But All My Friends Do It
Facilitator's Guide

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Topic: Middle Adolescent Health Screening

Abstract:
Adolescents have high rates of preventable health problems; for example, 2.5 million adolescents contract a sexually transmitted disease (STD) each year, and nearly one million adolescent girls become pregnant. Seventy-two percent of deaths in 5-24 year olds result from motor vehicle crashes, other unintentional injuries, homicide and suicide. This is the case of Diane, a 16 year old with a chronic disease who is seen for a health supervision visit. She states a desire to quit smoking, but she also has other health risk behaviors that need to be addressed in this visit. Primary care clinicians will learn new skills in interviewing teens about risk and protective factors.

Goal:
To provide learners with a basic understanding of periodic health screening for middle adolescents and the skills needed to counsel adolescents about risky behaviors.

Objectives:
By the end of the session, learners will be able to:
1. List health risk behavior screening questions to be asked at periodic health visits for adolescents.
2. Formulate a strategy to promote health and address smoking and risky sexual behaviors in adolescents.
3. Describe the important role of the primary health care provider in treating adolescents with chronic disease.

Prerequisite Case: N/A

Related Cases:
"New World, Old Worries" (Young Adolescent Health Screening)
"Amy Goes to College" (Older Adolescent Health Screening)
"The Hidden Agenda" (Contraception)
"Michael's Disclosure" (HIV and the Adolescent)
"The Craffty Pupil" (Adolescent Substance Abuse)

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Themes:
Adolescent Health

Key Words:
Preventive health services, risk factors, smoking, smoking cessation, confidentiality, sexually transmitted diseases, primary prevention, sexuality, pregnancy, contraception

Bright Futures Core Concepts:
While all of the Core Concepts are included in each case, this particular case can be used to highlight communication, partnership, and prevention/health promotion.

Materials Provided:
- Facilitator's Guide
- 4-part Case Narrative: Part I, Part II, Part III, Epilogue
- Handout #1: Overview of Health Risks for Adolescents
- Handout #2: Summary of the American Medical Association Guidelines for Adolescent Preventive Services (GAPS)
- Handout #3: Bright Futures HEADSS Questions
- Handout #4: Tobacco Assessment (using GAPS)
- Handout #5: Sexuality Assessment (using GAPS)
- Bibliography

Facilitator Preparation:
Facilitators should thoroughly review this guide and the other materials provided. In addition, the facilitator of this case should be aware of the epidemiology of adolescent health risk behaviors. The most recent Youth Risk Behavior Survey (YRBS) should be obtained along with state specific data to make the issues more salient for learners. The facilitator should be prepared to answer the question: What are the major adolescent health issues and why are preventive health care visits important for teens?

At the end of the guide we have included a section entitled, "**Independent Learning/Prevention Exercises**," that will further stimulate group and individual education on this topic.

Suggested Format for a One Hour Discussion:
We anticipate that case facilitators will modify implementation of the case session to best fit their educational setting and learners. For detailed recommendations on case facilitation, please see the chapter entitled, "A Brief Guide to Facilitating Case-Discussion," found in *The Case Teaching Method; and Growth in Children and Adolescents* (book 1 of this series).

Introduction: Adolescence is a time of rapid change with the opportunities for enhancing positive youth development and lessening risk behaviors. By the year 2020, the Center for Disease Control and Prevention (CDC) estimates that there will be 43 million adolescents in the U.S. Improving health for teens requires a concerted effort by families, communities, schools, public health departments, and primary care clinicians. Building on assets and

strengths of youth, valuing their contributions, and providing excellent health care is a challenge for busy practitioners. Primary care clinicians need to learn the skills of interviewing teens to obtain information about risk and protective factors.

Adolescents have high rates of preventable risks, including STDs, pregnancy, and deaths from suicide, homicide and accidents. The CDC gathers data from surveys in the high schools every two years, chiefly assessing risks. However, future versions may focus also on examining protective factors that promote resilience. Some selected data from the 1999* Youth Risk Behavior Surveillance[8] noted below can give the clinician some sense of the level of risks that should be detected through office screening, realizing that out of school youth who do not answer these questions have even higher levels of risk.

The 1999 Survey included 15,349 high school students in the 9th through 12th grade (61% white, 10.4% Hispanic, 14.1% Black, 14.7% other). Each state has individually published data which should be examined by clinicians and communities every other year.

