

Adolescence Visits

11 Through 21 Years



Early Adolescence

11 Through 14 Year Visits

Context

The early adolescent is embarking on a journey of remarkable transitions and transformations—physically, cognitively, emotionally, and socially—and the pace at which he experiences these physical and emotional changes varies widely. The onset of puberty is one indicator that the adolescent phase of life is beginning. Puberty typically manifests itself visibly with breast development at about age 9 or 10 years for girls, and testicular enlargement for boys at about age 11 years. Many youth have some degree of pubertal developmental as they enter early adolescence. Breast development occurs about 1 year earlier in girls of normal weight who are non-Hispanic African American or Mexican American than it does in girls of normal weight who are non-Hispanic white.¹ These changes are accompanied by a growth spurt. For girls, the maximal growth rate is reached about 6 to 12 months before menarche. Boys have a later growth spurt and, during their growth spurt, have a greater peak height velocity¹ than girls. Other physical changes also become apparent. The skin of both boys and girls becomes oily as apocrine glands begin to secrete. Secondary sex characteristics (ie, female breasts, characteristics of male genitalia, and pubic hair) develop, notable changes in body fat and musculature occur, and a boy's voice begins to change. Many of these physical changes are more closely associated with the stage of sexual maturity than with chronological age. The average age for menarche is between 12 and 13 years. The American Academy of Pediatrics (AAP) and the American College of Obstetricians

and Gynecologists recommend that health care professionals view the menstrual cycle as a “vital sign”² and include education about the normal timing and characteristics of menstruation and other pubertal markers as an important component of health supervision for young girls and their parents.

Puberty, perhaps the key developmental milestone of early adolescence, is an important focus for all cultures. Health care professionals should seek to understand the meaning of it in the cultures of the families they serve.

Early adolescents with special health care needs can experience puberty at the usual time or they can have an earlier or delayed onset of pubertal change based on their health condition. All children should receive appropriate education about the changes of puberty and what to expect for themselves and classmates.³ Recent studies have shown that the age of onset of puberty is decreasing in both girls and boys.^{4,6} These changes have implications both medically, in determining who requires evaluation for premature puberty, and socially, as some adolescents, especially girls, may have difficulties because of a mismatch between their physical appearance, chronological age, and psychological maturity.

Along with the physical changes of puberty, the early adolescent's cognitive abilities are developing. As he matures, he develops an increased capacity for logical, abstract, and idealistic thinking. Schooling shifts from the emotionally secure



environment of elementary school, where students have only a single teacher and the same classmates, to the more challenging social environment of middle school and high school, with intense course work, multiple teachers, multiple groups of classmates, and rising expectations for academic and social advancement. These academic demands provide many opportunities for the early adolescent to explore his burgeoning interests and for his sense of achievement and self-esteem to blossom. They also can unmask a previously undiagnosed learning disorder or attention-deficit problems, or can affect the adolescent's ability to cope, which, in turn, can lead to depression and other mental health issues. As academic work increases in complexity, parents may feel challenged and unsure about how to help. These issues can be even more difficult for the youth with special health care needs, who may be challenged physically, cognitively, or socially to engage in school activities and fit in with his peers.

Socially, the early adolescent experiences dramatic changes over relatively few years as he matures. He needs to belong to a peer group and he desires the independence or freedom to do what he wants and with whom he wants. However, these changes do not occur at the same time or at the same pace among all youth. In an attempt to keep pace with individual physical changes that can outpace or lag behind that of his friends, a young adolescent often will use clothing (eg, designer T-shirts), accessories (eg, body piercing or tattoos), and hairstyles (eg, color rinses) as a way to fit in with peers. The youth with special health care needs experiences the same social changes, although his reactions may be influenced by the nature of his condition and the level of acceptance of his condition by friends, family, and community (eg, stigma of being human immunodeficiency virus positive or having a very obvious physical difference).

For many, early adolescence can be a difficult time socially. Parents and educators must remain

alert and take extra steps to ensure inclusion as social networks form and re-form, and activities sometimes take place in geographically dispersed parts of the community. The age at which an adolescent can obtain a driver's license varies from state to state, so he may have to walk, ride his bike, use public transportation, or depend upon others, including other friends, to drive him to such popular hangouts as shopping malls, movie theatres, music concerts, and parks. Parental monitoring remains critical to ensure that young adolescents remain safe while gradually becoming more independent.

As the early adolescent matures, he spends time without adult supervision both at home and away. This freedom presents opportunities to mature in new responsibilities and develop strong decision-making skills. Indeed, many early adolescents begin babysitting other children, including their younger siblings. This new freedom presents challenges because of the attractions of risky behaviors. The temptation to experience something that one believes is pleasurable or "cool" or that builds status is hard to resist if the youth lacks insight to the consequences, has poor negotiation skills, and has ample opportunity to experiment. Brain research demonstrates that the neurologic structures that underlie the functions of controlling impulses and making decisions are still maturing during adolescence.⁷⁻⁹ Discretion and decision-making is further inhibited under the influence of alcohol or drugs. As a social creature, the adolescent enjoys being with his friends, having fun, and going places. Shored up by the power and energy of his peer group, the early adolescent may shun caution to satisfy his curiosity. If he is eager to impress a new friend or a crush, a naive, uninitiated youth may feel overly confident about engaging in risky behavior. The introduction and proliferation of new social media technologies have made the social interactions of early adolescence more complicated than in previous generations,



with issues such as lack of privacy, bullying, and sexting adding layers of complexity and difficulty to the daily life of the young adolescent.

The adolescent's relationships with his parents and other adults may begin to change during the early stages of this period. In some families, an orderly progression to independent decision-making can be noted. For many young people, however, mood swings and attempts at independence can trigger volatile arguments and challenges to rules. Occasional arguments with parents are common. Authoritative (accepting, firm, and democratic) parents who have a balanced approach with unconditional love combined with clear boundaries (family rules, limits, and expectations) and consistent enforcement of discipline build a strong protective bond between themselves and their adolescent. Research data consistently show that authoritative parents have adolescents who are less depressed, enter into risk-taking behaviors at later ages, and succeed better academically than parents who use authoritarian (strong parental control with low warmth and little youth input) approaches.¹⁰ Having a positive relationship with parents, engagement in school and community activities, and a sense of spirituality are major assets associated with positive youth development.¹¹ *(For more information on this topic, see the Promoting Lifelong Health for Families and Communities, Promoting Healthy Development, and Promoting Family Support themes.)*

An adolescent from a background that differs from the majority population may have to juggle the demands and values of his family and community culture with the demands and values of the mainstream culture. In families who have immigrated, this tension may be exacerbated because the youth may speak English better than his parents, and may be more engaged in the predominant social environment. This role reversal is particularly difficult during the adolescent years when the youth needs support and guidance and when parents need to

be able to assert their ability to protect and guide the youth. As the adolescent works to establish his identity, dealing with being bicultural can be confusing and stressful.

The early adolescent also may experience a variety of unexpected dramatic personal changes, such as parental divorce or death, or family relocation. These events, coming on top of the other emotional, social, and academic pressures that are typically experienced during early adolescence, will require the youth to develop mature coping mechanisms. Family members and other adults play an essential role in helping the early adolescent develop coping mechanisms, and these personal challenges provide opportunities for emotional growth, leading to increased resiliency (a trait that will prove valuable throughout adolescence and into adulthood).

Similarly, an adolescent who identifies as lesbian, gay, bisexual, transgender, or questioning may face unique challenges with regard to family or mainstream culture, and this may trigger stress. Research demonstrates these youth report lower levels of protective factors, such as family connectedness and adult caring, than their peers.¹² Yet it has been demonstrated that family acceptance has the strongest overall influence on positive health outcomes for youth who are lesbian, gay, bisexual, transgender, or questioning.¹³

Health behaviors and lifestyle habits that are formed in adolescence often continue into adulthood. Therefore, early adolescence is a key period for engaging the adolescent's active participation in a variety of health-promoting and risk-reducing behaviors, such as healthy eating, daily physical activity, and avoiding substance use, and for supporting family connectedness and promoting healthy sexuality. *(For more information on this topic, see the Promoting Lifelong Health for Families and Communities and Promoting Healthy Development themes.)* Parents who also practice



these behaviors reinforce their child's willingness and ability to promote their own healthy lifestyles. Health care professionals should be sensitive to the patient's concerns about his body image and the emergence of disordered patterns of eating, from anorexia nervosa to obesity. Evaluating the level of body satisfaction and practices that the adolescent uses to maintain body weight (eg, dieting or binge eating and physical activity patterns) will help the health care professional recognize early symptoms of eating disorders or patterns that promote unhealthy body weight.

As children transition into early adolescence, attention should be paid to the issue of sleep hygiene. Although studies have shown that 8 to 10 hours of sleep are recommended,¹⁴ only about 20% of adolescents receive that amount of sleep, and most adolescents average only 7 to 7½ hours of sleep per night. This sleep deficit increases throughout the adolescent years, despite the fact that most adolescents do some catch-up on weekends. One study shows that sixth graders average approximately 8½ hours of sleep per night, while 12th graders average approximately 7 hours per night.¹⁵ A phase delay in circadian rhythm that begins in early puberty and the use of both traditional and new media and the early start times of junior and senior high school are all considered to be contributors to the general sleep deficit in the adolescent

years. Later start time for school has been shown to be an effective countermeasure to chronic sleep loss. Because decreased school performance, as well as a possible increase in depression and other mental health issues and health risk behaviors, has been associated with lack of appropriate sleep, this becomes an important area of attention in the health and well-being of adolescents.¹⁶ The family and environmental conditions that can pose a risk to a child's health or that can act as protective factors and contribute to a child's healthy development continue to be important during adolescence. However, these risks and strengths typically manifest themselves in different ways to reflect the adolescent's growing maturity.

Health care routines also change according to the adolescent's development and his unique cultural circumstances. Beginning with the Early Adolescence Visits, many health care professionals conduct the first part of the medical interview with the parent in the examination room and then spend time with the adolescent alone. This approach helps the early adolescent build a unique relationship with his health care professional, promotes confidence and full disclosure of health information, and enhances self-management. When this approach is explained within the context of healthy adolescent development, parents usually support it.



Priorities for the 11 Through 14 Year Visits

The first priority is to address the concerns of the adolescent and the parent.

In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 4 Early Adolescence Visits.

The goal of these discussions is to determine the health care needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent throughout the Early Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the youth and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are

- ▶ Social determinants of health^a (risks [interpersonal violence, living situation and food security, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- ▶ Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- ▶ Emotional well-being (mood regulation and mental health, sexuality)
- ▶ Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- ▶ Safety (seat belt and helmet use, sun protection, substance use and riding in a vehicle, firearm safety)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.



Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

Interval history, including a review of systems, can be obtained according to the health care professional's preference or style of practice. In most cases, the youth will be alone at the visit. In some situations, especially if the youth has a special health care need, he may be accompanied by a parent or guardian. Some clinicians use the HEADSSS (Home, Education, Eating Activities, Drugs, Sexuality, Suicide, Safety) or SSHADESS (Strengths, School, Home, Activities, Drugs, Emotions/Eating/Depression, Sexuality, Safety) mnemonics to help organize the questions for their youth patients.^{17,18} The following questions may encourage in-depth discussion to determine changes in health status that would warrant further physical or emotional assessment:

General Questions for the Youth

- How do you stay healthy?
- What are you good at?
- What do you do to help others?
- Who are the important adults in your life?
- What are your responsibilities at home and at school?
- What do you and your friends like to do together?
- What health problems, concerns, or questions do you have?

General Questions for the Parent

- What questions do you have about your child's physical well-being, growth, or pubertal development?
- Tell me something your child does really well.
- What questions or concerns do you have about your child's emotional well-being, feelings, behavior, or learning?
- What have you and your child discussed about feelings and behaviors that are contributing to his emotional well-being and a healthy lifestyle?
- What have you and your child discussed about avoiding risky behaviors? Does your child have any behaviors that you are concerned about?

Past Medical History

- Has your child received any specialty or emergency care since the last visit?

Family History

- Has your child or anyone in the family, such as parents, brothers, sisters, grandparents, aunts, uncles, or cousins developed a new health condition or died? **If the answer is Yes:** Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.



Surveillance of Development

The developmental tasks of early adolescence can be addressed by asking specific questions, through information obtained in the medical examination, by observation, and through general discussion. The following areas can be assessed to understand the developmental health of the youth. A goal of this assessment is to determine whether the youth is developing in an appropriate fashion and, if not, to provide information, assistance, or intervention. In the assessment, determine whether the youth is making progress on the following developmental tasks¹⁹:

- Forms caring and supportive relationships with family members, other adults, and peers
- Engages in a positive way with the life of the community
- Engages in behaviors that optimize wellness and contribute to a healthy lifestyle
 - Engages in healthy nutrition and physical activity behaviors
 - Chooses safety (wearing bike helmets, using seat belts, avoiding alcohol and drugs)
- Demonstrates physical, cognitive, emotional, social, and moral competencies (including self-regulation)
- Exhibits compassion and empathy
- Exhibits resiliency when confronted with life stressors
- Uses independent decision-making skills (including problem-solving skills)
- Displays a sense of self-confidence, hopefulness, and well-being

Review of Systems

The Bright Futures Adolescence Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through the following questions:

Do you have any problems with

- Regular or frequent headaches or dizziness
- Fainting or passing out
- Eyes or vision
- Ears or hearing
- Nose or throat
- Breathing problems or chest pains
- Belly aches or pains, throwing up, problems with bowel movements
- Painful urination or other urine problems
- Rashes, moles, sunburn
- Muscle aches, injury, or other problems
- Fatigue

For Girls

- Have you had your first period?
 - If so, when was your last period?
 - Do you have any problems with your periods?
 - Do you have any itching, burning, or discharge in your vaginal area?



Observation of Parent-Youth Interaction

The parent or guardian of the early adolescent often accompanies the youth to the visit, but the health care professional will spend some time with the youth alone during each Early Adolescence Visit. The health care professional can observe parent-youth interactions, including

- How comfortably do the youth and parent interact, both verbally and nonverbally?
- Who asks and answers most of the questions?
- Does the youth express an interest in managing his own health issues (including youth with special health care needs)?

Cultural norms and values shape parent-youth interactions. To accurately interpret observations, the health care professional should learn about the norms and expectations of the populations served. Different cultures have different norms about how youth and adults interact and whether youth speak directly to adults or offer their own opinions in front of adults.

In addition to observation, the health care professional can help guide the parent and the youth's interaction to encourage the youth's participation in his health decisions. For example, if the parent is answering all the questions, then the health care professional can redirect questions straight to the youth with wording such as, "What are your thoughts on what we are discussing?"

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for youth aged 11 through 14 years. Use of a chaperone is advised, especially when performing sensitive parts of the examination.²⁰

- **Measure and compare with norms for age, sex, and height**
 - Blood pressure
- **Measure and plot on appropriate Centers for Disease Control and Prevention (CDC) Growth Chart**
 - Height
 - Weight
- **Calculate and plot on appropriate CDC Growth Chart**
 - Body mass index (BMI)
- **Skin**
 - Inspect for acne, acanthosis nigricans, atypical nevi, piercings, and signs of abuse or self-inflicted injury.
- **Spine**
 - Examine the back and spine to detect deformities, including scoliosis.
- **Breast**
 - FEMALE
 - Perform visual inspection or palpation, and assess for sexual maturity rating.
 - MALE
 - Observe for gynecomastia.



■ Genitalia

FEMALE

- Perform visual inspection for sexual maturity rating.
- A pelvic examination may be clinically warranted, based on specific problems.

MALE

- Perform visual inspection and palpate testicles for sexual maturity rating.
- Examine testicles for hydrocele, hernias, varicocele, or masses.

Screening

Universal Screening	Action	
Depression: Adolescent (beginning at 12 Year Visit)	Depression screen ^a	
Dyslipidemia (once between 9 Year and 11 Year Visits)	Lipid profile	
Hearing (once between 11 Year and 14 Year Visits)	Audiometry, including 6,000 and 8,000 Hz high frequencies	
Tobacco, Alcohol, or Drug Use	Tobacco, alcohol, or drug use screen	
Vision (12 Year Visit)	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters	
Selective Screening	Risk Assessment ^b	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia	+ on risk screening questions and not previously screened with normal results	Lipid profile
HIV	+ on risk screening questions	HIV test ^c
Oral Health	Primary water source is deficient in fluoride.	Oral fluoride supplementation
STIs		
▶ Chlamydia	Sexually active girls Sexually active boys + on risk screening questions	Chlamydia test
▶ Gonorrhea	Sexually active girls Sexually active boys + on risk screening questions	Gonorrhea test
▶ Syphilis	Sexually active and + on risk screening questions	Syphilis test
Tuberculosis	+ on risk screening questions	Tuberculin skin test

continued



Screening (continued)

Selective Screening	Risk Assessment ^b	Action if Risk Assessment Positive (+)
Vision (11, 13, and 14 Year Visits)	+ on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Abbreviations: HIV, human immunodeficiency virus; STI, sexually transmitted infection; USPSTF, US Preventive Services Task Force.

^a If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the *Anticipatory Guidance* section of this visit.

^b See *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.

^c Adolescents should be screened for STIs per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the USPSTF recommendations (www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.

Immunizations

Consult the CDC/Advisory Committee on Immunization Practices (ACIP) or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP *Red Book*: <http://redbook.solutions.aap.org>



Anticipatory Guidance

The following sample questions, which address the Bright Futures Adolescent Expert Panel's Anticipatory Guidance Priorities for this visit, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit. Questions can be modified to match the health care professional's communication style. Any anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular adolescent and family.

During the early adolescent years, a primary focus of discussion should be with the youth, without dismissing the concerns or questions of the parent. For this reason, questions should first be directed to the youth and then to the parent. Similarly, guidance should first be given to the youth, and then to the parent or guardian as needed. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*. (For more information on this topic, see the introduction to the visits.)

Priority

Social Determinants of Health

Risks: Interpersonal violence (fighting, bullying), living situation and food security, family substance use (tobacco, e-cigarettes, alcohol, drugs)

Strengths and protective factors: Connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making

Risks: Interpersonal Violence (Fighting, Bullying)

Youth in families that are affected by poverty, intimate partner violence, or neighborhood violence are dealing with a level of stress that affects the youth's current and future health. The health care professional can identify these issues in a supportive and non-blaming way and help the youth (and her parents, if appropriate) formulate steps toward solutions, or make referrals to appropriate community services.

Fighting and bullying behaviors can indicate the presence of conduct disorders or may co-occur with problems of substance use, depression, or anxiety. (For more information on this topic, see the *Bullying* section of the *Promoting Mental Health* theme.) Youth who identify as lesbian, gay, bisexual, transgender, or questioning experience high rates of bullying. Interpersonal violence includes physical attacks and sexual coercion. Cyberbullying also is a concern. Young adolescents can benefit from a discussion of safety in all these aspects.



