

Amy Goes to College

Facilitator's Guide

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Topic: Older Adolescent Health Screening

Abstract:

Amy, an 18-year-old female, is seen for a visit before entering college in the fall. The clinician gathers information on current health risks and provides anticipatory guidance. The patient returns home during semester break with several issues, including weight gain and alcohol use. She wants to address the weight gain; through counseling, the clinician helps Amy understand how her excessive alcohol use is leading to weight gain and putting her at risk of other health impairing behaviors. Amy is seeking independence in her new setting but is able to use the support of her parents to help her adjust her nutrition and exercise patterns.

Goal:

To provide learners with a basic understanding of how to provide clinical preventive services for the older adolescent.

Objectives:

By the end of the session, learners will be able to:

1. Discuss the components of a comprehensive screening health visit for an older adolescent.
2. Describe how to interview an adolescent regarding health promoting and health impairing behaviors.
3. Provide counseling to an older adolescent.
4. Formulate a plan for an intervention regarding concerning health risk behaviors.

Prerequisite Case: N/A

Related Cases:

“The Crafty Pupil” (Adolescent Substance Abuse)
“New World, Old Worries” (The Young Adolescent Health Screening)
“But All My Friends Do It” (The Middle Adolescent Health Screening)
“Stephanie’s Long Walk” (Anorexia Nervosa)
“The Hidden Agenda” (Contraception)
“The Telephone Call” (Oral Contraceptive Scenarios)



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Themes:

Adolescent Health

Key Words:

Adolescence, adolescent behavior, risk factors, adolescent health services, preventive health services, substance use, alcohol, sexuality, immunizations, college health

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: HEADSS Questions
- Handout #2: Anticipatory Guidance
- Bibliography

Facilitator Preparation:

Facilitators should thoroughly review this guide and the other materials provided. In addition, facilitators should review the AMA Guidelines for Adolescent Preventive Services (GAPS) and may wish to make copies for all participants. They should also obtain patient materials (e.g., the AAP pamphlet entitled, "Health Care for College Students" and a copy of the web materials from www.youngwomenshealth.org/collegehealth1.html, "Going to College and Staying Healthy.")

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 Session:

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). If the group has not previously discussed the Middle Adolescent Health Screening case ("But All My Friends Do It"), the facilitator may wish to break this case into two sessions in order to fully cover the material.

Introduction: The older adolescent of 18-22 years is faced with a number of challenges— independence, separation, work/school/vocational choices, relationships, and parent/child trust. *The Bright Futures Health Supervision Guidelines* and the AMA Guidelines of Adolescent Preventive Services (GAPS) provide a framework for assessing health risks, strengths, family relationships and community supports for the individual teen. The annual clinical preventive services visit provides the opportunity to provide screening and guidance on health habits, social/emotional functioning, school performance, vocational trajectory, sexuality, substance use, nutrition and physical activity patterns, mental health, and safety.

The CDC Youth Risk Behavior Survey, which is administered every 2 years to a sample of U.S. high school students, provides the clinician with data on prevalent health risk behaviors (sexuality, condom use, tobacco use, substance use, eating behaviors, physical activity, and suicidality) (see Middle Adolescent Health Screening Case, Handout #1) to assure the important screening questions are asked. In addition, clinicians should focus on strengths (community service, high academic performance, extracurricular activities, caring relationships) and ask, “what are you doing to stay healthy?”

The older adolescent can work with the clinician to assess health risks, prioritize, problem solve, and develop solutions that will lead to improved health.

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

Amy is an 18-year-old girl who has been coming to your practice for six years. She recently graduated from high school and will be attending college in another state in the fall. She presents for a physical examination.

You begin by asking, “*What brings you in today, Amy?*”

Amy replies, “*Well, I’m starting college in a few months and I need to get this form turned in before I can register.*”

You ask, “*Do you have any health concerns today or is there anything in particular that you are worried about heading to college?*”

“*Not really. I mean, I’ve never lived away from home before, but I’m kind of looking forward to that. Plus, I’m really psyched to meet new people and go to all kinds of parties.*”

“*Well, it sounds like you’re excited about going away,*” you respond.

Amy agrees, “*Yeah, I am. But my parents seem so worked up about it. They both went away to school. I mean, don’t they trust me enough to be on my own?*”

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 have the participants role-play as to how to take history from an older adolescent. A more advanced learner may be able to play the clinician and another learner the adolescent. The facilitator can also model good questions in a role play, demonstrating how screening questions can be asked in a conversational, rather than interrogational style.