Selected Data from the 1999 Youth Risk Behavior Survey:

- 52.2% of boys, 47.7% of girls reported ever having sexual intercourse
  - 32.5% of girls, 44.5% of boys in 9th grade
  - 65.8% of girls, 63.9% of boys in 12th grade
- 50.7% of girls and 65.5% of boys used a condom at last intercourse
- 28.1% of girls and 34.9% of boys had 5 or more drinks in a row on one or more occasions in the last 30 days
- Among 12th graders, 37.2% rode in a car with someone under the influence of alcohol in the past 30 days
- Among 12th graders, 20% of girls and 26% of boys are regular cigarette smokers (smoked cigarettes $\geq$ 20 of the preceding 30 days)
- 13.7% of boys and 24.9% of girls considered suicide in past 12 months,
  - 5.7% of boys and 10.9% of girls attempted suicide (2.6% treated for attempt)
- 27% of girls and 44% of boys were in a physical fight in past year
- 6.0% of girls and 28.6% of boys carried a gun, knife, club or other weapon in past 30 days
- 59.4% of girls and 26.1% of boys are trying to lose weight
- 57.1% of girls and 72.3% of boys participated in strenuous activity

*Facilitators should check the complete 1999 and future YRBS results available from the Center for Disease Control and Prevention web site (**www.cdc.gov/nccdphp/dash/yrbs/index.htm**).

Given these high levels of risky behaviors among teens, primary care clinicians should work with parents, schools, and communities to encourage a safe passage through adolescence. Primary care medical settings provide one approach to enhancing adolescent health. Health care providers are seen as credible sources of information by teens, and most teens see a health care provider once a year. There are multiple opportunities for intervention including actual time with the provider during a scheduled periodic preventive services visit, acute

care visits, waiting room time, and time with other office personnel. Connections among agencies, schools, and offices are essential so that the message is coming from multiple sources. Legislation (seat belts, driving laws) is also essential to promote health.

Approximately $33.4 billion is spent on adolescent morbidities each year ($855/adolescent); preventive services have been estimated to cost $57-130/adolescent in fee for service and from $72 to $172 per adolescent in capitated systems.[11] A small improvement in health indicators would be cost effective! Annual visits are important because behaviors and health risks can change markedly over the adolescent years.

Open the Discussion: Introduce the case title and the session goal. Explain that this will be an interactive case discussion and not a lecture. Distribute Part I of the case and ask one or more of the participants to read it aloud.

Part I

Diane is a 16 year old female who was referred to your office by her allergist after she asked for help in quitting smoking. She has been followed by the allergist every one to two months for the past 2 years for management of her asthma. With the use of daily medications, her asthma is currently well controlled. She has had no comprehensive preventive health care visits for the past 2 years, although she has come to see you twice for evaluation of a vaginal discharge. She was treated for chlamydia cervicitis 9 months ago.

Following this reading, ask all participants "*So what do you think about this case? What would you like to focus on during our discussion today*?" List agenda items on a blackboard or flipchart. Then use the questions below to guide the discussion. Remember that the key to successfully leading a small group is facilitation of the discussion rather than lecture. Draw as many participants as possible into the discussion. Allow silences while group members think about questions. Present material from the discussion guide only when needed to complement or redirect the group discussion.

The facilitator may want to distribute the Introduction to the learners or Handout #1: Overview of Health Risks for Adolescents.

Guiding Questions for Discussion:

How would you open the interview? Introduce yourself, and ask Diane "What brings you to the clinic today?" or "Why are you here today?" "Are you having any health problems?" The clinician should explain the philosophy of the clinic and confidentiality provided. The clinician should state "I will be asking a lot of questions that I ask of all my patients."

Given that Diane has been regularly involved with the health care system for the past two years, would you approach her interview any differently? The primary health care provider needs to explain the reasons for comprehensive periodic health care screening. The clinician explains that the Allergist concentrates on her asthma, but that the primary care provider addresses all aspects of her health.

How should confidentiality be addressed with teens and families? The discussion about confidentiality should ideally begin when the patient is age 11-12 years old. The clinician can reassure the parents that he/she will discuss life threatening issues. Parents are encouraged to CALL if concerned. Teens need to know that the clinician provides confidentiality with limits:

"Our conversation will be private and confidential. I will spend a few minutes talking to you privately about your health issues and do the same with your parents. In cases where we identify a very serious problem, we will talk about how to let others know about it."
(GAPS Implementation Manual)

Assurances of confidentiality increase the willingness of teens to disclose information on sexuality, substance abuse, and mental health, and enhance reproductive health among sexually active teens.

What framework is needed to address the health risks of teens? The *Bright Futures Guidelines for Health Supervision* published first in 1994 provides guidance for the content of annual preventive services visits for adolescents and is divided into three sections of early, middle, and late adolescence. Trigger questions for the Parent and for the Adolescent on social-emotional development, physical development and health habits, sexual development, family functioning, and school performance are suggested, and the interaction between the Parent and the Adolescent is observed. *Bright Futures* also includes recommendations for the physical examination and screening tests. Immunizations are recommended using ACIP and AAP guidelines. The anticipatory guidance section includes topics such as promotion of healthy habits, injury and violence prevention, mental health, nutrition, oral health, sexuality, prevention of substance use/abuse, promotion of social competence, and promotion of responsibility, school achievement, and community interactions.

Distribute Handout #2: Guidelines for Adolescent Preventive Services (GAPS) and review the contents.