Sample Questions

Ask the Youth

Have you ever been involved with a group who did things that could have gotten them into trouble? What do you do when someone tries to pick a fight with you? What do you do when you are angry? Have you been in a physical fight in the past 6 months? Do you know anyone in a gang? Have you ever been touched in a way that made you feel uncomfortable or that was unwelcome? Have you ever been touched on your private parts against your wish or without your consent? Has anyone ever forced you to have sex? Are you in a relationship with a person who threatens you physically or hurts you? Do you feel safe at home? Do you feel you have been bullied on the Internet or through social media?

Ask the Parent

Are there frequent reports of violence in your community or school? Is your child involved in that violence? Do you think she is safe in the neighborhood? Has your child ever been injured in a fight? Has she been bullied or hit by others? Has she demonstrated bullying or aggression toward others? Have you talked to your child about dating violence and how to be safe?

Anticipatory Guidance

For the Youth

- Confide in your parents or guardians; health care professionals, including me; or other trusted adults (such as teachers) if anyone bullies, stalks, or abuses you or threatens your safety in person, on the Internet, or through social media. If you see another person being bullied, tell an adult.
- Learn to manage conflict nonviolently. Walk away if necessary.
- Avoid risky situations. Avoid violent people. Call for help if things get dangerous.
- When dating, or in any situations related to sexual behavior, remember that, “No,” means NO. Saying, “No,” is OK.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.

For the Parent

- Teach your child nonviolent conflict-resolution techniques.
- Talk to your child about Internet safety and avoiding cyberbullying.
- Talk to your child about your family’s expectations for time with friends and rules about dating.
- Make sure your child knows she can call you if she ever needs help. Be prepared to step in and help if needed.



Risks: Living Situation and Food Security

Families in difficult living situations or with limited resources may have concerns about their ability to acquire adequate housing and sufficient food. Questions on this topic, especially those directed to the youth, can be sensitive. If the family has housing difficulties, refer the family to community housing resources.

Increased caloric needs during the adolescent growth spurt make food security a critical issue in early adolescence. If the family is having difficulty obtaining nutritious food, provide information about the Special Nutrition Assistance Program (SNAP), the Commodity Supplemental Food Program, local food shelves, and local community food programs.

Sample Questions

Ask the Parent

Tell me about your living situation. Do you have enough heat, hot water, and electricity? Do you have appliances that work? Do you have problems with bugs, rodents, or peeling paint or plaster? In the past 12 months, did you worry that your food would run out before you got money to buy more? In the past 12 months, did the food you bought not last and you did not have money to buy more?

Anticipatory Guidance

For the Parent

- The people at community agencies have expertise in housing issues and can get you the help you need. Would you like me to help you get in touch with them?
- Community food and nutrition programs and resources, like food banks, food pantries, and community food programs, are available to help you and your family. You also may be eligible for programs like SNAP, the program formerly known as Food Stamps.

Risks: Family Substance Use (Tobacco, E-cigarettes, Alcohol, Drugs)

Exposure to tobacco smoke remains an important environmental risk. Although the long-term health effects of e-cigarettes have not yet been established, exposure to secondhand vapor from them likely carries health risks. Youth with family members and peers who use e-cigarettes (also called vaping) are more likely to begin using these devices themselves, and youth who use e-cigarettes are more likely to start using conventional cigarettes.

Worrying about a family member with a substance use or mental health problem may be a source of significant stress.

Sample Questions

Ask the Youth

Does anyone in your house or other places where you spend a lot of time smoke cigarettes or vape with e-cigarettes?

Ask the Parent

Is there anyone in your child's life whose alcohol or drug use concerns you?



Anticipatory Guidance

For the Youth

- It's not always possible, but, when you can, avoid spending time indoors or in cars where people are smoking cigarettes or vaping with e-cigarettes.
- If someone in your family smokes, they have probably tried to stop many times. Nicotine from cigarettes and e-cigarettes is one of the most addicting drugs we know. That's why it's so hard to quit. That's also why your family and I don't want you to start using tobacco or e-cigarettes.
- If you are worried about any family members' drug or alcohol use problems, you can talk with me.

Strengths and Protective Factors: Connectedness With Family and Peers

In concert with identifying risks, providing anticipatory guidance about protective factors and strengths for all youth is a critical component of surveillance of adolescent developmental tasks. Identifying strengths and providing feedback to youth (and families, when appropriate) about what they are doing well helps provide a comprehensive and balanced view of the young person's health and well-being. Often, youth and parents can build on these strengths when they make plans about how to deal with the challenges of chronic health conditions or a needed behavior change, such as better nutrition or more physical activity. For youth and families living in difficult circumstances, such strengths may help protect the youth from, or reduce the degree of, negative health outcomes. The more developmental assets or strengths youth have, the less likely they are to engage in risky health behaviors. All youth and parents need to know that they can positively influence healthy development no matter what difficulties or problems exist. Anticipatory guidance provides parents with ideas about opportunities they can give their child, such as the chance to become good at things, begin to make independent decisions, have social connections, and do things for others.

One of the most important protective factors and a component of healthy adolescent development is the ability to form caring and supportive relationships with family, other adults, and peers. At home, this involves a relationship characterized by warm supportive interactions with parents combined with clear expectations and an opportunity for young teens to begin to gain the skills necessary for independent decision-making. Youth also benefit from feeling they can contribute to planning family activities and helping out when needed. Young people are more likely to make healthy choices if they stay connected with family members and if clear rules and limits are set. Remind parents that although their child's friends are becoming increasingly important to her, they should not underestimate their own ability to positively influence her opinions and decisions. This shift in the balance can be difficult for parents to deal with, but it is an important time to continue to cement family relationships. This effort will pay off later because close family ties are an important protective, risk-reducing factor in middle and late adolescence. Connection to parents and other responsible adults is associated with a reduced number of risk behaviors. Asking parents whether they understand their child's world and daily life is particularly important for immigrant parents and families.



Sample Questions

Ask the Youth

How do you get along with your family? What do you like to do together? How closely connected do you feel to your family's cultural and faith life? Which adult do you feel most closely connected with? What rules do you have at home? What happens if you break the rules?

Ask the Parent

How are you getting along as a family? What do you do together? Tell me what you know about your child's world and daily life. What responsibilities does she have at home? What are your expectations? Do you regularly praise your child when she does something good?

Anticipatory Guidance

For the Youth

- This is an important time to stay connected with your parents. You might not always agree on everything, but work with your family to solve problems, especially around difficult situations or topics.
- Spend time with family members. Help out at home.
- Follow your family rules, such as for curfews and riding in a car (eg, who you accept rides from and whether the driver has been drinking or doing drugs).
- How to make friends and keep them is an important life skill.

For the Parent

- Spend time with your child. Express willingness for questions and discussion. Develop a pattern of communication and support her as an independent person. Make time every day to talk at mealtime, bedtime, drive time, or check-in time about a lot of things, not just about difficult or unpleasant topics.
- Discuss youth responsibilities in the family and how they change with age.
- Clearly communicate rules and expectations.
- Get to know your child's friends and encourage her to make good decisions about choosing friends.
- Discuss your expectations for dress, friends, media, and activities, and supervise your child.

Strengths and Protective Factors: Connectedness With Community

Youth who take part in activities that interest them are more confident, manage their time better, and do better in school than those who do not. These activities can nurture strengths and assets that will help an early adolescent successfully navigate this developmental stage. Living in a community or neighborhood that is safe, with positive community norms and opportunities for engagement and participation, is a protective factor in adolescent development.

Sample Questions

Ask the Youth

What are your interests outside of school? What do you like to do after school or on weekends? Do you have a chance to help others out at home or at school or in your community?

Ask the Parent

What does your child do after school or on weekends? What activities does she enjoy?



Anticipatory Guidance

For the Youth

- This is a good time to start figuring out your interests. Art, drama, mentoring, volunteering, construction, gardening, and individual and organized sports are only a few possibilities. Consider learning new skills that can be helpful to your friends, family, or community, such as lifesaving CPR or peer mentoring. Consider being part of a youth organization, such as 4-H or Big Brothers, Big Sisters.

For the Parent

- Provide opportunities for your child to find activities, other than academics, that truly interest her, especially if she is struggling academically.
- Help your child see things from another person's point of view, becoming more aware of other people's situations in your community.

Strengths and Protective Factors: School Performance

An opportunity to develop academic competence in school also is a strength and protective factor for youth; school performance **and** engagement with school personnel and activities are key. The transition from elementary school to middle school and then to high school is an exciting time because it brings new experiences and responsibilities and increased freedom. It also has its difficult moments, as youth grapple with new social and academic situations and challenges. Success in school is associated with a reduced number of risky behaviors and it increases positive social relationships. Poor academic achievement may be a sign of depression, anxiety, attention, or learning problems. Chronic absenteeism, which is frequently defined as missing at least 10% of school days, is a very frequent problem, especially in areas of poverty, either rural or urban. Among states that currently measure it, rates across a state range from about 11% on the low end to as high as 24%. Chronic absenteeism is a leading harbinger of dropping out of school, regardless of reason. Rates start to increase during middle school. Emphasizing to parents and to patients the importance of attending school every day is extremely important.²¹

Sample Questions

Ask the Youth

How are you doing in school? What do you enjoy at school? What is your favorite subject? Are you having particular difficulty with any subjects? Do you get any therapies in school or extra help with any particular subjects?

Ask the Parent

Is your child getting to school on time? How is your child doing in school? Is she completing her homework? How are her grades? Has she missed more than 2 days of school in any month?



Anticipatory Guidance

For the Youth

- Take responsibility for getting your homework done and getting to school on time.
- If you are having any difficulty at school, talk with your parent or another trusted adult about it.

For the Parent

- Emphasize the importance of school.
- Praise positive efforts.
- Recognize success and achievements.
- Monitor and guide your child as she assumes more responsibility for her schoolwork.
- Many youth need help with organization and setting priorities as they transition through middle school and into high school.
- Encourage reading by helping your child find books and magazines about subjects that interest her.
- Have her bring a book when you know she'll be waiting somewhere or in a situation requiring patience.

Strengths and Protective Factors: Coping With Stress and Decision-making

The ability to solve problems, make good decisions, and cope with stress is an important skill for youth. Health care professionals can support parents in helping their children set priorities, manage stress, and make progress toward goals.

Sample Questions

Ask the Youth

Do you worry a lot or feel overly stressed out? What stresses or worries you? What do you do to feel better when you are stressed?

Ask the Parent

Do you think your child worries too much or appears overly anxious? How do you help your child cope with stress? How do you teach her to make decisions and solve problems?

Anticipatory Guidance

For the Youth

- Everyone has stress in their lives, such as school deadlines or occasional difficulties with friends. It's important for you to figure out how to deal with stress in the ways that work best for you. If you would like some help with this, I would be happy to give you some ideas.

For the Parent

- Involve your child in family decision-making, as appropriate, to give her experience with solving problems and making decisions.
- Encourage your child to think through solutions rather than giving her all the answers.



Priority

Physical Growth and Development

Oral health, body image, healthy eating, physical activity and sleep

Oral Health

The value of brushing the teeth with fluoridated toothpaste extends to all ages. Fluoride is beneficial because it remineralizes tooth enamel and inhibits bacterial growth, thereby preventing caries. Flossing daily is important to prevent gum disease. Youth should have regularly scheduled visits with their dentist at least twice each year. They also should receive a fluoride supplement if the fluoride level in community water supplies (at home and at school) is low.

Sample Questions

Ask the Youth

How often do you brush your teeth? When was your last dental visit? Do you play contact sports? If so, do you wear a mouth guard?

Ask the Parent

When was the last time your child had a dental visit? Do you have trouble getting dental care?

Anticipatory Guidance

For the Youth

- Brush your teeth twice daily with fluoridated toothpaste and floss every day.
- Limit soda and other sweetened beverages, sport drinks, and energy drinks.
- Limit the frequency of between-meal snacks.
- If you chew gum, make sure that it is sugarless gum.
- Use a mouth guard for all contact sports.

For the Parent

- Help your child establish a daily oral health routine of brushing and flossing.
- Continue dental appointments twice a year or according to the individual schedule for your child that is set within his dental home.
- Give your child a fluoride supplement if recommended by your dentist.



Body Image

Many young adolescents going through puberty develop a vastly enhanced sensitivity to their physical appearance, how it is changing, and how it compares with their peers and with the idealized body image portrayed in the media. Health care professionals can evaluate patient concerns about body image and the emergence of disordered patterns of eating, from anorexia to obesity. Evaluating the level of body satisfaction and practices that the adolescent uses to maintain body weight will help the health care professional recognize early symptoms of eating disorders or patterns that promote unhealthy weight.

Sample Questions

Ask the Youth

How do you feel about the way you look? Do you feel that you weigh too little? Weigh too much? Just right? How much would you like to weigh? Are you teased about your weight? Are you doing anything to change your weight? What kinds of things are you doing?

Ask the Parent

Do you have any questions or concerns about your child's nutrition, weight, or physical activity? Does he talk about getting fat or dieting to lose weight?

Anticipatory Guidance

For the Youth

- Manage your weight through eating healthy foods and being physically active every day. One of the most important ways to stay healthy is to balance calorie intake from foods and calorie output through physical activity.

For the Parent

- Support a healthy weight in your child by emphasizing a balance between eating healthy foods and being physically active every day.
- Support your child's evolving self-image by commenting on the positive things he does or has learned rather than on his physical appearance only.

Healthy Eating

As the early adolescent begins to take responsibility for what he eats, his parents can support this decision-making by providing healthy foods at home and opportunities for him to participate in food shopping and meal preparation. This can help the young person learn how to make healthy food choices (eg, foods lower in saturated fat and added sugars) in other situations, such as in school and restaurants. Eating family meals together provides parents with an opportunity to model healthy eating behaviors and promote communication. Advocating for offering healthy food choices in school cafeterias, vending machines, snack bars, school stores, and other venues that offer food and beverages to students also can be an important strategy.



Adequate calcium and vitamin D intake is an important concern for early adolescents, who are experiencing their growth spurts and need calcium to support optimal bone growth. Educate parents and youth on ways to ensure sufficient calcium and vitamin D intake through daily choices of low-fat or fat-free milk and milk products, such as yogurt and cheese. Supplementation can be considered for youth who cannot consume calcium-containing foods. Fortified orange juice typically has calcium and vitamin D. Soy milk generally has both, but families should be encouraged to check the package label. Not all yogurt has vitamin D.

Sample Questions

Ask the Youth

Which meals do you usually eat each day? Do you ever skip a meal? If so, how many times a week? Do you have healthy food options at home or at school? What are they? How many servings of milk or other milk products, such as yogurt or cheese, did you have yesterday? How many servings of other calcium-containing foods did you have yesterday? How many fruits did you eat yesterday? How many vegetables? How often do you drink juice, soda, or sports or energy drinks? Are there any foods you won't eat? If so, which ones? What changes would you like to make in the way you eat?

Ask the Parent

Do you think your child eats healthy foods? What kinds of healthy foods? Do you have any difficulty getting healthy foods for your family? What gets in the way of your family eating healthy foods? Do you have any concerns about your child's eating behaviors (eg, not drinking milk, drinking soda or energy drinks, or skipping meals)? How often are you able to eat meals together as a family?

Anticipatory Guidance

For the Youth

- Eat in ways that help your body be as healthy as possible.
 - Respond to your body's signals. Eat when you are hungry. Stop eating when you feel satisfied.
 - Eat 3 healthy meals a day. Breakfast is an especially important meal.
 - Eat meals with your family as often as you can.
- Choose healthy, nutrient-dense food and drinks for meals and snacks.
 - Eat a lot of vegetables and fruits.
 - Choose whole grains, like whole-wheatbread, brown rice, and oats, not refined grains, like white bread.
 - Get enough protein from foods like chicken, fish, lean meat, eggs, legumes, nuts, and seeds.
 - Keep your bones strong by having 20 to 24 oz of low-fat or fat-free milk every day, plus an additional serving of yogurt, or cheese. If you don't drink milk or eat cheese or yogurt, choose other foods that contain calcium and foods and drinks that are fortified with calcium and vitamin D, like some orange juices and cereals.
- Limit foods and drinks that are high in calories, saturated fat, salt, added sugars, and refined grains, but low in nutrients, like chips, pizza, ice cream, and cupcakes.
- Drink water throughout the day. Choose water or low-fat or fat-free milk instead of juice, fruit drinks, soda, vitamin waters, sports and energy drinks, and caffeine drinks.



For the Parent

- Support positive nutrition habits by keeping a variety of healthy foods at home and encouraging your child to make healthy food choices.
- Be a role model by making healthy nutrition choices yourself.
- Make family meals a priority. Eat together as a family as often as possible and make mealtimes pleasant and encourage conversation. Avoid having the television (TV) on or using phones during meals. Make sure your child has breakfast before going off to school.
- Support your child's choices by providing healthy food and drink options at home, such as vegetables, fruits, whole grains, lean protein, and low-fat or fat-free dairy products. Limit the availability of high-calorie, low-nutrient foods and drinks.
- Calcium and vitamin D are important for healthy bones, so help your child get 20 to 24 oz of low-fat or fat-free milk each day, plus an additional serving of low-fat yogurt and cheese. If your child doesn't drink milk or consume other dairy products, then let's talk about alternatives. These can include foods that naturally contain calcium as well as foods and beverages that are fortified with calcium and vitamin D, like some orange juices and cereals.
- When your child is hungry between meals, offer healthy snacks, like vegetables, fruits, yogurt, and cheese and whole-grain crackers.

Physical Activity and Sleep

Adolescents should engage in 60 minutes or more of physical activity daily. Early adolescents can be physically active through play, games, physical education, recreational activities, and sports at school or in the community. It is important for adolescents to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety. Youth with special health care needs should be encouraged to participate in physical activities that are appropriate for their ability and medical diagnosis. Attention to balancing physical activity and inactivity is needed because computers or portable digital devices present numerous opportunities for physical inactivity. Using computers and portable digital devices is often an important recreational outlet for many adolescents; therefore, guidance in limiting screen time is usually needed.

Getting enough sleep is also important to mental and physical health, school performance, and safety.

Sample Questions

Ask the Youth

What do you do to be physically active, such as walking, biking, hiking, skating, swimming, or running? Which physical activities do you participate in? How often? For how long each time? What do you think you can do to be more active? How much time each day do you spend watching TV or playing video games? How many hours a day do you use a computer or Internet-connected device? How much sleep do you get on weeknights?



Ask the Parent

Does your child participate in physical activity daily? Are there opportunities for safe recreation in your neighborhood? How can you help him become more physically active? Do you and your child participate in physical activities together? If so, which ones? How often? How much time does your child spend on recreational screen time each day? Does your child have a TV or digital device in his bedroom? Do you have guidelines or rules about screen time for your child? What are they? How are they working for you and your child? Does your child have a regular bedtime?