Guiding Questions for Discussion:

How would you open the interview with an older adolescent? How is confidentiality addressed?

Introduce yourself, and say to her “*What brings you to the clinic today?*” or “*Tell me why you are here today?*” “*Are you having any health problems or health concerns?*” “*What questions or concerns would you like to discuss today?*” For a new patient, the clinician should explain the philosophy of the clinic and confidentiality provided. Adolescents who are 18 or older have the right to consent to all aspects of medical care and their medical records cannot be released without their consent. However, involvement of families should be encouraged, and parents frequently receive a statement of benefits from their health insurance companies, complicating confidentiality. These potential issues need to be discussed with patients. In addition, the health care provider may need to involve parents as part of standard college policies or because the patient’s life is in jeopardy (e.g., suicide attempt). Working with the patient in how to involve others in his/her care plan is essential.

For teens younger than 18, who are not emancipated, states vary on areas protected by mature minor concepts or actual state laws/court decisions. Adolescents generally can receive confidential care for contraception, diagnosis and treatment of STDs, mental health problems, and drug abuse. (See Middle Adolescent Screening case.)

In this case, it is helpful to avoid awkward situations by speaking with Amy’s parents with her present in case any unexpected questions should arise. In addition, there is no mistaking on anyone’s part what was said. Making sure that Amy recognizes that her parents can provide ongoing support and guidance as she enters the college scene is important.

What key areas need to be addressed with this age group? What questions should be asked?

There are multiple areas that need to be addressed as part of the older adolescent/pre-college health visit. These include (but are not limited to) safety, independence, separation, academics, and parent/child trust. Safety includes substance use, relationships (friends and dating), and sexuality.

The Bright Futures Guidelines for Health Supervision provides guidance for the content of annual preventive services visits for adolescents. Trigger questions for the adolescent on social/emotional development, physical development and health habits, sexual development, family functioning, and school performance are suggested. Bright Futures also includes recommendations for the physical examination and screening tests. Immunizations are given according to American Academy of Pediatrics (AAP), Center for Disease Control and Prevention (CDC), and Advisory Committee on Immunization Practices (ACIP) guidelines. The anticipatory guidance for adolescents includes topics such as promotion of healthy habits, injury and violence prevention, mental health, nutrition, oral health, sexuality, prevention of substance use/abuse, and promotion of social competence, responsibility, school achievement, community interactions.

The AMA Guidelines for Adolescent Preventive Services Monograph was published originally in 1992 and provides 24 recommendations for clinical preventive services. Trigger questionnaires, history forms, a text on the rationale, and a Clinical Evaluation and Management Handbook with

algorithms also have been published, making the guidelines easy to use in practice. Annual visits for age 11-21 years are included with less emphasis on physical examinations.

Distribute Handout #1: HEADSS Questions and review the contents.

A useful framework for the interview is the HEADSS format. Health care providers can then follow a sequence of questions that can be remembered in the emergency ward, the clinic, or the inpatient service.

Before starting the review of current health risks and protective factors, the provider should state: “I will be asking a lot of questions which I ask all patients.”

The handout lists some of the Bright Futures questions as well as other helpful questions in the HEADSS structure. If the group has used HEADSS before, the focus should be on issues of particular relevance to the older adolescent. Because of the length of the case, the group may require two sessions if this case is their first experience interviewing a teen.

Parent questions, if they have accompanied the teen, include:

- *How are things going?*
- *What questions or concerns would you like to discuss today?*
- *Have you discussed your concerns with Amy?*

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

- *How do you think Amy’s living away will affect things at home?*
- *How prepared is she to live away?*
- *What help will she need?*
- *Are you prepared for changes in Amy when she returns home to visit?*
- *Have you made plans for her health insurance coverage when she is at school/living on her own?*

Regarding counseling, the clinician needs to begin the interview with less personal questions and focus on the presenting complaint. The clinician should make sure to *listen* before giving advice or looking at options, always highlighting the positive. It is important to reassure patients that 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?”

However, the clinician must reassure the patient that she may make different choices in the future and you are there to discuss her decisions, perhaps by stating, “That sounds like a good health choice for you right now, but sometimes people change their minds. If you should, why not make another appointment to discuss it further?” This lets the patient know you are open to and available for future discussions about sexual activity, substance use, and school issues.