The AMA Guidelines for Adolescent Preventive Services Monograph was published in 1992 and provides 24 recommendations for preventive services. Trigger Questionnaires, History Forms, a text on the rationale, and a Clinical Evaluation and Management Handbook with algorithms have been published. Annual visits for 11-21 years include less emphasis on physical examinations.

One useful framework for the adolescent interview is the HEADSS format, a sequence that can be remembered in the emergency ward, the clinic, or the inpatient service.

How would you ask the adolescent questions in the HEADSS format? Distribute Handout #3: Bright Futures HEADSS Questions. Note: Some of the questions are from Bright Futures.

The clinician should begin the interview with less personal questions and focus on the presenting complaint. For risk behaviors, clinicians can often gain more information by asking about peers first, then the patient's behaviors.

e.g. *Do any of your friends smoke? Do you smoke or use chewing tobacco? Have you ever tried? Have any of your friends had sex? Any been pregnant? Have you ever had sex?*

It is important to reassure patients who are not involved in these behaviors that they are making healthy choices at this time in their lives. Support them! Ask the patient: "What are you doing to stay healthy?" The clinician should make sure to *listen* before giving advice or looking at options, always highlighting the positive.

How would you ask Diane about smoking?

The GAPS algorithms help you direct the counseling:

G= Gather information (office interview, questionnaires)
A= Assess further (level of risk)
P= Problem identification (seek the adolescent's perception of the risk and his/her goals. Is the patient interested in change? What is the patient willing to do?)
S= Solutions
Self-efficacy (Can the patient make a change?)
Solve barriers

Begin by gathering more information. *"How long have you smoked? How old were you when you started smoking? How much do you smoke? With whom? Does anyone you live with smoke? Do your good friends smoke? Do you smoke when you first wake up? When you eat? When you are out at parties? Do you have allergies, asthma, rhinitis or sinusitis problems? Have you ever tried to quit? What would be the good things about quitting? The bad things about quitting? If we can give you some help, would you be willing to try to stop?"*

Smoking is both a physical addiction to nicotine and a behavioral habit. Differentiating these aspects may help in developing cessation strategies. Very regular use, particularly needing an early morning cigarette, is indicative of physical addiction and may require pharmacological intervention in addition to behavioral strategies.

What other information do you want to obtain? A general review of systems should also be asked, and immunization and varicella status needs to be gathered. The clinician should summarize what he/she has heard and ask the patient if there is anything else not already covered.

On what parts of the physical examination would you focus? What screening tests does Diane need today? The Physical Examination as noted in Bright Futures includes Height, Weight, Body Mass Index, Blood pressure, screening for scoliosis, acne, dental assessment, Tanner stage, and assessment of genitalia. Because she is sexually active, Diane needs a pelvic examination with Pap smear and STD screening (chlamydia and

gonorrhea). Serology for syphilis should be considered, and Diane should receive counseling about HIV testing at this or a future visit.

Indications for pelvic examinations include: ever sexually active; gynecological problems; age 18 years old or older (pre-college); patient desires an examination.

Distribute Part II of the case and have participant(s) read it aloud.

Part II

Because Diane has expressed a desire to quit, you begin by asking her about the smoking. She began smoking cigarettes this past summer, *"because all of my friends do."* She smokes approximately 8 cigarettes per day, and she never smokes alone. Her parents do not know about the cigarettes, and neither parent smokes. Her first cigarette of the day is in the car on the way to school with her friends. She does not smoke on the weekends unless she goes out with her friends. She has tried to quit in the past, but her friends have teased and cajoled her into lighting up.

You are familiar with and opt to use the HEADSS format (**H**ome, **E**ducation, **A**ctivities, **D**rugs, **S**ex, and **S**uicide) for further history. Having already started talking about cigarettes, you decide to start by asking about other substance use. Diane tried drinking at a party once, but she vomited and has not had alcohol since. She has tried marijuana on two or three occasions.

She lives at home with her mother, father, and younger brother. Her family, with whom she gets along well, is generally healthy. Outside of school, she spends most of her time *"hanging out with friends,"* although she works some weekends as an usher at a movie theater. Diane is in the 11th grade and has a "B" average. She plays no sports, and does not get any regular exercise. She has a boyfriend who is 18 years old. They began having sexual intercourse 5 months ago. She had two male partners prior to him. Her last menstrual period was 2 weeks ago. She is using condoms for contraception *"most of the time."* She denies symptoms of depression, and has never had any suicidal ideations.

Diane had a second MMR immunization 3 years ago. Her most recent tetanus booster was at age 5. She has not received the hepatitis B vaccine. She had chicken pox when she was 8 or 9 years old. Her review of systems is otherwise negative.

On physical exam, her height is at the 50th percentile, her weight is at the 10th-25th percentile, and her vital signs are normal. The remainder of her physical exam, including a pelvic exam, is unremarkable. She is Tanner stage 5 for both breast and pubic hair development. A CBC, performed in the Allergy clinic, was normal, and an RPR done 9 months ago was negative.

