevalence
- Residence/travel in areas with high prevalence
- Injection drug use
- Homelessness
- History of incarceration
- HIV infection, or living with person who has HIV
- Other medical risk factors
- Employment or volunteer work in health care settings

Pap smear: Screen sexually active females with Pap smear annually. (Those with a previous abnormal Pap smear need more frequent follow-up.)

Sexually Transmitted Diseases (STDs)

See Appendix L.

Screen sexually active adolescents annually for

- Chlamydia
- Gonorrhea
- Trichomoniasis
- Human papilloma virus (HPV)/genital warts
- Herpes simplex virus (HSV)
- Bacterial vaginosis (females)

Screen for syphilis (VDRL/RPR) and/or HIV/AIDS* if the adolescent asks to be tested or meets any of the following criteria for risk:

- History of STDs
- More than one sexual partner in past 6 months
- Intravenous drug use
- Sexual intercourse with a partner at risk
- Sex in exchange for drugs or money
- For males:* Sex with other males
- Homelessness
- For syphilis only:* Residence in areas where syphilis is prevalent
- For HIV/AIDS only:* Blood or blood product transfusion before 1985

*When screening for HIV/AIDS, obtain informed consent and provide adolescent-specific pretest and posttest counseling.

Emotional Health

Assess annually for the following risk indicators (see also Health Supervision questions):

- Multiple stressors
- Use of tobacco products, alcohol, or other drugs
- Sexual behavior
- Recurrent or severe depression or other risk factors for suicide⁴
- History of emotional, physical, or sexual abuse
- Learning disabilities or school problems
- Cruelty to other persons or to animals

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.

ANTICIPATORY GUIDANCE FOR THE ADOLESCENT

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Try to get 8 hours of sleep a night.

Engage in moderately strenuous to vigorous physical activity (e.g., walking, biking, aerobics) for 30 to 60 minutes at least three times a week. Encourage friends and family members to be physically active.

Check with the health professional before increasing physical activity. Ask the health professional or coach about athletic conditioning, weight training, drinking fluids, and weight gain or loss.

Limit TV viewing and computer and video games.

Practice time management skills.

Injury and Violence Prevention

Always wear a safety belt when driving or riding in the car. If you are driving, insist that your passengers wear safety belts.

Follow the speed limit and drive responsibly.

Concentrate when driving and avoid distractions (e.g., playing loud music, eating, talking on the phone when driving).

Do not drink alcohol, especially while driving, swimming, boating, or operating farm equipment or other machinery.

Plan to ride with a designated driver or to call for a ride if drinking.

Write and sign a “no drinking and driving” contract with your parents.

Learn how to swim (if you haven’t already learned).

Learn first aid and CPR.

Reduce your risk of developing skin cancer by limiting time in the sun and applying sunscreen before going outside. Avoid tanning salons.

Help your parents test smoke alarms in your home to be sure they work properly, and help change the batteries yearly.

Know what to do in case of a fire or other emergency. Review fire safety plans at home.

Always wear a helmet when riding on a motorcycle, bike, or all-terrain vehicle. However, ATVs and motorcycles are dangerous, even with a helmet.

Wear protective gear (e.g., eye protection, mouth guard, helmet, knee and elbow pads) for sports and other physical activities such as in-line skating.

Wear appropriate protective gear at work and follow job safety procedures.

Avoid high noise levels, especially when using earphones.

Do not carry or use a weapon of any kind.

Develop skills in conflict resolution, negotiation, and dealing with anger constructively.

Learn techniques to protect yourself from physical, emotional, and sexual abuse or rape.

Seek help if you are physically or sexually abused or fear that you are in danger.

Mental Health

Take on new challenges that will increase your self-confidence.

Continue to develop your sense of identity, clarifying your values and beliefs.

Accept who you are and enjoy both the child and adult in you.

Trust your own feelings, and also listen to the ideas of good friends and valued adults.

Seek help if you often feel angry, depressed, or hopeless.

Learn how to deal with stress.

Set reasonable but challenging goals.

Understand the importance of your spiritual needs and try to fulfill them.

Nutrition

Choose and prepare a variety of healthy foods.

Eat three nutritious meals a day at regularly scheduled times; breakfast is especially important.

Select a nutritious lunch from the school cafeteria or pack a balanced lunch.

Enjoy meals in a pleasant environment with your family and/or friends.

Choose plenty of fruits and vegetables; breads, cereals, and other grain products; low-fat dairy products; lean meats, chicken, fish, and other sources of protein; and foods prepared with little or no fat. Include foods rich in calcium and iron in your diet.

Choose nutritious snacks that are rich in complex carbohydrates. Limit high-fat or low-nutrient foods and beverages such as candy, chips, or soft drinks.

Achieve and maintain a healthy weight. Manage weight through appropriate eating habits and regular physical activity.

Oral Health

Brush your teeth twice a day with a pea-size amount of fluoridated toothpaste, and floss between your teeth daily.

Take fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.

Ask the health professional or your dentist any questions you have about how to handle dental emergencies, especially the loss or fracture of a tooth.

Schedule a dental appointment every 6 months or as indicated, based on your individual needs or susceptibility to disease.

As your permanent molars erupt, be sure that your dentist evaluates them for placement of dental sealants.

Do not smoke or use chewing tobacco.

Sexuality^B

Identify a supportive adult who can give you accurate information about sex.

Ask the health professional for information on sexual development and maturity, contraception, and prevention of sexually transmitted diseases. Discuss any questions you have.

If you are confused or concerned about your sexual feelings (for the same sex or opposite sex), talk with the health professional or a trusted adult.

Recognize that sexual feelings are normal, but having sex should be a well-thought-out decision.

Delay having sex until you and your partner are mature enough to assume responsibility for sexual relations. Share your feelings about sexuality with your partner.

Abstaining from sexual intercourse is the safest way to prevent pregnancy and sexually transmitted diseases, including HIV/AIDS.

Learn ways to resist sexual pressures and say no to sex.

If you are sexually active, discuss contraceptive methods and STD prevention with the health professional. Learn about and practice safer sex.

Limit the number of partners and use latex condoms and other barriers correctly.

Prevention of Substance Use/Abuse

Do not smoke, use smokeless tobacco, drink alcohol, or use drugs, inhalants, diet pills, or steroids. Do not become involved in selling drugs.

If you smoke, talk with the health professional about how to stop smoking.

If you use drugs or alcohol, discuss this with the health professional and ask for help (e.g., substance abuse treatment programs).

Avoid situations in which drugs or alcohol are readily available.

Support your friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.

Promotion of Social Competence

Spend time with your family doing things you all enjoy.

Participate in social activities, community groups, or team sports.

Make sure you understand the limits your parents have set and the consequences they have established for unacceptable behavior.

Talk with the health professional and your family and friends about your strategies and coping mechanisms for handling negative peer pressure.

Continue your progress in making independent decisions and understanding the consequences of your behavior.

Promotion of Responsibility

Respect the rights and needs of others.

Follow family rules, such as those for curfews or driving.

Share in household chores.