Are there any “red flags” you notice in Amy’s statements? Amy states she is “psyched to meet new people and go to all kinds of parties...” - this is concerning for her safety. Ask her what kinds of parties she means - social and club group activities, or parties where alcohol and/or drugs are involved. Ask her what types of parties she went to during high school. What

happened there? What might be different? What does she know about the legality of those substances and college rules? Has there been any information sent out to her and/or her family about the college health services?

What areas of the physical examination and laboratory testing need to be addressed?

Physical Examination: Amy should have a height, weight, and blood pressure screening as part of a full physical examination. Routine gynecologic examination and Pap smear screening are recommended whenever a teen becomes sexually active or at age 18 years. In Amy, the pelvic examination can be deferred until her next visit if she needs further education about the procedure. Encouraging tampon use also helps to lessen anxiety about pelvic examinations. Abnormal Pap smears are seen almost exclusively in sexually active girls so Amy would be at very low risk. However, some girls may not disclose non-consensual or consensual intercourse to their health care provider. Screening for chlamydia is recommended every 6-12 months for sexually active adolescents, and gonorrhea screening for at-risk girls (urban, pregnant, history of other sexually transmitted diseases, multiple partners). Other findings that should be noted include:

- Acne, hirsutism, nevi and dermatoses
- Dental problems
- Evaluation of Tanner Stage (Sexual Maturity Rating).
- For females: instruction in breast self-examination (BSE) at age 18-20 years
- For males: evaluation for gynecomastia, hernias, genital lesions. Instruction in self-testicular exam

The laboratory screening tests in the older adolescent may include a complete blood count (CBC), cholesterol, HDL-C, and urinalysis. A CBC is recommended annually for females with any of the following risk factors of anemia:

- Moderate to heavy menses
- Chronic disease
- Nutritional deficits
- Athletic activity
- Previous anemia

Screening guidelines for cholesterol and HDL-C are controversial for adolescents and vary from universal screening of all adolescents, to screening at age 18 to 20, to selective screening based on family history, to no screening. We recommend universal screening once in middle to late adolescence unless earlier screening is recommended based on family or individual risk factors.

A PPD (Mantoux test) is required by many colleges. PPD is the only acceptable screen for tuberculosis; measurement of degree of induration by a provider is required, not just whether the test is positive or negative. Except for specific college health requirements, guidelines for PPD screening are targeted to high risk individuals such as those emigrating from other countries, those with exposure to tuberculosis, or those with compromised immune status.

A serology for syphilis (RPR, VDRL) should be obtained in teens with history of STDs or high-risk behaviors. HIV counseling and testing is also indicated for teens at risk. Particular risks include: blood transfusion before 1985; >1 sexual partner in the past six months; intravenous

drug use; sexual intercourse with a partner at risk; sex in exchange for drugs or money. For sexually active males particular risks include: sex with other males, homelessness, and residence in areas where syphilis is prevalent. HIV screening should be done with informed consent and pretest and posttest counseling.

Immunizations must be up-to-date and include Tetanus/diphtheria within the last 10 years, 2 MMRs, Hepatitis B series, and Varicella if no history of disease and/or negative serology (requires 2 doses after age 12 in teens). Hepatitis A is given to those traveling to endemic areas and those at risk. College students living in dormitories have a higher risk of meningococcal meningitis and should be offered information and access to immunization.

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

Part II

Looking through Amy's chart, you determine that she has been healthy. She has had three hepatitis B immunizations, two MMRs, and a Td one month ago. You also note that she had chicken pox at age nine. She has not had the meningococcal vaccination.

Continuing your questioning using the **HEADSS** format (**H**ome, **E**ducation, **A**ctivities, **D**rugs, **S**ex, and **S**uicide), you uncover additional information. Amy finished high school in the top 20 percent of her class. She has tried cigarettes, alcohol, and marijuana before, but is not a regular user of any of these substances. She played tennis and softball during high school but does not plan to compete during college. Amy has never had sexual intercourse although she has been seeing the same boy since 10th grade and has begun to think about it. Although Amy seems excited about going to college, she appears a little worried about living away from home. None of her friends will be going to the same school.

Review of systems is unremarkable.

