Community Health Plan
LOS ANGELES COUNTY

Adolescent Health Provider Tool Kit

Your resource for adolescent care

- Health and Development History
- Physical Exam
- Health Education/Anticipatory Guidance
- CDC Six Critical Health Behaviors: Alcohol & Drug Use, Injury and Violence, Tobacco Use, Nutrition, Physical Activity, Sexual Risk Behaviors

HEDIS Indicator--Adolescent Well-Care Visits for Ages 12-21
(Members 12-21 years of age should have a comprehensive well-care visit annually)

Community Health Plan
LOS ANGELES COUNTY

Adolescent Health Provider Tool Kit

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Community Health Plan
LOS ANGELES COUNTY

Adolescent Health Provider Tool Kit

Section I

Health and Development History

Guidelines for Adolescent Preventive Services (GAPS) by the American Medical Association:

- Young Adolescent Questionnaire
- Middle-Older Adolescent Questionnaire
- Parent/Guardian Questionnaire

Guidelines for Adolescent Preventive Services
Younger Adolescent Questionnaire

Confidential (Your answers will not be given out.)

Chart# _____

Name_____ Today's Date_____
Last First Middle Initial month day year

Birthdate _____ Grade in School _____ **Boy** or **Girl** (*circle one*) Age _____
month day year

Address_____ City_____State_____Zip_____

Phone Number_____ Pager/Beeper Number_____
area code

What languages are spoken where you live? _____

Are you: ☐ White ☐ African-American ☐ Asian/Pacific Islander
☐ Latino/Hispanic ☐ Native American ☐ Other _____

Medical History

1. Why did you come to the clinic/office today?_____

_____

2. Are you allergic to any medicines?
☐ No ☐ Yes, name of medicine(s): _____ ☐ Not Sure

3. Do you have any health problems?
☐ No ☐ Yes, problem(s): _____ ☐ Not Sure

4. Are you taking any medicine now?
☐ No ☐ Yes, name of medicine(s): _____ ☐ Not Sure

5. Have you been to the dentist in the last year? ..... ☐ No ☐ Yes ☐ Not Sure

6. Have you stayed overnight in a hospital in the last year? ..... ☐ No ☐ Yes ☐ Not Sure

7. Have you ever had any of the problems below?

	Yes	No	Not Sure		Yes	No	Not Sure
Allergies or hay fever	☐	☐	☐	Seizures	☐	☐	☐
Asthma	☐	☐	☐	Cancer	☐	☐	☐
Tuberculosis (TB)	☐	☐	☐	Diabetes	☐	☐	☐

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For Girls Only

8. Have you started having periods? ☐ No ☐ Yes
   a. *If yes*, are your periods regular (once a month) ? ☐ No ☐ Yes
   b. *If yes*, what was the 1st day of your last period? Month _____ Day _____
9. Have you ever been pregnant? ☐ Yes ☐ No

Family Information

10. Who do you live with? (Check all that apply).

☐ Mother	☐ Stepmother	☐ Brother(s)/ages_____
☐ Father	☐ Stepfather	☐ Sister(s)/ages_____
☐ Guardian	☐ Other adult relative	☐ Other/(explain)_____

11. Do you have older brothers or sisters who live away from home? ☐ Yes ☐ No ☐ Not Sure

12. During the past year, have there been any changes in your family such as: (Check all that apply)

☐ Marriage	☐ Loss of job	☐ Births	☐ Other changes_____
☐ Separation	☐ Moved to a new neighborhood	☐ Serious Illness/Injury	_____
☐ Divorce	☐ A new school	☐ Deaths	_____

Specific Health Issues

13. Please check whether you have questions or are worried about any of the following:

☐ Height	☐ Neck or back	☐ Muscle or pain in arms/legs	☐ Anger or temper
☐ Weight	☐ Breasts	☐ Menstruation or periods	☐ Feeling tired
☐ Eyes or vision	☐ Heart	☐ Wetting the bed	☐ Trouble sleeping
☐ Hearing or earaches	☐ Coughing or wheezing	☐ Trouble urinating or peeing	☐ Fitting in/belonging
☐ Colds/runny or stuffy nose	☐ Chest pain or trouble breathing	☐ Drip from penis or vagina	☐ Cancer
☐ Mouth or teeth or breath	☐ Stomach ache	☐ Wet dreams	☐ HIV/AIDS
☐ Headaches	☐ Vomiting or throwing up	☐ Skin (rash/acne)	☐ Dying
☐ Other_____			

These questions will help us get to know you better. Choose the answer that best describes what you feel or do. Your answers will be seen only by your health care provider and his/her assistant.

Health Profile

Eating/Weight/Body

14. Do you eat fruits and vegetables every day? ☐ No ☐ Yes
15. Do you drink milk and/or eat milk products every day? ☐ No ☐ Yes
16. Do you spend a lot of time thinking about ways to be skinny? ☐ Yes ☐ No
17. Do you do things to lose weight (skip meals, take pills, starve yourself, vomit, etc) ☐ Yes ☐ No
18. Do you work, play, or exercise enough to make you sweat or breathe hard at least 3 times a week? ☐ No ☐ Yes
19. Have you pierced your body (not including ears) or gotten a tattoo? ☐ Yes ☐ No

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School

20. Is doing well in school important to you? ☐ No ☐ Yes
21. Is doing well in school important to your family and friends? ☐ No ☐ Yes
22. Are your grades this year worse than last year? ☐ Yes ☐ No ☐ Not Sure
23. Are you getting failing grades in any subjects this year? ☐ Yes ☐ No ☐ Not Sure
24. Have you been told that you have a learning problem? ☐ Yes ☐ No
25. Have you been suspended from school this year? ☐ Yes ☐ No

Friends and Family

26. Do you know at least one person who you can talk to about problems? ☐ No ☐ Yes
27. Do you think that your parent(s) or guardian(s) usually listen to you and take your feelings seriously? ☐ No ☐ Yes
28. Have your parents talked with you about things like alcohol, drugs, and sex? ☐ No ☐ Yes ☐ Not Sure
29. Are you worried about problems at home or in your family? ☐ Yes ☐ No ☐ Not Sure
30. Have you ever thought seriously about running away from home? ☐ Yes ☐ No

Weapons/Violence/Safety

31. Is there a gun, rifle, or other firearm where you live? ☐ Yes ☐ No ☐ Not Sure
32. Have you ever carried a gun, knife, club, or other weapon to protect yourself? ☐ Yes ☐ No
33. Have you ever been in a physical fight where you or someone else got hurt? ☐ Yes ☐ No
34. Have you ever been in trouble with the police? ☐ Yes ☐ No
35. Have you ever seen a violent act take place at home, school, or in your neighborhood? ☐ Yes ☐ No
36. Are you worried about violence or your safety? ☐ Yes ☐ No ☐ Not Sure
37. Do you usually wear a helmet and/or protective gear when you rollerblade, skateboard, or ride a bike? ☐ No ☐ Yes
38. Do you always wear a seat belt when you ride in a car, truck, or van? ☐ No ☐ Yes

Tobacco

39. Have you ever tried cigarettes or chewing tobacco? ☐ Yes ☐ No
40. Have any of your close friends ever tried cigarettes or chewing tobacco? ☐ Yes ☐ No
41. Does anyone you live with smoke cigarettes/cigars or chew tobacco? ☐ Yes ☐ No

Alcohol

42. Have you ever tried beer, wine, or other liquor (except for religious purposes)? ☐ Yes ☐ No
43. Have any of your close friends ever tried beer, wine, or other liquor (except for religious purposes)? ☐ Yes ☐ No
44. Have you ever been in a car when the driver has been using drugs or drinking beer, wine or other liquor? ☐ Yes ☐ No
45. Does anyone in your family drink so much that it worries you? ☐ Yes ☐ No ☐ Not Sure

Drugs

46. Have you ever taken things to get high, stay awake, calm down or go to sleep? ☐ Yes ☐ No ☐ Not Sure
47. Have you ever used marijuana (pot, grass, weed, reefer, or blunt)? ☐ Yes ☐ No ☐ Not Sure
48. Have you ever used other drugs such as cocaine, speed, LSD, mushrooms, etc.? ☐ Yes ☐ No ☐ Not Sure
49. Have you ever sniffed or huffed things like paint, ‘white-out’, glue, gasoline, etc.? ☐ Yes ☐ No ☐ Not Sure