Learn about how you can take on new responsibility in your family, peer group, and community.

Learn new skills (e.g., lifesaving, peer mentoring) that can be useful in helping your friends, family, or community.

Talk with the health professional about taking responsibility for your own health and becoming fully informed about preventive health services.

Promotion of School Achievement

Be responsible for your own school attendance, homework, course selection, and extracurricular activities.

If you feel frustrated with school or are thinking about dropping out, discuss your feelings with a trusted adult.

Identify talents and interests that you want to pursue for a career or for personal enrichment.

Make plans for after high school (e.g., college options, vocational training, the military, other career choices).

Promotion of Community Interactions

If you need financial assistance to help pay for health care expenses, ask about resources or referrals to the state Medicaid programs or other state health insurance or medical assistance programs.

Ask about resources or referrals for food and/or nutrition assistance (e.g., Commodity Supplemental Food Program, Food Stamp Program), housing, or transportation if needed.

Participate in social, religious, cultural, volunteer, or recreational organizations or activities.

Advocate for community programs (recreational, athletic, artistic, and educational activities).

Talk with friends and family about current events and community responsibilities such as voting, conservation, and recycling.

Explore your cultural heritage and learn about other cultures. Participate in culturally diverse activities.

Find out what you can do about community problems such as unemployment, lack of housing, violence, crime, environmental issues, or inadequate public services.

Ask about health programs and services in your school.

ANTICIPATORY GUIDANCE FOR THE PARENT(S)

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Establish realistic expectations for family rules, giving your adolescent increasing autonomy and responsibility.

Reach agreement with your adolescent about limits, consequences for breaking rules, and independent decision-making.

Enhance your adolescent's self-esteem by showing affection, praising positive behavior, and recognizing efforts and achievements.

Continue to affirm and model family values such as respect for self and others.

Minimize criticism and avoid nagging, derogatory comments and other belittling or demeaning messages.

Spend time with your adolescent and continue to show interest in his plans and activities.

Respect your adolescent's need for privacy.

Model safe driving practices (e.g., avoiding alcohol, using safety belts) and discuss family rules about driving before your adolescent is eligible to drive.

Talk with the health professional about your own preventive and health-promoting practices (e.g., avoiding tobacco, eating nutritiously, being physically active, doing breast self-exams or testicular self-exams).

Help your adolescent understand that driving is a privilege and a responsibility.

Insist that your adolescent and all passengers wear safety belts.

Remind your adolescent to concentrate when driving and to avoid distractions (e.g., loud music, eating, talking on the phone while driving).

Discuss with your adolescent the dangers of drinking and driving. Write and sign a "no drinking and driving" contract with your adolescent.

Urge your adolescent to always call you for a ride if he or another driver has been drinking. Be sure your adolescent understands that you will pick him up at any time if he has been drinking.

Advocate for and participate in alcohol-free community events (e.g., proms, graduation parties).



Pressure to Say Yes

Fifteen-year-old Vicki goes to a community health center for her annual health supervision visit. After Dr. Harris, her physician, examines her, he asks her a few questions, beginning with how she's doing.

"Fine, I guess," Vicki answers.

"Do you have any questions or concerns that I might be able to help you with?" Dr. Harris asks.

Vicki hesitates. "Well, not really," she answers. The doctor then asks her about her social activities and health habits. He learns that Vicki likes to play soccer, feels fairly good about the way she looks, has good self-esteem, and spends most of her free time with her friends and her boyfriend, whom she has been dating for a few months.

"Have you ever had sex with your boyfriend or anyone else?"

Vicki says that she has not. "But," she admits, "my boyfriend really wants me to. I don't know if I'm ready, but he's getting so impatient. He's never said so, but I'm afraid he might dump me if I keep saying no."

"Is there an adult in your family that you can talk to about this?" Dr. Harris asks.

Vicki says that she doesn't talk to her parents about sex because they would just get angry, but that she has an older cousin she can confide in. "She thinks I should wait to have sex until I'm older," Vicki says.

"Having sexual feelings is normal, but the decision to have sex should be well thought out," Dr. Harris says. "It's important to put off having sex until you're ready to handle the responsibilities that go along with it. If your boyfriend really cares about you, he won't push you into doing something you're not comfortable with."

Vicki doesn't seem to be convinced. Dr. Harris asks her if she understands the possible consequences of becoming sexually active.

"Well, you can have a baby if you do it often enough," Vicki says.

"Actually, having sexual intercourse once is all it takes to get pregnant. The best way to avoid getting pregnant or getting a sexually transmitted disease like AIDS, herpes, or chlamydia is to not have sex at all. These things can happen if you become sexually active."

After talking with Vicki some more, Dr. Harris realizes that she does not have an adequate understanding of how pregnancy occurs. "You are dealing with some important issues right now," he says. "I'm going to ask Ms. Noriega, my nurse, to talk with you about the menstrual cycle, contraceptive methods, and sexually transmitted diseases. She knows a lot about all these issues and can answer any questions you may have."

Dr. Harris continues, "I'd like to arrange a follow-up appointment in 1 month to see how you're doing. In the meantime, I encourage you to talk with your boyfriend about your feelings about having sex and about the risks involved."

After her discussion with Ms. Noriega, Vicki's not sure what she'll decide about having sex with her boyfriend. But she feels like she knows a lot more about the responsibilities that go along with being sexually active.



A Plan for John

After his 16th birthday, John calls his family physician's office to make an appointment for his health supervision visit. Dr. Lewin has known John since he was born.

At the visit, John and his parents first spend a few minutes talking with Dr. Lewin together in his office. The doctor asks John's parents if they have any concerns about their son's health. John's mother says, "We're worried about how much time John is spending with some new friends. We haven't really gotten to know them. He doesn't communicate with us as much as he used to. And this is the first time since junior high that he hasn't gone out for track. We're concerned."

Dr. Lewin asks John's parents to wait in his office while he examines John. Once they are alone, Dr. Lewin assures John that whatever John tells him will remain confidential, unless he reveals something that could put himself or someone else in immediate danger.

While he does a physical exam, Dr. Lewin asks John a series of questions, starting with what he does for fun.

"Mostly hang out with my friends," John answers. Dr. Lewin asks if John has been feeling down or irritable. "Not really."

"Have there been any big changes at home?" Dr. Lewin continues. John says no. "How are your grades these days?" Dr. Lewin asks.

"OK. Last quarter I got all Bs and Cs, except for a D in English and an A in computer science."

"Why didn't you go out for track this year?" Dr. Lewin asks.

"I was sick of it. Besides, you have to get up too early."

Dr. Lewin suggests that John look for some other enjoyable ways to spend his time, such as joining an after-school club. John says he'll think about it.

"I know a lot of kids your age try cigarettes and alcohol," the doctor says. "Have you ever tried them?" John admits that he smokes and drinks "sometimes."

Dr. Lewin asks John how often and how much he drinks and what he smokes. "On weekend nights I sometimes party with my friends and have a few beers, and once in a while I have a couple of cigarettes. Everybody does."