Anticipatory Guidance

For the Youth

- Be physically active as part of play, games, physical education, planned physical activities, recreation, and organized sports. Try to be physically active for 60 minutes or more every day. You don't have to do it all at once. You can break it up into shorter times of activity throughout the day. Doing a mix of physical activities you enjoy is a great way to reach the 60-minute-a-day goal.
- To prevent injuries, use appropriate safety equipment, such as a helmet, a mouth guard, eye protection, wrist guards, and elbow and knee pads (**for boys:** also an athletic supporter with cup), when participating in physical activity.
- Drink plenty of water to maintain hydration lost during physical activity to prevent heat-related illnesses, such as heat cramps, exhaustion, and heatstroke.
- It's important to get enough sleep at night. Having a regular bedtime helps. The use of digital devices just before bedtime can negatively affect sleep. If sleep is a problem for you, please talk to me about it.

For the Parent

- Motivate and promote your child's physical activity by encouraging and offering indoor and outdoor choices for physical activity, and by providing games and equipment that encourage physical activity. Identify community resources, like recreation centers and schools, that offer programs.
- Be a role model by being physically active yourself. Create special family times that involve physical activities.
- Do not allow your child to sleep with any electronic device in his bedroom, including phones or tablets.
- In order to balance your child's needs for physical activity, sleep, school activities, and unplugged time, consider making a family media use plan to balance these important health behaviors and media use time in your child's day. The family media use plan is an online tool that you and your child can fill out together. The tool prompts you and your child to enter daily health priorities such as an hour for physical activity, 8 to 11 hours of sleep, time for homework and school activities, and unplugged time each day for time with family and independently. You and your child can then view the time left over and decide on rules around daily screen time for your child. The AAP has information on making a plan at www.HealthyChildren.org/MediaUsePlan.



- Take into account not only the quantity but the quality and location of media use. Consider TVs, phones, tablets and computers. Rules should be followed by parents as well as children. Construct it so that it suits your families' media needs, but also helps you preserve face-to-face time during family routines such as meals, playtime, and bedtime. Create guidelines around times or locations in the house that are media free so that devices, such as tablets or smartphones, are not used. Having a TV or Internet-connected device in the bedroom has been associated with increased risks of obesity and poor sleep.
- Review safety issues with your child. Talk with him about ensuring privacy in what he posts online, such as on social networking sites. Stress that there are times in which it is inappropriate or dangerous to use smartphones or handheld devices, such as while walking.
- Encourage your children to get enough sleep. It can be important to their mental and physical health, their safety, and their school performance. Having a regular bedtime and limiting caffeine and the late-night use of tablets and smartphones may be helpful.



Priority

Emotional Well-being

Mood regulation and mental health, sexuality

Mood Regulation and Mental Health

Many adolescents may not present with classic adult symptoms of depression. Irritability or pervasive boredom may be symptoms of depression in this age group. Because parents often do not know that their adolescent has been having suicidal thoughts or has made attempts, it is important to question the adolescent directly if there is any concern about depression or other mental health problems. Bright Futures recommends the administration of a standardized depression screen, such as the *Patient Health Questionnaire (PHQ)*,²² at every health supervision visit, beginning at the 12 Year Visit.

Anxiety falls along a spectrum of intensity, and symptoms may cause significant distress and affect the early adolescent's functioning at school, at home, or with friends.

Post-traumatic stress disorder is frequently overlooked and can present with symptoms of depression and anxiety. Past traumatic events can include being in a motor vehicle crash, experiencing physical or sexual abuse or other major life events, witnessing violence, or experiencing a natural disaster.

Fighting and bullying behaviors can indicate the presence of a conduct disorder and may co-occur with problems with substance use, depression, or anxiety. *(For more information on this topic, see the Bullying section of the Promoting Mental Health theme.)*

Worsening or poor academic achievement may be a sign of depression, anxiety, attention or learning problems, or alcohol or drug use.

Not adhering to parental rules and requests can indicate problems with the parent-youth relationship or with other authority figures. Disagreements over cultural values can lead to distress and high levels of conflict in the family and can affect the child's functioning and developing identity and may increase the risk of alcohol or drug use.

Any youth with a substance use disorder also may be struggling with a mental health problem. These youth need to be evaluated for both substance use and mental health problems because they occur more often together in adolescents than they do in adults.

Sample Questions

Ask the Youth

Have you been feeling bored all the time? Do you feel sad? Have you had difficulty sleeping or do you often feel annoyed? Do you ever feel so upset that you wished you were not alive or that you wanted to die? Do you find yourself continuing to remember or think about an unpleasant experience that happened in the past? Do you find that you and your parents are often arguing about what your culture expects of you and what your friends are doing?

**Ask the Parent**

Is your child frequently irritable? Have you noticed any changes in your child's weight or sleep habits? Does your child have recurring thoughts or memories about an unpleasant event in the past, such as a motor vehicle crash or being hurt by someone? Do you and your child have frequent conflict about what your culture expects of her behavior and how her friends behave? Do you have any concerns about your child's emotional health? Has anyone in the family had mental health problems (eg, anxiety or depression) or attempted or died by suicide?

Anticipatory Guidance**For the Youth**

- Everyone has difficult times and disappointments, but these usually are temporary and you can keep on track with school, family, friends, and a generally positive attitude toward life.
- Sometimes, though, people your age may feel like they're too sad, depressed, hopeless, nervous, or angry to be able to do these things. If you feel that way now, I'd like to talk with you about it. If you ever feel that way, it is important for you to seek help. Turn to your parents, me, or another adult you trust when you feel sad, down, or alone.

For the Parent

- As your child's health care professional, I am just as interested in her emotional well-being and mental health as I am in her physical health. If you are concerned about your child's behavior, moods, mental health, or substance use, please talk with me.

Sexuality

Concerns about puberty often preoccupy early adolescents, and these concerns can be a frequent topic of discussion during the visit. Health care professionals are uniquely positioned to discuss the young person's individual pubertal developmental trajectory. This can be especially helpful for early-maturing and late-maturing adolescents. For example, it is helpful to reassure parents that most breast development in boys is normal and temporary, and that asymmetrical breast development in females is normal. Because of its importance at this developmental stage, health care professionals should educate young girls and their parents about menarche and subsequent cycle length as well as issues related to hygiene, dysmenorrhea, and irregular bleeding.

During early adolescence, youth also may have questions about gender identity, sexual attraction, and relationships. It is important for health care professionals to provide a safe place for youth to get accurate information and discuss these issues. *(For a detailed discussion of these issues, see the Promoting Healthy Sexual Development and Sexuality theme.)*

In general, it is helpful to advise parents to be open to listening about and discussing sexuality with their children. Being sensitive to cultural issues related to sexuality, gender identity, and sexual attraction while paying close attention to understanding parents' views can help the health care professional be perceived as a credible resource. Consider partnering with members of the family's community to identify strategies to support adolescents who are not following the traditions of their family. Some families will perceive it to be inappropriate for a health care professional to talk to youth about this topic, so it is useful to provide them with information and sources of support in their community.



Sample Questions

Ask the Youth

For boys and girls: *What do you know about how your body changes during puberty?*

For girls: *Have you had your first period? If you have menstruated, tell me more about your periods, such as how often they are and how heavy.*

For boys and girls: *Have you talked with your parents about dating and sex? What have they shared with you?*

Other options for questions: *Do you know or wonder about who you might be romantically or sexually attracted to? **Alternative questions, if desired:** Are you interested in boys? Girls? Both? Not sure? Do you know any kids who are gay or lesbian? What would it be like for you if one of your friends told you he or she was gay or lesbian?*

Ask the Parent

Have you and your child discussed the physical changes that occur during puberty? Would you like more information about puberty and the emotional changes that occur? What are your house rules about curfews, dating, and friends?

Anticipatory Guidance

For the Youth

- **For boys and girls:** Youth go through the physical changes of puberty at different times, so if you have any questions about these changes, please ask me.
- **For girls:** I want to make sure you understand about your periods (your menstrual cycles). Please ask me if you have any questions.
- Around your age, youth start to think about romantic and sexual attractions toward others. Middle schoolers are figuring out their sexual attractions. You may have times when you have strong feelings for someone of the opposite or the same sex.
- I am available to discuss these issues with you.

For the Parent

- Youth go through the physical changes of puberty at different times, so if you or your adolescent has any questions about her particular developmental path and developing sexuality, please ask me.
- During adolescence, youth typically start to think about romantic and sexual attractions toward others. Middle schoolers are often figuring out sexual attractions and may go through times of attraction to the same or opposite sex. If you have any questions about adolescent sexual development, or would like more information about adolescent sexual development, sexual orientation, or gender identity, please ask me.



Priority

Risk Reduction

Pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma

Pregnancy and Sexually Transmitted Infections

Abstinence for those who have not had sex, and as an option for those who are sexually experienced, is the safest protection from pregnancy and sexually transmitted infections (STIs). Knowing how to protect oneself and one's partner from pregnancy and STIs is critical for those who are sexually active. The majority of youth aged 11 to 14 years have not had sex. According to data from the 2013 Youth Risk Behavior Survey, the percentage of adolescents, both boys and girls, who have had sexual intercourse (including nonconsensual sex) before age 13 years was 5.6% in 2013. A higher percentage of boys (8.3%) are sexually active before age 13 years as compared to girls (3.1%). Among survey participants, 30% reported having had sexual intercourse by the spring semester of grade 9, typically age 14 or 15 years.²³ The youth who are having or have had sex may have risks related to sexual abuse, pregnancy, and STIs that need to be identified.

For older youth, it may be helpful to preface your questions with an explanation of why they are being asked.

- Most youth this age are not involved in a sexual relationship even though some may be in romantic relationships.
- Some youth may not have all the information they need to make healthy decisions.
- Some youth may be in situations where they are being forced or pressured, often by someone older. This can be confusing even though it's not their fault, so it's important that they tell someone.
- Different kinds of physical closeness that count as sex can spread disease (including oral sex).

Sample Questions

Ask the Youth

Have you ever been in a romantic relationship? Have you always felt safe and respected? Have any of your relationships been sexual relationships? What are your thoughts about having sex? Have you ever been touched in a way that made you feel uncomfortable? Have you ever been forced or pressured to do something sexual that you haven't wanted to do?

If the youth is sexually active, the following questions may be helpful: *Were your partners male or female, or have you had both male and female partners? Were your partners younger, older, or your age? Have you had oral sex? Vaginal sex? Anal sex? Did you use other birth control instead of, or along with, a condom? How often do you use condoms? Are you aware of emergency contraception? If you are having sex, are you making good choices to avoid emotional hurt for you and your partner? How are you protecting yourself against STIs and pregnancy?*



Ask the Parent

Have you talked to your child about sex? How do you plan to help him deal with pressures to have sex? How does your culture help you do this?

Anticipatory Guidance

For the Youth

- Not having sexual intercourse, including oral sex, is the safest way to prevent pregnancy and STIs.
- Figure out ways to make sure you can carry through on your decisions regarding your sexual behaviors. Plan how to avoid risky places and relationships. For example, don't use drugs or alcohol, because these can raise the risk of unwanted sex and other risky behaviors.
- If you are sexually active, protect yourself and your partners from STIs and pregnancy.

For the Parent

- Encourage abstinence from sexual activity or a return to abstinence.
- Help your child make a plan to resist pressures to use substances or have sex. Be there for him when he needs support or help.
- Support safe activities at school, with community and faith organizations, and with volunteer groups to encourage personal and social development.
- If you feel you can't talk with your child because you don't know enough about teen development, sexual pressures, teen pregnancy, and STIs, learn more through reliable resources.
- Talk about relationships and sex when issues arise on TV, at school, or with friends. Be open and nonjudgmental, but honest, about your personal views.

Tobacco, E-cigarettes, Alcohol, Prescription or Street Drugs

Provide information or role-play on how to resist peer pressure to smoke or use e-cigarettes, drink alcohol, misuse prescription drugs, or use street drugs.²⁴ If screening questions about tobacco, e-cigarettes, alcohol, or drug use have not already been asked in a Previsit Questionnaire, Bright Futures recommends they be included during anticipatory guidance. Many youth incorrectly consider e-cigarettes safer than traditional cigarettes. It is important to specifically ask about e-cigarette use, known by many youth as vaping.

Sample Questions

Ask the Youth

What are your thoughts about smoking, vaping, drinking, and using drugs? Have you ever been offered any drugs? Have you ever taken prescription drugs that were not given to you for a specific medical condition?

If no: *How would you handle that?* **If yes:** *How did you handle that?*

Ask the Parent

Does anyone in your home smoke or use e-cigarettes? Has your child come to you with questions about alcohol or drugs? What have you discussed about the topic? Do you know your child's friends? Do you know where your child is and what he does after school and on the weekends? What are the expected consequences or disciplinary actions that you would take (or have taken) if you discovered that your child was using tobacco, e-cigarettes, alcohol, or other drugs? To your knowledge, has your child ever used alcohol or drugs? If so, how do you know? How did you react to the situation? Did your child say he would stop? Has he?



Anticipatory Guidance

For the Youth

- Don't smoke, use tobacco or vape, drink alcohol, or use drugs, inhalants, anabolic steroids, or diet pills. Smoking marijuana, vaping, and smoking hookah and other drugs can hurt your lungs. Alcohol and other drugs are bad for your brain's development.
- Prescription drugs can kill when used inappropriately. Do not share medications with friends or take anyone else's medications. Take your own medications only as prescribed.
- Avoid situations in which drugs or alcohol are readily available. If you can't avoid situations with drugs or alcohol, have a plan for how you are going to avoid using. I can help you make your plan.
- Support friends who choose not to use tobacco, e-cigarettes, alcohol, drugs, steroids, or diet pills. Choose friends who support your decision not to use tobacco, e-cigarettes, alcohol, or drugs.
- If you ever have questions about alcohol or drugs, please ask me. If you smoke, vape, misuse prescription drugs, use street drugs, or drink alcohol, let's talk about it. We can work out a way to help you quit or cut down on your use.
- If you are worried about any family members' drug or alcohol use, you can talk with me.

For the Parent

- Know where and with whom your child is spending leisure time.
- Clearly discuss rules and expectations for acceptable behavior.
- Praise your child for not using tobacco, e-cigarettes, alcohol, or other drugs. Reinforce this decision through positive and open conversations about these issues.
- Lock or monitor your liquor cabinet and prescription medications. Do NOT save leftover prescription medicines. Dispose of these medications properly, using a method that is recommended in your community.

Acoustic Trauma

The Occupational Safety Health Administration has rules for noise exposure in the workplace to prevent a temporary threshold shift in hearing (a change of at least 10 dB from a previous test) that can become a permanent hearing loss.²⁵ No similar recommendation exists for noise from personal devices. Mild hearing loss (ie, >25 dB) was found in 3.5% of adolescents aged 12 to 19 years in the National Health and Nutrition Examination Survey (NHANES) III 1988–1994 and 5.3% in NHANES 2005–2006.²⁶

To protect hearing, the CDC recommends avoiding or limiting exposure to excessively loud sounds, turning down the volume of music systems, moving away from the source of loud sounds when possible, and using hearing protection devices when it is not feasible to avoid exposure to loud sounds, or reduce them to a safe level.^{27,28}

Sample Questions

Ask the Adolescent

Are you aware that loud noise can cause both temporary and permanent hearing loss? How loud do you usually have your music?

Ask the Parent

Are you concerned about how loudly your adolescent plays his music?



Anticipatory Guidance

For the Adolescent

- Wear hearing protection when you are exposed to loud noise, such as music, at concerts, or in loud working conditions, such as running lawn, garden, or snow removal machinery.
- When you use earbuds, make sure the volume on your device isn't too high.

For the Parent

- Encourage hearing protection when your adolescent is exposed to loud noise, such as when he listens to music, is at concerts, or is in loud working conditions.
- Encourage your adolescent to keep the volume at a reasonable level when he uses a device with earbuds.



Priority

Safety

Seat belt and helmet use, sun protection, substance use and riding in a vehicle, firearm safety

Seat Belt and Helmet Use

Everyone should wear seat belts when riding in a car, and helmets or other protective gear when participating in activities such as biking, skating, or water sports. Smaller adolescents may still need to use a belt-positioning booster seat in the car to help the seat belt fit properly; a low-profile backless booster seat may be less noticeable and more acceptable to the adolescent than a high-back booster.

If parents and peers wear seat belts and bicycle helmets, the early adolescent is more likely to do so.

Children and adolescents younger than 16 years should not ride an all-terrain vehicle (ATV).

Sample Questions

Ask the Youth

How do you feel about wearing a seat belt and helmet? Do you always wear a seat belt? Do you always wear a helmet or other protective gear when you bike, play team sports, or do water sports? What would make it easier for you to wear a seat belt and helmet all of the time?

Ask the Parent

Do you always wear a seat belt and bicycle helmet? Do you insist that your child wear a seat belt when in a car? Do you insist that your child use appropriate safety equipment when she participates in physical activities, such as biking, team sports, or water sports?

Anticipatory Guidance

For the Youth

- Always wear a seat belt in a vehicle.
- Always wear a helmet and other protective gear when you are biking, skateboarding, or skating.
- Always wear protective gear when engaged in team sports.
- Always wear an appropriately fitting US Coast Guard–approved life jacket when engaged in water sports.

For the Parent

- It's important that you and everyone else always wear a seat belt in the car and helmet on your bicycle.

For information about how to keep your child safe in and around cars, visit www.safercar.gov/parents.

Toll-free Auto Safety Hotline: **888-327-4236**



Sun Protection

Sun protection is now of increasing importance because of climate change and the thinning of the atmospheric ozone layer. Sun protection is accomplished through limiting sun exposure, using sunscreen, and wearing protective clothing. About one-fourth of a person's exposure to the sun occurs before age 18 years. Early exposure to ultraviolet radiation (UVR) increases skin cancer risk. Youth may visit tanning parlors, which also raises their skin cancer risk.

Sample Questions

Ask the Youth

Do you always use sunscreen? Do you limit outside time during the middle of the day, when the sun is at its strongest? Do you visit tanning parlors?

Ask the Parent

Is your child protected from excessive sun exposure? Does she use sunscreen?

Anticipatory Guidance

For the Youth

- Protect yourself from the sun by covering up with clothing and hats. Whenever possible, time your activities so you're not outside from 11:00 am to 3:00 pm, when the sun is strongest.
- Use sunscreen and reapply frequently.
- Wear sunglasses.

For the Parent

- Encourage your adolescent to protect herself from overexposure to the sun and to avoid tanning parlors.
- Encourage her to use sunscreen with an SPF of 15 or higher and to wear a hat.

Substance Use and Riding in a Vehicle

The use of alcohol and other drugs has been associated with car crash deaths in adolescents. Sometimes, young adolescents don't have control over the substance use of people with whom they ride (eg, rides home from an adult after babysitting or rides with older friends and siblings). Counsel parents to develop strategies with their adolescent on how to avoid these situations.

Sample Questions

Ask the Youth

Have you ever ridden in a vehicle with someone who has been drinking or using drugs? Whom can you call for a ride if you feel unsafe riding with someone?