How will you prioritize the health risks she has brought up in this visit? Aside from her asthma, she has three main issues you can deal with during this session. 1) Smoking cessation, 2) Contraception/STD prevention, and 3) Immunizations. Prioritization should relate to health risk: 1) Immediate danger (e.g., suicide, driving under the influence), 2) Intermediate danger (e.g., condom nonuse) 3) Long-term danger (e.g., smoking, oral hygiene).

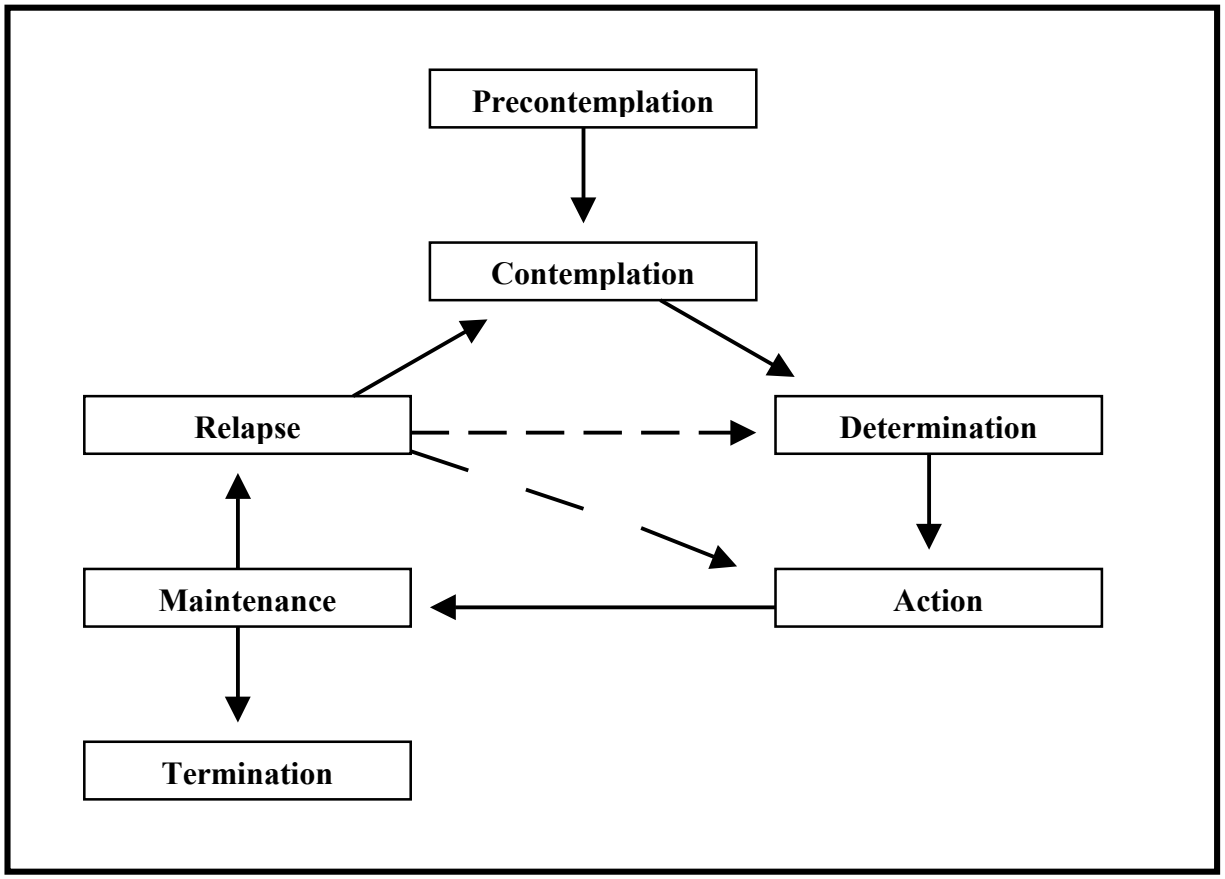
Most concerning to the health care provider is her irregular use of condoms, particularly with her previous history of a STD. She also needs to be educated about the availability of emergency contraception (for more information about this topic, see "Handout #2: Information about Emergency Contraception" from the contraception case, *The Hidden Agenda).* However, the patient must participate in the priority setting. The clinician should ask Diane what her priorities are, and come to an agreement on possible changes. All plans

should be reviewed with her. Keep it simple! Don't try to make more than two or three points on one visit.

Role play is an effective strategy for illustrating the clinician-adolescent interaction.

****Optional learning exercise: How can stages of change theory be used to address behavior changes?**

Prochaska and DiClemente[7] originally described a transtheoretical model of how substance abusers change addictive behaviors, with or without formal treatment. This model can be used for understanding behavior change in adolescents. The facilitator should ask if anyone has heard of this model and then draw the various stages on the board or flipchart. Ask participants to reflect on changes they have made in their own behaviors.