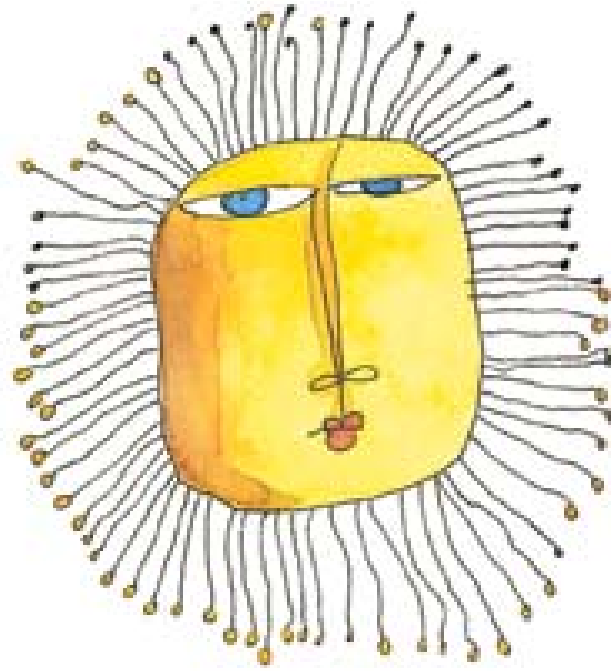
Dr. Lewin asks John whether he has ever ridden in a car driven by someone (including himself) who had been using drugs or alcohol. John says yes. "But nothing happened," he adds.

Dr. Lewin says, "Did you know that car accidents, particularly those caused by drinking, are the number one cause of death for people your age?"

"Yeah, I guess so."

"John, I'm concerned about your health, and I think you are, too. I'd like to schedule a follow-up visit to see how you're doing and to make sure your drinking isn't turning into a problem you can't handle. If you like, in the meantime I'll talk to your parents about a 'rescue plan,' meaning that you can call home at any hour and ask for a ride, with no questions or punishments."

John agrees. Dr. Lewin talks to John's parents, and John and his mother and father leave the office, having taken steps to ensure John's safety. John's parents know they have someone to turn to if the situation becomes more of a problem.





Families, communities, and health professionals all play key roles in helping older adolescents participate in health-promoting services and complete the transition to adulthood successfully.

18, 19, 20, AND 21 YEAR VISITS

Having reached “the age of majority,” older adolescents are now legally responsible for themselves. Key developmental tasks include focusing on achieving independence, creating an adult sense of self, and developing a capacity for mature emotional intimacy, while maintaining emotional ties to their family.

Cognitive and Moral Development

Most older adolescents have developed the potential for formal operational thinking, although they may not use it consistently in their daily life. They can draw upon broader life experiences to evaluate options and make decisions. Many—though not all—older adolescents have sophisticated moral reasoning and can formulate and follow abstract ethical principles.

Choices and Challenges

Personal, vocational, and educational options are paramount in late adolescence. Many older adolescents live apart from their families. Some live at college, on their own, with a roommate, or in a group setting; others live with a partner; and some have started their own families.

Most older adolescents have decided whether they will go on to college, seek vocational training, join the workforce, or enter the military. While late adolescence should be a time of choice and

empowerment, it can also bring intense frustration to youth with restricted options. Some may be expected to begin working to help to provide for their families financially; some may already have families of their own to support. For others, the cost of college tuition may place higher educational opportunities out of reach.

Adolescents whose academic performance in high school was substandard may now confront severely curtailed choices. Youth who have not developed marketable skills or sought vocational training find that employment options are very limited. This harsh reality diminishes a young person’s sense of hope for the future unless some positive intervention is offered.

For many young adults, interventions such as family support and school-based services are no longer available. For older adolescents with special needs, the transition to adulthood precipitates a range of complex new issues, such as whether independent living is a realistic option.

Risky Behaviors

Lack of family and social support systems, coupled with greater personal freedom, can increase risky behaviors, and some high-risk behaviors tend to peak during this time. Increased sexual activity and exposure to sexually transmitted diseases; greater access to tobacco, alcohol, and other drugs;

and greater independence with fewer family or school supports or constraints—all contribute to high risk during late adolescence.

Injury and violence have replaced illness as the leading causes of death in this age group, with risky behaviors as the critical link to adolescent mortality.¹³ Suicide remains a leading cause of death for youth ages 18–21, and health professionals should carefully assess the emotional health of the adolescent or young adult and evaluate for risk factors and behavioral warning signs of depression or suicide.⁴

Access to Health Care

As adolescents' and young adults' risky behaviors tend to increase, their participation in health supervision tends to decrease. Youth ages 18–24 use health care services less frequently than any other age group and are less likely to have health insurance than other age groups.¹³ After high school, most young people no longer have coverage through their parents' health insurance (unless they are enrolled in college), and those who work often have



entry-level jobs without adequate health benefits.

Access to health care is a major concern for older adolescents and young adults, who often encounter physical, psychological, financial, and/or cultural barriers to obtaining care. Families, communities, and

health professionals all play key roles in helping older adolescents participate in health-promoting services and complete the transition to adulthood successfully.

Family

As older adolescents become more comfortable with themselves and their emotional independence, their relationships with family members become more accepting and harmonious. Families continue to have a major impact in helping older adolescents become healthy young adults by providing a stable and supportive home environment and by maintaining a trusting and open relationship in which the young person feels cared for and comfortable in sharing new challenges and concerns. Parents can

exert significant influence on the well-being of older adolescents by consistently modeling preventive and health-promoting practices such as driving safely, avoiding or moderating the use of alcohol, and scheduling regular health visits.

Community

Communities can provide outreach, promote access to local health and social services through resource centers and innovative programs for youth, and facilitate school-to-work programs and other specialized training and employment opportunities. The media can highlight the positive contributions of healthy young people and encourage all youth to strive for optimal health and well-being.

Health Partnerships and Life Planning

Health professionals can be both influential and supportive in minimizing risky behaviors and easing the transition to adulthood. This is especially important as older adolescents strive to negotiate the complexities of the adult health care system.

When providing care for youth who are becoming young adults, health professionals should use the visits as opportunities to discuss life planning skills, including preconceptional planning. For example, what is the likelihood that a young woman will be having a child in the next

year or two? Building on the guidance provided during adolescent health supervision, health professionals should emphasize the three components that form the foundation of a healthy pregnancy for both mother and baby: good nutrition (including folic acid supplementation),¹⁴ physical activity, and avoidance of alcohol, tobacco, and other drugs.

The health professional and the young woman can establish a dialogue that will inform the young woman's health behaviors throughout her childbearing years. Healthy behaviors and practices learned and/or reinforced at this age will prepare adolescents and young adult women for their future roles as adults and parents. Of equal importance, health care visits with young adult males should include frank discussions about life planning (including family planning and parenting) as well as strong and supportive guidance in injury prevention and health promotion.

For both males and females, avoiding risks and integrating safe and healthy habits are critical in making a successful transition to adulthood. By encouraging older adolescents to become active participants in their own health care and focusing on their strengths and capabilities, health supervision helps prepare them for the opportunities that await.