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50. Have any of your close friends ever used marijuana, other drugs, or done other things to get high? ☐ Yes ☐ No ☐ Not Sure
51. Does anyone in your family use drugs so much that it worries you? ☐ Yes ☐ No ☐ Not Sure

Development/Relationships

52. Are you dating someone or going steady? ☐ Yes ☐ No ☐ Not Sure
53. Are you thinking about having sex ("going all the way "or "doing it")? ☐ Yes ☐ No ☐ Not Sure
54. Have you ever had sex? ☐ Yes ☐ No ☐ Not Sure
55. Have any of your friends ever had sex? ☐ Yes ☐ No ☐ Not Sure
56. Have you ever felt pressured by anyone to have sex or had sex when you did not want to? ☐ Yes ☐ No ☐ Not Sure
57. Have you ever been told by a doctor or a nurse that you had a sexually transmitted disease like herpes, gonorrhea, or chlamydia? ☐ Yes ☐ No ☐ Not Sure
58. Would you like to receive information on abstinence ("how to say no to sex")? ☐ Yes ☐ No ☐ Not Sure
59. Would you like to know how to avoid getting pregnant, getting HIV/AIDS, or getting sexually transmitted diseases? ☐ Yes ☐ No ☐ Not Sure

Emotions

60. Have you done something fun during the past two weeks? ☐ No ☐ Yes
61. When you get angry, do you do violent things? ☐ Yes ☐ No
62. During the past few weeks, have you felt very sad or down as though you have nothing to look forward to? ☐ Yes ☐ No
63. Have you ever seriously thought about killing yourself, made a plan, or tried to kill yourself? ☐ Yes ☐ No
64. Is there something you often worry about or fear? ☐ Yes ☐ No
65. Have you ever been physically, emotionally, or sexually abused? ☐ Yes ☐ No ☐ Not Sure
66. Would you like to get counseling about something that is bothering you? ☐ Yes ☐ No ☐ Not Sure

Special Circumstances

67. In the past year have you been around someone with tuberculosis (TB)? ☐ Yes ☐ No ☐ Not Sure
68. In the past year, have you stayed overnight in a homeless shelter, jail, or detention center? ☐ Yes ☐ No
69. Have you ever lived in foster care or a group home? ☐ Yes ☐ No

Self

70. What two words best describe you?

1)_____ 2)_____

71. What would you like to be when you grow up?

_____

72. If you could have three wishes come true, what would they be?

1)_____

2)_____

3)_____

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Guidelines for Adolescent Preventive Services

Middle-Older Adolescent Questionnaire

Confidential (Your answers will not be given out.) Chart # _____

Name _____ Date _____
Last First Middle Initial

Date of Birth _____ Grade in School_____ Year in college_____ Sex: Male Female Age _____

Address_____ City _____ Zip _____

Phone number where you can be reached _____ Pager/beeper number_____

What languages are spoken where you live? _____Race _____

Medical History

1. Why did you come to the clinic/office today? _____
2. Do you have any health problems? ☐ Yes ☐ No Problem(s) _____
3. Did you have any health problems in the past 12 months? ☐ Yes ☐ No Problem(s) _____
4. Are you taking any medicine now? ☐ Yes ☐ No Name of medicine _____

For Girls

5. Date when last period started_____ Are your periods regular (monthly)? . . . . . ☐ No ☐ Yes
Month Date
6. Have you had a miscarriage, an abortion, or live birth in the past 12 months? . . . . . ☐ Yes ☐ No

Specific Health Issues

7. Please check whether you have questions or are worried about any of the following:

☐ Height/weight
☐ Blood pressure
☐ Diet/food/appetite
☐ Future plans/job
☐ Skin (rash, acne)
☐ Headaches/migraines
☐ Dizziness/fainting
☐ Eyes/vision
☐ Ears/hearing/ear aches
☐ Nose
☐ Lots of colds
☐ Mouth/teeth/breath
☐ Neck/back
☐ Chest pain/trouble breathing
☐ Coughing/wheezing
☐ Breasts
☐ Heart
☐ Stomach ache
☐ Nausea/vomiting
☐ Diarrhea/constipation
☐ Muscle or joint pain in arms/legs
☐ Frequent or painful urination
☐ Discharge from penis or vagina
☐ Wetting the bed
☐ Sexual organs/genitals
☐ Menstruation/periods
☐ Wet dreams
☐ Physical or sexual abuse
☐ Masturbation
☐ HIV/AIDS
☐ Trouble sleeping
☐ Feeling tired a lot
☐ Cancer
☐ Dying
☐ Sad or crying a lot
☐ Stress
☐ Anger/temper
☐ Violence/personal safety
☐ Other (explain)
_____
_____

Health Profile

These questions will help us get to know you better. Choose the answer that best describes what you feel or do.
Your answers will be seen only by your health care provider and his/her assistant.

Eating/Weight

8. Are you satisfied with your eating habits? . . . . . ☐ No ☐ Yes
9. Do you ever eat in secret? . . . . . ☐ Yes ☐ No
10. Do you spend a lot of time thinking about ways to be thin? . . . . . ☐ Yes ☐ No
11. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills or laxatives, or starving yourself? . . . . . ☐ Yes ☐ No
12. Do you exercise or participate in sport activities that make you sweat and breathe hard for 20 minutes or more at a time at least three or more times during the week? . . . . . ☐ No ☐ Yes

School

13. Are your grades this year worse than last year? . . . . . ☐ Yes ☐ No ☐ Not in school
14. Have you either been told you have a learning problem or do you think you have a learning problem? . . . . . ☐ Yes ☐ No
15. Have you been suspended from school this year? . . . . . ☐ Yes ☐ No ☐ Not in school

Friends & Family

16. Do you have at least one friend who you really like and feel you can talk to? . . . . . ☐ No ☐ Yes
17. Do you think that your parent(s) or guardian(s) *usually* listen to you and take your feelings seriously? . . . . . ☐ No ☐ Yes
18. Have you ever thought seriously about running away from home? . . . . . ☐ Yes ☐ No ☐ Not sure

Turn page

Weapons/Violence/Safety

19. Do you or anyone you live with have a gun, rifle, or other firearm? ☐ Yes ☐ No ☐ Not sure
20. In the past year, have you carried a gun, knife, club, or other weapon for protection? ☐ Yes ☐ No
21. Have you been in a physical fight during the *past 3 months*? ☐ Yes ☐ No
22. Have you ever been in trouble with the law? ☐ Yes ☐ No
23. Are you worried about violence or your safety? ☐ Yes ☐ No ☐ Not sure
24. Do you usually wear a helmet when you rollerblade, skateboard, ride a bicycle , motorcycle, minibike, or ride in an all-terrain vehicle (ATV)? ☐ No ☐ Yes
25. Do you usually wear a seat belt when you ride in or drive a car, truck, or van? ☐ No ☐ Yes

Tobacco

26. Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? ☐ Yes ☐ No
26. Do any of your close friends ever smoke cigarettes/cigars, use snuff or chew tobacco? ☐ Yes ☐ No
28. Does anyone you live with smoke cigarettes/cigars, use snuff or chew tobacco? ☐ Yes ☐ No

Alcohol

29. In the past month, did you get drunk or very high on beer, wine, or other alcohol? ☐ Yes ☐ No
30. In the past month, did any of your close friends get drunk or very high on beer, wine, or other alcohol? ☐ Yes ☐ No
31. Have you ever been criticized or gotten into trouble because of drinking? ☐ Yes ☐ No ☐ Not sure
32. In the past year have you used alcohol and then driven a car/truck/van/motorcycle? ☐ Yes ☐ No ☐ Does not apply
33. In the past year, have you been in a car or other motor vehicle when the driver has been drinking alcohol or using drugs? ☐ Yes ☐ No
34. Does anyone in your family drink or take drugs so much that it worries you? ☐ Yes ☐ No