Physical examination reveals a young woman at the 25th percentile for both height and weight. She has clear skin and a normal vision screen. The remainder of the physical examination is unremarkable. Amy would like to have a pelvic exam done "just to make sure I'm OK." The pelvic examination is completely normal. A Pap smear is performed. She has screening laboratory tests drawn.

While Amy is being given a dose of meningococcal vaccine, you begin to formulate your plan for anticipatory guidance.

What areas of anticipatory guidance should you consider for Amy and her parents?

Anticipatory guidance for Amy should focus on 2-3 areas in which she is most at risk with other topics covered in print or by visual materials. The following statements from Bright Futures reveal important content and need to be rephrased in a way that is developmentally appropriate for adolescents. In Amy's case, sexuality (condom use and emergency contraception), substance use (drinking and driving), and safety are of paramount importance.

It is best not to use alcohol. Never be a passenger in a car with a driver who has been drinking. Plan to have a designated driver or someone to call for a ride if you do drink. Eat three nutritious meals per day. Breakfast is especially important. Choose, purchase, and prepare healthy foods.

Having sexual intercourse should be a well thought out decision. Do not have sex if you do not want to. If you are engaging in sexual activity, including intercourse, discuss methods of birth control with a health care provider and your partner. Learn ways to

negotiate safer sex and to share your feelings about sexuality with your partner. Practice safer sex. Remember to use latex condoms and other barriers correctly.

Distribute Handout #2: Anticipatory Guidance and review the contents. Ask learners how these suggestions should be re-worded so that they are developmentally appropriate for the older adolescent. Ask learners to select one or two areas of anticipatory guidance and role-play an actual clinician/patient discussion. Anticipatory guidance involves interaction and is not meant as a “lecture.” Provide learners with the web address of “Going to College and Staying Healthy” from www.youngwomenshealth.org/collegehealth1.html to check out materials written for young women bound for college. Also, pass out copies of the AAP booklet “Health Care for College Students.”

Anticipatory Guidance for Amy and her Parent(s) includes recommendation that they:

- Discuss plans for independent living.
- Establish joint expectations regarding family rules and responsibilities.
- Minimize criticism, nagging, derogatory comments, and other belittling or demeaning messages.
- Spend time together.
- Respect each other’s need for privacy.

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

Part III

When Amy comes in to see you over her December break, she seems upset.

You begin: *“How is school going, Amy?”*

“Terrible! Look at how fat I’ve gotten! All we can get as freshmen is the cafeteria meal plan, and those foods are loaded with carbos! I weighed myself the other day. I’ve put on fifteen pounds!”

Amy also describes frequent late-night pizza ordering with the other people on her hallway, plus beer-drinking parties over the weekends at her new boyfriend’s fraternity.

“How much beer have you been drinking, Amy?” you ask.

Amy answers, *“Not that much. We usually hang out Thursday, Friday, and Saturday nights. Sometimes Wednesday or Sunday, too. A lot of my friends play those drinking games. But I don’t do stuff like that. I guess I probably have five or six beers a night and I hardly ever drink on a school night. But really, at my school, that’s nothing.”*

You continue: *“Have you tried anything other than beer, Amy?”*

“You mean like whiskey, or vodka?” Amy asks.

“Well, yes, and how about marijuana, ecstasy, or other drugs?”

Amy responds, *“No way! I haven’t gotten high since high school. I drank a bunch of vodka at my first fraternity party, and I got really sick. I think I might even have passed out. Now, I stick to beer.”*

What are the identified problems? How would you prioritize them?

Amy has discussed two issues: (1) weight gain and (2) alcohol use. A third issue, sexuality, is likely to be important. Amy's personal priority is likely to be the weight gain, and, thus the provider will need to use counseling techniques to address these two issues.

Amy's biggest concern at this point is her perceived weight gain. She should have a height and weight completed to determine her body mass index ($BMI = \text{kg/m}^2 = \text{weight}[\text{kg}] / \text{height}[\text{m}]^2$), as well as a repeat blood pressure. Often teens are reassured to see that they may not have gained as much weight as they previously thought. Many college freshmen gain up to 10 pounds within their first year. If Amy has indeed gained weight, she should have nutrition counseling regarding selection of appropriate foods as well as exercise counseling for beginning some regular activity. The potential for development of an eating disorder exists; she needs to know that sudden starvation or severely restrictive dieting or bulimia (purging) are not healthy ways of losing weight and can cause substantial health risks such as electrolyte imbalances, tooth decay, and gastrointestinal problems. She may also be tempted to take up smoking as a weight control method, and anticipatory guidance is essential to reinforce her healthy choice not to smoke. For more information on nutritional counseling, refer to *Bright Futures in Practice: Nutrition*.³