HEALTH SUPERVISION: 18–21 YEARS

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the adolescent and family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family. Questions can be modified to match the health professional's communication style.

Injury prevention, substance use, and risky sexual behaviors remain key health concerns in late adolescence.

Questions for the Adolescent/Young Adult

- How are you?
- What questions or concerns do you have today?

Social and Emotional Development

- What do you like to do for fun?
What do you usually do with your friends?
Do you have a lot of friends or do you prefer having a few close friends?
- Tell me some of the things you're good at.
Do you feel you'll be successful and accomplish what you would like to do? What goals and activities are you pursuing to achieve success?
- What are some of the things that worry you? Make you sad? Make you angry?
What do you do about these things? Who do you talk to about them?
- What do you do when you feel really down or depressed? How long do these feelings last?
Have any of your friends or relatives tried to hurt or kill themselves?
- Have you ever thought about hurting or killing yourself?⁴
- Have you ever been in trouble with the law?

- If you could change anything in your life, what would you change?

Physical Development and Health Habits

- How do you feel about the way you look?
How do you feel about your weight? Are you trying to change your weight? How?
Are your periods regular?
What do you typically eat for breakfast? At lunchtime? For snacks? Do you usually eat dinner with family or friends?
- Do you ever fast, vomit, or take laxatives or diet pills to control your weight?
- What kinds of physical activities or organized sports do you engage in?
What else would you like to do if, for some reason, you could not play a particular sport?
Have you ever been injured playing sports? Ever been encouraged to "play hurt"?
- What are you doing to stay healthy?
How much time do you spend in the sun? Do you use sunscreen when outdoors?
How much time do you spend each week watching television or videos? Surfing the Net?
Do you take any nonprescription drugs, vitamins, supplements, or health foods?
Do you use any alternative medicine treatments (e.g., herbs, acupuncture, massage)?

- **Are you concerned about the alcohol or drug use of anyone you know?**

What education have you had about smoking or chewing tobacco? Drinking? Drugs? Inhalants?

- **Do you smoke cigarettes? Chew tobacco? How often?**

- **Did you drink alcohol in the past month? How much? What is the most you have had to drink at one time?**

- **Do you use other drugs? If so, which ones? How often have you used them in the past month? Have you used inhalants? How often?**

- **Do you always wear a safety belt when driving or riding in a car?**

Do you make sure that passengers riding with you wear safety belts?

- **Are you aware that this is a high-risk time in your life for being involved in a car crash?**

How would you describe your driving? Do you drive responsibly? Defensively? Aggressively?

- **Do you ever drink and drive? Have you ever been in a car where the driver had been drinking or using drugs?**

Do you and your friends assign a designated driver when you know you are going to be drinking?

Do you wear a helmet when riding a bike, motorcycle, or ATV? Do you know the dangers of riding motorcycles and ATVs, even with a helmet?

- **Do you own a gun or have access to one?**

Is there a gun in your house? If so, is it unloaded and locked away? Have you passed a gun safety course?

Do any of your friends own a gun? Where is it kept?

- **Have you considered not owning a gun because of the dangers involved?**

- **Have you ever witnessed violence?**

- **Have you ever been threatened with violence? Been a victim of violence?**

Have you ever been frightened by violent or sexual things someone has said to you?

Have you ever been seriously injured in a fight? Ever tried to injure someone?

Have you ever carried a weapon for protection? How do you try to protect yourself?

Relationships and Sexuality

- **Do you date?**

Do you date one person? Are you happy with the relationship?

- **What questions do you have about sex?**

On what will/do you base your decision to have sex?

Do you sometimes have sexual feelings for someone of your own sex?

- **Have you ever had sex? Are you sexually active now? If so, tell me about your partner.**

- **Do you use condoms? Other contraceptives? How often?**

- **Have you ever been pregnant (or responsible for someone becoming pregnant)?**

Would you like to have a baby in the next year or two?

Are you prepared to assume the responsibilities involved in having a baby?

- **Has anyone ever touched you in a way you didn't like? Forced you to have sex?**
- **Have you had any sexually transmitted diseases such as chlamydia, gonorrhea, herpes, syphilis, genital warts, or HIV?**

Ever had sexual contact with someone who has an STD?

Do you know that many people with STDs don't know that they have them?

Family Functioning

- **How do you get along with family members?**

Are you currently living with your family?

What does your family do together?

What would you like to change about your family if you could?

- **How are you and your parent(s) dealing with your preparing to live away from home?**
- **If you are already living away from home, what is it like?**

Do you live alone or with others? Where?

School/Vocational Performance

- **Are you attending school?**

What are you studying? How are your studies going?

- **What do you like to do in your free time?**

What activities are you involved in?

- **Are you working?**

How is your job? Are you satisfied with it?

Are there job safety procedures in place at your worksite? Do you feel safe at work?

- **What are your career goals?**

Have you thought about getting additional education or training?

Questions for Parent(s) If Accompanying the Adolescent

- **How are things going?**
- **What questions or concerns do you have today?** (For example, eating and physical activity patterns; weight gain/loss; use of diet pills, tobacco, alcohol, drugs, or inhalants; frequent physical complaints; communication; depression; friendships; sexual activity)
- **Have you discussed your concerns with Todd?**

For parent(s) of adolescents or young adults who will be living away from home:

- **How do you think Fran's living away will affect things at home? Is she prepared to live away? What help will she need?**
- **Are you prepared for changes when she returns home to visit?**
- **What plans have you made for Fran's health insurance coverage when she is at school/living on her own?**
- **Have you talked with her about assuming responsibility for her own health care?**

Physical Examination

Measure the adolescent's or young adult's height and weight, and calculate body mass index (BMI). Plot these on the CDC growth charts (see Appendix C and the back pocket of this publication).

As part of the complete physical examination, the following should be particularly noted:

- Sexual Maturity Rating (SMR) or Tanner stage (see Appendix K)
- Evidence of possible abuse or neglect
- Evidence of eating disorders (e.g., extreme weight loss or gain, erosion of tooth enamel)
- Sports injuries, other orthopedic problems
- Caries, developmental dental anomalies, malocclusion, gingivitis, pathologic conditions, or dental injuries
- Acne and common dermatoses
- Tattoos, piercing
- Excessive body hair (hirsutism)

An external genital exam should also be performed during late adolescent health visits.

For females: Teach breast self-exam and encourage monthly breast self-exams at home. Examine genitals for normal development. Check for condyloma/lesions, vulvovaginitis. If adolescent is sexually active or has primary amenorrhea or menstrual complaints, perform a pelvic exam and evaluate. (For all females ages 18–21, a pelvic exam should be offered as part of preventive health maintenance.)

For males: Teach testicular self-exam. Examine genitals for normal development. Check for varicoceles, hernias, condyloma/lesions, testicular cancer. (Risk criteria for testicular cancer include history of undescended testes, single testicle.) Evaluate for gynecomastia.



Additional Screening Procedures

Vision: Assess vision annually; screen with an objective method at age 18 or more frequently if indicated (see Appendix E).