Ask the Parent

Have you discussed with your child how she should get home safely if she is with someone who has been using drugs or alcohol? What plans have you made with your child to get her home safely?



Anticipatory Guidance

For the Youth

- Do not ride in a vehicle with someone who has been using drugs or alcohol. Call your parents or another trusted adult and get help.

For the Parent

- Help your child make a plan for what to do in case she ever feels unsafe riding in a vehicle because the driver has been drinking or using drugs, or if any situation is out of hand.

Firearm Safety

The AAP recommends that homes be free of firearms and that if it is necessary to keep a firearm, it should be stored unloaded and locked, with the ammunition locked separately from the firearm.

Firearms should be removed from the homes of adolescents who have a history of aggressive or violent behaviors, suicide attempts, or depression. The presence of a firearm in the home increases the risk of suicide and homicide.

Sample Questions

Ask the Youth

Do you ever carry a firearm or knife (even for self-protection)? If yes: When have you carried a firearm or knife? If there is a firearm in your home, do you know how to get hold of it?

Ask the Parent

Is there a firearm in your house? Is it locked, and is the ammunition locked and stored separately? Is there a firearm in the homes where you and your child visit, such as the homes of grandparents, other relatives, or friends? Have you talked to your child about firearm safety?

Anticipatory Guidance

For the Youth

- Fighting and carrying weapons can be dangerous. Would you like to discuss how to avoid these situations?

For the Parent

- The best way to keep your child safe from injury or death from firearms is to never have a firearm in the home. If it is necessary to keep a firearm in your home, it should be stored unloaded and locked, with the ammunition locked separately from the firearm. Keep the key where your child cannot have access.

Middle Adolescence

15 Through 17 Year Visits

Context

The middle adolescent continues to rapidly develop in many directions simultaneously—physically, cognitively, emotionally, and socially. High school and its associated activities, such as academics, sports, clubs, and the arts, become the central focus of life for most middle adolescents. Many youth also begin working after school or on weekends. Youth with special health care needs are often mainstreamed and, therefore, able to take advantage of the educational opportunities of large schools. Some youth with cognitive challenges also may be eligible for extended educational opportunities in high school until they reach age 21 years.²⁹ All the experiences that become available to a middle adolescent provide wonderful opportunities for her to solidify life skills and positive habits that will serve her well as she encounters new experiences and makes decisions about whether to experiment with risk behaviors. By now, the adolescent should have a good opinion of herself and a feeling of competency. The ability to bounce back from stressors is evolving into the important quality of resiliency.

As much as high school is a positive formative experience for many middle adolescents, others have a different experience. In 2012, 6.6% of youth and young adults aged 16 to 24 years had not completed high school and were not enrolled.³⁰ Health care professionals should learn the drop-out rates in their area and which youth may be at highest risk.

Appearance is an especially important issue during middle adolescence. Health care professionals

should be sensitive to a patient's concerns about body image and the continued problem of disordered eating, from anorexia to obesity. Evaluating the level of body satisfaction and practices that the adolescent uses to maintain body weight (eg, dieting or binge eating and physical activity patterns) will help the health care professional recognize early symptoms of disordered eating or patterns that promote unhealthy body weight and behaviors.

By middle adolescence, peers are an important source of health information to adolescents and are a key reference group. Peers frame behaviors that adolescents feel are appropriate and may offer insight into practices that pose a health risk. For example, the adolescent who engages in competitive sports, such as gymnastics or wrestling, may be vulnerable to misinformation about unhealthy or even unsafe nutrition choices and behaviors (eg, chewing gum to reduce food craving and eating less or drinking excessive amounts of water to maintain a low body weight). An adolescent patient should be directly involved in identifying priority areas for behavior change.

Beginning at age 14 years, the adolescent is entering the developmental period of highest risk for mental health problems.³¹ The most common mental health concerns for adolescents are mood disorders (depression and anxiety), learning disorders and attention-deficit disorders, and conduct disturbances. Emotional well-being is related to the adolescent's biophysical development. As she moves into high school, skills used successfully in junior high may be insufficient or ineffective for



the increased rigor of the high school curriculum. Support is critical for the adolescent and family with school concerns or behavioral issues that emerge with this new academic environment and developmental stage. Health care professionals must be aware of this and refer their adolescent patients for neuropsychological assessment or behavioral counseling as needed.

Many middle adolescents experiment with risk behaviors, such as drug use or unsafe sexual behavior. Adolescents who have a chronic illness may question whether medications they have used during middle childhood are still needed. Many middle adolescents receive a driver's permit or license, which allows them increased freedom and unsupervised time. By the end of this developmental period, the health care professional should have discussed topics such as tobacco use, alcohol and illicit drug experimentation, healthy sexual development, abstinence, and the importance of responsible and safe driving. Discussions also may include ways in which the youth's culture, religion, and family can be viewed as supports in making healthy behavior choices.

During this developmental stage, the adolescent's interpersonal relationships evolve, and interest in dating, sexual intimacy, and related behaviors increases. These issues can be particularly complex for lesbian, gay, bisexual, transgender, or questioning youth. The health care professional should create a clinical environment where clear messages that are sensitive to personal issues, including sexual orientation and gender identity, can be given whenever the adolescent feels ready to discuss them. Experimentation with sexual behaviors, including oral sex and vaginal or anal intercourse, can occur at this age. Frank and supportive conversations about these issues and behavior within the context of the youth's cultural perspective are important.

The legal age of majority is 18 years of age, but the circumstances in which minors can consent to their own health care varies according to state law. Some minor adolescents may be deemed emancipated (eg, those who are married or divorced, a member of the armed forces, or those living separate from parents and managing their own financial affairs). Others may be considered a mature minor and thus able to consent to their own care under certain conditions (eg, pregnancy-related services, reportable diseases and STIs, mental health, and substance use). Patient-provider confidentiality related to such care is a delicate issue, especially when supporting parental involvement. If an adolescent patient is entitled to confidential care (either because she is legally at the age of majority or she has been deemed an emancipated or a mature minor), a health care professional generally needs the adolescent's permission to discuss her case with her parents. Health care professionals should be aware of their state and local laws, community standards, and public health regulations.³²

The adolescent patient and her parents should be informed of the practice's terms of confidentiality, as well as any exceptions, such as patient safety. Ultimately, clinical judgment, ethical principles, and moral certitude guide decisions about individual cases. *(For more information on this topic, see the introduction to the visits.)*

Early consideration may be given to supporting an adolescent in developing decisional capacity to take on the responsibility for his own health care. Developing a transition plan to adult health care and discussing issues such as confidentiality, informed consent, and the adolescent's preference about the presence of parents during part of the visit are steps toward medical autonomy.^{33,34}



Priorities for the 15 Through 17 Year Visits

The first priority is to address the concerns of the adolescent and the parents. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 3 Middle Adolescence Visits.

The goal of these discussions is to determine the health care needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent in all the Middle Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are

- ▶ Social determinants of health^a (risks [interpersonal violence, food security and living situation, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- ▶ Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- ▶ Emotional well-being (mood regulation and mental health, sexuality)
- ▶ Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- ▶ Safety (seat belt and helmet use, driving, sun protection, firearm safety)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.



Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

Interval history, including a review of systems, can be obtained according to the health care professional's preference or style of practice. In most cases, the adolescent will be alone at the visit. In some situations, especially if the adolescent has a special health care need, she may be accompanied by a parent, guardian, partner, spouse, or friend. Some clinicians use the HEEADSSS or SSHADESS mnemonics to help organize the questions for their young adult patients.^{17,18} The following questions may encourage in-depth discussion to determine changes in health status that would warrant further physical or emotional assessment:

General Questions for the Adolescent

- Since your last visit here, how have you been? What health problems, concerns, or questions have you had?
- How are things going with your family, friends, school, and work?
- Do you have a question or worry about anything that you would like to talk about today?

General Questions for the Parent

- What questions do you have about your adolescent's physical well-being or growth?
- What questions or concerns do you have about your adolescent's emotional well-being, feelings, behavior, or learning?
- What have you and your adolescent discussed about feelings and behaviors that are contributing to her emotional well-being and a healthy lifestyle?
- What have you and your adolescent discussed about avoiding risk behaviors? What adolescent behaviors are you concerned about?

Past Medical History

- Has your adolescent received any specialty or emergency care since the last visit?

Family History

- Has your child or anyone in the family, such as parents, brothers, sisters, grandparents, aunts, uncles, or cousins, developed a new health condition or died? **If the answer is Yes:** Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.



Surveillance of Development

The developmental tasks of middle adolescence can be addressed by asking questions, through information obtained in the medical examination, by observation, and through general discussion. The following areas can be assessed to better understand the developmental health of the adolescent. A goal of this assessment is to determine whether the adolescent is developing in an appropriate fashion and, if not, to provide information for assistance or intervention. In the assessment, determine whether the adolescent is making progress on the following developmental tasks¹⁹:

- Forms caring and supportive relationships with family members, other adults, and peers
- Engages in a positive way with the life of the community
- Engages in behaviors that optimize wellness and contribute to a healthy lifestyle
 - Engages in healthy nutrition and physical activity behaviors
 - Chooses safety (wearing bike helmets, using seat belts, avoiding alcohol and drugs)
- Demonstrates physical, cognitive, emotional, social, and moral competencies (including self-regulation)
- Exhibits compassion and empathy
- Exhibits resiliency when confronted with life stressors
- Uses independent decision-making skills (including problem-solving skills)
- Displays a sense of self-confidence, hopefulness, and well-being

Review of Systems

The Bright Futures Adolescence Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through the following questions:

Do you have any problems with

- Regular or frequent headaches or dizziness
- Fainting or passing out
- Eyes or vision
- Ears or hearing
- Nose or throat
- Breathing problems or chest pains
- Belly aches or pains, throwing up, problems with bowel movements
- Painful urination or other urine problems
- Rashes, moles, sunburn
- Muscle aches, injury, or other problems
- Fatigue

For Girls

- Have you had your first period?
 - If so, when was your last period?
 - Do you have any problems with your periods?
 - Do you have any itching, burning, or discharge in your vaginal area?



Observation of Parent-Adolescent Interaction

Much of each visit with a middle adolescent will be spent with the adolescent alone, but the health care professional still has opportunities to observe parent-adolescent interactions, including

- Do parents encourage self-management and independent decision-making about health?
- How comfortably do the adolescent and parent interact, both verbally and nonverbally?
- Who asks and answers most of the questions?
- Does the adolescent express an interest in self-management of health issues, including adolescents who have special health care needs?

Cultural norms and values shape parent-adolescent interactions. To accurately interpret observations, the health care professional should learn about the norms and expectations of the populations served. Different cultures have different norms about how adolescents and adults interact and whether adolescents speak directly to adults or offer their own opinions in front of adults.

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the practitioner's attention is directed to the following components of the examination that are important for adolescents aged 15 through 17 years. Use of a chaperone is advised, especially when performing sensitive parts of the examination.²⁰

- **Measure and compare with norms for age, sex, and height**
 - Blood pressure
- **Measure and plot on appropriate CDC Growth Chart**
 - Height
 - Weight
- **Calculate and plot on appropriate CDC Growth Chart**
 - BMI
- **Skin**
 - Inspect for acne, acanthosis nigricans, atypical nevi, piercings, and signs of abuse or self-inflicted injury.
- **Spine**
 - Examine the back and spine for deformities, including scoliosis and kyphosis.
- **Breast**
 - FEMALE
 - Perform visual inspection for sexual maturity rating.
 - MALE
 - Observe for gynecomastia.



Genitalia

FEMALE

- Perform visual inspection for sexual maturity rating.

MALE

- Perform visual inspection and palpate testicles for sexual maturity rating.
- Examine testicles for hydrocele, hernias, varicocele, or masses.

Screening

Universal Screening	Action	
Depression: Adolescent	Depression screen ^a	
Dyslipidemia (once between 17 Year and 21 Year Visits)	Lipid profile	
Hearing (once between 15 Year and 17 Year Visits)	Audiometry, including 6,000 and 8,000 Hz high frequencies	
HIV (once between 15 Year and 18 Year Visits)	HIV test ^b	
Tobacco, Alcohol, or Drug Use	Tobacco, alcohol, or drug use screen	
Vision (15 Year Visit)	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters	
Selective Screening	Risk Assessment ^c	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia (if not universally screened at this visit)	+ on risk screening questions and not previously screened with normal results	Lipid profile
HIV (if not universally screened at this visit)	+ on risk screening questions	HIV test ^b
Oral Health (through 16 Year Visit)	Primary water source is deficient in fluoride.	Oral fluoride supplementation
STIs		
▶ Chlamydia	Sexually active girls Sexually active boys + on risk screening questions	Chlamydia test
▶ Gonorrhea	Sexually active girls Sexually active boys + on risk screening questions	Gonorrhea test
▶ Syphilis	Sexually active and + on risk screening questions	Syphilis test
Tuberculosis	+ on risk screening questions	Tuberculin skin test

continued



Screening (continued)

Selective Screening	Risk Assessment ^c	Action if Risk Assessment Positive (+)
Vision (16 and 17 Year Visits)	+ on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Abbreviations: AAP, American Academy of Pediatrics; HIV, human immunodeficiency virus; STI, sexually transmitted infection; USPSTF, US Preventive Services Task Force.

^a If depression screen is positive, further evaluation should be considered during the Bright Futures Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the *Anticipatory Guidance* section of this visit.

^b Adolescents should be screened for STIs per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the USPSTF recommendations (www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.

^c See *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP *Red Book*: <http://redbook.solutions.aap.org>



Anticipatory Guidance

The following sample questions, which address the Bright Futures Adolescent Expert Panel's Anticipatory Guidance Priorities for this visit, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit. Not all questions need to be asked at every visit. Questions can be modified to match the health care professional's communication style. Any anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular adolescent and family.

During the Middle Adolescence Visits, a primary focus of discussion should be with the adolescent, without dismissing the concerns or questions of the parent. The discussion and guidance is first directed to the adolescent. Discussion and guidance can include the parent later, as needed. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*. (For more information on this topic, see the introduction to the visits.)

Priority

Social Determinants of Health

Risks: Interpersonal violence (fighting, bullying), food security and living situation, family substance use (tobacco, e-cigarettes, alcohol, drugs)

Strengths and protective factors: Connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making

Risks: Interpersonal Violence (Fighting, Bullying)

Adolescents in families that are affected by intimate partner violence, or in schools or neighborhoods with high levels of violence, are dealing with a level of stress that affects their current and future health. The health care professional can identify these issues in a supportive and non-blaming way and help the adolescent (and his parents, if appropriate) formulate steps toward solutions, and make referrals to appropriate community services.

Interpersonal violence at home, in school, or in the neighborhood and gang involvement are key issues in this age group. The adolescent engaging in fighting or bullying behaviors can indicate the presence of conduct disorders or may co-occur with problems of substance use, depression, or anxiety.^{35,36} (For more information on this topic, see the *Bullying* section of the *Promoting Mental Health* theme.)

Bullying, including cyberbullying, is still a concern. Youth who identify as lesbian, gay, bisexual, transgender, or questioning experience high rates of bullying.³⁷ Discuss youth involvement with negotiating anger or conflict with peers and adults to avoid physical fights in school, at home, or in the neighborhood and ways to avoid dating violence.



Sample Questions

Ask the Adolescent

Do you feel safe at home? In your neighborhood? At school? Getting back and forth to school? Do you feel you have been bullied in person, on the Internet, or through social media? What do you do when someone tries to pick a fight with you? What do you do when you are angry? Have you been in a fight in the past 12 months? Do you carry a weapon? Have you carried a weapon to school? If so, why? Do you know anyone in a gang? Do you belong to a gang? Has your girlfriend or boyfriend ever hit, slapped, or physically hurt you? Have you ever been touched in a sexual way against your wish or without your consent? Have you ever been forced to have sexual intercourse? Are you in a relationship with a person who threatens you physically or hurts you?

Ask the Parent

Are there frequent reports of violence in your community or school? Is your adolescent involved in it? Has he ever been threatened with a firearm or knife or some other physical harm, or been injured in a fight? Has your adolescent bullied others? Has he been suspended from school because of fighting or bullying or carrying a weapon? Do you know your adolescent's friends and the activities they participate in or attend? Does your adolescent have a boyfriend or girlfriend and, if so, is their relationship respectful toward each other? Would your adolescent feel comfortable enough to inform you whether anyone has ever attempted to force sex with him?

Anticipatory Guidance

For the Adolescent

- Learn to manage conflict nonviolently. Walk away if necessary.
- Avoid risky situations. Avoid violent people. Call for help if things get dangerous.
- Confide in your parents or guardians; health care professionals, including me; or other trusted adults, such as teachers, if anyone bullies, stalks, or abuses you or threatens your safety in person, on the Internet, or through social media.
- Be thoughtful about the possible hurtful effects on others in your e-mail, social media, and texting communications. Consider how to be true to your values of respect and kindness in all of these postings. If you see another person being bullied, tell an adult.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.
- Leave a relationship when you see signs of violence. If you are scared to do this alone, talk with your parent or other trusted adult for help and support.
- In dating situations, remember that, “No,” means NO. Saying, “No,” is OK, even if you have said, “Yes,” in the past.

For the Parent

- Teach nonviolent conflict resolution.
- Talk to your adolescent about Internet safety and avoiding cyberbullying.
- Talk to your adolescent about safe dating practices.



Risks: Food Security and Living Situation

Families in difficult living situations or with limited resources may have concerns about their ability to acquire sufficient food. Questions on this topic, especially those directed to the youth, can be sensitive. If the family has housing difficulties, refer the family to community housing and nutrition resources.

Increased caloric needs during the adolescent growth spurt make food security a critical issue in middle adolescence. If the family is having difficulty obtaining nutritious food, provide information about SNAP, the Commodity Supplemental Food Program, local food shelves, and local community food programs.

Sample Questions

Ask the Adolescent

In the past 12 months, have you had trouble having enough food to eat or have concerns that you might not have enough?

Ask the Parent

Tell me about your living situation. Within the past 12 months, did you worry if your food would run out before you got money to buy more? Within the past 12 months, did the food you bought just not last and you did not have money to buy more?

Anticipatory Guidance

For the Adolescent

- Community resources are available to help you and your family. You also may be eligible for food and nutrition assistance programs.

For the Parent

- The people at community agencies have expertise in housing issues and can get you the help you need. Would you like me to help you get in touch with them?
- Community food and nutrition programs and resources, like food banks, food pantries, and community food programs, are available to help you and your family. You may be eligible for the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps.

Risks: Family Substance Use (Tobacco, E-cigarettes, Alcohol, Drugs)

Exposure to tobacco smoke remains an important environmental risk. Although the long-term health effects of e-cigarettes have not yet been established, exposure to secondhand vapor from them likely carries health risks. Adolescents with family members and peers who use e-cigarettes (also called vaping) are more likely to begin using these devices themselves, and adolescents who use e-cigarettes are more likely to start using conventional cigarettes.