Drugs

35. Do you ever use marijuana or other drugs, or sniff inhalants? ☐ Yes ☐ No ☐ Not sure
36. Do any of your close friends ever use marijuana or other drugs, or sniff inhalants? ☐ Yes ☐ No ☐ Not sure
37. Do you ever use non-prescription drugs to get to sleep, stay awake, calm down, or get high? (These drugs can be bought at a store without a doctor's prescription.) ☐ Yes ☐ No
38. Have you ever used steroid pills or shots without a doctor telling you to? ☐ Yes ☐ No ☐ Not sure

Development

39. Do you have any concerns or questions about the size or shape of your body, or your physical appearance? ☐ Yes ☐ No ☐ Not sure
40. Do you think you may be gay, lesbian, or bisexual? ☐ Yes ☐ No ☐ Not sure
41. Have you ever had sexual intercourse? (How old were you the first time?_____) ☐ Yes ☐ No ☐ Not sure
42. Are you using a method to prevent pregnancy? (Which:_____) ☐ No ☐ Yes ☐ Not active
43. Do you and your partner(s) *always* use condoms when you have sex? ☐ No ☐ Yes ☐ Not active
44. Have any of your close friends ever had sexual intercourse? ☐ Yes ☐ No ☐ Not sure
45. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection or disease? ☐ Yes ☐ No ☐ Not sure
46. Have you ever been pregnant or gotten someone pregnant? ☐ Yes ☐ No ☐ Not sure
47. Would you like to receive information or supplies to prevent pregnancy or sexually transmitted infections? ☐ Yes ☐ No ☐ Not sure
48. Would you like to know how to avoid getting HIV/AIDS? ☐ Yes ☐ No ☐ Not sure
49. Have you pierced your body (not including ears) or gotten a tattoo? ☐ Yes ☐ No ☐ Thinking about it

Emotions

50. Have you had fun during the past two weeks? ☐ No ☐ Yes
51. During the past few weeks, have you *often* felt sad or down or as though you have nothing to look forward to? ☐ Yes ☐ No
52. Have you ever *seriously* thought about killing yourself, made a plan or actually tried to kill yourself? ☐ Yes ☐ No
53. Have you ever been physically, sexually, or emotionally abused? ☐ Yes ☐ No ☐ Not sure
54. When you get angry, do you do violent things? ☐ Yes ☐ No
55. Would you like to get counseling about something you have on your mind? ☐ Yes ☐ No ☐ Not sure

Special Circumstances

56. In the past year, have you been around someone with tuberculosis (TB)? ☐ Yes ☐ No ☐ Not sure
57. In the past year, have you stayed overnight in a homeless shelter, jail, or detention center? ☐ Yes ☐ No
58. Have you ever lived in foster care or a group home? ☐ Yes ☐ No

Self

59. What four words best describe you? _____
60. If you could change one thing about your life or yourself, what would it be? _____

_____

61. What do you want to talk about today? _____

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Guidelines for Adolescent Preventive Services
Parent/Guardian Questionnaire

Confidential (Your answers will not be given out.)

Date _____

Adolescent's name _____ Adolescent's birthday _____ Age _____

Parent/Guardian name _____ Relationship to adolescent _____

Your phone number: Home _____ Work _____

Adolescent Health History

1. Is your adolescent allergic to any medicines?
   ☐ Yes ☐ No If yes, what medicines? _____

2. Please provide the following information about medicines your adolescent is taking.

Name of medicine	Reason taken	How long taken

3. Has your adolescent ever been hospitalized overnight?
   ☐ Yes ☐ No If yes, give the age at time of hospitalization and describe the problem.

Age	Problem

4. Has your adolescent ever had any serious injuries?
   ☐ Yes ☐ No If yes, please explain. _____

5. Have there been any changes in your adolescent's health during the past 12 months?
   ☐ Yes ☐ No If yes, please explain. _____

6. Please check (✓) whether your adolescent ever had any of the following health problems:
   If yes, at what age did the problem start:

	Yes	No	Age		Yes	No	Age
ADHD/learning disability	☐	☐	_____	Headaches/migraines	☐	☐	_____
Allergies/hayfever	☐	☐	_____	Low iron in blood (anemia)	☐	☐	_____
Asthma	☐	☐	_____	Pneumonia	☐	☐	_____
Bladder or kidney infections	☐	☐	_____	Rheumatic fever or heart disease	☐	☐	_____
Blood disorders/sickle cell anemia	☐	☐	_____	Scoliosis (curved spine)	☐	☐	_____
Cancer	☐	☐	_____	Seizures/epilepsy	☐	☐	_____
Chicken pox	☐	☐	_____	Severe acne	☐	☐	_____
Depression	☐	☐	_____	Stomach problems	☐	☐	_____
Diabetes	☐	☐	_____	Tuberculosis (TB)/lung disease	☐	☐	_____
Eating disorder	☐	☐	_____	Mononucleosis (mono)	☐	☐	_____
Emotional disorder	☐	☐	_____	Other: _____	☐	☐	_____
Hepatitis (liver disease)	☐	☐	_____				

7. Does this office or clinic have an up-to-date record of your adolescent's immunizations (record of "shots")?
   ☐ Yes ☐ No ☐ Not sure

Family History

8. Some health problems are passed from one generation to the next. Have you or any of your adolescent's *blood* relatives (parents, grandparents, aunts, uncles, brothers or sisters), living or deceased, had any of the following problems? If the answer is "Yes," please state the age of the person when the problem occurred and his or her relationship to your adolescent.

	Yes	No	Unsure	Age at Onset	Relationship
Allergies/asthma	☐	☐	☐	_____	_____
Arthritis	☐	☐	☐	_____	_____
Birth defects	☐	☐	☐	_____	_____
Blood disorders/sickle cell anemia	☐	☐	☐	_____	_____

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	Yes	No	Unsure	Age at Onset	Relationship
Cancer (type_____)	☐	☐	☐	_____	_____
Depression	☐	☐	☐	_____	_____
Diabetes	☐	☐	☐	_____	_____
Drinking problem/alcoholism	☐	☐	☐	_____	_____
Drug addiction	☐	☐	☐	_____	_____
Endocrine/gland disease	☐	☐	☐	_____	_____
Heart attack or stroke *before* age 55	☐	☐	☐	_____	_____
Heart attack or stroke *after* age 55	☐	☐	☐	_____	_____
High blood pressure	☐	☐	☐	_____	_____
High cholesterol	☐	☐	☐	_____	_____
Kidney disease	☐	☐	☐	_____	_____
Learning disability	☐	☐	☐	_____	_____
Liver disease	☐	☐	☐	_____	_____
Mental health	☐	☐	☐	_____	_____
Mental retardation	☐	☐	☐	_____	_____
Migraine headaches	☐	☐	☐	_____	_____
Obesity	☐	☐	☐	_____	_____
Seiures/epilepsy	☐	☐	☐	_____	_____
Smoking	☐	☐	☐	_____	_____
Tuberculosis/lung disease	☐	☐	☐	_____	_____

9. With whom does the adolescent live most of the time? *(Check all that apply.)*

☐ Both parents in same household
☐ Mother
☐ Father
☐ Other adult relative
☐ Stepmother
☐ Stepfather
☐ Guardian
☐ Brother(s)/ages _____
☐ Sister(s)/ages _____
☐ Other _____
☐ Alone

10. In the past year, have there been any changes in your family? *(Check all that apply.)*

☐ Marriage
☐ Separation
☐ Divorce
☐ Loss of job
☐ Move to a new neighborhood
☐ A new school or college
☐ Births
☐ Serious illness
☐ Deaths
☐ Other _____

Parental / Guardian Concerns

11. Please review the topics listed below. Check(✓) if you have a concern about your adolescent.

	Concern About My Adolescent
Physical problems	☐
Physical development	☐
Weight	☐
Change of appetite	☐
Sleep patterns	☐
Diet/nutrition	☐
Amount of physical activity	☐
Emotional development	☐
Relationships with parents and family	☐
Choice of friends	☐
Self image or self worth	☐
Excessive moodiness or rebellion	☐
Depression	☐
Lying, stealing, or vandalism	☐
Violence/gangs	☐