Hearing: Assess hearing annually; screen with an objective method at age 18 or more frequently if indicated (see Appendix D).

Anemia: Assess risk of anemia and screen adolescents at risk; screen menstruating females annually (see Appendix F).

Hyperlipidemia: Assess risk of hyperlipidemia and screen as needed (see Appendix H).

Blood pressure: Conduct blood pressure screening annually (see Appendix I).

Urinalysis: Perform urinalysis at least once during adolescence.

Tuberculosis: Administer tuberculin test (PPD) if adolescent meets any of the following risk criteria:⁶

- Exposure to tuberculosis
- Radiographic or clinical findings
- Immigration from areas with high prevalence
- Residence/travel in areas with high prevalence
- Injection drug use
- Homelessness
- History of incarceration
- HIV infection, or living with person who has HIV
- Other medical risk factors
- Employment or volunteer work in health care settings

Pap smear: Screen sexually active females with Pap smear annually. Offer routine Pap smear as part of preventive health maintenance for all females ages 18–21. (Those with a previous abnormal Pap smear need more frequent follow-up.)

Sexually Transmitted Diseases (STDs)

See Appendix L.

Screen sexually active adolescents annually for

- Chlamydia
- Gonorrhea
- Trichomoniasis
- Human papilloma virus (HPV)/genital warts
- Herpes simplex virus (HSV)
- Bacterial vaginosis (females)

Screen for syphilis (VDRL/RPR) and/or HIV/AIDS* if the adolescent asks to be tested or meets any of the following criteria for risk:

- History of STDs
- More than one sexual partner in past 6 months
- Intravenous drug use
- Sexual intercourse with a partner at risk
- Sex in exchange for drugs or money
- For males:* Sex with other males
- Homelessness
- For syphilis only:* Residence in areas where syphilis is prevalent
- For HIV/AIDS only:* Blood or blood product transfusion before 1985

*When screening for HIV/AIDS, obtain informed consent and provide adolescent-specific pretest and posttest counseling.

Emotional Health

Assess annually for the following risk indicators (see also Health Supervision questions):

Multiple stressors

Use of tobacco products, alcohol, or other drugs

Sexual behavior

Recurrent or severe depression or other risk factors for suicide⁴

History of emotional, physical, or sexual abuse

Learning disabilities or school problems

Cruelty to other persons or to animals

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.





Taking Health to Heart

Eighteen-year-old Alex visits his new primary care provider, Dr. Rosen, for a college entrance physical. During the health history, Dr. Rosen asks Alex if he has a family history of cardiovascular disease (CVD). Alex replies that his mother recently found out that she has “high cholesterol.” “I think she said it was 280,” he says. Alex’s physical exam is normal, and he has no CVD risk factors such as obesity, smoking, or elevated blood pressure.

Following the National Cholesterol Education Program recommendations on cholesterol screening, Dr. Rosen orders a total blood cholesterol test. The results indicate a high total-cholesterol level (205 mg/dl), so a lipoprotein analysis is ordered. The initial and repeat lipoprotein analyses indicate borderline low-density lipoprotein cholesterol (LDL-C) cholesterol level at 120 mg/dl.

“Alex, because of this borderline count, it is important that you do not put yourself at further risk for heart disease or

stroke,” Dr. Rosen advises Alex. “You need to engage in physical activity regularly and stay away from cigarettes or other tobacco products.” She refers Alex to a dietitian for therapeutic dietary instruction.

The dietitian explains to Alex that the goal of dietary therapy is to lower LDL-C and total-cholesterol levels while maintaining a nutritionally adequate diet. She provides basic principles for healthy, low-fat eating and guidelines for making healthier eating an enjoyable part of Alex’s lifestyle. The dietitian meets several times with Alex to provide information and encourage him to follow the recommendations.

In follow-up with Dr. Rosen, Alex’s total cholesterol (170 mg/dl) and LDL-C (90 mg/dl) are at acceptable levels. He has reached his goal. Dr. Rosen tells Alex that she will continue to evaluate his lipid levels and food intake once a year and provide follow-up as needed.

The dietitian explains to Alex that the goal of dietary therapy is to lower LDL-C and total-cholesterol levels while maintaining a nutritionally adequate diet.



Healthy Choices

Janet, a 19-year-old student, has just returned home for the summer after her first year of college. Janet is concerned about having gained weight during her freshman year, so she doesn't eat breakfast and often skips other meals. Janet's mother is worried about her daughter's unhealthy eating habits.

Janet's mother encourages her to consult a dietitian at their health clinic about how to lose weight, and Janet arranges an appointment. During the interview, Ms. Stark, the clinic's dietitian, measures Janet's height and weight. Using the body mass index tables, she determines that Janet is at the high end of the normal range for her age.

Ms. Stark asks Janet how she feels about her weight and her eating habits.

"I put on about 10 pounds while I was at college. My roommates and I ordered out all the time, and the food was usually fattening. I need to lose weight so I'll look good in a bathing suit this summer."

"How are you trying to lose weight?" Ms. Stark asks. Janet answers that she has been dieting since she returned home after the

school year. She explains that she skips breakfast and lunch most days. "But by afternoon I'm so hungry that I find myself snacking constantly."

The dietitian tells Janet that together they can develop an eating plan that Janet will be able to follow while she's away from home. "It's possible to make healthier choices when you go to restaurants, eat in the school cafeteria, or order out, and still feel confident that you can eat without gaining weight."

Ms. Stark discusses with Janet how to make healthy choices when buying foods from vending machines and convenience stores, and how to choose lower-fat options from restaurant menus or at the cafeteria. "Many fast-food restaurants offer low-fat selections," she points out, "and pizza places almost always serve salads. You can order a salad with low-calorie dressing and also have one or two pieces of pizza, instead of several pieces of pizza. And if you go out for burgers, ordering a single hamburger instead of a double cheeseburger and splitting a small order of fries with a friend instead of eating a large one by yourself will cut the

number of calories way down." She mentions the importance of avoiding fried foods when possible and suggests choosing baked or broiled meats instead. "You can also ask for food modifications when you eat out," she explains. "For example, you can ask the server to hold the mayo, or get your salad with the dressing on the side."

Ms. Stark then talks with Janet about adding physical activity to her eating plan. Janet will then have a weight-loss program that will allow her to gradually lose the weight she gained during her first year of school. Janet leaves the office armed with new ideas about how to maintain a healthy weight while enjoying a variety of foods.

ANTICIPATORY GUIDANCE FOR THE ADOLESCENT

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Try to get 8 hours of sleep a day.

Engage in moderately strenuous to vigorous physical activity for 30 to 60 minutes at least three times a week. Encourage friends and family members to be physically active.

Check with the health professional before increasing physical activity. Ask the health professional or coach about athletic conditioning, weight training, fluids, and weight gain or loss.

Practice time management skills.

Injury and Violence Prevention

Always wear a safety belt when driving or riding in the car. If you are driving, insist that your passengers wear safety belts.

Follow the speed limit and drive responsibly.

Concentrate when driving and avoid distractions (e.g., playing loud music, eating, talking on the phone when driving).