Worrying about a family member with a substance use or mental health problem may be a source of significant stress.



Sample Questions

Ask the Adolescent

Does anyone in your house or other places where you spend a lot of time smoke cigarettes or vape with e-cigarettes? Are you worried about a family member's use of alcohol, tobacco, e-cigarettes, or prescription or street drugs?

Ask the Parent

Is there anyone in your adolescent's life whose alcohol or drug use concerns you?

Anticipatory Guidance

- It's not always possible, but, when you can, avoid spending time indoors or in cars where people are smoking cigarettes or vaping with e-cigarettes.
- If someone in your family uses nicotine from either cigarettes or e-cigarettes, he or she has probably tried to stop many times. Nicotine is one of the most addicting drugs we know, and that's why it's so hard for people to stop. That's also why your family and I don't want you to start using cigarettes or e-cigarettes.
- If you are worried about any family member's drug or alcohol use problems, you can talk with me.

Strengths and Protective Factors: Connectedness With Family and Peers

In concert with identifying risks, providing anticipatory guidance about protective factors and strengths is a critical component of surveillance of adolescent developmental tasks. Identifying strengths and providing feedback to adolescents (and families, when appropriate) about what they are doing well helps provide a comprehensive and balanced view of the young person's health and well-being. Often, adolescents and parents can build on these strengths when they make plans about how to deal with the challenges of chronic health conditions or a needed behavior change, such as better nutrition or more physical activity. For adolescents and families living in difficult circumstances, such strengths may help protect the adolescent from, or reduce the degree of, negative health outcomes. The more developmental assets or strengths adolescents have, the less likely they are to engage in risky health behaviors. All adolescents and parents need to know that they can positively influence healthy development no matter what difficulties or problems exist. This anticipatory guidance provides parents with ideas about opportunities they can give their adolescent, such as the chance to become good at things, begin to make independent decisions, have social connections, and do things for others.

Young people are more likely to make healthy choices if they stay connected with family members and if clear rules and limits are set. Many family rules relate to safety and common courtesy. Following these rules will continue to be important in their relationships with friends and family when they become adults.

Friends continue to be very important in this period, and adolescents tend to have a small group of friends who share similar interests and activities, including dress, hairstyle, music, and behaviors. Peer pressure can work in a positive as well as a negative direction at this time. At the older end of this age group, adolescents also take pride in their uniqueness, so they can be encouraged to develop their own sense of identity and take on challenges that increase their skills and self-confidence. Asking parents whether they understand their adolescent's world and daily life is particularly important for families who have immigrated to the United States.



Sample Questions

Ask the Adolescent

How do you get along with your family? What do you like to do together? Do you follow your family rules and limits? What happens if you break the rules?

How closely do you feel connected to your family's cultural and religious life? How do you like school? How do you get along with others at school? How do you get along with your friends? Would you like to discuss any concerns about this?

Ask the Parent

How are you getting along as a family? What do you do together? What is your adolescent's world and daily life? What rules and expectations do you set for your adolescent?

Anticipatory Guidance

For the Adolescent

- In most situations, it's important to stay connected with your family as you get older. Work with your family to solve problems, especially around difficult situations or topics.
- How to make friends and keep them is an important life skill. Evaluating whether a friendship is no longer good for you is also important.
- Spend time with family members. Help out at home.
- Take responsibility for getting your schoolwork done and being at school on time.
- Follow your family rules, such as for curfews and driving.
- Ask for help when you need it.

For the Parent

- Have a positive relationship with your adolescent. Show affection. Praise his efforts and achievements.
- Model the positive behaviors you want your adolescent to have.
- Monitor and be aware. Know where your adolescent is and who his friends are.
- Reach agreement about limits, consequences, and independent decision-making.
- Provide opportunities for your adolescent to develop independent decision-making skills.

Strengths and Protective Factors: Connectedness With Community

Adolescents who take part in activities they enjoy are more confident, manage their time better, and do better in school than adolescents who do not. These activities can nurture the strengths and assets that will help a middle adolescent navigate these formative years.

Sample Questions

Ask the Adolescent

What are your interests outside of your school classes? What activities are you good at or are you most proud of?

Ask the Parent

What does your adolescent like to do after school? What interests does he have? What activities is he good at? What are you proud of about your adolescent?



Anticipatory Guidance

For the Adolescent

- This is a good time to start figuring out what interests you have. How about art, drama, mentoring, volunteering, construction, and individual and organized sports? Consider learning new skills that can be helpful to your friends, family, or community, such as lifesaving CPR, or peer mentoring.
- Consider getting involved in your community about an issue that is important to you.

For the Parent

- Provide opportunities for your adolescent to find activities, other than academics, that truly interest him, especially if he is struggling academically.
- Help your adolescent see things from another person's point of view, becoming more aware of other peoples' situations in your community.

Strengths and Protective Factors: School Performance

Success in school is associated with reduction in risky behaviors and an increase in positive social relationships.

Worsening or poor academic achievement can be a sign of depression, anxiety, drug or alcohol use, or attention or learning problems. School attendance continues to be an important issue.

Adolescents should be planning for college or beginning to think about potential career options. Having no plan may indicate a lack of connectedness to school and community.

Sample Questions

Ask the Adolescent

Are you attending school? Are you going every day or have you been missing more than a couple of days a month? How are you doing in school? What classes give you trouble in school? How are your grades? What do you plan to do after high school? Do you have a job?

Ask the Parent

Is your adolescent getting to school on time? Is he attending school almost every day? How is your adolescent doing in school? How do you support him in getting his homework done, for example, by expressing interest in his schoolwork or making sure he has dedicated time and space at home for homework? How are his grades? What do you see your adolescent doing after he completes high school?

Anticipatory Guidance

For the Adolescent

- Take responsibility for getting your homework done and getting to school on time.
- This is a good time to discuss college or work plans and goals with your family and other appropriate adults.

**For the Parent**

- Emphasize the importance of school.
- Praise positive efforts.
- Recognize success and achievements.
- Encourage your adolescent to take responsibility for school-related issues, but continue to be ready to help out with organizational issues or new activities, such as applying for jobs and college.
- Encourage him to read for pleasure and relaxation.
- Encourage him to keep up with the daily news.

Strengths and Protective Factors: Coping With Stress and Decision-making

Strategies for coping effectively with stress are an important aspect of emotional well-being and developing resiliency. Time-management skills, problem-solving skills, and refusal skills have all been identified as helpful. Some adolescents use their social support network, exercise, journaling, or meditation to help them manage.

Sample Questions**Ask the Adolescent**

How do you cope with stress? Are you feeling really stressed out all the time? What causes you to feel stressed?

Ask the Parent

How are you helping your adolescent become a good decision-maker? Cope with stress?

Anticipatory Guidance**For the Adolescent**

- Most people your age experience ups and downs as they transition from adolescence to adulthood. They have great days and not-so-great days, and successes and failures. Everyone has stress in their lives. It's important for you to figure out how to deal with stress in the ways that work best for you. If you would like some help with this, I would be happy to give you some ideas.

For the Parent

- Involve your adolescent in family decision-making, as appropriate, to give him experience with solving problems and making decisions.
- Encourage your adolescent to think through solutions rather than giving him all the answers.



Priority

Physical Growth and Development

Oral health, body image, healthy eating, physical activity and sleep

Oral Health

The value of brushing the teeth with fluoridated toothpaste extends to all ages. Fluoride is beneficial because it remineralizes tooth enamel and inhibits bacterial growth, thereby preventing caries. Daily flossing also is important to prevent gum disease. To maximize topical benefit through the adolescent caries-risk period, a fluoride supplement should be prescribed up to the age of 16 years if the fluoride level in community water supplies (at home and at school) is low. Adolescents should have regularly scheduled visits with their dentist at least twice each year.

Sample Questions

Ask the Adolescent

Do you brush your teeth every day? Do you floss your teeth every day? When did you last see a dentist? How frequently do you snack? Do you drink soda and other sweetened beverages or energy drinks? Do you chew gum or tobacco? Do you wear a mouth guard when you play contact sports?

Ask the Parent

Does your adolescent see a dentist regularly? Do you have trouble accessing dental care?

Anticipatory Guidance

For the Adolescent

- Brush your teeth twice a day with fluoridated toothpaste and floss every day also. See a dentist twice a year and discuss ways to keep your teeth healthy.
- Use a mouth guard for all contact sports.
- Limit soda and other sweetened beverages, sport drinks, and energy drinks.
- Limit the frequency of between-meal snacks.
- If you chew gum, make sure that it is sugarless gum.
- Don't use chewing tobacco. It causes mouth cancer.

**For the Parent**

- Continue dental appointments according to the individual schedule that is set for your adolescent within her dental home.
- Help your adolescent establish a daily oral health routine that includes brushing with a fluoride-containing toothpaste twice a day and flossing once a day.
- Give your adolescent fluoride supplements as recommended by your dentist.
- Monitor and limit her consumption of sweetened beverages and sports and energy drinks.
- Tell your adolescent to not use chewing tobacco because it causes mouth cancer.
- Advise your adolescent to limit the frequency of snacking and establish a regular pattern of 3 meals a day.

Body Image

An adolescent's body image is influenced by many emotional and physical factors that are associated with the changes of puberty. In middle adolescence, these issues can gain prominence when the normal weight gain and body shape changes associated with puberty combine with influences of media, advertising, and peers.

Sample Questions**Ask the Adolescent**

How do you feel about the way you look? Do you feel that you weigh too little? Too much? Just right? How much would you like to weigh? Are you doing anything to change your weight? Are you teased about your weight?

Ask the Parent

What questions or concerns do you have about your adolescent's weight, eating, or physical activity behaviors? Does she talk about getting fat or dieting to lose weight?

Anticipatory Guidance**For the Adolescent**

- This is a good time to start figuring out what combination of healthy eating and physical activity works to keep your body strong and healthy.

For the Parent

- Support a healthy weight for your adolescent by emphasizing eating healthy foods and being physically active.
- Support your adolescent's evolving self-image by commenting on the positive things she does or has learned rather than on her physical appearance only.



Healthy Eating

Adolescents spend a good deal of time away from home, and many consume foods that are convenient, but often high in calories, saturated fat, and added sugars. It is common for adolescents to skip meals and snack frequently. As the middle adolescent takes increasing responsibility for what she eats, parents can support this decision by providing healthy foods at home and opportunities for the adolescent to learn about selecting, purchasing, and preparing foods. This can help the adolescent choose healthy foods (eg, vegetables, fruits, whole grains, and foods lower in saturated fat and added sugars). Advocating for healthy food in school cafeterias, vending machines, snack bars, school stores, and other venues that offer food and beverages to students also can be an important strategy.

Adequate calcium intake continues to be an important concern during middle adolescence. Educate adolescents and parents on ways to ensure adolescents receive sufficient calcium intake through daily choices of milk and milk products, such as low-fat or fat-free milk, yogurt, and cheese. Supplementation can be considered for youth who cannot consume calcium-containing foods. Fortified orange juice typically has calcium and vitamin D. Soy milk generally has both, but families should be encouraged to check the package label. Not all yogurt has vitamin D. Vegetarian or vegan diets require careful attention to ensure adequate intakes of protein and nutrients.

Sample Questions

Ask the Adolescent

Which meals do you usually eat each day? Do you ever skip a meal? Do you have healthy food options at home or at school? What are they? How many servings of milk did you have yesterday? How many servings of other milk products, such as yogurt or cheese? How many servings of other calcium-containing foods did you have yesterday? How many vegetables did you eat yesterday? How many fruits? How often do you drink soft drinks? Juice? Are there any foods you won't eat? If so, which ones? What changes would you like to make in the way you eat? How often do you eat meals together as a family?

Ask the Parent

Do you think your adolescent eats healthy foods? What kinds of healthy foods? Do you have any difficulty getting healthy foods for your family? What gets in the way of your family eating healthy foods? Do you have any concerns about your adolescent's eating behaviors, such as not drinking milk, drinking soda or sports or energy drinks, or skipping meals? How often do you eat meals together as a family?

Anticipatory Guidance

For the Adolescent

- Eat in ways that help your body be as healthy as possible.
 - Respond to your body's signals. Eat when you are hungry. Stop eating when you feel satisfied.
 - Eat 3 healthy meals a day. Breakfast is an especially important meal.
 - Eat meals with your family as often as you can.
 - Pick a healthy lunch from the school cafeteria or other food venues, or pack a healthy lunch.



- Choose healthy, nutrient-dense food and drinks for meals and snacks.
 - Eat a lot of vegetables and fruits.
 - Choose whole grains, like whole-wheat bread, brown rice, and oats, not refined grains, like white bread.
 - Get enough protein from foods like chicken, fish, lean meat, eggs, legumes, nuts, and seeds.
 - Keep your bones strong by having 20 to 24 oz of low-fat or fat-free milk every day, plus an additional serving of yogurt or cheese. If you don't drink milk or eat cheese or yogurt, choose other foods that contain calcium and foods and drinks that are fortified with calcium and vitamin D, like some orange juices and cereals.
- Limit foods and drinks that are high in calories, saturated fat, salt, added sugars, and refined grains, but low in nutrients, like chips, pizza, ice cream, and cupcakes.
 - Drink water throughout the day. Choose water or low-fat or fat-free milk instead of juice, fruit drinks, soda, vitamin waters, sports and energy drinks, and caffeine drinks.
 - Don't drink too many caffeinated beverages, such as soda, coffee, and sports and energy drinks.

For the Parent

- Support positive nutrition habits by keeping a variety of healthy foods at home and encouraging your adolescent to make healthy food choices.
- Be a role model by making healthy nutrition choices yourself.
- Make family meals a priority. Eat together as a family as often as possible and make mealtimes pleasant and encourage conversation. Avoid having the TV on during meals. Make sure your adolescent has breakfast before going off to school.
- Support your adolescent's choices by providing healthy food and drink options at home, such as vegetables, fruits, whole grains, lean protein, and low-fat or fat-free dairy products. Limit the availability of high-calorie, low-nutrient foods and drinks.
- Calcium and vitamin D are important for healthy bones, so help your adolescent get 20 to 24 oz of low-fat or fat-free milk each day, plus an additional serving of low-fat yogurt and cheese. If your adolescent doesn't drink milk or eat yogurt or cheese, have her consider other foods that contain calcium as well as foods and beverages that are fortified with calcium and vitamin D, like some orange juices and cereals.
- When your adolescent is hungry in between meals, offer healthy snacks, like vegetables, fruits, yogurt, and cheese and whole-grain crackers.



Physical Activity and Sleep

Current recommendations state that adolescents should engage in 60 minutes or more of physical activity daily. The middle adolescent may need help in maintaining adequate daily physical activity. School physical education programs are often phased out by the second year of high school, sports teams begin limiting their membership to highly successful players, and participation in other clubs and school activities, as well as an increasing academic load, can limit the time available for physical activity. Depending on the safety and resources of the community, this can pose a challenge to adolescents and families. Problem-solving and helping adolescents identify activities that they can pursue may be an important part of these visits.

Attention to balancing physical activity and inactivity is needed because computers or portable devices present numerous opportunities for physical inactivity. Using computers and portable digital devices are often an important recreational outlet for many adolescents; therefore, guidance in limiting screen time is usually needed.

Sleep hygiene is important for the adolescent, yet a sleep deficit is common during these years. A phase delay in circadian rhythm that begins in early puberty makes it easiest for many adolescents to go to bed at 11:00 pm and wake up at 8:00 am, even though the junior high and senior high school classes start early.^{14,16} In addition, the use of both traditional and new media delay the adolescent going to sleep.

Sample Questions

Ask the Adolescent

What do you do to be physically active, such as walking, biking, hiking, skating, swimming, or running? How often? For how long each time? How many hours a day do you use a computer? Do you do any physical activities with your family or friends? Do you participate in sports activities or dancing? How much time do you spend each day watching TV, playing video games, or using a computer or other digital device? Do you have a regular bedtime? Do you have trouble waking up in the morning? How much sleep do you get on school nights?

Ask the Parent

Does your adolescent participate in regular daily physical activity for at least 60 minutes? Do you have opportunities for safe recreation in your neighborhood? What are some ways you can support your adolescent in becoming more physically active? Do you and your adolescent participate in physical activities together? If so, which ones? How often? Does she participate in sports activities? How much time does your adolescent spend on recreational screen time each day? Does she have a TV in her bedroom? Do you have guidelines or rules about screen time? Does your adolescent have a regular bedtime? Do you think your adolescent gets enough sleep?



Anticipatory Guidance

For the Adolescent

- Be physically active as part of play, games, physical education, planned physical activities, recreation activities, and organized sports. Try to be active for 60 minutes or more every day. You don't have to do it all at once. You can break it up into shorter times of activity throughout the day. Doing a mix of physical activities you enjoy is a great way to reach the 60-minutes-a-day goal.
- To prevent injuries, use appropriate safety equipment, such as a helmet, a mouth guard, eye protection, wrist guards, and elbow and knee pads (**for boys:** also an athletic supporter with cup), when participating in physical activity.
- Drink plenty of water to maintain hydration lost during physical activity to prevent heat-related illnesses, such as heat cramps, exhaustion, and heatstroke.
- It's important to get enough sleep at night. Having a regular bedtime helps, as does limiting caffeine and the use of digital devices just before bedtime. If sleep is a problem for you, please talk to me about it.

For the Parent

- Motivate and promote your adolescent's physical activity by encouraging and offering her indoor and safe outdoor choices for physical activity, and by providing games and equipment that encourage physical activity. Identify community resources, like recreation centers, that offer programs.
- Be a role model by being physically active yourself. Create special family times that involve physical activities.
- Help your adolescent limit screen time other than for homework, by setting rules and providing alternatives.
- If your adolescent has special health care needs, encourage her to be physically active, within the limits of her medical or physical conditions. Adaptive physical education can be helpful, and a physical therapist can help you identify appropriate activities.
- Encourage your adolescent to get enough sleep. It can be important to her mental and physical health, school performance, and safety, especially if she has started driving. Having a regular bedtime and limiting caffeine and late-night use of digital devices may help.



Priority

Emotional Well-being

Mood regulation and mental health, sexuality

Mood Regulation and Mental Health

Many adolescents may not present with classic adult symptoms of depression. Pervasive boredom or irritability may be symptoms of depression in this age group. Because parents often do not know that their adolescent has been having suicidal thoughts or has made attempts, it is important to question them directly if there is any concern about depression or other mental health problems. Bright Futures recommends the administration of a standardized depression screen, such as the *PHQ*,²² at every health supervision visit.

Anxiety falls along a spectrum of intensity, and symptoms may cause significant distress and affect the adolescent's functioning at school, at home, or with friends.

Post-traumatic stress disorder is frequently overlooked and can present with symptoms of depression and anxiety. Past traumatic events can include being in a motor vehicle crash, experiencing physical or sexual abuse or other major life events, witnessing violence, or experiencing a natural disaster.