	Concern About My Adolescent
Guns/weapons	☐
School grades/absences/dropout	☐
Smoking cigarettes/chewing tobacco	☐
Drug use	☐
Alcohol use	☐
Dating/parties	☐
Sexual behavior	☐
Unprotected sex	☐
HIV/AIDS	☐
Sexual transmitted diseases (STDs)	☐
Pregnancy	☐
Sexual identity (heterosexual/homosexual/bisexual)	☐
Work or job	☐
Other: _____	☐

12. What seems to be the greatest challenge for your teen? _____

13. What is it about your teen that makes you proud of him or her? _____

14. Is there something on your mind that you would like to talk about today?

What is it? _____

15. Can we share your answers to Question 13 with your teen? ☐ Yes ☐ No

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Community Health Plan
LOS ANGELES COUNTY

Adolescent Health Provider Tool Kit

Section II

Physical Exam

- *Table 101.1 Periodicity Schedule for Health Assessment Requirements by Age Groups*, by CHDP
- *Recommendations for Preventive Pediatric Health Care,* by the American Academy of Pediatrics (AMA)

Table 101.1 **PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS**

Screening Requirement	Age of Person Being Screened														
	Under 1 mo.	1-2 mos.	3-4 mos.	5-6 mos.	7-9 mos.	10-12 mos.	13-15 mos.	16-23 mos.	2 Yr.	3 Yr.	4-5 Yr.	6-8 Yr.	9-12 Yr.	13-16 Yr.	17-20 Yr.
Interval Until Next Exam	1 mo.	2 mo.	2 mo.	2 mo.	3 mos.	3 mos.	3 mos.	6 mos.	1 yr.	1 yr.	2 yr.	3 yr.	4 yr.	4 yr.	None
History and Physical Examination	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dental Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Nutritional Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental/Behavioral	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anticipatory Guidance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Pelvic Exam **1**														•	•
Measurements															
Head Circumference	•	•	•	•	•	•	•	•							
Height/Length and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure										•	•	•	•	•	•
Sensory Screening															
Visual Acuity Test (Snellen) **2**										•	•	•	•	•	•
Clinical Observation	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Audiometric **2**										•	•	•	•	•	•
Non-audiometric	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Procedures/Tests															
Tuberculin Test											•		•	•	
TB Exposure Risk Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin					•		•		•	•	•	•	•	•	•
Urine Dipstick or Urinalysis											•	•	•	•	•
Blood Lead Test						•			•						
Blood Lead Risk Assessment				•	•	•	•	•	•	•	•				
Other Laboratory TESTS															
VDRL, RPR, or ART	To be done when health history and/or physical examination warrants.														
Gonorrhea Test	To be done when health history and/or physical examination warrants.														
Chlamydia Test	To be done when health history and/or physical examination warrants.														
Papanicolaou (Pap) Smear	To be done when health history and/or physical examination warrants.														
Sickle Cell	To be done when health history and/or physical examination warrants.														
Ova and Parasites	To be done when health history and/or physical examination warrants.														
Immunizations	Administer as necessary to make status current.														

NOTE: Children coming under care who have not received all the recommended procedures for an earlier age should be brought up-to-date as appropriate.

1. Recommended for sexually active females and females age 18 years and older.
2. Snellen testing and audiometric testing should start at age 3 years if possible. Clinical observation and nonaudiometric testing may be substituted if child is uncooperative.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care.**

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	PRENATAL[2]	NEWBORN[3]	3–5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 m	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY																																
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[5]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision		★	★	★	★	★	★	★	★	★	★	★	★	●[6]	●	●	●	★	●	★	●	★	●	★	★	●	★	★	●	★	★	★
Hearing		●[7]	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																
Developmental Screening[8]								●			●		●																			
Autism Screening[9]											●	●																				
Developmental Surveillance[8]		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment																						★	★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION[10]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[11]																																
Newborn Metabolic/Hemoglobin Screening[12]		←—	●	—→																												
Immunization[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[14]						★			●		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead Screening[15]							★	★	●or★[16]		★	●or★[16]		★	★	★	★															
Tuberculin Test[17]				★			★		★		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening[18]												★			★		★		★		★	★	★	★	★	★	★	←—	●	—→		
STI Screening[19]																						★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia Screening[20]																						★	★	★	★	★	★	★	★	★	★	★
ORAL HEALTH[21]							★	★	●or★[21]		●or★[21]	●or★[21]	●or★[21]	●[22]			●[22]															
ANTICIPATORY GUIDANCE[23]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456].
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434].
5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
6. If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902].
7. All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs " (2000) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798]. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics.* 2007;120:898–921.
8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics.* 2006;118:405–420 [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405].
9. Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics.* 2007;119:152–153 [URL: http://pediatrics.aappublications.org/cgi/content/full/119/1/152].
10. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
11. These may be modified, depending on entry point into schedule and individual need.
12. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
13. Schedules per the Committee on Infectious Diseases, published annually in the January issue of *Pediatrics.* Every visit should be an opportunity to update and complete a child's immunizations.
14. See AAP *Pediatric Nutrition Handbook,* 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR.* 1998;47(RR-3):1–36.
15. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036]. Additionally, screening should be done in accordance with state law where applicable.
16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
17. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases.* Testing should be done on recognition of high-risk factors.
18. "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: http://circ.ahajournals.org/cgi/content/full/106/25/3143] and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics.* In press.
19. All sexually active patients should be screened for sexually transmitted infections (STIs).
20. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
21. Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
22. At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
23. Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.)

KEY

●= to be performed ★= risk assessment to be performed, with appropriate action to follow, if positive ←—●—→ = range during which a service may be provided, with the symbol indicating the preferred age

Community Health Plan
LOS ANGELES COUNTY

Adolescent Health Provider Tool Kit

Section III

Health Education/Anticipatory Guidance

See attached Member education pamphlet, *Happy New Year* Card.

Community Health Plan
LOS ANGELES COUNTY

Adolescent Health Provider Tool Kit

Section IV

Laws Pertaining to Adolescent Health Care

- *California Minor Consent Laws*, by the Adolescent Health Working Group
- *When Consensual Sexual Intercourse is Deemed Child Abuse in California*, by the National Center for Youth Law

TIPS...

- ***Providers:*** A youth is more likely to disclose sensitive information when he/she has time alone with the provider to discuss concerns.
- Help youth understand their minor consent rights at the beginning of each visit.
- Even when the chief complaint is a non-confidential issue such as a headache, there may be underlying issues (ex. need for a STI screening) which will only surface if the youth is provided with confidential care for sensitive services.
- ***Teens:*** Give this card to your health care provider to start the conversation about your right to consent for health services.
- Let your provider know why you would like confidential services.
- Feel free to ask questions about your consent rights and the health services you receive from your provider.

Adapted from CALIFORNIA MINOR CONSENT LAWS: Which Minors May Consent for What Services and Provider Confidentiality Obligations.
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California Minor Consent Laws

Special thanks to the Department of Children, Youth, and Their Families for sponsoring the printing of this card.

SF DEPARTMENT OF CHILDREN YOUTH & THEIR FAMILIES

AHWG

Adolescent Health Working Group
www.ahwg.net
2007

California Minor Consent Laws

Services teens can get without permission from their parent/guardian		Can provider tell teen's parent/guardian?
Abortion	Minors of any age	No Parental notification not allowed without consent of minor
Birth Control	Minors of any age Except sterlization	
Pregnancy (Prev, Dx, Tx)	Minors of any age Including inpatient care	
STD's, Contagious and Reportable Diseases (Dx & Tx)	Minors 12 yrs or older	
HIV Testing	Minors 12 yrs or older and assessed as competent to give informed consent	
Rape	Minors 12 yrs or older Including inpatient care	
Alcohol/Drug Counseling by Federally Assisted Treatment Program	Minors 12 yrs or older [1,2] Including inpatient care	
Alcohol/Drug Counseling by Non-Federally Assisted Treatment Program	Minors 12 yrs or older [3]	Yes An attempt to notify must be made, except when provider believes it is inappropriate
Outpatient Mental Health Treatment		
Sexual Assault	Minors of any age	Yes An attempt to notify must be made except when provider believes parent/guardian is responsible for assault

[1] However, parent/guardian can consent over the minor's objection.