Although Amy may not see it as a problem, her alcohol use needs to be addressed. Beer is high in calories (90 per 12 ounces of light beer, 120-160 for 12 ounces of regular beer) and she appears to be consuming it in large quantities every weekend. It is best to reiterate that alcohol may cause impaired judgment regarding sex, violence, and driving. She already recognizes having "passed out" with use of hard liquor, but may not realize the alcohol in beer is just as potent. Discussing with Amy the impact of her heavy drinking on those around her may also help (e.g. coming back to her room and vomiting on her roommate's bed). Suggesting that she decrease her beer drinking to help cut out calories is a good idea.

As Amy now has a new partner, she needs ongoing anticipatory guidance regarding sexual activity, responsible choices, and contraception. If she has become sexually active, a pelvic exam to rule out sexually transmitted diseases and other problems is desirable.

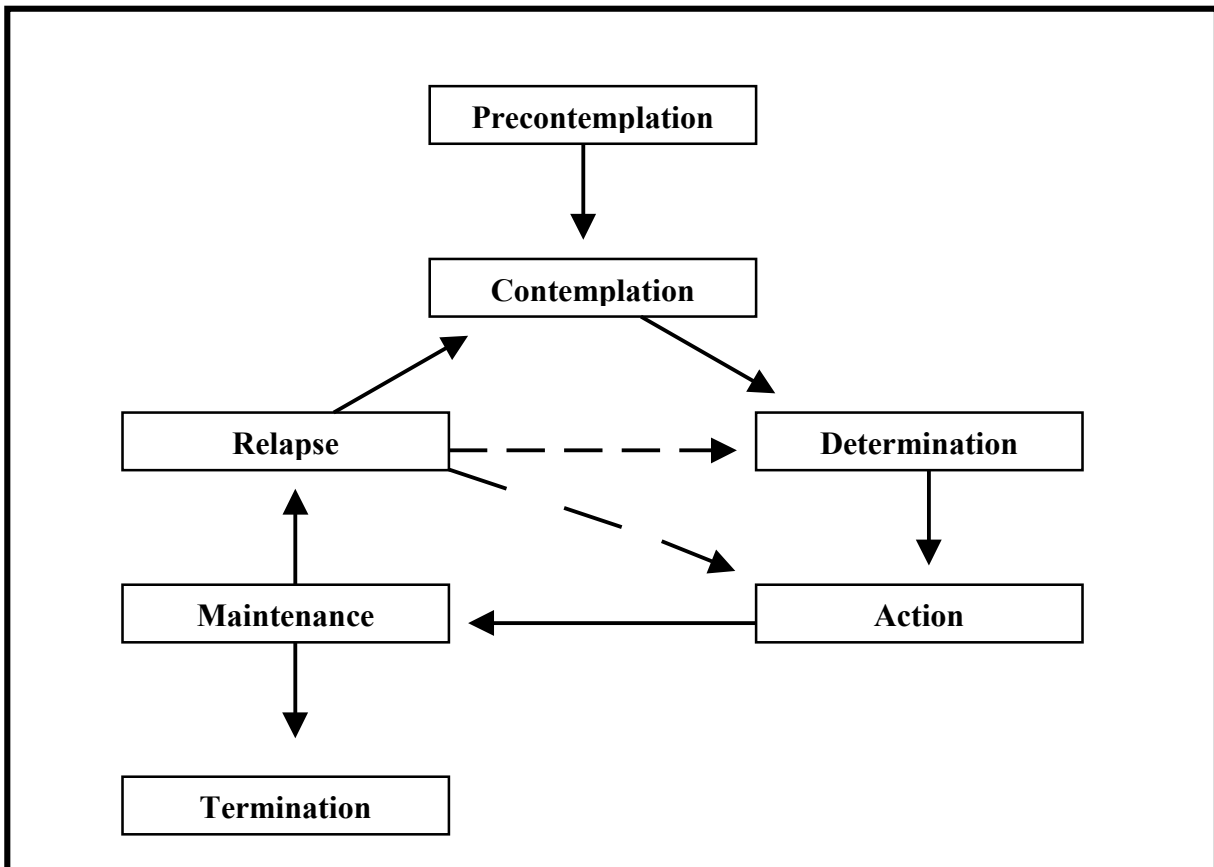
Prioritization of Amy's concerns should relate to health risks: 1) Immediate danger (e.g. suicide, driving under the influence), 2) Intermediate danger (alcohol use, condom non-use) 3) Long-term danger (overweight). However, the patient must participate in the priority setting; ask her for priorities. Agree upon what is possible; ask the patient to review the plans. Education should be simplified, and the clinician should make at most 2-3 take-home points.