Fighting and bullying behaviors can indicate the presence of a conduct disorder and may co-occur with problems with substance use, depression, or anxiety. (*For more information on this topic, see the Bullying section of the Promoting Mental Health theme.*)

Worsening or poor academic achievement or job performance may be a sign of depression, anxiety, attention or learning problems, or a substance misuse problem.

Not adhering to parental rules and requests can indicate problems with the parent-youth relationship or significant problems with other authority figures.

Any adolescent with substance use disorders also may be struggling with a mental health problem. These adolescents need to be evaluated for both substance misuse and mental health problems because they occur more often together in adolescents than they do in adults.

Sample Questions

Ask the Adolescent

Have you been feeling sad, had difficulty sleeping, or frequently feel irritable? Do you ever feel so upset that you wish you were not alive or that you want to die? Do you worry a lot or feel overly stressed out? Do you find yourself continuing to remember or think about an unpleasant experience that happened in the past?

Who do you go to for advice and help when you have these feelings? Do you ever use any substances to make you feel better? Do you harm yourself, such as by cutting, hitting, or pinching yourself?



Ask the Parent

Have you noticed any changes in your adolescent's weight, sleep habits, or behaviors, such as becoming more isolated from his peers? Is your adolescent frequently irritable? Do you have any concerns about his emotional health? Do you think your adolescent worries too much or appears overly anxious? Does he have recurring thoughts or worries about a past unpleasant event, such as a motor vehicle crash or being hurt by someone? What helps your adolescent manage his feelings? Has anyone in the family had mental health problems or attempted or died by suicide?

Anticipatory Guidance

For the Adolescent

- Even with the ups and downs of everyday life, most people can figure out how to find and do the things they enjoy in life, such as doing their job or schoolwork; having good relationships with friends, family, and other adults; making decisions, often after talking with trusted friends and family members; having goals for the future; and adhering to their values.
- Sometimes, though, people your age may feel like they're too sad, depressed, bored, hopeless, nervous, or angry to do these things. If you feel that way now, I'd like to talk about it with you. If you ever feel that way, it is important for you to ask for help.

For the Parent

- As your adolescent's health care professional, I am just as interested in his emotional well-being and mental health as I am in his physical health. If you are concerned about your adolescent's behavior, moods, mental health, or substance use, please talk with me.

Sexuality

The physical changes of puberty are still in process for youth, especially for later maturing boys. Questions for girls often focus on menstrual issues. Sexuality and relationships are an important issue in middle adolescence. Parents and adolescents need accurate information and support to help them communicate with each other. Adolescents can develop sexual feelings and attraction for others of the opposite sex, the same sex, or both. Adolescents may have questions about gender identity, sexual attraction, and relationships in general. They will benefit from parental and health care professional support. It is helpful to advise parents to be open to listening and discussing sexuality with their children. (*For a detailed discussion of these issues, see the Promoting Healthy Sexual Development and Sexuality theme.*)

Sample Questions

Ask the Adolescent

*Have you talked with your parents about dating and relationships, and about sex? **Other options for questions:** In terms of your sexual attraction, are you attracted to anyone now? Boys? Girls? Both? Not sure? Do you have any questions or concerns about your gender identity, meaning your identity as a male or female?*



Ask the Parent

Have you talked with your adolescent about relationships, dating, and sex? About his sexuality? Have you shared your hopes, expectations, and values about relationships and sex with your adolescent? Have you established house rules about curfews, parties, dating, and friends? Do you spend time getting to know your adolescent's friends and know where they are and what they're doing? Does he have any special relationships or someone he dates steadily?

Anticipatory Guidance

For the Adolescent

- It's important for you to have accurate information about sexuality, your physical development, your gender identity, and your sexual attraction and feelings. Please ask me if you have any questions.

For the Parent

- Communicate frequently and share expectations clearly.
- Support from parents can make a positive difference for all adolescents as they go through the pubertal changes and the development of their sexual identity. If you have any questions about adolescent sexual development, or would like more information about adolescent sexual development, sexual orientation, or gender identity, please ask me.



Priority

Risk Reduction

Pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma

Pregnancy and Sexually Transmitted Infections

Abstinence for those who have not had sex, and as an option to those who are sexually experienced, is the safest protection from pregnancy and STIs. In the 2013 Youth Risk Behavior Survey, 41% of 10th graders, 54% of 11th graders, and 64% of 12th graders reported that they have ever had sexual intercourse.²³ Knowing how to protect oneself and one's partner from pregnancy and STIs is critical for those who are sexually active. It may be helpful to preface your questions with an explanation of why they are being asked.

- Adolescents your age may be involved in romantic relationships. Some may be involved in a sexual relationship.
- Some adolescents may not have all the information they need to make healthy decisions.
- Some adolescents may be in situations where they are being forced or pressured, often by someone older. This can be confusing even though it's not their fault, so it's important that they tell someone.
- Different kinds of physical closeness that count as sex can spread disease (including oral sex).

Sample Questions

Ask the Adolescent

Initial options: *Are you now in a romantic relationship? Have you always felt safe and respected? Have any of your relationships been sexual relationships? Are you currently having sex, including oral sex, with anyone? In the past have you had sex? Have you ever been touched in a way that made you feel uncomfortable? Have you ever been forced or pressured to do something sexual that you haven't wanted to do?*

If the adolescent is sexually active currently or was in the past: *How many people have you had sex with in the past year? Were your partners male or female, or have you had both male and female partners? Were your partners younger, older, or your age? Have you had oral sex? Vaginal sex? Anal sex? Did you use other birth control instead of, or along with, a condom? How often do you use condoms? Are you aware of emergency contraception? If you are having sex, are you making good choices to avoid emotional hurt for you and your partner? How are you protecting yourself against STIs and pregnancy?*

Ask the Parent

Are you worried about sexual pressures on your adolescent? How do you plan to help her deal with these issues? How does your culture help you do this? What are your thoughts about your adolescent using birth control?



Anticipatory Guidance

For the Adolescent

- Abstaining from sexual intercourse is the safest way to prevent pregnancy and STIs. Many people don't know that STIs can be transmitted by oral and anal sex.
- Plan how to avoid risky places and relationships.
- If you are sexually active, protect yourself and your partners from STIs and pregnancy by correctly and consistently using a long-acting reversible contraceptive, such as an intrauterine device (IUD) or contraceptive implant, or birth control pills. Use one of these methods along with a condom. Consider having emergency contraception available. Make sure you understand what protection contraceptives do and don't offer.
- Know where to get condoms in your community and how to properly use them.

For the Parent

- Help your child make a plan to resist pressures to have sex. Be there for her when she needs support or assistance.
- Have discussions with your adolescent to help her accept responsibility for her decisions and relationships.
- Help your adolescent make healthy decisions about sex, including consistent use of birth control if she is sexually active.

Tobacco, E-cigarettes, Alcohol, Prescription or Street Drugs

Provide information on how to resist peer pressure to smoke, use e-cigarettes, drink alcohol, misuse prescription drugs, use street drugs, or have sex.

If screening questions about alcohol or drug use have not already been asked in a Previsit Questionnaire, Bright Futures recommends they be included during anticipatory guidance. Many adolescents incorrectly consider e-cigarettes safer than traditional cigarettes. It is important to specifically ask about e-cigarette use, known by many youth as vaping.

Sample Questions

Ask the Adolescent

*What are your thoughts about smoking, vaping, drinking, and using drugs? Have you ever been offered any drugs? **If no:** How would you handle that? **If yes:** How did you handle that?*

Have you ever taken prescription drugs that were not given to you for a specific medical condition?

Ask the Parent

Does anyone in your home smoke or use e-cigarettes? Are you worried about any family members and how much they smoke, drink, or use drugs? Has your adolescent come to you with questions about alcohol or drugs? What have you discussed about the topic? Do you know where your adolescent is and what she does after school and on the weekend? To your knowledge, has your adolescent ever used alcohol or drugs? If so, how do you know? How did you react to the situation? Did your adolescent say she would stop? Has she?



Anticipatory Guidance

For the Adolescent

- Do not smoke, use tobacco or vape with e-cigarettes, drink alcohol, or use drugs, inhalants, anabolic steroids, or diet pills. Smoking marijuana, vaping, and smoking hookah and other drugs can hurt your lungs. Alcohol and other drugs are bad for your brain's development.
- Prescription drugs can kill when used inappropriately. Do not share medications with friends or take anyone else's medications. Take your own medications only as prescribed.
- Avoid situations in which drugs or alcohol are readily available.
- Support friends who choose not to use tobacco, e-cigarettes, alcohol, drugs, steroids, or diet pills. Choose friends who support your decision not to use tobacco, e-cigarettes, alcohol, or drugs.
- If you smoke, vape, misuse prescription drugs, use street drugs, or drink alcohol, let's talk about it. We can work on a plan together to help you quit or cut down on your use.
- If you are worried about any family member's drug or alcohol use, you can talk to me.

For the Parent

- Be involved in your adolescent's life. Know where and with whom she is spending leisure time.
- Clearly discuss rules and expectations for acceptable behavior.
- Praise your adolescent for not using tobacco, e-cigarettes, alcohol, or other drugs. Encourage her to stick to this decision.
- Help your adolescent plan for situations when she will be offered alcohol, tobacco, e-cigarettes, or other drugs.
- Set a good example for your adolescent through your own responsible use of alcohol and other substances.
- Lock your liquor cabinet. Put your prescription medicines in a place where your adolescent and her friends cannot get them, preferably also in a locked place. Medications at the homes of relatives and friends should be locked as well. If you are concerned that your medications are being misused, count the pills. Do NOT save leftover prescription medicines. Dispose of these medications properly, using a method that is recommended in your community.

Acoustic Trauma

The Occupational Safety Health Administration has rules for noise exposure in the workplace to prevent a temporary threshold shift in hearing (a change of at least 10 dB from a previous test) that can become a permanent hearing loss.²⁵ No similar recommendation exists for noise from personal devices. Mild hearing loss (ie, >25 dB) was found in 3.5% of adolescents aged 12 to 19 years in NHANES III 1988–1994 and 5.3% in NHANES 2005–2006.²⁶

To protect hearing, the CDC recommends avoiding or limiting exposure to excessively loud sounds, turning down the volume of music systems, moving away from the source of loud sounds when possible, and using hearing protection devices when it is not feasible to avoid exposure to loud sounds, or reduce them to a safe level.^{27,28}



Sample Questions

Ask the Adolescent

Are you aware that loud noise can cause both temporary and permanent hearing loss? How loud do you usually have your music?

Ask the Parent

Are you concerned about how loudly your adolescent plays her music?

Anticipatory Guidance

For the Adolescent

- Wear hearing protection when you are exposed to loud noise, such as music, at concerts, or in loud working conditions, such as running lawn, garden, or snow removal machinery.
- When you use earbuds, make sure the volume on your device isn't too high.

For the Parent

- Encourage hearing protection when your adolescent is exposed to loud noise, such as when she listens to music, is at concerts, or is in loud working conditions.
- Encourage your adolescent to keep the volume at a reasonable level when she uses a device with earbuds.



Priority

Safety

Seat belt and helmet use, driving; sun protection; firearm safety

Seat Belt and Helmet Use, Driving

Everyone should wear seat belts when riding in a vehicle, and helmets when riding a bicycle, a motorcycle, or an ATV, and other protective gear when participating in activities such as biking, skating, or water sports. Graduated driver requirements have been shown to be effective, and it is important for parents to enforce them and for adolescents to understand their importance. However, no state's graduated driver licensing law includes all the rules and restrictions that are known to reduce crash risk, so parents should be advised that they can and should set rules and limits of their own in addition to those set by the state.

Learning to drive is a rite of passage for many adolescents and a reflection of their growing independence and maturity. Health care professionals should encourage parents to be closely involved with their adolescent's driver's education by doing practice driving sessions together and by establishing rules that foster safe, responsible driving behaviors. Parents should familiarize themselves with the provisions of the Graduated Driver License law in their state and continue to monitor their adolescent's driving skills and habits to ensure that safe behaviors persist.

Sample Questions

Ask the Adolescent

Do you always wear a seat belt? Do you always wear a helmet or protective gear when biking, playing team sports, or doing water sports? Have you started to learn how to drive? Do you follow the driving regulations for young drivers? Do you have someone you can call for a ride if you feel unsafe driving yourself or riding with someone else?

Ask the Parent

Do you always wear a seat belt and bicycle or motorcycle helmet? Do you insist that your adolescent wear them? What kinds of rules and restrictions have you set regarding his driving?



Anticipatory Guidance

For the Adolescent

- Always wear a seat belt in a vehicle, and a helmet when riding a bike, a motorcycle, or an ATV, or when skateboarding.
- Always wear an appropriately fitting US Coast Guard–approved life jacket when you do water sports.
- Always wear protective gear when you play in team sports.
- Distracted driving is dangerous. Your brain cannot pay attention to your driving and a mobile device at the same time. Do not talk, text, or manipulate a mobile device while the keys are in the ignition. Turn off your cell phone and put it in the trunk of the car so you are not tempted to use it while you are driving.
- Do not ride in a vehicle with a driver who has been using drugs or alcohol.
- Limit night driving and driving with other teen passengers.
- If you feel unsafe driving yourself or riding with someone else, call someone to drive you.

For the Parent

- If you wear seat belts and helmets, your adolescent is more likely to do so also. Insist that everyone in the vehicle wear a seat belt.
- Be involved with your adolescent's life. Know where he is and who his friends are.
- Be a good role model and reinforce that distracted driving is dangerous. Do not talk, text, or use a mobile device while the keys are in the ignition. Turn off your cell phone and put it in the trunk of the car so you aren't tempted to use it while driving.
- Set limits and expectations for your adolescent about driving, such as number of passengers, the amount of night driving allowed, how to minimize distracted driving, and how to avoid high-risk situations. Consider using a written parent-teen driving agreement to document that you and your adolescent understand the rules and the consequences for breaking them, and when the rules will be relaxed if he demonstrates safe and responsible driving behavior.
- Be involved in your adolescent's driving, because parents who are involved are successful at imposing limits.
- Make a plan with your adolescent for situations when he feels unsafe driving or riding with someone.

For information about how to keep your youth safe in and around cars, visit www.safercar.gov/parents.

Toll-free Auto Safety Hotline: 888-327-4236

Sun Protection

Sun protection is now of increasing importance because of climate change and the thinning of the atmospheric ozone layer. Sun protection is accomplished through limiting sun exposure, using sunscreen, and wearing protective clothing. About one-fourth of a person's exposure to the sun occurs before age 18 years. Early exposure to UVR increases skin cancer risk. Adolescents may visit tanning parlors, which also raises their skin cancer risk.

Sample Questions

Ask the Adolescent

Do you always use sunscreen? Do you limit outside time during the middle of the day, when the sun is strongest? Do you visit tanning parlors?



Ask the Parent

Is your adolescent protected from excessive sun exposure? Does he use sunscreen?

Anticipatory Guidance

For the Adolescent

- Protect yourself from the sun by covering up with clothing and hats. Whenever possible, time your activities so you're not outside from 11:00 am to 3:00 pm, when the sun is strongest.
- Use sunscreen SPF 15 or higher and reapply frequently.
- Wear sunglasses.
- Don't go to tanning parlors.

For the Parent

- Encourage your adolescent to protect himself from overexposure to the sun and to avoid tanning parlors.
- Encourage him to use sunscreen of SPF 15 or higher and wear a hat.

Firearm Safety

The AAP recommends that homes be free of firearms and that if it is necessary to keep a firearm, it should be stored unloaded and locked, with the ammunition locked separately from the firearm.

Firearms should be removed from the homes of adolescents who have a history of aggressive or violent behaviors, suicide attempts, or depression. The presence of a firearm in the home increases the risk of suicide and homicide, even in those without a mental health diagnosis.

Sample Questions

Ask the Adolescent

Do you ever carry a firearm? Can you get a firearm if you want to? Is there a firearm at home? If so, do you know how to get hold of it? Have you ever carried a firearm for protection?

Ask the Parent

Is there a firearm in your house? Is it locked and is the ammunition locked and stored separately? Is there a firearm in the homes where you and your adolescent visit, such as the homes of grandparents, other relatives, or friends? Have you talked with your adolescent about firearm safety?

Anticipatory Guidance

For the Adolescent

- Fighting and carrying weapons can be dangerous. Let's talk about some ways to avoid these situations.

For the Parent

- The best way to keep your adolescent safe from injury or death from firearms is to never have a firearm in the home. If it is necessary to keep a firearm in your home, it should be stored unloaded and locked, with the ammunition locked separately from the firearm. Keep the key where your adolescent cannot have access.

Late Adolescence

18 Through 21 Year Visits

Context

The late adolescent stands at a transforming moment in life. He has progressed through a huge developmental trajectory that began 18 years ago. The accumulated physical, cognitive, emotional, and social experiences of infancy, early childhood, middle childhood, and the earlier phases of adolescence have prepared him for the final transition to adulthood. This transition is the work of late adolescence.

Physical development is generally complete by late adolescence. By this point, the young adult also typically has developed a sense of self-identity and a rational and realistic conscience, and he has refined his moral, religious, and sexual values. He is able to compromise, set limits, and think through issues to make decisions. Cognitively, the young adult is still developing, and new research evidence suggests that this process may continue into the third decade of life.³⁸ Society, however, regards him as a legal adult in many ways.

The experiences of late adolescence vary greatly and depend on the adolescent's resources, previous academic performance, life choices, opportunities, motivations, and cultural expectations about independence. It is important for young adults to either finish high school and obtain a high school diploma or, for those who drop out of high school, to obtain a high school equivalency certificate (the GED, or General Educational Development). The late adolescent may enter college, enter a trade or start a job, participate in Job Corps, or join the military. A growing minority of high school graduates delay college matriculation for a "gap year."

Living situations vary widely among young adults. They may live at home or college, on their own, with a roommate or partner, or in a group setting. They may be getting married and starting their own family. A young adult with special health care needs may be in high school or at work and still living at home. In some cultures, young adults are expected to live at home until they are married.

It is argued that "emerging adulthood is neither adolescence nor young adulthood, but is theoretically and empirically distinct from them both."¹ Compared to earlier times contemporary young adults experience a longer and less structured transition period from their late teens through their mid-20s, including more years of education and training and later ages of entering marriage and parenthood. Attending college typically delays moving into the work force full-time and entails paying historically high tuition rates. This expensive lengthening of the education process makes it difficult for young people to become financially independent, even though a college education often ultimately results in a higher-paying job.

All these transitional experiences expose the young adult to new relationships, lifestyles, driving habits, dietary patterns, and exercise habits. He may start new sexual relationships and define his sexual identity. Parental and other adult supervision decreases and autonomy increases. Responsibilities and life stresses also increase, as does access to alcohol and drugs. Personal health behaviors may change. The nutrition and physical activity habits of this age group may change, too,



as their food and physical activity choices are no longer supervised. For some young adults, the transition to independent living creates opportunities to improve their nutrition and physical activity patterns. For others, nutritious foods may be perceived as unaffordable or inconvenient. Access to formal exercise programs or team participation also may be limited.