[2] Parent/guardian's consent is required for methadone treatment.

[3] If (1) the minor is 12 years or older, is mature enough to consent AND (2) the minor is (A) the victim of incest or child abuse or (B) would present a threat of serious physical or mental harm to self or others without treatment.

Definitions:

Minor: a person under 18 years old and not legally an adult.

Confidentiality: your health care provider cannot share your information with others without your permission. Note: Exceptions to confidentiality include reporting child abuse and billing insurance companies for health services.

Consent: giving your health care provider permission to share your information with others; or giving permission to receive a health service.

Notification: when your health care provider tells someone (such as your parent/guardian) you received a specific health service.

Contagious and reportable diseases: illnesses and infections that can spread quickly to other people and must be reported to government agencies.

Outpatient: services that do not require an overnight stay or hospitalization.

Rape: sexual intercourse without your permission.

Sexual assault: for the purposes of minor consent alone, sexual assault includes but is not limited to acts of oral sex, sodomy, rape, and other violent crimes of a sexual nature that occur without your permission.

Key:

Prev = Prevention
Dx = Diagnosis
Tx = Treatment
STD's = Sexually Transmitted Diseases

When Mandated Reporters in California Must Report Consensual Disparate Age Sexual Intercourse to Child Abuse Authorities

(1) If a minor has consensual sexual intercourse with an older (or younger) partner, is a report mandated?*

Age of Partner	12	13	14	15	16	17	18	19	20	21	22
Age of Patient											
11	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
12	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
13	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
14	Y	Y	N	N	N	N	N	N	N	Y	Y
15	Y	Y	N	N	N	N	N	N	N	Y	Y
16	Y	Y	N	N	N	N	N	N	N	N	N
17	Y	Y	N	N	N	N	N	N	N	N	N
18	Y	Y	N	N	N	N	N	N	N	N	N

Chart by David Knopf, LCSW, UCSF.

(2) If a minor engages in "lewd and lascivious acts" with an older or younger partner, is a report required?

"Lewd and lascivious acts" are acts performed with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of the minor or partner. Mandated reporters must report "lewd and lascivious acts" when a minor is 14 or 15 and the partner is 10 or more years older, (14 year old with an adult 24 years or older/ 15 year old with an adult 25 years or older), or when a minor is under 14 and the partner is 14 or older, regardless of claimed consent by the minor.

(3) Are there other situations in which sexual intercourse must be reported?**

Mandated reporters must report sexual intercourse or other sexual activity with a minor under 18 years old when the activity appears coerced, exploitative, based on intimidation, or in any other way resembles abuse -- regardless of claimed consent by the minor and regardless of partner age.

*The law does not require providers to ask about partner age.
**This worksheet is not a complete review of all California sexual abuse reporting requirements.

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This chart may be reprinted providing any reprinting be accompanied by an acknowledgement. Chart available at www.youthlaw.org.

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Adolescent Health Provider Tool Kit

Section V

Additional Information & Reference: *Adolescent Provider Tool Kit*, By the Adolescent Health Working Group

- B-7 General Guidelines for the Office Visit
- B-8 Questions to Consider When Creating a Youth Friendly Environment
- B-9 Annotated HEADSSS Assessment
- B-10 Steps for preventive screening and health promotion
- B-11 *Staying Healthy* Brief Talking Points—Children 12-17 Years of Age
- B-12 Counseling for Behavior Change and Development
- B-13 Adolescent growth and development
- B-14 Youth Development
- B-21 Talking with and listening to teens
- Exam Room Poster, *Hey Teens! Did You Know?*
- Youth Health Rights and Responsibilities
- Adolescent Health 101 Toolkit Link Updates

GENERAL GUIDELINES FOR THE OFFICE VISIT

BEFORE THE VISIT

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

DURING THE VISIT

WAITING

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

MEETING THE ADOLESCENT AND FAMILY FOR THE FIRST TIME

Greet the adolescent first!

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

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

TIME

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

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DURING THE VISIT
(continued)

CONFIDENTIALITY

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

HAND WASHING

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

THE ROLE OF FAMILIES

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

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

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

SUGGESTIONS FOR THE INTERVIEW:

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

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DURING THE VISIT
(continued)

10. **Ask open-ended questions.** This allows for a more complete answer. Teens want providers to initiate conversations about difficult subjects.

    (ex. **DON'T ASK:** "Do you use drugs?" This allows for a one-word answer.

    DO ASK: "I know drugs are common on a lot of school campuses. What drugs are popular at your school? Do you know people who use these drugs? How do you deal with that? Have you ever tried them?")

    (ex. **DON'T ASK:** "Are you sexually active?"

    DO ASK: "I mentioned that I might ask you some personal questions. Remember, your answers are confidential. Are you seeing anyone right now? What's this person's name? Many teens are sexually active. By that I mean that they have had sexual intercourse. How have you handled this part of your relationship? Do you have sex with males, females, or both?")

11. **Always take a sexual history.** Remember that sexual identity may not mirror sexual activity. For example, a girl who considers herself a lesbian may have intercourse with males and will need pregnancy prevention education.
12. **Using the phrase, "Many young people," shows teenagers that they are not alone or weird.**
13. **One valuable tool is HEADSSS.** Ask questions about Home, Education and Employment, Activities, Drugs, Sexuality, Suicide/Stress/Depression, and Safety. These topics cover the important psychosocial risks and protective factors of adolesence.
14. **Attempt to give choices in the question.** (ex. "Did that make you feel happy or sad or scared? Why?")
15. **Help set short term goals.**
16. **Remember that teens may not ask the "real" questions until the end.** They may ask simpler, "less important" questions first to gauge the provider's reaction.

THE PHYSICAL EXAM

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

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

CLOSURE OF THE VISIT

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

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

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QUESTIONS TO CONSIDER WHEN CREATING A YOUTH FRIENDLY ENVIRONMENT

DOES YOUR OFFICE/HEALTH CENTER HAVE...

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

DO YOU PROVIDE...

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

DOES YOUR STAFF...

- ☐ Greet adolescents in a courteous and friendly manner?
- ☐ Explain procedures and directions in an easy and understandable manner?
- ☐ Enjoy working with adolescents and their families?
- ☐ Have up-to-date knowledge about consent and confidentiality laws?
- ☐ Incorporate principles and practices that promote cultural and linguistic competence?
- ☐ Consider privacy concerns when adolescents check-in?
- ☐ Provide resource and referral information when there is a delay in scheduling a teen's appointment?

WHEN YOU SPEAK TO ADOLESCENTS DO YOU...

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

ARE YOU AWARE...

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

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ANNOTATED HEADSSS ASSESSMENT

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

HOME

OPENING QUESTIONS

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

FOLLOW-UP QUESTIONS

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

STRENGTH/ PROTECTIVE RESPONSES

The youth:

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

RISK INDICATOR RESPONSES

The youth:

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

EDUCATION/EMPLOYMENT

OPENING QUESTIONS

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

FOLLOW-UP QUESTIONS

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

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(EDUCATION continued)

STRENGTH/ PROTECTIVE RESPONSES

The youth:

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

RISK INDICATOR RESPONSES

The youth:

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

ACTIVITIES

OPENING QUESTIONS

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

FOLLOW-UP QUESTIONS

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

STRENGTH/ PROTECTIVE RESPONSES

The youth:

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

RISK INDICATOR RESPONSES

The youth:

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

DRUGS

OPENING QUESTIONS

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

FOLLOW-UP QUESTIONS

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

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(DRUGS continued)

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

STRENGTH/ PROTECTIVE RESPONSES

The youth:

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

RISK INDICATOR RESPONSES

The youth:

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

SEXUALITY

OPENING QUESTIONS

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

  If yes: • How old were you the first time you had sex?
  • Do you have sex with guys, girls or both?

  If no: • What are your plans about sex in the future?
- Has anyone ever touched you in a way that made you uncomfortable or forced you to have sex?
- Have you ever had sex unwillingly?
- How do you feel about your sexual life?
- Do you talk with your parents or other adults about sex and sexual issues?