How would you address behavior change for alcohol drinking? The GAPS algorithms help you direct the counseling:

- G = Gather information (office interview, questionnaires)
- A = Assess further (level of risk)
- P = Problem identification (seek adolescent's perception of risk/goal; is patient interested in change? what is the patient willing to do?)
- S = Solutions
 - Self-efficacy (can the patient make a change?)
 - Solve barriers

“How long have you been drinking? How much do you drink? With whom? Do people you live with drink? How about your good friends? What triggers you to drink? Do you ever drink alone? Have you ever done something while drunk you would not have otherwise done? Have you had blackout periods while drinking? Do you have to drink? When? Have you ever tried to stop drinking? What were some good things about that? Some bad things? If I can give you some help, would you be willing to try to stop?”

Prochaska and DiClemente originally described a transtheoretical model of how substance abusers change addictive behaviors, with or without formal treatment. This model can be used for considering behavior change in adolescents with the goal to move an adolescent from one stage to the next over a series of visits. 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. Again, role playing is also an effective strategy for illustrating the clinician-adolescent interview.



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 can help you by....”

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 to lose weight or to cut down on your drinking?” **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 and by helping to formulate a specific plan for behavioral 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?” “I think you’ve made some great progress.” “I’m very proud of you.” 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.

In terms of weight gain, Amy has already moved from pre-contemplation to contemplation. She has expressed a desire to move to action. She should have an active role in deciding the best way to approach this. She is in the precontemplation phase for drinking but is likely to move to contemplation by connecting the weight gain to the beer. Help her brainstorm ways to cut her caloric consumption and increase her exercise. For example, she may limit drinking to certain days per week, choose healthy foods in the cafeteria, and develop an activity plan.

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

Epilogue

Amy realizes that she is consuming far more calories than she thought-- and so many of them in beer! She decides that radical weight loss measures are not a good idea and instead plans to find a tennis partner on her hall to rally with three times a week when she returns to school in January. She’ll look into playing tennis intramurally for her dorm. In the meantime, she plans to start walking with her mother 45 minutes a day while she’s home for vacation. She also anticipates selecting a wider variety of low fat foods. There is a good salad bar at her school. She also plans to change her late-night snacking to include wiser choices (e.g., popcorn, yogurt, carrots). Because Amy’s grade point average was not as high as she hoped this semester, she decides to cut down her partying to weekends only so she can study more, and to have no more than two or three drinks per evening. She agrees to attend parties only on campus so she can walk home with a friend.

One final area that may need to be addressed with Amy is that sometimes teens do not connect well with their old friends from high school after they have been away at college. She may find that this is the case during her winter break. She should plan activities with them if she likes, but

not feel obligated to spend large amounts of time with her old friends. Sometimes, a period of reacquaintance is necessary.

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 Late Adolescent Health Screening 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. Practice HEADSS questions with next 3 older adolescent patients.
2. Investigate a college health service in your community, including what prevention programs and educational/groups are offered.
3. Talk to the state Adolescent Health Coordinator at the Department of Public Health (or similar government agency) about alcohol prevention activities including drinking and driving.

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Part I

Amy is an 18 year old girl who has been coming to your practice for six years. She recently graduated from high school and will be attending college in another state in the fall. She presents for a physical examination.

You begin by asking, *“What brings you in today, Amy?”*

Amy replies, *“Well, I’m starting college in a few months and I need to get this form turned in before I can register.”*

You ask, *“Do you have any health concerns today or is there anything in particular that you are worried about heading to college?”*

“Not really. I mean, I’ve never lived away from home before, but I’m kind of looking forward to that. Plus, I’m really psyched to meet new people and go to all kinds of parties.”

“Well, it sounds like you’re excited about going away,” you respond.