Do not drink alcohol, especially while driving, swimming, boating, or operating farm equipment or other machinery. Plan to ride with a designated driver or to call for a ride if drinking.

Learn how to swim (if you haven't already learned).

Learn first aid and CPR.

Reduce your risk of developing skin cancer by limiting time in the sun and applying sunscreen (SPF 15 or higher) before going outside. Avoid tanning salons.

Test smoke alarms in your home to be sure they work properly. Change batteries yearly.

Know what to do in case of a fire or other emergency. Review fire safety plans at home.

Wear protective gear (e.g., eye protection, mouth guard, helmet, knee and elbow pads) for sports and other physical activities such as in-line skating.

Always wear a helmet when riding a bike, motorcycle, or all-terrain vehicle. However, ATVs and motorcycles are dangerous, even with a helmet.

Wear appropriate protective gear at work and follow job safety procedures.

Avoid high noise levels, especially when using earphones.

Do not carry or use a weapon of any kind.

Develop skills in conflict resolution, negotiation, and dealing with anger constructively.

Learn techniques to protect yourself from physical, emotional, and sexual abuse or rape.

Seek help if you are physically or sexually abused or fear that you are in danger.

Mental Health

Take on new challenges that will increase your self-confidence.

Continue to develop your sense of identity, clarifying your values and beliefs.

Accept who you are and enjoy both the child and adult in you.

Trust your own feelings and listen to feedback from trusted friends and adults.

Seek help if you often feel angry, depressed, or hopeless.

Learn how to deal with stress.

Set reasonable but challenging goals.

Understand the importance of your spiritual needs and try to fulfill them.

Nutrition

Choose, purchase, and prepare a variety of healthy foods.

Eat three nutritious meals a day at regularly scheduled times; breakfast is especially important.

Select a nutritious lunch from the cafeteria at your school or workplace, or pack a balanced lunch.

Enjoy meals in a pleasant environment with your family, friends, or roommates.

Choose plenty of fruits and vegetables; breads, cereals, and other grain products; low-fat dairy products; lean meats, chicken, fish, and other sources of protein; and foods prepared with little or no fat. Include foods rich in calcium and iron.

Choose nutritious snacks rich in complex carbohydrates. Limit high-fat or low-nutrient foods and beverages such as candy, chips, or soft drinks.

Achieve and maintain a healthy weight. Manage weight through appropriate eating habits and regular physical activity.

Oral Health

Brush your teeth twice a day with a pea-size amount of fluoridated toothpaste, and floss between your teeth daily.

Ask the health professional or your dentist any questions you have about how to handle dental emergencies, especially the loss or fracture of a tooth.

Schedule a dental appointment every 6 months or as indicated, based on your individual needs or susceptibility to disease.

As your third permanent molars (wisdom teeth) erupt, be sure that your dentist evaluates them for placement of dental sealants. Some wisdom teeth are impacted and may need to be extracted.

Do not smoke or use chewing tobacco.

Sexuality^b

Talk with the health professional about sexual maturity; contraception; prevention of sexually transmitted diseases; gay, lesbian, and bisexual issues; celibacy; and other issues related to sexuality. Discuss any questions you have.

If you are confused or concerned about your sexual feelings (for the same sex or opposite sex), talk with the health professional or a trusted adult.

Having sex should be a well-thought-out decision. Delay having sex until you and your partner are mature enough to assume responsibility for sexual relations. Share your feelings about sexuality with your partner.

Abstaining from sexual intercourse is the safest way to prevent pregnancy and sexually transmitted diseases, including HIV/AIDS.

Learn about ways to resist sexual pressures.

If you are sexually active, discuss contraceptive methods and STD prevention with the health professional and your partner. Learn about and practice safer sex.

Limit the number of partners, and use latex condoms and other barriers correctly.

Prevention of Substance Use/Abuse

Do not smoke, use smokeless tobacco, drink alcohol, or use drugs, diet pills, or steroids. Do not become involved in selling drugs.

If you smoke, talk with the health professional about how to stop smoking.

If you use drugs or alcohol, talk with the health professional and ask for help (e.g., a substance abuse treatment program).

Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.

Promotion of Social Competence

Continue to maintain strong family relationships.

Participate in social activities, community groups, or team sports.

Develop satisfying peer and sibling relationships.

Identify social support systems.

Use peer refusal skills to handle negative peer pressure.

Continue your progress in achieving independence, making mature decisions, and anticipating the consequences of your behavior.

Promotion of School/Vocational Achievement

Identify talents and interests that you want to pursue for a career or for personal enrichment.

Plan for the future (e.g., college, graduate school, vocational training, the military, job/career).

Promotion of Responsibility

Respect the rights and needs of others.

Serve as a positive role model.

Talk with the health professional about your plans for the future (e.g., employment, education, housing, marriage).

Learn about how you can take on new responsibility in your family, peer group, and community.

Learn new skills (e.g., lifesaving, peer counseling) that can help your friends, family, or community.

Talk with the health professional about taking responsibility for your own health and becoming fully informed about preventive health services.

Ask for assistance with entering the adult health care system if your care has been provided by a pediatrician or pediatric nurse practitioner.

Discuss your future reproductive plans with the health professional. Ask about things you can do before conceiving that will improve your chances of having a healthy baby.

If You Are Thinking of Having a Baby...

Talk with your partner and the health professional about the physical, emotional, and financial responsibilities involved.

Be sure to eat a variety of healthy foods (such as fruits, vegetables, grains, dairy products, and sources of protein) before and during pregnancy.

Take a folic acid supplement daily before and during pregnancy, and eat foods fortified with folic acid (e.g., fortified breakfast cereals and enriched breads, rice, and pasta).¹⁴

Avoid using tobacco, alcohol, and other drugs before and during pregnancy to avoid harming your unborn baby.

Engage in physical activity before and during pregnancy to maintain healthy body weight and muscle tone.

Consider seeking genetic counseling (if indicated).

Promotion of Community Interactions

If you need financial assistance for health care expenses, ask about resources or referrals to the state Medicaid program or other state medical assistance programs.

Ask about resources or referrals for food, housing, or transportation if needed.

Participate in social, religious, cultural, volunteer, or recreational organizations or activities.

Advocate for community programs (recreational, athletic, artistic, and educational activities).

Talk with family and friends about current events and community responsibilities such as voting and recycling.

Explore your cultural heritage and learn about other cultures. Participate in activities that reflect cultural diversity.

Find out what you can do about community problems such as unemployment, lack of housing, violence, crime, environmental issues, or inadequate public services.

Join community campaigns to prevent substance abuse. Advocate for smoke-free environments in your school, workplace, and/or community.

Ask about health programs and services in your school or workplace.

ANTICIPATORY GUIDANCE FOR THE PARENT(S)

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Encourage your adolescent's or young adult's independent decision-making.

Spend time with your adolescent or young adult.

Respect your adolescent's or young adult's need for privacy.

Enhance your adolescent's or young adult's self-esteem by showing affection, praising positive behavior, and recognizing efforts and achievements.