FOLLOW-UP QUESTIONS

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

STRENGTH/ PROTECTIVE RESPONSES

The youth:

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

RISK INDICATOR RESPONSES

The youth:

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

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SUICIDE/DEPRESSION/SELF-IMAGE

OPENING QUESTIONS

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

FOLLOW-UP QUESTIONS

- Is there any adult that you can talk to if you feel depressed/suicidal (mirror youth language e.g.: sad, low, down)?
- Do you think a lot about losing or gaining weight or dieting?
- Have you ever been in counseling or therapy?
- What was that like for you?
- Have you ever been given any medications to affect your mood or behavior?
- Are you thinking about hurting/killing yourself now? Have you thought about it recently?
- Do you know anyone who has tried to kill her/himself or has committed suicide?

STRENGTH/ PROTECTIVE RESPONSES

The youth:

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

RISK INDICATOR RESPONSES

The youth:

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

SAFETY

OPENING QUESTIONS

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

FOLLOW-UP QUESTIONS

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

STRENGTH/ PROTECTIVE RESPONSES

The youth:

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

RISK INDICATOR RESPONSES

The youth:

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

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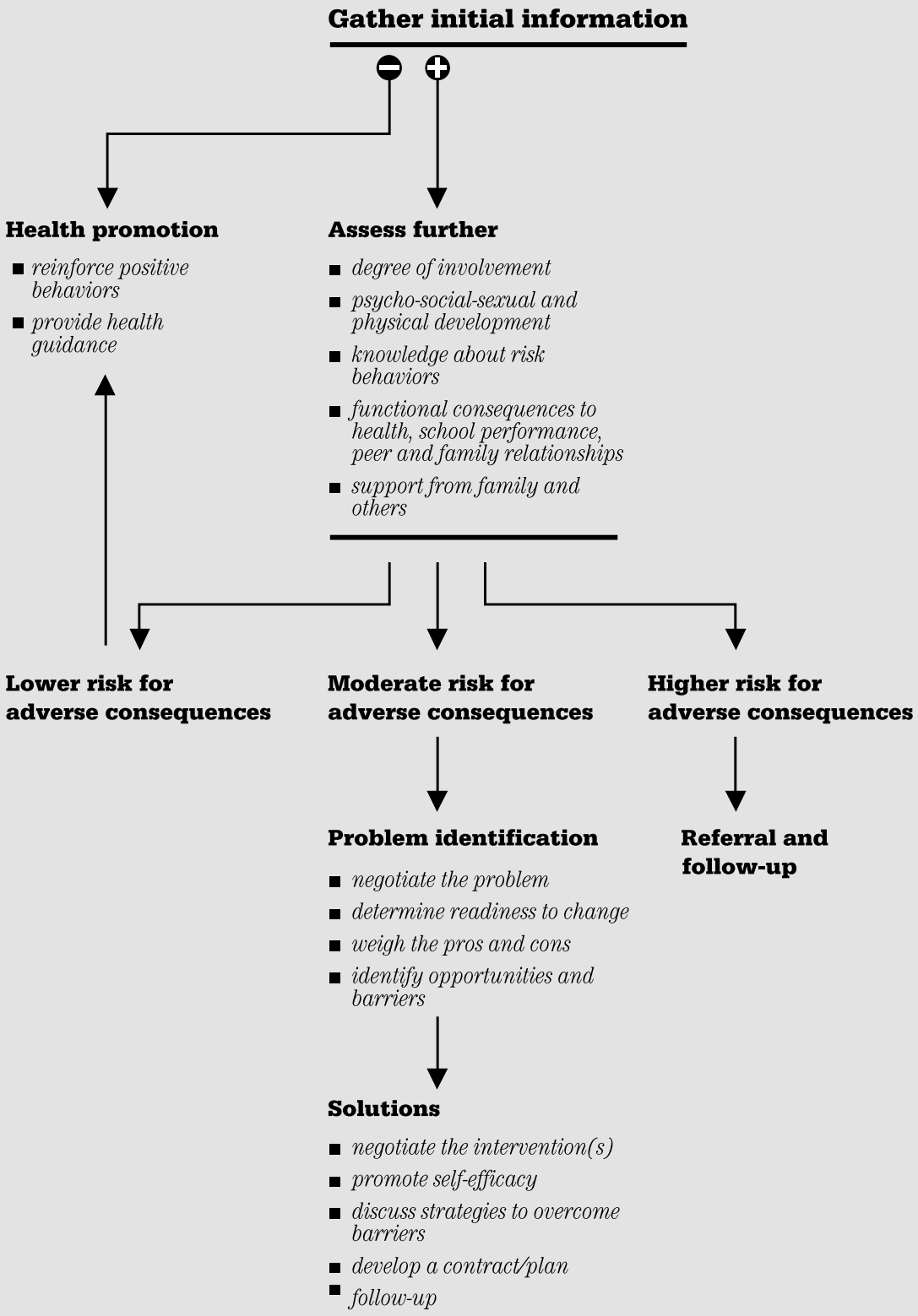
Steps for preventive screening and health promotion



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

"STAYING HEALTHY" BRIEF TALKING POINTS – CHILDREN 12-17 YEARS OF AGE (SEE "B-2")

1. **Do you live at home?**
   - Assess current living situation especially as it relates to safety and stability.

2. **Do you go to school?**
   - Advise out of school youth that they are especially at risk for alcohol/drug use, unintended pregnancy, STDs/HIV, violence, and abuse.
   - Assess further to identify if teen works, how teen spends time, if he or she would like to go back to school or get training in a job skill.

3. **Do you receive health care from anyone beside a medical doctor?**
   - Explain your role as primary care provider.
   - Discuss if there appears to be concern regarding accepted medical practices or teaching and any alternative medical treatment or advice patient is receiving, including home or herbal remedies.
   - Advise the patient to call the 800# for plan if he/she cannot reach you (discuss overuse of Emergency Room if appropriate).

4. **Do you see the dentist once a year?**
   - Counsel the patient about the importance of brushing, flossing, fluoride use, and regular preventive checkups.
   - Counsel patient on proper dental care (fluoride, brushing, and regular dental visits).

5. **Do you drink milk, or eat yogurt at least 3 times a day?**
   - Discuss importance of calcium in patient's diet.
   - Discuss alternative sources of calcium (broccoli, fortified cereals and grains, fortified orange juice, and spinach) for children who are lactose intolerant.

6. **Do you eat at least 5 servings of fruits or vegetables each day?**
   - Counsel on importance of balanced diet including fruits and vegetables.

7. **Do you eat only a limited amount of fried or fast foods?**
   - Counsel on high fat, high sugar, and high salt content of fast food, sweets, and soda.
   - Advise regarding healthy food substitutes.

8. **Do you exercise or play an active sport 5 days a week?**
   - Advise on importance of daily physical activity for teens.
   - Assess how many hours he/she spends watching TV.

9. **Do your think you need to lose or gain weight?**
   - Identify nature of teen's concern with weight.
   - Discuss natural changes during pre-adolescence
   - Discuss dangers of fad diets, diet pills, laxatives, starvation, and vomiting.
   - Counsel on safe ways to lose and maintain a healthy weight through exercise, and balanced, nutritious, low fat diet.

10. **Do you often feel sad or depressed?**
    - Assess further to identify nature of problems and possible causes.
    - Assess if teen has support network including someone he/she can talk with.
    - Assess needs of youth with special needs.

11. **Do you always wear a seat belt when riding in a car?**
    - Advise regarding importance, legal requirement, and proper use of seat belts.

12. **Do you always wear a helmet when riding a bike or skateboard?**
    - Advise that all everyone should wear safety helmets when riding bicycles, skateboarding or roller-skating.
    - Counsel on proper use of helmet – so front of head is adequately covered.

13. **Do you spend time in a home where a gun is kept?**
    - Advise on dangers of having a loaded gun in the home.
    - Keep guns and ammunition locked in separate places away from child's access.

14. **Do you spend time in a home where anyone smokes?**
    - Advise of relationship of second hand smoke to health problems (ear infections, asthma, etc.).
    - Discuss strategies to prevent second hand smoke including asking smoker not to smoke in the home or car.