The health care needs of the young adult vary greatly on the basis of his situation; thus, the young adult should have medical preventive visits annually to assess any new positive and negative influences that may be affecting his health. Inquiring about these issues can often lead to topics that merit further exploration and assistance. Unfortunately, young adults' participation in health supervision visits tends to decrease. Many in this age group are no longer legally considered "dependents" of their parents. However, currently a young adult can remain on his parent's commercial health plan until he turns 26 years of age if the plan covers dependent children. Other sources of health supervision exist for young adults, depending on their life choices. For example, college and university health care centers can play an important role in addressing the health conditions and risky behaviors (eg, episodic heavy drinking/binge

drinking, drinking and driving, cigarette smoking, and overweight) of young adults.³⁹ The military provides health care to active duty personnel, and many workplaces sponsor wellness and health-promotion activities.

Optimal health care for the young adult includes a formal plan for the transition to an adult health care professional. Successful transition involves the early engagement and participation of the young adult and his family with the pediatric and adult health care teams in developing a formal plan.^{33,34} (*For more information on this topic, see the Promoting Health for Children and Youth With Special Health Care Needs theme.*) As a legal adult after age 18 years, young adults now consent for their own health care. A health care professional must obtain permission to discuss the young adult's care with the parents without the young adult's permission. All the anticipatory guidance information should be directed toward the young adult patient.

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.



Priorities for the 18 Through 21 Year Visits

The first priority is to address any specific concerns that the young adult may have.

In addition, the Bright Futures Adolescence Expert Panel has given priority to the following topics for discussion in the 4 Late Adolescence Visits.

The goal of these discussions is to determine the health care needs of the young adult that should be addressed by the health care professional. The following priorities are consistent in all the Late Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the young adult can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient. The goal should be to address issues important to this age group over the course of multiple visits. The issues are

- ▶ Social determinants of health^a (risks [interpersonal violence, living situation and food security, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- ▶ Physical health and health promotion (oral health, body image, healthy eating, physical activity and sleep, transition to adult health care)
- ▶ Emotional well-being (mood regulation and mental health, sexuality)
- ▶ Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- ▶ Safety (seat belt and helmet use, driving and substance use; sun protection; firearm safety)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.



Health Supervision

History

Interval history, including a review of systems, can be obtained according to the health care professional's preference or style of practice. In most cases, the young adult will be alone at the visit. In some situations, especially if the young adult has a special health care need, he may be accompanied by a parent, guardian, partner, spouse, or friend. Some clinicians use the HEEADSSS or SSHADESS mnemonics to help organize the questions for their young adult patients.^{17,18} The following questions may encourage in-depth discussion to determine changes in health status that would warrant further physical or emotional assessment:

General Questions for the Young Adult

- Have you been in good health since your last visit here? Do you have any medical questions, problems, or concerns? What questions or worries do you have that you want to cover today?
- How are things going with your family, your friends, your job, in school?
- What are your future plans for employment, further education, or relationships?

Past Medical History

- Have you received any specialty or emergency care since the last visit?

Family History

- Has your child or anyone in the family, such as parents, brothers, sisters, grandparents, aunts, uncles, or cousins, developed a new health condition or died? **If the answer is Yes:** Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If they are no longer living, ask about their age at the time of death.

Social History

- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.

Surveillance of Development

The developmental tasks of late adolescence can be addressed by asking specific questions, through information obtained in the medical examination, by observation, and through general discussion. The following areas can be assessed to better understand the developmental health of the young adult. A goal of this assessment is to determine whether the young adult is developing in an appropriate fashion and, if not, to provide information for assistance or intervention. In the assessment, determine whether the young adult is making progress on the following developmental tasks¹⁹:

- Forms caring and supportive relationships with family members, other adults, and peers
- Engages in a positive way with the life of the community
- Engages in behaviors that optimize wellness and contribute to a healthy lifestyle
 - Engages in healthy nutrition and physical activity behaviors
 - Chooses safety (wearing bike helmets, using seat belts, avoiding alcohol and drugs)



- Demonstrates physical, cognitive, emotional, social, and moral competencies (including self-regulation)
- Exhibits compassion and empathy
- Exhibits resiliency when confronted with life stressors
- Uses independent decision-making skills (including problem-solving skills)
- Displays a sense of self-confidence, hopefulness, and well-being

Review of Systems

The Bright Futures Adolescent Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through the following questions:

Do you have any problems with

- Regular or frequent headaches or dizziness
- Fainting or passing out
- Eyes or vision
- Ears or hearing
- Nose or throat
- Breathing problems or chest pains
- Belly aches or pains, throwing up, problems with bowel movements
- Painful urination or other urine problems
- Rashes, moles, sunburn
- Muscle aches, injury, or other problems
- Fatigue

For Young Women

- When was your last period?
- Do you have any problems with your periods?
- Do you have any itching, burning, or discharge in your vaginal area?

Observation of Parent–Young Adult Interaction

Most of the Late Adolescence Visits will be with the young adult alone, without a parent, unless the young adult requests differently. However, if parents are present, the health care professional can observe the interactions between the parent and young adult, including

- How comfortably do the young adult and parent interact, both verbally and nonverbally?

For all young adults who have a parent, guardian, partner, or spouse accompanying them to the visit, and especially for those with special health care needs, these visits provide an excellent opportunity to see whether the young adults are being appropriately encouraged toward managing and making independent decisions about their own health.^{35,36}



Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for young adults aged 18 to 21 years:

- **Measure and compare with norms for age, sex, and height**
 - Blood pressure
- **Measure and plot on appropriate CDC Growth Chart**
 - Height
 - Weight
- **Calculate and plot on appropriate CDC Growth Chart**
 - BMI
- **Skin**
 - Inspect for acne, acanthosis nigricans, atypical nevi, piercings, hirsutism, and signs of abuse or self-inflicted injuries.
- **Breast**

MALE

 - Observe for gynecomastia.
- **Genitalia**

FEMALE

 - Perform examination as indicated by patient or practitioner concerns.

MALE

 - Perform visual inspection and examine testicles for sexual maturity rating.
 - Examine testicles for hydrocele, hernias, varicocele, or masses.

Screening

Universal Screening	Action
Cervical Dysplasia (all young women at the 21 Year Visit)	Pap smear
Depression: Adolescent	Depression screen ^a
Dyslipidemia (once between 17 Year and 21 Year Visits)	Lipid profile
Hearing (once between 18 Year and 21 Years Visits)	Audiometry including 6,000 and 8,000 Hz high frequencies
HIV (once between 15 Year and 18 Year Visits)	HIV test ^b
Tobacco, Alcohol, or Drug Use	Tobacco, alcohol, or drug use screen

continued



Screening (continued)

Selective Screening	Risk Assessment ^c	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia (if not universally screened at this visit)	+ on risk screening questions and not previously screened with normal results	Lipid profile
HIV (if not universally screened at this visit ^b)	+ on risk screening questions	HIV test ^b
STIs ▶ Chlamydia ▶ Gonorrhea ▶ Syphilis	All sexually active young women Sexually active young men + on risk screening questions All sexually active young women Sexually active young men + on risk screening questions Sexually active and + on risk screening questions	Chlamydia test Gonorrhea test Syphilis test
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Vision	+ on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Abbreviations: AAP, American Academy of Pediatrics; HIV, human immunodeficiency virus; STI, sexually transmitted infection; USPSTF, US Preventive Services Task Force.

^a If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the *Anticipatory Guidance* section of this visit.

^b Adolescents should be screened for STIs per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the USPSTF recommendations (www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.

^c See *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP *Red Book*: <http://redbook.solutions.aap.org>



Anticipatory Guidance

The following sample questions, which address the Bright Futures Adolescent Expert Panel's Anticipatory Guidance Priorities for this visit, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the young adult, and build partnerships. Use of the questions may vary from visit to visit. It will not be feasible to ask all the questions at every visit. Questions should be modified to match the health care professional's communication style and the local culture. Any anticipatory guidance for the young adult should be geared to questions, issues, or concerns for that particular young adult. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

Priority

Social Determinants of Health

Risks: Interpersonal violence, living situation and food security, family substance use (tobacco, e-cigarettes, alcohol, drugs)

Strengths and protective factors: Connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making

Risks: Interpersonal Violence

Whether young adults are living on their own, with friends, with their parents, or with their own families, poverty, intimate partner violence, or neighborhood violence create a level of stress that affects the young adults' current and future health. The health care professional can identify these issues in a supportive and non-blaming way and help the young adult formulate steps toward solutions, and make referrals to appropriate community services.

Fighting behaviors can indicate the presence of conduct disorders or may co-occur with problems of substance use, depression, or anxiety. Many young adults are unaware of the prevalence of dating violence and would benefit from understanding the warning signs and actions to take.

Sample Questions

Can you tell me about your living situation? In general, how does everybody get along? Do you feel safe at home? What do you do when you get angry? Do you often get into fights? Physical or verbal? Have you been in a fight in the past 12 months? Do you know anyone in a gang? Do you belong to a gang? Have you ever been hit, slapped, or physically hurt while on a date? Have you ever been touched sexually against your wish or without your consent? Have you ever been forced to have sexual intercourse? Are you in a relationship with a person who threatens you physically or hurts you? Do you feel threatened by anyone? Are you worried that you might ever hurt someone else?



Anticipatory Guidance

- Learn to manage conflict nonviolently. Walk away if necessary.
- Avoid risky situations. Avoid violent people. Call for help if things get dangerous.
- Leave a relationship if there are any signs of violence.
- Confide in your parents or guardians; health care professionals, including me; or other trusted adults (such as teachers) if anyone bullies, stalks, or abuses you or threatens your safety.
- You can also call the toll-free **National Domestic Violence Hotline** at **800-799-SAFE (7233)**.
- When dating, remember that, “No,” means NO. Saying, “No,” is OK, even if you have said, “Yes,” in the past.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.

Risks: Living Situation and Food Security

Difficult living situations or limited resources may cause concerns about the ability to acquire adequate housing and sufficient food. If the young adult or her family does not have enough money to buy food, refer them to resources, such as food bank and pantries, SNAP, or other federal nutrition assistance programs. Food security is still a critical issue in late adolescence, particularly because young adults may be newly responsible for providing for themselves financially and may be at higher risk than younger adolescents for income insecurity and food insecurity. Homelessness or inadequate housing also may affect the families of young adults or individual young adults who are emancipated, who have run away, or who have been excluded from the family home.

Sample Questions

Who are you living with? How long do you anticipate living in that situation? Do you feel safe? If not, have you tried to get help with this issue? In the past 12 months, did you worry that your food would run out before you got money to buy more? In the past 12 months, did the food you bought not last and you did not have money to buy more?

Anticipatory Guidance

- The people at community agencies have expertise in housing issues and can get you the help you need. Would you like me to help you get in touch with them?
- Programs and resources are available to help you and your family. You may be eligible for food and nutrition programs. The Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, can help you. Food banks, food pantries, and community food programs also can help.



Risks: Family Substance Use (Tobacco, E-cigarettes, Alcohol, Drugs)

Exposure to tobacco smoke remains an important environmental risk. Although the long-term health effects of e-cigarettes have not yet been established, exposure to secondhand vapor from them likely carries health risks. Adolescents with family members and peers who use e-cigarettes (also called vaping) are more likely to begin using these devices themselves, and adolescents who use e-cigarettes are more likely to start using conventional cigarettes.

A young adult's worries about a substance use or mental health problem of a family member or other person they live with may be a source of significant stress.

Sample Questions

Does anyone in your house or other places where you spend a lot of time smoke cigarettes or vape with e-cigarettes? Is there anyone in your life whose alcohol or drug use concerns you?

Anticipatory Guidance

- It's not always possible, but, when you can, avoid spending time indoors or in cars where people are smoking cigarettes or vaping with e-cigarettes.
- Nicotine from cigarettes and e-cigarettes is one of the most addictive drugs we know. That's why it's so hard for people to stop. That's also why I don't want you to use products that contain it.
- If you are worried about the drug or alcohol use of anyone in your family or the people you live with, you can talk with me.

Strengths and Protective Factors: Connectedness With Family and Peers

In concert with identifying risks, providing anticipatory guidance about protective factors and strengths is a critical component of surveillance of the developmental tasks of late adolescence and early adulthood. Identifying strengths and providing feedback about what the young adult is doing well helps provide a comprehensive and balanced view of the young person's health and well-being. Often, young adults can build on these strengths when they make plans about how to deal with the challenges of chronic health conditions or a needed behavior change, such as better nutrition or more physical activity. For young adults living in difficult circumstances, such strengths may help protect them from, or reduce the degree of, negative health outcomes. All young adults need to know that they can positively influence healthy development no matter what difficulties or problems exist. *(For more information on this topic, see the Promoting Lifelong Health for Families and Communities theme.)*

Peer relationships can positively or negatively affect a young adult's outlook and choice of behaviors. Even though young adults spend increasing amounts of time with peers, it is still important for them to have the support of their families when they need help.

Sample Questions

Do you have a close friend? If not, what stands in the way? How do you get along with members of your family? What interests do you have outside of school and work?



Anticipatory Guidance

- It's still important to stay connected with your family as you grow to adulthood. Talk with your family to solve problems, especially around difficult situations or topics.
- Making friends and keeping them is an important life skill. Evaluating whether a friendship is no longer good for you also is important.
- If you're in a new situation and making new friends, consider choosing people who share your interests and approach to life. You can look for them in organizations, groups, faith communities, or volunteer situations.
- As you leave high school and begin a new life with new interests, you may find that you drift away from some of your old friends. That's a normal part of growing up and becoming an adult.

Strengths and Protective Factors: Connectedness With Community

Young adults who take part in a range of activities that interest them are more confident and manage their time better than those who do not. These activities can nurture strengths and assets that will help young adults successfully navigate this developmental stage. Living in a community or neighborhood that is safe, with positive community norms and opportunities for engagement and participation, also is a protective factor, especially for youth who may have significant risk factors.

Sample Questions

What are your interests outside of school or work? What do you like to do after school or work or on weekends? Do you have a chance to help others out at home or at school or in your community?

Anticipatory Guidance

- This is a good time to get involved in activities that interest you. Art, drama, mentoring, volunteering, construction, gardening, and individual and organized sports are only a few possibilities. Consider learning new skills that can be helpful to your friends, family, or community, such as lifesaving CPR or peer mentoring.

Strengths and Protective Factors: School Performance

Students who complete high school are more successful in supporting themselves and living independently than adolescents who do not. Poor academic achievement can be a sign of depression, anxiety, or attention or learning problems.

Sample Questions

Have you graduated from high school? If not, have you considered getting a GED? What are your plans for work or school? How can I or your parents help you reach your goal?

Anticipatory Guidance

- Take responsibility for being organized enough to get yourself to school or work on time.
- As you head to college, the military, or your first full-time job, consider getting involved in your community on an issue that is important to you.



Strengths and Protective Factors: Coping With Stress and Decision-making

Strategies for coping effectively with stress are an important aspect of emotional well-being and developing resiliency. Time-management skills, problem-solving skills, and refusal skills have all been identified as helpful. Some young adults have found that their social support network, exercise, journaling, or meditation help them manage.

The ability to solve problems, make good decisions, and cope with stress is an important skill for young adults. Parents, health care professionals, and other trusted adults can be a valuable resource in helping young adults set priorities, manage stress, and make progress toward goals.

Sample Questions

How do you cope with stress? Are you feeling really stressed out all the time? What causes you to feel stressed? What do you do to reduce or relieve your stress?

Anticipatory Guidance

- Most people your age experience ups and downs as they make the transition from adolescence to adulthood. They have great days and not so great days, and successes and failures. Everyone has stress in their lives. It's important for you to figure out how to deal with stress in ways that work well for you. If you would like some help with this, I would be happy to give you some ideas.



Priority

Physical Health and Health Promotion

Oral health, body image, healthy eating, physical activity and sleep, transition to adult health care

Oral Health

The value of brushing the teeth with a fluoridated toothpaste extends to all ages. Fluoride is beneficial because it remineralizes tooth enamel and inhibits bacterial growth, thereby preventing caries. Flossing daily is important to prevent gum disease. Young adults should have regularly scheduled visits with their dentist twice each year. Of note, wisdom teeth (2 sets of third molars), usually appear between the ages of 17 and 25 years.

Sample Questions

Do you brush twice a day? Do you floss once a day? When was the last time you saw a dentist? Do you have trouble accessing dental care?

Anticipatory Guidance

- Brush your teeth twice daily with fluoridated toothpaste and floss once a day. See a dentist twice a year and discuss ways to keep your teeth healthy.
- Don't use chewing tobacco. It causes mouth cancer.

Body Image

As young adults move away from home to college, the military, or their own apartments, they must take responsibility for establishing a healthy balance of physical activity and nutrition. Eating disorders are still a significant risk for young people in this age group, especially women.

Sample Questions

How do you feel about the way you look? How much would you like to weigh? Are you doing anything to change your weight? If so, what are you doing?

Anticipatory Guidance

- It's important for you to begin to figure out the right balance for you between your eating and physical activity so you can maintain a weight that is healthy for you.



Healthy Eating

Many young adults aged 18 through 21 years are making most food decisions on their own. They may be living on their own, eating college cafeteria food, and eating out often. Even if they are still living at home, their schedules often do not foster participation in family meals. Vegetarian or vegan diets require careful attention to ensure adequate intakes of protein and nutrients.

Sample Questions

Which meals do you usually eat each day? Do you ever skip a meal? If so, how many times a week? How many servings of milk or milk products, such as yogurt or cheese, did you have yesterday? How many fruits did you eat yesterday? How many vegetables? How often do you drink soda or sports or energy drinks? Are there any foods you won't eat? If so, which ones? What changes would you like to make in the way you eat? Do you have difficulty getting healthy foods?

Anticipatory Guidance

- Eat in ways that help your body be as healthy as possible.
 - Respond to your body's signals. Eat when you are hungry. Stop eating when you feel satisfied.
 - Eat 3 healthy meals a day. Breakfast is an especially important meal.
 - Pick a healthy lunch from the school or work cafeteria or other food venues, or pack a healthy lunch.
- Choose healthy, nutrient-dense food and drinks for meals and snacks.
 - Eat a lot of vegetables and fruits.
 - Choose whole grains, like whole-wheat bread, brown rice, and oats, not refined grains, like white bread.
 - Get enough protein from foods like chicken, fish, lean meat, eggs, legumes, nuts, and seeds.
 - Keep your bones strong by having 20 to 24 oz of low-fat or fat-free milk every day, plus an additional serving of yogurt, or cheese. If you don't drink milk or eat cheese or yogurt, have other foods that contain calcium as well as foods and drinks that are fortified with calcium and vitamin D, like some orange juices and cereals.
- Limit foods and drinks that are high in calories, saturated fat, salt, added sugars, and refined grains, but low in nutrients, like chips, pizza, ice cream, and cupcakes.
- Drink water throughout the day. Choose water or low-fat or fat-free milk instead of juice, fruit drinks, soda, vitamin waters, sports or energy drinks, and caffeine drinks.
- If you're concerned about having enough money to buy healthy foods for your family, please talk with me. I can tell you about food and nutrition assistance programs and local community resources that can help you.