Precontemplators do not consider the behavior in question to be a problem; it is neither relevant nor a risk to their health. To move an adolescent to the next stage, the provider should provide information about the health consequences and promote the benefits of change. "The diagnosis/problem is…" "This means for you.." "I am concerned about a number of things you told me today…" The **contemplator** considers that he/she may indeed have a problem and that there are pros and cons to the behavior; the individual begins to weigh the feasibility of change. The provider needs to address the barriers and concerns about behavior change and how to achieve change in steps. "What would

happen if you quit smoking?" "What would happen if you used a condom?" "How might you imagine your life could improve if you gave up using drugs?" "Who or what might help you?" **Determination** or **Preparation** is the stage in which the adolescent recognizes the need to change (within a month), although the behavior itself remains unchanged. The health care provider assists by increasing the importance of the pros and decreasing the value of the cons. Clinicians should also suggest a specific step-by-step plan for change. In the **Action** stage, the adolescent is actively changing behavior. The action should be reinforced through visits and telephone calls. "I'd like to see you again in…" "Until you return in 2 weeks, what will you do?" In **Maintenance**, the adolescent refrains from the risky behavior and is confident in having made a change, which may lead to either a permanent exit (**recovery**) from the cycle, or a **relapse** and entry into another cycle. Relapse should be treated as a learning experience not a failure.

1) In terms of smoking, Diane has already moved from pre-contemplation to contemplation. She has expressed a desire to move to action. Diane should have an active role in deciding the best way to approach this. Help her brainstorm on ways to decrease her cigarette consumption: Cut the use at certain times of the day, do not purchase any more cigarettes, write down a quit date on a calendar.
2) Ask her if she thought about what she would do if she were pregnant, and what she can do to prevent that. Discuss the fact that consistent condom use can decrease her risk of STD's. Make sure she knows that the only 100% effective contraceptive/STD prevention is abstinence.
3) Explain why she needs her immunizations.

Distribute Handout #4: Tobacco Assessment (using GAPS) and #5: Sexuality Assessment (using GAPS) and review the contents.

Distribute Part III of the case and have participant(s) read it aloud.

Part III

You discuss ways to cut down on her smoking, and Diane decides that she will no longer spend her money on cigarettes. You discuss other substances, and warn her about driving with individuals who are under the influence. You discuss contraception, and emphasize the need to regularly use condoms if she continues to have sexual intercourse. She agrees, and takes some condom samples. You administer a tetanus booster and the first hepatitis B vaccine.

When do you want Diane to return to your office? Conveniently, she will need a second hepatitis B vaccine in one month. This will offer a chance to follow up on her progress with smoking cessation and contraception/STD protection.

What is your plan for the return visit? Diane may not be able to imagine quitting the cigarettes forever, but she may be able to stop smoking for a finite amount of time. If she is successful, this finite time may demonstrate that she is able to get along with her friends while not smoking.

The return visit also provides an opportunity to review condom use and administer the second hepatitis B immunization.

Distribute the Bibliography page and Epilogue. Ask someone to read the Epilogue aloud.

Epilogue

Diane returns in one month and, though she has not actually bought any cigarettes, her friends are supplying her with about 4-5 cigarettes per day. She has trouble imagining not smoking those few cigarettes, even though she wants to quit. She has not had intercourse since her last visit. You administer the second hepatitis B vaccine. She wants to know what to do about the smoking now.

You offer her an abstinence challenge. That is, you ask her if she thinks she can go without cigarettes for a week, and then stick to that resolution. This is much easier, you explain, than trying to stop indefinitely. She agrees, and is amazed that after the week is over, she finds it much easier to keep saying no to cigarettes. When you see her back in clinic in 2 months, she has quit smoking, and now her friends are also trying to quit.

Despite Diane's excellent progress with smoking cessation, and despite her compliance with return office visits, she presents eight months later with chlamydial cervicitis.

Refer back to group's learning agenda and summarize the key teaching points that were made. This will give the group a sense of accomplishment, and emphasize the important messages. Suggest further sources of reading or other information if there are agenda items that were not covered in the discussion.

Independent Learning/Prevention Exercises: Facilitators may wish to assign "Independent Learning/Prevention Exercises" to the group, particularly if time constraints hinder the completion of the case. The following list includes suggestions to explore the available community resources that focus on Middle Adolescent Health Issues that can be integrated during or after the session. If the exercise is done in the absence of the facilitator, learners should take notes on their experience, then discuss with a faculty member for feedback.

1. Talk to the state Adolescent Health Coordinator at the Department of Public Health about efforts to prevent smoking in your state.
2. Find a smoking cessation group in a local high school.
3. Visit a school-based clinic and discuss issues of access to and funding for programs.
4. Check out 3 web sites that address teen smoking cessation (see Bibliography page for suggested list of URLs).
5. Check out the Maternal and Child Health Bureau (MCHB) web site (http://www.mchb.hrsa.gov/index.html) for state and federal performance indicators, and the Healthy People 2010 (http://www.health.gov/healthypeople) objectives.
6. Practice HEADSS questions with the next 3 middle adolescent patients.