15. Do you often spend time outdoors without sunscreen or other protection such as a hat or shirt?

- Advise of need to use sunscreen of SPF 15 or more and to wear protective clothing at all times. Avoid using baby oil, mineral oil, or tanning oil.
- Discuss dangers of early sun damage to skin and the susceptibility to skin cancers later in life.

16. Do you ever smoke cigarettes or chew tobacco?

- Advise on health consequences, addiction and, difficulty of quitting.
- Assist teen with smoking cessation if indicated.

17. Do you drink alcohol such as beer, wine coolers, or liquor?

- Assess frequency of alcohol use and patterns of use.
- Advise on health consequences of drinking and danger of dependency.
- Offer assistance including referral to alcohol treatment programs, if needed.

18. Do you drive a car after drinking or ride in a car driven by someone who has been drinking?

- Counsel on importance of assigning a "designated driver."
- Counsel on importance of avoiding drinking and driving or riding in a vehicle driven by someone who has been drinking.

19. Do you use drugs such as marijuana, cocaine, crack, crank, or ecstasy?

- Assess frequency and patterns of drug use.
- Counsel on harmful effects of drug use and danger of dependency.
- Offer assistance including referral to drug treatment, if needed.

20. Have you ever had sex?

- Provide information on importance of postponing sexual involvement.
- Provide information on contraception and STD/HIV risk reduction.
- Advise that services are confidential.

21. Do you think you or your partner could be pregnant?

- Provide patient with pregnancy test and in-depth birth control counseling, as appropriate.
- Counsel on family planning alternatives, if needed.

22. Have you had sex without using birth control in the last year?

- Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
- Discuss important factors affecting effective use of birth control (consistency, proper use, comfort, communication with partner, etc.)

23. Do you think you or your partner could have a sexually transmitted disease?

- Provide patient with STD/HIV test and in-depth risk reduction counseling, as appropriate.
- Advise patient of right to receive confidential STD/HIV testing/counseling services.

24. Have you or your partner(s) had sex with any other people in the last year?

- Provide patient with in-depth birth control and STD/HIV risk reduction counseling.

25. Did you or your partner use a condom the last time you had sex?

- Provide patient with in-depth birth control and STD/HIV risk reduction counseling.
- Discuss important factors affecting effective use of birth control (consistency, proper use, comfort, communication with partner, etc.).

26. Have you ever been forced or pressured to have sex?

- Further assessment and counseling may be required.
- Follow reporting procedures established by the state and local authorities.

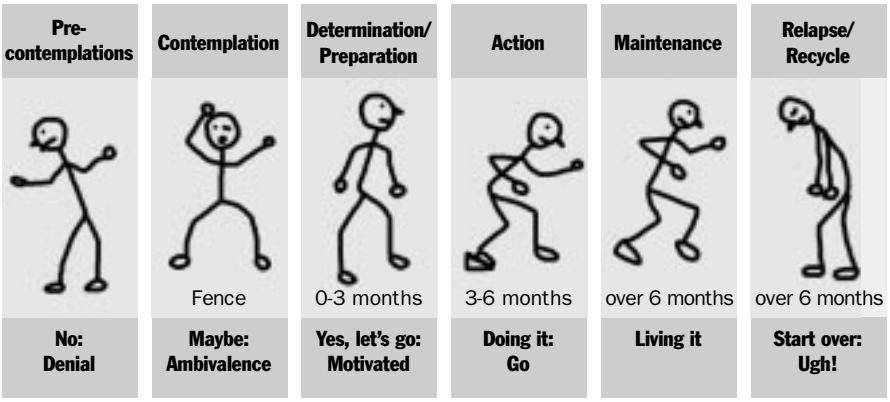
27. Have you ever been hit, slapped, kicked, or physically hurt by someone?

- Further assessment and counseling may be required.
- Follow reporting procedures established by the state and local authorities.

28. Have you ever carried a gun, knife, club, or other weapon?

- Advise regarding increased risk (2 times higher) of injury or death if he or she carries a weapon.
- Discuss the dangers of associating with gangs (if indicated).

COUNSELING FOR BEHAVIOR CHANGE



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

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

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

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HOW READY ARE YOU TO MAKE CHANGE?

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

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

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

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

NOT READY (0-3) PRECONTEMPLATION	UNSURE (4-6) CONTEMPLATION	READY (7-10) PREPARATION
Advise and Encourage	**Explore Ambivalence**	**Strengthen Commitment and Facilitate Action**
• Would you like to have more information? • How can I help? • Encourage and emphasize confidence.	• What are the things you like about your behavior? • What are the things you don't like? • What are the advantages of your behavior? • What are the disadvantages? • Where does that leave you? • Summarize.	• Why is this important to you now? • What are your ideas for making this work? • What might get in the way? • How might you deal with those barriers? • How confident are you? • How will you know you've reached your goal? • How might you reward yourself along the way? • Make sure the plan is specific, measurable, and achievable.

! Move one stage at a time!

! Make sure there is enough time to achieve goals!

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

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ADOLESCENT GROWTH AND DEVELOPMENT

CHARACTER-ISTICS	EARLY ADOLESCENCE	MIDDLE ADOLESCENCE	LATE ADOLESCENCE
AGE RANGE (These stages are variable and fluid.)	• Females: 9-13 years • Males: 11-15 years	• Females: 13-16 years • Males: 15-17 years	• Females: 16-21 years • Males: 17-21 years • The upper end varies and depends on cultural, economic, and educational factors.
GROWTH	• Secondary sexual characteristics appear. • Voice changes and body odor increases. • Growth rapidly accelerating; reaches peak velocity.	• Secondary sexual characteristics well advanced. • Menstruation begins in females. • Growth decelerating; stature reaches 95% of adult height.	• Physically mature; statural and reproductive growth virtually complete.
COGNITION	• Concrete thought dominant. • Existential orientation. • Cannot perceive long-range implications of current decisions and acts.	• Rapidly gaining competence in abstract thought. • Capable of perceiving future implications of current acts and decisions but variably applied. • Reverts to concrete operations under stress.	• Established abstract thought processes. • Future oriented. • Capable of perceiving and acting on long-range options.
PSYCHOLOGICAL SELF AND SELF-PERCEPTION	• Preoccupation with rapid body change. • Former body image disrupted. • Concerned with privacy. • Frequent mood swings. • Very self-focused.	• Reestablishes body image as growth decelerates and stabilizes. • Extremely concerned with appearance and body. • Preoccupation with fantasy and idealism in exploring expanded cognition and future options. • Often risk takers. • Development of a sense of omnipotence and invincibility.	• Emancipation completed. • Intellectual and functional identity established. • May experience “crisis of 21” when facing societal demands for autonomy. • Body image and gender role definition nearly secured.
FAMILY	• Defining independence–dependence boundaries. • Conflicts may occur but relate to minor issues.	• Frequency of conflicts may decrease but their intensity increases. • Struggle for emancipation.	• Transposition of child-parent dependency relationship to the adult-adult model
PEER GROUP	• Seeks peer affiliation to counter instability generated by rapid change. • Compares own normality and acceptance with same sex/age mates. • Same-sex friends and group activities.	• Strong need for identification to affirm self-image. • Looks to peer group to define behavioral code during emancipation process. • Cross-gender friendships more common.	• Group recedes in importance in favor of individual friendships and intimate relationships.