Amy agrees, *“Yeah, I am. But my parents seem so worked up about it. They both went away to school. I mean, don’t they trust me enough to be on my own?”*

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Part II

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“You mean like whiskey, or vodka?” Amy asks.

“Well, yes, and how about marijuana, ecstasy, or other drugs?”

Amy responds, *“No way! I haven’t gotten high since high school. I drank a bunch of vodka at my first fraternity party, and I got really sick. I think I might even have passed out. Now, I stick to beer.”*

Amy Goes to College

Epilogue

Amy realizes that she is consuming far more calories than she thought-- and so many of them in beer! She decides that radical weight loss measures are not a good idea and instead plans to find a tennis partner on her hall to rally with three times a week when she returns to school in January. She'll look into playing tennis intramurally for her dorm. In the meantime, she plans to start walking with her mother 45 minutes a day while she's home for vacation. She also anticipates selecting a wider variety of low fat foods. There is a good salad bar at her school. She also plans to change her late-night snacking to include wiser choices (e.g., popcorn, yogurt, carrots). Because Amy's grade point average was not as high as she hoped this semester, she decides to cut down her partying to weekends only so she can study more, and to have no more than two or three drinks per evening. She agrees to attend parties only on campus so she can walk home with a friend.

Amy Goes to College

Handout #1: Bright Futures HEADSS Questions

<i>Home:</i>	<p>Who lives with you at home?</p> <p>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?</p> <p>What types of responsibilities do you have at home?</p> <p>What would you like to change about your family if you could?</p>
<i>Education:</i>	<p>What year in school are you?</p> <p>What kind of grades do you make?</p> <p>How are you doing in school?</p> <p>How often do you miss school?</p> <p>What do you want to do when you finish school?</p>
<i>Activities:</i>	<p>What do you like to do when you are not in class or working?</p> <p>What do you do for fun? *</p> <p>What kind of exercise or organized sports do you do? * Have you been injured in sports? *</p> <p>How much time each week do you spend watching television or videos? * Playing video games? * Surfing the Net? *</p> <p>Do you work? * How many hours per week? *</p> <p>How do you feel about your weight? Are you trying to change your weight? *</p>
<i>Drugs:</i>	<p>Do you take any nonprescription drugs, vitamins, supplements, or health foods? *</p> <p>Do you use any alternative medicine treatments (e.g., herbs, acupuncture, massage)? *</p> <p>Do any of your friends smoke cigarettes or chew tobacco? Do any of your friends drink alcohol? Have they tried other drugs?</p> <p>Have you ever tried smoking cigarettes? Do you still smoke?</p> <p>Have you drunk alcohol in the past month? * What is the most you have ever had to drink at one time? * Have you ever done anything you later regretted after drinking?</p> <p>Do you use other drugs? * How often?</p> <p>Have you ever been in a car where the driver was drinking or on drugs? *</p> <p>Have your friends ever tried to pressure you to do things that you don't want to do? How did you handle that? *</p> <p>Are you worried about any friends or family members and how much they drink or use drugs? *</p>
<i>Sex:</i>	<p>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? *</p> <p>Do you have any worries or questions about sex or sexual orientation?</p> <p>Have you ever had sex before?</p> <p>On what will you/do you base your decision to have sex? *</p> <p>Have you ever been pregnant (or gotten someone pregnant)? *</p> <p>Have you ever had a sexually transmitted infection?</p> <p>Do you use any kind of birth control? * What kind? *</p> <p>Do you use condoms? How often do you? Did you use a condom the last time you had sex?</p> <p>Has anyone ever touched you in a way you didn't like? * Forced you to have sex? *</p> <p>Have you ever been confused about whether you were straight or gay?</p>
<i>Suicide/ Emotional Health:</i>	<p>What do you do to make yourself feel better when you are down or upset?</p> <p>Do you ever feel really down and depressed? *</p> <p>Have you ever thought about hurting yourself or killing yourself? *</p> <p>Have you ever been in trouble with the law? *</p> <p>Do you sometimes think life isn't worth living anymore?</p>

**Indicates questions from the Bright Futures Developmental Surveillance and School Performance questions for older adolescents.*

Amy Goes to College
Handout #2: Bright Futures Anticipatory Guidance

How could you phrase these concepts to be developmentally appropriate for older adolescents?