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Part I

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Part II

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She lives at home with her mother, father, and younger brother. Her family, with whom she gets along well, is generally healthy. Outside of school, she spends most of her time *"hanging out with friends,"* although she works some weekends as an usher at a movie theater. Diane is in the 11th grade and has a "B" average. She plays no sports, and does not get any regular exercise. She has a boyfriend who is 18 years old. They began having sexual intercourse 5 months ago. She had two male partners prior to him. Her last menstrual period was 2 weeks ago. She is using condoms for contraception *"most of the time."* She denies symptoms of depression, and has never had any suicidal ideations.

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Epilogue

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Despite Diane's excellent progress with smoking cessation, and despite her compliance with return office visits, she presents eight months later with chlamydial cervicitis.

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Handout #1: Overview of Health Risks for Adolescents

Adolescents have high rates of preventable health problems; for example, 2.5 million adolescents contract a sexually transmitted disease (STD) each year, and almost one million adolescent girls become pregnant each year. Seventy-two percent of deaths in 5-24 year old result from motor vehicle crashes, other unintentional injuries, homicide and suicide. The data from the 1999* U.S. Youth Risk Behavior Surveillance[1] can give some indication of the health risks to teenagers:

- Survey included: 15,349 high school students (9th-12th grade)
  61% white, 10.4% Hispanic, 14.1% Black, 14.7% other

- 52.2% of boys, 47.7% of girls reported ever having sexual intercourse
  - 32.5% of girls, 44.5% of boys in 9th grade
  - 65.8% of girls, 63.9% of boys in 12th grade
- 50.7% of girls and 65.5% of boys used a condom at last intercourse
- 28.1% of girls and 34.9% of boys had 5 or more drinks in a row on one or more occasion in the last 30 days
- Among 12th graders, 37.2% rode in a car with someone under the influence of alcohol in the past 30 days
- Among 12th graders, 20% of girls and 26% of boys are regular cigarette smokers (smoked cigarettes $\geq$ 20 of the preceding 30 days)
- 13.7% of boys and 24.9% of girls considered suicide in past 12 months,
  - 5.7% of boys and 10.9% of girls attempted suicide (2.6% treated for attempt)
- 27% of girls and 44% of boys were in a physical fight in past year
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- 59.4% of girls and 26.1% of boys are trying to lose weight
- 57.1% of girls and 72.3% of boys participated in strenuous activity

Risk behaviors are even more common among out-of-school youth.

The rationale for interventions in the primary care medical setting is that health care providers are credible sources of information and most teens see a health care provider once a year. There are multiple opportunities for intervention including actual time with the provider during a scheduled periodic preventive services visit, acute care visits, waiting room time, and time with other office personnel. Connections among agencies, schools, and offices are essential so that the message is coming from multiple sources. Legislation is also essential to promote health. Approximately $33.4 billion is spent on adolescent morbidities each year ($855/adolescent); preventive services have been estimated to cost $57-130/adolescent in fee for service and from $72 to $172 per adolescent in capitated systems.[2] A small improvement in health indicators would be cost effective! Annual visits are important because behaviors and health risks can change markedly over the adolescent years.

*Check the complete 1999 and future YRBS results available from the Center for Disease Control and Prevention web site (**www.cdc.gov/nccdphp/dash/yrbs/index.htm**).

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1. CDC. Youth Risk Behavior Surveillance -- United States, 1999. *Morbidity and Mortality Weekly Report* 2000;49(SS-5):1-94.
2. Gans JE, Alexander B, Chu RC, Elster AB. The cost of comprehensive preventive medical services for adolescents. *Archives of Pediatric and Adolescent Medicine* 1995;149:1226-1234.

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Handout #2: Summary of American Medical Association Guidelines for Adolescent Preventive Services (GAPS)