Establish joint expectations with your adolescent or young adult regarding family rules and responsibilities.

Minimize criticism and avoid nagging, derogatory comments and other belittling or demeaning messages.

Talk with your adolescent or young adult about her plans for independent living (money management, health care, food preparation, education, job or career).

Talk with the health professional about your own preventive and health-promoting practices (e.g., avoiding tobacco, eating nutritiously, being physically active, doing breast self-exams or testicular self-exams).

Model safe driving practices (e.g., avoiding alcohol, using safety belts) and discuss family rules about driving.

Help your adolescent or young adult understand that driving is a privilege and a responsibility.

Insist that your adolescent or young adult and all passengers wear safety belts.

Remind your adolescent or young adult to concentrate when driving and to avoid distractions (e.g., playing loud music, eating, talking on the phone when driving).

Discuss with your adolescent or young adult the dangers of drinking and driving. Write and sign a "no drinking and driving" contract with your adolescent.

Urge your adolescent or young adult to always call you for a ride if he or another driver has been drinking. Be sure she understands that you will pick her up at any time if she has been drinking.

Advise your adolescent or young adult to make arrangements for a designated driver if she plans to drink.

Advocate for and participate in alcohol-free community events (e.g., proms, graduation parties).

BUILDING PARTNERSHIPS DURING ADOLESCENCE

WHAT ELSE SHOULD WE TALK ABOUT?

Summarize Findings at the End of Each Visit

- Emphasize the strengths of the adolescent and the family. Praise the adolescent's efforts and achievements. Commend the parents on their efforts to guide the adolescent. Remind the adolescent that you are available for further confidential discussion and additional care. Provide suggestions, reading materials, and resources to promote health and reinforce good family health practices, and address any concerns.

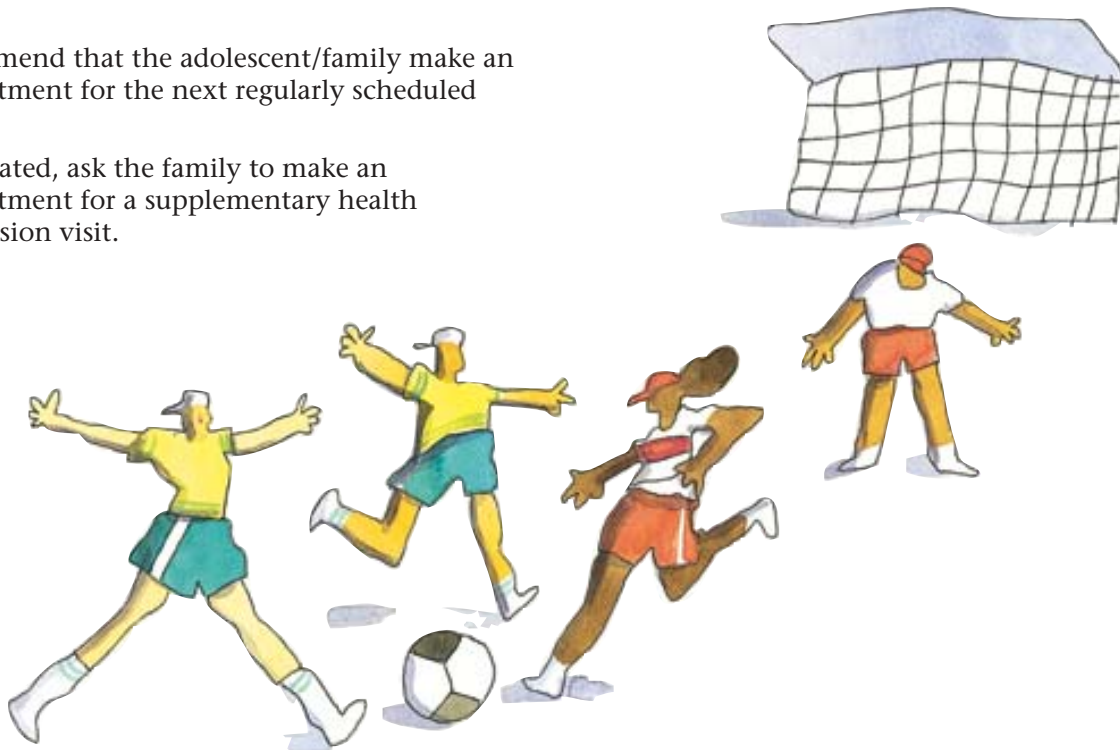
Arrange Continuing Care

Before the Next Visit

- Give materials to the adolescent and family to prepare them for the next health supervision visit.
- Recommend that the adolescent/family make an appointment for the next regularly scheduled visit.
- If indicated, ask the family to make an appointment for a supplementary health supervision visit.

Other Care

- Ensure that the adolescent/family make an appointment to return for follow-up on problems identified during the health supervision visit, or refer the adolescent for secondary or tertiary medical care.
- With permission of the parents and the adolescent, consult with the school as necessary, especially if school progress is unsatisfactory or teacher evaluations are needed.
- Refer the family to appropriate community resources for help with problems identified during the health supervision visit (e.g., mental health services, food and/or nutrition programs, parenting classes, marital counseling, special education programs, vocational training). Arrange to follow up on referrals and to coordinate care.



For Older Adolescents and Young Adults

- Discuss arrangements for interim or independent health care if the adolescent or young adult is living away from home. Explore options for the transition to the adult health care system and discuss health insurance coverage. If there are special health care needs, talk with the adolescent and family about transitional planning (e.g., Medicaid or SSI eligibility, living arrangements, medications, special daily care, diet, social support).

For Pregnant or Parenting Adolescents

- Discuss prenatal care with the adolescent. Emphasize the importance of folic acid supplements¹⁴ and avoidance of tobacco, alcohol, and other drugs. Refer her to a facility with an adolescent pregnancy program (if available). Discuss pregnancy prevention/contraception with the pregnant or parenting adolescent, and provide family planning services or make a referral.
- Refer the adolescent to resources for child care, education programs, parenting classes, housing, insurance coverage for pregnancy-related services, and other programs (e.g., WIC, Commodity Supplemental Food Program, Food Stamp Program, Early Head Start).
- Refer the adolescent for oral health care.
- Plan for a return appointment after the birth of the baby (or within 3 to 6 months for parenting adolescents) to follow up on referrals and coordinate care. Discuss health supervision for the infant, and recommend scheduling an appointment or refer the infant for care.

Adolescence Endnotes

For additional information, see the list of resource materials on adolescence in the Bibliography (Appendix N).

1. Society for Adolescent Medicine. 1992. Access to health care for adolescents: A position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health* 13:162–170.
2. American Association of University Women. 1998. *Gender Gaps: Where Schools Still Fail Our Children*. Washington, DC: American Association of University Women Educational Foundation.
3. Centers for Disease Control and Prevention. 1998. Youth Risk Behavior Surveillance—United States, 1997. *MMWR* 47(No. SS-3).
4. If the adolescent is depressed or indicates that he or she has thought about suicide, assess further.