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ADOLESCENT GROWTH AND DEVELOPMENT (continued)

CHARACTER-ISTICS	EARLY ADOLESCENCE	MIDDLE ADOLESCENCE	LATE ADOLESCENCE
SEXUALITY	• Self-exploration and evaluation. • Limited dating. • Sexual fantasies are common and may serve as a source of guilt. • Masturbation begins during this period and may be accompanied by guilt. • Sexual activities are usually non-physical. Early adolescents are often highly content with nonsexual interactions such as telephone calls to peers.	• Multiple plural relationships. • Heightened sexual activity. • Testing ability to attract boy/girl-friends and parameters of masculinity or femininity. • Preoccupation with romantic fantasy. • Experimentation with relationships and sexual behaviors. • More emphasis on physical contact. • Establishing sexual identity; fears/questions about homosexuality. • Dating and making out (petting) are common, and casual relationships with both noncoital and coital contacts are prevalent. • Denial of consequences of sexual behavior is typical.	• Forms stable relationships. • Capable of mutuality and reciprocity in caring for another rather than former narcissistic orientation. • Plans for future in thinking of marriage and/or family. • Intimacy involves commitment rather than exploration and romanticism. • Sexual orientation nearly secured.
TIPS	• Effective communication tools must be very specific. • Use materials with pictures rather than tables and graphs. • Focus on issues that most concern these teens (weight gain, acne, physical changes, peer acceptance). • Early and late maturation can lead to difficulties. • Parents will welcome guidance on discipline, rules and communication.	• Healthcare providers perceived as "friends" rather than authority figures help to develop trust with teens. • Teens must identify with the healthcare message to ensure follow through and success. • Peer counseling, if carefully selected, can be effective with this age group. • Focus on supportive adult connections, health promotion and harm reduction is key during this stage.	• More abstract reasoning allows for more traditional counseling approaches that rely on knowing consequences of behaviors. • Pediatric practices need to assist in transition to adult healthcare providers. • Provide the option to include close friends and/or partners for office visits.

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

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Making a difference...

YOUTH DEVELOPMENT

- **Youth development is a model** that strives to identify the processes that promote successful growth from childhood to adulthood.
- **This model promotes** activities and experiences that help young people to become socially, morally, physically and cognitively competent.
- **Recent studies have shown** that protective factors in the lives of young people, such as supportive family members and teachers, diminish the likelihood of negative health and social outcomes.[4]

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

WHAT CAN YOU DO?

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

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

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

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

5. Create a positive environment in your office setting.
- Encourage all staff members to show interest in youth and provide positive reinforcement.
- Display materials that focus on youth assets and that celebrate diversity and positive accomplishments.

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

Talking to Adolescents: HEADSSS mnemonic[5]

Home: Living situation, life at home, parents

Education: School, performance, peers, goals

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

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

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

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

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

Additional resources:

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

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what's up?

talking with & listening to teens

INFORMATION FOR ADULTS WHO CARE ABOUT TEENS

What's it all about?

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

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

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

What are the details?

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

Why does it matter?

Communication helps teens:

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

Keep talking!

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

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

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

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

What can I do?

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

Is it verbal abuse?

Negative communications can be verbal abuse when you resort to:

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

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

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

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

hot links!

American Academy of Pediatrics
"Healthy Communications with Your Child" Fact Sheet—www.aap.org/family/healcomm.htm

YMCA
Parent & Teen Survey—www.ymca.net/presrm/research/teensurvey.htm

Washington State PTA
"Every Teen Counts" Fact Sheet—1-800-562-3804 or www.wastatepta.org

Washington State Department of Health
"Talking with Teens about Sex" Public Health Fact Sheet—www.doh.wa.gov/topics/teen_sex.htm
Washington State Youth Risk Behavior Survey 1999—www.doh.wa.gov/publicat/publications.htm

American Social Health Association
Becoming an Askable Parent
1-800-783-9877 or http://sunsite.unc.edu/ASHA

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

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

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HEY TEENS! Did You Know?

Anything you say about sex, drugs, and feelings is **CONFIDENTIAL** unless you give me permission to share it.

"What we *say* here...
...*stays* here.

But, if you tell me:

- You are being abused (physically and/or sexually)
- You are going to hurt yourself or someone else
- You are under 14 and having sex with someone 14 years or older
- You are under 16 and having sex with someone 21 years or older

I must contact someone to help.

"Talk
(I'll listen.)
to me!"

AHWG

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Youth Health Rights & Responsibilities

As a youth in the health care system, I have the right:

- To be treated respectfully by all staff.
- To receive comprehensive quality care and appropriate health services by staff who are comfortable and experienced with young people.
- To be presented with honest and complete health information, guidance and care.
- To include family members, friends, and partners in my care at my request.
- To request a clinician with whom I feel comfortable, and to ask for a second opinion when I believe it's necessary.
- To communicate with members of the healthcare team in a language and manner that is understandable to me.
- To have the conditions and limitations of confidentiality explained to me.
- To be addressed by my name and to know the names of doctors, nurses and others who help care for me.
- To be informed about my health care benefits and health plan procedures.
- To review my records.

And, I have the responsibility:

- To give honest and complete information to my healthcare providers, and let them know if my health changes.
- To ask questions about my health or health care including the names, purposes, and side effects of medications that are prescribed for me.
- To follow the plan I decide on with my healthcare providers, and let them know if I choose to change my mind.
- To treat the clinic staff, other patients, and the clinic policies with respect.

When you have questions - ***ASK!*** When you have complaints - ***SPEAK UP!***

When you like what happens - ***SMILE AND SAY THANKS!***

Adolescent Health Working Group, www.ahwg.net, 3/03

ADOLESCENT HEALTH 101
TOOLKIT LINK UPDATES

RESOURCES FOR ADOLESCENT HEALTH CARE PROVIDERS (SECTION B-18)

❖Free handouts available to print and reproduce

DRUG AND ALCOHOL ABUSE

❖***http://www.nida.nih.gov/drugpages.html***
The National Institute on Drug Abuse has facts on drugs of abuse including Facts for Teens brochures on some drugs, and Infofax sheets on other drugs. It also has a chart with common street names and effects of various substances.

MENTAL HEALTH

❖***http://www.nimh.nih.gov/healthinformation/childmenu.cfm***
The Child and Adolescent Mental Health section of NIMH.

ADOLESCENT HEALTH ORGANIZATIONS

http://www.acog.org/departments/dept_web.cfm?recno=7
American College of Obstetricians and Gynecologists, Adolescent Health Care.

http://nahic.ucsf.edu
National Adolescent Health Information Center

HEALTH EDUCATION MATERIALS FOR A FEE

ETR Associates
☎1-800-321-4407, 4 Carbonero Way, Scotts Valley, CA 95066-4200
www.etr.org/pub/titles/browse.html
Pamphlets cover a wide range of topics, including stress, self-esteem, body image, drug and alcohol abuse, relationships, and sexual health. Sample pamphlets are free and can be ordered in bulk for a small fee.

SEXUAL HEALTH

http://www.cdc.gov/std/treatment/default.htm
This site has the guidelines from the CDC on sexual disease and health

RESOURCES FOR PARENTS (SECTION B-20)

☐ ***http://www.4girls.gov/parents/index.htm***
4Girls is appropriate for younger teens and may not be as appropriate for older teens. Host organization also has a website called 4parents.gov which does not give an unbiased opinion of adolescent health.

☐ ***http://www.ama-assn.org/ama/upload/mm/39/parentinfo.pdf***
Fact sheets about parenting a teenager from the American Medical Association.

☐ ***http://www.npin.org***
National Parent Information Network

☐ ***http://www.familypride.org***
Family Pride Coalition
PO Box 65327
Washington, DC 20035-5327
☎ 202-331-5015

CLICK ON THIS! (SECTION B-24)

Check out these websites for more info about your health…

GENERAL HEALTH

❂ ***http://www.kidshealth.org/teen***
A very complete site with informaiton on everything including your mind, your body, and your relationships.

SEXUAL HEALTH

❂ ***http://www.seventeen.com/health/smarts/0,,,0.html***
Website created by Seventeen magazine and the Kaiser Family Foundation about teenagers and sex.

WEBSITES FOR GAY, LESBIAN, BISEXUAL, AND QUESTIONING YOUTH

❂ ***http://www.queeramerica.com***
Do a search for area code and find various LGBT resources for your region.

FEELINGS

❂ ***http://www.apahelpcenter.org/featuredtopics/feature.php?id=37***
A guide for teens about mental health by the American Psychologiacal Association.

DRUGS, ALCOHOL, AND SMOKING

❂ Both the American Lung Association and the ForReal weblinks no longer work.

SITES FOR GUYS

❂ ***http://www.kotex.com/na/talk/teen/guything/***
Kotex Company's site for teenage boys about puberty and feelings.