1. From ages 11 to 21, all adolescents should have annual preventive services visits. These visits should address biomedical and psychosocial aspects of health.
2. Preventive services should be age and developmentally appropriate and should be sensitive to individual and sociocultural differences.
3. Physicians should establish office policies regarding confidential care for adolescents and how parents will be involved in that care.
4. Parents or other adult caregivers should receive health guidance at least once during their child's early adolescence, once during middle adolescence and, preferably, once during late adolescence.
5. All adolescents should receive health guidance annually to promote a better understanding of their physical growth, psychosocial and sexual development, and the importance of becoming actively involved in decisions regarding their health care.
6. All adolescents should receive health guidance annually to promote the reduction of injuries.
7. All adolescents should receive health guidance annually about dietary habits, including the benefits of healthy diet, and ways to achieve a healthy diet and safe weight management.
8. All adolescents should receive health guidance annually about the benefits of exercise and should be encouraged to engage in safe exercise on a regular basis.
9. All adolescents should receive health guidance annually regarding responsible sexual behaviors, including abstinence. Latex condoms to prevent STDs, including HIV infection, and appropriate methods of birth control should be made available, as should instructions on how to use them effectively.
10. All adolescents should receive health guidance annually to promote avoidance of tobacco, alcohol, and other abusable substances, and anabolic steroids.
11. All adolescents should be screened annually for hypertension according to the protocol developed by the *National Heart, Lung and Blood Second Task Force on Blood Pressure Control in Children.*
    - Adolescents with systolic or diastolic BP $\geq$ 90th percentile for gender and age should have BP repeated three times in one month to confirm values.
    - Adolescents with baseline BP >95th percentile for age and gender should have complete biomedical evaluation to establish treatment options.
    - Adolescents with BP between the 90th and 95th percentile should be assessed for obesity and BP monitored every six months.
12. Selected adolescents should be screened to determine their risk of developing hyperlipidemia and adult coronary heart disease, following the protocol developed by the *Expert Panel on Blood Cholesterol Levels in Children and Adolescents*.
13. All adolescents should be screened annually for eating disorders and obesity by determining weight and stature, and asking about body image and dieting patterns.
14. All adolescents should be asked annually about their use of tobacco products including cigarettes and smokeless tobacco.
15. All adolescents should be asked annually about their use of alcohol and other abusable substance and about their use of over-the-counter or prescription drugs for nonmedical purposes, including anabolic steroids.

16. All adolescents should be asked annually about involvement in sexual behaviors that may result in unintended pregnancy and STDs, including HIV infection.
17. Sexually active adolescents should be screened for STDs.
    - Cervical culture (females) or urine leukocyte esterase analysis (males) for gonorrhea
    - Immunologic test of cervical fluid (females) or urine leukocyte analysis (males) for genital chlamydia
    - Serologic test for syphilis if they have lived in an area endemic for syphilis, have had other STDs, have had more than one sexual partner within the last six months, have exchanged sex for drugs or money, or are males who have engaged in sex with other males
    - Evaluation of human papilloma virus by visual inspection (males and females) and by Pap test

    Frequency of screening depends on the sexual practices of the patient and the history of previous STDs.
18. Adolescents at risk for HIV infection should be offered confidential HIV screening with the ELISA and confirmatory test.
19. Females adolescents who are sexually active and any female 18 years and older should be screened annually for cervical cancer by use of a Pap test.
20. All adolescents should be asked annually about behaviors and emotions that indicate recurrent or severe depression or risk of suicide.
    - Screening for depression or suicidal risk should be performed on adolescents who exhibit declining school performance, chronic melancholy, family dysfunction, homosexual orientation, physical or sexual abuse, alcohol or other drug abuse, previous suicide attempt, and suicidal plans.
21. All adolescents should be asked annually about a history of emotional, physical, or sexual abuse.
22. All adolescents should be asked annually about learning or school problems.
23. All adolescents should receive a tuberculin test if they have been exposed to active tuberculosis, have lived in a homeless shelter, have been incarcerated, have lived in or come from an area with a high prevalence of tuberculosis or currently work in a health care setting.
24. All adolescent should receive prophylactic immunizations according to the guidelines established by the federally convened Advisory Committee on Immunization Practices.

Important Elements of a GAPS Visit:

- Visit Orientation—Nature and purpose of a preventive health visit
- Medical history
- Adolescent interview
- Parent interview
- Physical examination
- Management plan
- Health guidance

Source: American Medical Association. *Guidelines for Adolescent Preventive Services (GAPS).* Chicago, IL: Department of Adolescent Health, AMA; 1993.

But All My Friends Do It
Handout #3: Bright Futures HEADSS Questions

Home:	Who lives at home? If the teen lives with one parent: How often do you see the parent who does not live with you? What do you do together? What types of responsibilities do you have at home? What would you like to change about your family if you could?
Education:	What grade are you in? At what school? What kind of grades do you make? What is your favorite class? What is your least favorite class? How often do you miss school? What do you want to do when you finish school?
Activities:	What do you do for fun? What do you and your friends do outside of school? How old are your friends? What kind of exercise or organized sports do you do? Have you been injured in sports? How much time each week do you spend watching television or videos? Playing video games? Using the internet? Do you work? How many hours per week?
Drugs:	Do any of your friends smoke cigarettes or chew tobacco? Do any of your friends drink alcohol? Have they tried other drugs? Have you ever tried smoking cigarettes? Do you still smoke? Do you ever drink alcohol? What is the most you have ever had to drink at one time? Have you ever done something after drinking that you later regretted? Have you ever tried other drugs? How often? Have you ever been in a car where the driver was drinking or on drugs? Have your friends ever tried to pressure you to do things that you don't want to do? How did you handle that? Are you worried about any friends or family members?
Sex:	Do you date? Are you thinking about going out with men, women, or both? Do you have a steady partner? Are you happy with dating/this relationship? Do you have concerns or questions about sex? Have you ever had sex with someone? On what will you/do you base your decision to have sex? Have you ever been pregnant (or gotten someone pregnant)? Have you ever had a sexually transmitted infection? Do you use birth control? What kind? Have you ever used condoms? How often do you? Has anyone ever touched you in a way you didn't like? Forced you to have sex?
Suicide/Emotional Health:	What do you do to make yourself feel better when you are down or blue? Have you ever thought about leaving home? Do you ever feel really down and depressed? Have you ever thought about hurting yourself or killing yourself? Have you ever been in trouble at school or with the law?