Promotion of healthy habits	<p>Get adequate sleep. Exercise vigorously at least three times per week. Discuss with your health provider or your coach athletic conditioning, weight training, fluids, and weight gain or loss. Limit TV viewing to an average of 1 hour per day.</p>
Injury and violence prevention	<p>Wear a seat belt. Learn how to swim. Do not drink alcohol, especially while driving, boating, or swimming. Plan to have a designated driver if drinking. Use sunscreen before going outside for prolonged periods. Always wear a helmet while on a bicycle, motorcycle, or ATV. Use protective sports gear. Do not carry weapons of any kind. Develop skills in conflict resolution, negotiation, and dealing with anger constructively. Learn techniques to protect yourself from physical, emotional, and sexual abuse. Seek help if you are physically or sexually abused or fear that you are in danger.</p>
Mental Health	<p>Take on new challenges that will increase your self-confidence. Continue to develop your sense of identity, clarifying your values and beliefs. Trust your own feelings as well as feedback from friends and adults. Seek help if you often feel angry, depressed, or hopeless. Learn how to deal with stress. Set reasonable but challenging goals.</p>
Nutrition	<p>Eat three meals per day. Breakfast is especially important. Eat at regularly scheduled times in a pleasant environment. Choose, purchase, and prepare a variety of healthy foods. Choose nutritious snacks rich in complex carbohydrates. Limit high-fat or low-nutrient foods and beverages such as candy, chips, or soft drinks. Choose plenty of fruits and vegetables; breads, cereals and other grain products; low-fat dairy products; lean meats; and foods prepared with little or no fat. Include foods rich in calcium and iron in your diet. Select a nutritious lunch from the cafeteria at your school or workplace, or pack a balanced lunch. Achieve and maintain a healthy weight. Manage weight through appropriate eating habits and regular exercise.</p>
Oral Health	<p>Brush your teeth twice a day with fluoridated toothpaste, and floss daily. Schedule a dental appointment every six months, unless your dentist determines otherwise. Do not smoke or use chewing tobacco.</p>
Sexuality	<p>Educate yourself about birth control, STDs, gay and lesbian issues, abstinence, and other issues related to sexuality. Having sexual intercourse should be a well-thought out decision. Do not have sex if you do not want to. Not having sexual intercourse is the safest way to prevent pregnancy and STDs, including HIV/AIDS. Learn about ways to say no to sex. If you are engaging in sexual activity, including intercourse, ask the health professional for an examination and discuss methods of birth control. Learn about ways to negotiate safer sex and to share your feelings about sexuality with your partner. Practice safer sex. Limit your number of partners, and use latex condoms and other barriers correctly.</p>
Prevention of substance use/abuse	<p>Do not smoke, use smokeless tobacco, drink alcohol, or use drugs, diet pills, or steroids. Do not become involved in selling drugs. If you smoke, find out about smoking cessation programs. If you use drugs or alcohol, ask for help. Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills. Become a peer counselor to prevent substance abuse.</p>

See also www.youngwomenshealth.org/collegehealth1.html

Amy Goes to College

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Suggested Readings (Annotated):

Miller W, Rollnick S. *Motivational Interviewing*. New York: The Guilford Press, 1991. This is a comprehensive but easy-to-read book for clinicians who wish a deeper knowledge of how to facilitate behavioral change among their patients. It includes sections on the theoretical and empirical rationale for the motivational enhancement approach, the clinical application of basic principles, and case examples that illustrate how the principles are utilized in real-life situations.

Suggested Readings (for patients):

Goldstein MA, Goldstein MC. *Boys into Men: Staying Healthy through the Teen Years*. Westport, CT: Greenwood Press; 2000.

Educational Resources on the World Wide Web:

American Academy of Child and Adolescent Psychiatry- Facts for Families. This site provides access to the AACAP's award winning "Facts for Families" pamphlet series on various developmental topics. The information sheets concerning late adolescent health screening issues are entitled "Normal Adolescent Development-Late High School Years" #58, "Parenting: Preparing for Adolescence" #56.

<http://www.aacap.org/publications/factsfam/index.htm>

"Going to College and Staying Healthy," patient information pamphlet from the *Center for Young Women's Health*, Children's Hospital, Boston.

<http://www.youngwomenshealth.org/collegehealth1.html>

American Academy of Pediatrics. Health professionals can order a variety of patient information pamphlets such as "Health Care for College Students" from the AAP site.

<http://www.aap.org>