Risk factors include the following:

- Previous suicide attempts
- Family history of suicide
- Friends who have committed suicide
- Access to a gun
- History of mood, conduct, or psychotic disorders
- Impulsive behaviors, attention deficit hyperactivity disorder (ADHD)
- Concerns about sexual identity, homosexuality
- History of physical and/or sexual abuse
- Depression

Behavioral warning signs include the following:

- Increase in risky behaviors (substance abuse, unsafe sex)
- Giving away prized possessions, writing a will, or making other “final” arrangements
- Making statements like “I want to die” or “I feel dead inside”
- Preoccupation with themes of death or expression of suicidal thoughts
- Changes in/neglect of appearance
- Changes in sleeping patterns (too much or too little)
- Marked changes in school performance or social functioning (lower grades, cutting classes, dropping out of activities, withdrawing from family and friends)
- Frequent complaints of physical symptoms such as stomachaches, headaches, or fatigue

Sudden and extreme changes in eating habits, or significant weight loss or weight gain

Sudden cheerfulness after a prolonged period of depression

Assess adolescent’s circumstances, and ask “Is there any way things might change for the better? Anything you (or someone else) might do to make it better?”

Ask adolescent about suicidal thoughts or plans. For example: “You sound as if you’ve been feeling kind of hopeless. Have you felt so bad that you wished you were dead or thought you’d be better off dead?”

If adolescent acknowledges feeling suicidal, ask “Do you have a plan?” If so, arrange for emergency intervention. Inpatient or partial hospitalization is indicated if there is suicide intent with a plan.

If adolescent does not have a plan but seems severely depressed, arrange for psychiatric evaluation immediately.

Potter LB, Rosenberg ML, Hammond WR. 1998. Discussion: Suicide in youth—A public health framework. *Journal of the American Academy of Child and Adolescent Psychiatry* 37(5):484–487.

Snyder JB, Jellinek MS. 1998. Depression and suicide in children and adolescents. *Pediatrics in Review* 19(8):255–264.

American Academy of Pediatrics, Committee on Adolescence. 1988. Suicide and suicide attempts in adolescents and young adults. *Pediatrics* 81(2):322–324.

5. When screening for scoliosis, view adolescent from front, back, and side, in erect and forward-bending positions. Evaluate and refer as needed if any of the following conditions are present:

- Prominent spinal curves, trunk rotation
- Uneven shoulder blades or hips
- Accentuated roundback or swayback
- Unequal distance from arm to side of body
- Lack of flexibility to touch upper shin or feet when bending forward

Scoliosis Research Society. 1995. *Screening Procedure Guidelines for Spinal Deformity: Recommendations for Examiners*. Rosemont, IL: Scoliosis Research Society.

6. American Academy of Pediatrics, Committee on Infectious Diseases. 1997. *1997 Red Book: Report of the Committee on Infectious Diseases* (24th ed., p. 548). Elk Grove Village, IL: American Academy of Pediatrics.

Centers for Disease Control and Prevention. TB facts for health care workers. In Centers for Disease Control and Prevention [Web site].

Cited June 15, 1999; available at <http://www.cdc.gov.nchstp/tb/faqs/tbfacts/tbfacts.htm>.

7. Additional information on immunization of adolescents is provided by the American Academy of Pediatrics in the March 1997 policy statement, Immunization of Adolescents: Recommendations of the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American Medical Association. *Pediatrics* 99(3):479–488. Also in American Academy of Pediatrics [Web site]; available at <http://www.aap.org/policy/re9711.html>.

8. It is important to consider the sexual orientation of adolescents for psychosocial counseling reasons; however, it is sexual behavior, not sexual orientation, that should guide the health professional when discussing STDs and HIV/AIDS prevention with the adolescent. When specific information is needed, questions such as “Do you have oral sex? Vaginal intercourse? Anal intercourse?” should be substituted for “Do you have sex?” It should be noted that the vernacular may be needed in order for some teens to understand what these terms mean.

Open-ended questions will encourage middle and older adolescents to feel comfortable bringing up difficult topics such as sexual orientation and sexual behaviors. It is more likely that the health professional will obtain accurate information if it is not assumed that the adolescent is heterosexual. At times, it is helpful to introduce a sensitive question with an explanation of why it is being asked. Being open, nonjudgmental, and specific increases the likelihood that the adolescent will be receptive to risk-reducing guidelines and psychosocial counseling.

The health supervision visit is an excellent opportunity to educate adolescents about safer sex and pregnancy prevention. If, for example, the adolescent is using condoms to prevent pregnancy or reduce the risk of acquiring HIV/AIDS and other STDs, make sure that the condoms are being used correctly. Keep brochures about safer sex in the office.

It is especially important to inform sexually active adolescents that certain STDs may not have visible symptoms but can cause lifelong consequences.

9. Gibson P. 1989. Gay male and lesbian youth suicide. *Report of the Secretary's Task Force on Youth Suicide—Vol 3: Prevention and Interventions in Youth Suicide*. Rockville, MD: U.S. Department of Health and Human Services.
10. Centers for Disease Control and Prevention. *Assessing Health Risk Behaviors Among Young People: Youth Risk Behavior Surveillance System [At-A-Glance 1999]*. In Centers for Disease Control and Prevention [Web site]. Cited April 30, 1999; available at cdc.gov/nccdphp/dash/yrbs/yrbsaag.htm.
11. Centers for Disease Control and Prevention. *Fact Sheet: Youth Risk Behavior Trends From CDC's 1991, 1993, 1995, and 1997 Youth Risk Behavior Surveys*. In Centers for Disease Control and Prevention [Web site]. Cited April 30, 1999; available at cdc.gov/nccdphp/dash/yrbs/yrbs/ov.htm.
12. Mann Rinehart P, Borowsky I, Stolz A, Latts E, Cart CU, Brindis CD. 1998. *Youth Violence: Lessons from the Experts*. Minneapolis, MN: University of Minnesota, Department of Pediatrics, Division of General Pediatrics and Adolescent Health; and San Francisco, CA: University of California School of Medicine, Department of Pediatrics and Institute for Health Policy Studies, Division of Adolescent Medicine.
13. Ozer EM, Brindis CD, Millstein SG, Knopf DK, Irwin CE Jr. 1998. *America's Adolescents: Are They Healthy?* San Francisco, CA: University of California at San Francisco, National Adolescent Health Information Center.
14. To minimize the risk of giving birth to a baby with a neural tube defect, women of childbearing age should consume 400 µg/day of folic acid before pregnancy and 600 µg/day during pregnancy. Vitamin supplementation is the most reliable way to ensure adequate amounts of folic acid.

Centers for Disease Control and Prevention. Preventing neural tube birth defects: A prevention model and resource guide. In Centers for Disease Control and Prevention [Web site]. Cited November 1, 1999; available at <http://www.cdc.gov/nceh/prevent/flo/ntd/prefaceaboutfol.htm>.

Institute of Medicine. 1998. *Update for Nutrition During Pregnancy and Lactation: An Implementation Guide*. Arlington, VA: National Center for Education in Maternal and Child Health.