But All My Friends Do It
Handout #4: Tobacco Assessment (using GAPS)

Gather Information | **A**ssess Further | **P**roblem Identification | **S**olutions

Response to Question:
Currently Smoking?

"No" → *Anticipatory Guidance*:
- Reinforce healthy behavior
- Personalize the health message and make it interactive

→ *No Readiness to Quit*:
- Express concern about health and choices
- Raise awareness and state health benefits of quitting and risks, both long term and short term of continuing
- Provide resources (e.g., hotlines)
- Reassess at future visits

"Yes" → *Ask additional questions* about age started, packs per day, smoking in early morning, efforts to quit → Tobacco use and Effects →

Readiness to Quit:
- Set a date to quit
- Discuss health risks
- Discuss benefits of cessation and health risks of continuing
- Identify activities and social gatherings associated with tobacco use
- Encourage alternate activities
- Provide resources (e.g., self-help pamphlets)
- Consider pharmacological aids to cessation
- Provide follow-up

But All My Friends Do It
Handout #5: Sexuality Assessment (using GAPS)

Gather Information

Response to Questionnaire or Provider Questions: *Sexually active?*

"No" → *Anticipatory Guidance*:
- Reinforce healthy behavior

"Yes" →

Assess Further

Ask questions to Determine Level of Risk

- Birth control and STD prevention practices
- Prior STDs
- Prior pregnancy. Prior mental health issues
- Sexual abuse/assault
- Number and gender of partners
- Specific sexual behaviors

→

Problem Identification

Continuum of Risk for STDs, Pregnancy and other Adverse Consequences

Low
- Older adolescent
- Stable, monogamous relationship
- Uses effective contraception and STD protection

Moderate
- Unstable relationship
- Multiple partners
- Uses contraceptives/barrier method inconsistently
- History of STD or pregnancy

High
- Younger adolescent
- Abuse of alcohol or other drugs
- Lives in alternative setting (e.g., homeless shelter or residential setting)
- Uses injection drugs or cocaine
- Multiple partners
- Abusive relationships

→

Solutions

Screening and Counseling about Health Risks and Benefits of Abstinence, Contraception, and STD Protection

- Screen for STDs (male and female) and cervical cancer
- Provide contraceptive counseling and methods for STD prevention and birth control
- Offer HIV testing and counseling
- Immunize with Hepatitis B vaccine
- Refer as needed for further evaluation and services

But All My Friends Do It

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8. Center for Disease Control and Prevention. Youth Risk Behavior Surveillance -- United States, 1999. *Morbidity and Mortality Weekly Report* 2000;49(SS-5):1-104.
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11. Gans JE, Alexander B, Chu RC, Elster AB. The cost of comprehensive preventive medical services for adolescents. *Archives of Pediatrics and Adolescent Medicine* 1995;149:1226-1234.

Suggested Readings (Annotated):

Prochaska JO, DiClemente CC. Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice* 1982;19:276-288.
The article describes the stages of change which have been used in a number of behavioral interventions.

Center for Disease Control and Prevention. Youth Risk Behavior Surveillance—United States, 1999. *Morbidity and Mortality Weekly Report* 2000;49(SS-5):1-104.
The CDC conducts a survey of high school students in 9th through 12th grade every two years and publishes the results in the MMWR. The data are available for individual states and can help primary care clinicians understand the health risks of adolescents in their communities.

Educational Resources on the World Wide Web:

http://www.youngwomenshealth.org
http://www.getoutraged.com
http://ww.cdc.gov/tobacco/index.htm
http://www.health4teens.org/smoking/index.html
http://www.smokefree.gov

Smoke Free Class 2000. http://www.lungusa.org/smokefreeclass
This is a web site created for teens by teens in response to 1988 Surgeon General C. Everett Koop's call for a smoke-free society by the year 2000. The project targeted students in first grade of that year 1988, those who would graduate high school in the year 2000.

American Academy of Child and Adolescent Psychiatry—Facts for Families.
http://www.aacap.org/publications/pubcat/facts/htm This site provides access to the AACAP's award winning "Facts for Families" pamphlet series on various developmental topics. The information sheet Middle Adolescent Health Screening are entitled "Normal Adolescent Development-Middle School and Early High School Years" #57, "Parenting: Preparing for Adolescence" #56 and "Tobacco and Kids" #68.