For Young Women

- It's a good idea for you to consume foods rich in folate, like dark green leafy vegetables, foods fortified with folic acid, or a folic acid supplement, because, if you should become pregnant, having enough folate will reduce the risk that your baby might develop a birth defect, such as a neural tube defect.
- Be sure to avoid alcohol, tobacco, and drugs if you are considering becoming pregnant. Alcohol can seriously and permanently harm a baby.



Physical Activity and Sleep

Current recommendations state that young adults should engage in at least 150 minutes of moderate-intensity physical activity, or 75 minutes of vigorous-intensity physical activity, or a combination of both, per week. Physical activity is one cornerstone of a healthy adult life and is essential to maintaining a healthy weight. Young adults who have transitioned from their usual high school activities to different living and working situations may benefit the most from encouragement, advice, and problem-solving tailored to their individual situation.

Attention to balancing physical activity and inactivity is needed because mobile devices, computers, movies, and social media present numerous opportunities for physical inactivity. Using computers and digital devices are an important recreational outlet for many young adults. Therefore, guidance about limiting screen time is usually needed.

Sleep hygiene also is important for the young adult—8 to 10 hours of sleep are recommended for those on the younger side of this age spectrum, and 7 to 9 hours are recommended for older young adults.

Sample Questions

What do you do to be physically active, such as walking, biking, hiking, skating, swimming, or running? How often? For how long each time? What do you think you can do to be more active? Do you participate in any physical activities with your family or friends, such as biking, hiking, skating, swimming, or running? How much time do you spend on recreational screen time each day? Do you have a regular bedtime? Do you have trouble getting to sleep or waking up in the morning?

Anticipatory Guidance

- Be physically active as part of physical education, planned physical activities, recreation activities, and organized sports. Try to do 150 minutes or more every week of moderate-intensity physical activity, or 75 minutes a week or more of vigorous-intensity activity.
- You can be physically active throughout the week by walking to class and climbing stairs rather than using elevators. You can break it up into shorter times of activity throughout the week. Or, you can do a mixture of moderate- and vigorous-intensity activities. Doing a mix of physical activities you enjoy is a great way to reach the 150-minutes-a-week goal.
- To prevent injuries, use appropriate safety equipment, such as a helmet, a mouth guard, eye protection, wrist guards, and elbow and knee pads (**for young men:** also an athletic supporter, with cup), when participating in physical activity.
- Drink plenty of water to maintain hydration lost during physical activity lasting longer than 1 hour to prevent heat-related illnesses, such as heat cramps, exhaustion, and heatstroke.
- If the safety of the environment or neighborhood is a concern, find other places to participate in physical activity.
- Getting enough sleep may be difficult, but it is important for your physical and emotional health. Having a regular bedtime helps, as does limiting caffeine and the use of digital devices just before bedtime. If sleep is a problem for you, please talk to me about it.



For Young Adults With Special Health Care Needs

- Engage in physical activity for cardiovascular fitness within the limits of your medical or physical condition. Adaptive physical education can be helpful, and a physical therapist can help you identify appropriate activities.

Transition to Adult Health Care

It is important to assess the young adult's readiness for taking on his own health care. Over the course of the Late Adolescence Visits, the health care professional can work with the young adult to continue developing a transition plan.³⁴ Depending on the young adult's individual situation and whether he has a special health care need, these discussions can include explanations about legal changes that occur at age 18 years, especially issues related to confidentiality, informed consent, the presence of parents or others at the visit, and access to medical information by others.

Review the office policy about transition with the young adult, including what the office will offer during the next several years to make the transition to an adult provider successful.

Sample Questions

How confident do you feel about your ability to begin seeing an adult doctor? Tell me about your preferences for an adult doctor. Do you know about your health insurance coverage, and whether you can keep it over the next several years? Can you explain your medical conditions and medications, your allergies, your family history, and your emergency care plan?

Anticipatory Guidance

- When you were younger, your parents were the managers for your health care. As you grew up, that gradually changed and now you're ready to take on more of that responsibility. Let's talk about what you need to know and what skills you need to have to manage your health care as an adult.
- It's a big change to start seeing a new doctor for your adult health care. Let me tell you how our office can help you make the transition a success.



Priority

Emotional Well-being

Mood regulation and mental health, sexuality

Mood Regulation and Mental Health

- Many young adults may not present with classic adult symptoms of depression. Pervasive boredom or irritability still may be symptoms of depression in this age group, as can self-injuring behaviors. It is important to question them directly about suicidal thoughts or attempts if there is any concern about depression or other mental health problems. Bright Futures recommends the administration of a standardized depression screen, such as the *PHQ*,²² at every health supervision visit.
- Anxiety falls along a spectrum of intensity, and symptoms can cause significant distress and affect the young adult's functioning at school, at home, or with friends.
- Post-traumatic stress disorder is frequently overlooked and can present with symptoms of depression and anxiety. Past traumatic events can include being in a motor vehicle crash, experiencing physical or sexual abuse or other major life events, witnessing violence, or experiencing a natural disaster.
- Fighting behaviors can indicate the presence of conduct disorder and may co-occur with problems with substance use, depression, or anxiety. Consistently not adhering to rules and requests from parents, teachers, or employers can indicate problems with the relationship or significant problems with other authority figures.
- Worsening or poor academic achievement or job performance may be a sign of depression, anxiety, attention or learning problems, or a substance misuse problem.
- Any young adult with substance use disorders also may be struggling with a mental health problem. These young adults need to be evaluated for both substance misuse and mental health.

Sample Questions

Do you often feel sad, feel irritable, or have difficulty sleeping? Did you ever feel so upset that you wished you were not alive or that you wanted to die? Do you find yourself continuing to remember or think about an unpleasant experience that happened in the past? Do you harm yourself, such as by cutting, hitting, or pinching yourself? Has anyone in your family had mental health problems or attempted or died by suicide?



Anticipatory Guidance

- Even with life's ups and downs, most people can figure out how to find and do the things they enjoy, such as doing their job or schoolwork; having good relationships with friends, family, and other adults; making decisions, often after talking with trusted friends and family members; having goals for the future; and sticking to their values.
- Sometimes, though, people your age may feel like they're too sad, depressed, hopeless, nervous, or angry to do these things. If you feel that way now, I'd like to talk about it with you. If you ever feel that way, it is important for you to ask for help.
- When people feel severely depressed, suicide may feel like the only option, but there are always more options. Please seek help as soon as possible by talking with me, seeking out a trusted friend or family member, calling 911, going to the closest emergency department, or calling the **National Suicide Prevention Lifeline** at **800-273-8255**.

Sexuality

For the young adult, the issue of sexuality is central. Some young adults may have questions or concerns about their sexual orientation, gender identity, or sexual maturity. For some, the decision to have an intimate relationship and become sexually active may be relevant. For others, thoughts about the emotional intensity of romantic relationships or protection from STIs and pregnancy may be uppermost in their minds. *(For a detailed discussion of these issues, see the Promoting Healthy Sexual Development and Sexuality theme.)*

Sample Questions

What are your values about dating and relationships? In terms of sexual attraction, are you attracted to males, females, or both? Do you have any questions or concerns about your gender identity, meaning your identity as a male or female? What are your plans and values about relationships, sex, and future family or marriage?

Anticipatory Guidance

- Sexuality is an important part of your normal development as a young adult.
- If you have any questions or concerns about sexuality, your sexual orientation, or your gender identity, I hope you will consider me one of the people you can discuss these issues with. I am available as a confidential resource for you. Please ask me if you have any questions.



Priority

Risk Reduction

Pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma

Pregnancy and Sexually Transmitted Infections

It is important for all young adults to understand how to avoid pregnancy and STIs. By understanding both the physical and emotional health aspects of a young adult's sexual decision-making, the health care professional can ensure that the young adult has all the accurate information necessary to foster healthy decisions. This health focus also conveys that the health care professional is not making judgments about the young adults' worth as a person, but providing guidance and support for healthy behaviors. *(For a detailed discussion of these issues, see the Promoting Healthy Sexual Development and Sexuality theme.)*

Sample Questions

Initial options: *Are you now in a romantic relationship? Have you always felt safe and respected? Have any of your relationships been sexual relationships? Are you currently having sex with anyone? Oral sex? Vaginal sex? Anal sex? In the past, have you had sex? Have you ever been touched in a way that made you feel uncomfortable? Have you ever been forced or pressured to do something sexual that you haven't wanted to do?*

If the young adult is sexually active currently or was in the past: *How many people have you had sex with in the past year? Were your partners male or female, or have you had both male and female partners? Were your partners younger, older, or your age? Have you had oral sex? Vaginal sex? Anal sex? Did you use other birth control instead of, or along with, a condom? How often do you use condoms? Are you aware of emergency contraception? If you are having sex, are you making good choices to avoid emotional hurt for you and your partner? How are you protecting yourself against STIs and pregnancy?*

Anticipatory Guidance

- If you are sexually active, it's important to protect you and your partner or partners from an unwanted pregnancy and STIs by correctly and consistently using a long-acting reversible contraceptive, such as an IUD or contraceptive implant, or birth control pills. Use one of these methods along with a condom.
- Consider having emergency contraception available.
- One important issue is that any sexual activity should be something you want. No one should ever force you or try to convince to do something you do not want to do.
- It can be helpful to think through ahead of time how to make sure you can carry out your decisions about sex. Two things that have helped other young adults are to be careful with alcohol and drug use and to avoid risky places and relationships.



Tobacco, E-cigarettes, Alcohol, Prescription or Street Drugs

The use of tobacco, alcohol, and other drugs has adverse health effects on young adults and their still-developing brain. This focus on the health effects is often the most helpful approach and may help some young adults with quitting or cutting back on substance use. Others may be concerned about problems with substance use by their friends or family members. If screening questions about tobacco, e-cigarettes, alcohol, or drug use have not already been asked in a Previsit Questionnaire, Bright Futures recommends they be included during anticipatory guidance. Many young adults incorrectly consider e-cigarettes safer than traditional cigarettes. It is important to specifically ask about e-cigarette use, known by many youth as vaping.

Sample Questions

Do you or your friends smoke? Chew tobacco or use other tobacco products, like e-cigarettes, hookah, or snus? Does anyone in your home use tobacco products or e-cigarettes? Drink alcohol? Tell me about any experiences you've had with alcohol, marijuana, or other drugs.

Anticipatory Guidance

- Do not smoke, use tobacco or e-cigarettes, drink alcohol, or use drugs, anabolic steroids, or diet pills. Avoid situations in which drugs or alcohol are readily available. Smoking marijuana and other drugs can hurt your lungs. Alcohol and other drugs are bad for brain development.
- Alcohol poisoning is a serious and sometimes deadly consequence of binge drinking large amounts of alcohol in a short period of time. This can affect your breathing, heart rate, body temperature, and gag reflex. If you think someone has alcohol poisoning, call for emergency medical help.
- Support friends who choose not to use tobacco, e-cigarettes, alcohol, drugs, steroids, or diet pills. Choose friends who support you in your decision to not use tobacco, e-cigarettes, alcohol, or drugs.
- If you use alcohol, street drugs, or prescription drugs that weren't prescribed for you, talk to me about it. I can help you with quitting or cutting down on your use. To be safe, do not drink alcohol or use drugs when driving, swimming, boating, riding a bike or motorcycle, or operating farm equipment, since, in these situations, even small amounts of alcohol or drugs can be dangerous.
- If you or your friends drink or use drugs, plan to ride with a designated driver or call for a ride.



Acoustic Trauma

The Occupational Safety Health Administration has rules for noise exposure in the workplace to prevent a temporary threshold shift in hearing (a change of at least 10 dB from a previous test) that can become a permanent hearing loss.²⁶ No similar recommendation exists for noise from personal devices. Mild hearing loss (ie, >25 dB) was found in 3.5% of adolescents aged 12 to 19 years in NHANES III 1988–1994 and 5.3% in NHANES 2005–2006.²⁶

To protect hearing, the CDC recommends avoiding or limiting exposure to excessively loud sounds, turning down the volume of music systems, moving away from the source of loud sounds when possible, and using hearing protection devices when it is not feasible to avoid exposure to loud sounds, or reduce them to a safe level.^{27,28}

Sample Questions

Are you aware that loud noise can cause both temporary and permanent hearing loss? How loud do you usually have your music?

Anticipatory Guidance

- Wear hearing protection when you are exposed to loud noise, such as music, at concerts, or in loud working conditions, such as running lawn, garden, or snow removal machinery.
- When you use earbuds, make sure the volume on your device isn't too high.



Priority

Safety

Seat belt and helmet use, driving and substance use; sun protection; firearm safety

Seat Belt and Helmet Use, Sun Protection, Driving and Substance Use

Everyone should wear seat belts when riding in a vehicle and wear helmets when riding a bicycle, a motorcycle, or an ATV. Crashes are the leading cause of morbidity and mortality for young adults. Substance use by the driver can be a factor in many of these crashes. An arrest for driving while under the influence of a substance can have significant negative effect on a young adult's educational plans and insurance and employment prospects.

Sample Questions

Do you always wear a seat belt? Do you always wear a helmet when you are riding a bike, a motorcycle, or an ATV? Do you ever use your wireless mobile device while driving, even when at stop signs? Have you and your parents discussed what to do if you feel unsafe riding with someone who is driving?

Anticipatory Guidance

- Always wear a seat belt in a vehicle and wear a helmet when biking or riding a motorcycle or an ATV.
- Do not drive after using alcohol or drugs.
- Do not ride in a vehicle with someone who has been using drugs or alcohol.
- If you feel unsafe driving yourself or riding with someone else, call someone to drive you.
- Do not talk, text, or use a mobile device while the keys are in the ignition. Turn off your cell phone. If it feels impossible to drive without your device in your hand, put it in the trunk of the car.

Sun Protection

Sun protection is now of increasing importance because of climate change and the thinning of the atmospheric ozone layer. Sun protection is accomplished through limiting sun exposure, using sunscreen, and wearing protective clothing. About one-fourth of a person's exposure to the sun occurs before age 18 years. Early exposure to UVR increases skin cancer risk. Young adults may visit tanning parlors, which also raises their skin cancer risk.

Sample Questions

Do you always use sunscreen? Do you limit outside time during the middle of the day, when the sun is strongest? Do you visit tanning parlors?



Anticipatory Guidance

- Protect yourself from the sun by covering up with clothing and hats. Whenever possible, time your activities so you're not outside from 11:00 am to 3:00 pm, when the sun is strongest.
- Use sunscreen of SPF 15 or higher and reapply frequently.
- Wear sunglasses.
- Don't go to tanning parlors.

Firearm Safety

The AAP recommends that homes be free of firearms and that if it is necessary to keep a firearm, it should be stored unloaded and locked, with the ammunition locked separately from the firearm.

It is particularly important that firearms be removed from the homes of young adults who have a history of aggressive or violent behaviors, suicide attempts, or depression. The presence of a firearm in the home raises the risk of suicide and homicide, even in those without a mental health diagnosis.

Sample Questions

Do you know anyone with a weapon? Do you have access to firearms? Do you carry a weapon? Is there a firearm at home? If so, do you know how to get hold of it? Have you carried a weapon to school or work? Do any of your friends carry a weapon? If so, why?

Anticipatory Guidance

- Fighting and carrying weapons can be dangerous. Would you like to discuss how to avoid these situations?
- The best way to keep you, your family, and your friends safe from injury or death from firearms is to never have a firearm in the home. If it is necessary to keep a firearm in your home, it should be stored unloaded and locked, with the ammunition locked separately from the firearm. If children live with you, you must be sure that they cannot get to the key.

References

1. Bordini B, Rosenfield RL. Normal pubertal development: part II; clinical aspects of puberty. *Pediatr Rev.* 2011;32(7):281-292
2. American Academy of Pediatrics Committee on Adolescence; American College of Obstetricians and Gynecologists Committee on Adolescent Health. Menstruation in girls and adolescents: using the menstrual cycle as a vital sign. *Pediatrics.* 2006;118(5):2245-2250
3. Murphy NA, Elias ER. Sexuality of children and adolescents with developmental disabilities. *Pediatrics.* 2006;118(1):398-403
4. Euling SY, Selevan SG, Pescovitz OH, Skakkebaek NE. Role of environmental factors in the timing of puberty. *Pediatrics.* 2008;121(suppl 3):S167-S171
5. Herman-Giddens ME, Steffes J, Harris D, et al. Secondary sexual characteristics in boys: data from the Pediatric Research in Office Settings Network. *Pediatrics.* 2012;130(5):e1058-e1068
6. Herman-Giddens ME, Slora EJ, Wasserman RC, et al. Secondary sexual characteristics and menses in young girls seen in office practice: a study from the Pediatric Research in Office Settings Network. *Pediatrics.* 1997;99(4):505-512
7. Weinberger DR, Elvevag B, Giedd JN. *The Adolescent Brain: A Work in Progress.* Washington, DC: The National Campaign to Prevent Teen Pregnancy; 2005. <http://web.calstatela.edu/faculty/dherz/Teenagebrain.workinprogress.pdf>. Accessed November 16, 2016
8. The Teen Brain: Still Under Construction. National Institute of Mental Health Web site. www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/index.shtml. Accessed August 9, 2016
9. Smith AR, Chein J, Steinberg L. Impact of socio-emotional context, brain development, and pubertal maturation on adolescent risk-taking. *Horm Behav.* 2013;64(2):323-332
10. Nelson LJ, Padilla-Walker LM, Christensen KJ, Evans CA, Carroll JS. Parenting in emerging adulthood: an examination of parenting clusters and correlates. *J Youth Adolesc.* 2011;40(6):730-743
11. Harper Browne C. *Youth Thrive: Advancing Healthy Adolescent Development and Well-Being.* Washington, DC: Center for the Study of Social Policy; 2014. http://www.cssp.org/reform/child-welfare/youth-thrive/2014/Youth-Thrive_Advancing-Healthy-Adolescent-Development-and-Well-Being.pdf. Accessed August 9, 2016.



12. Eisenberg ME, Resnick MD. Suicidality among gay, lesbian and bisexual youth: the role of protective factors. *J Adolesc Health*. 2006;39(5):662-668
13. Snapp SD, Watson RJ, Russell ST, Diaz RM, Ryan C. Social support networks for LGBT young adults: low cost strategies for positive adjustment. *Fam Relat*. 2015;64(3):420-430
14. Hirshkowitz M, Whiton K, Albert SM, et al. National Sleep Foundation's updated sleep duration recommendations: final report. *Sleep Health*. 2015;1(4):233-243
15. National Sleep Foundation. *Summary of Findings: 2006 Sleep in America Poll*. Washington, DC: National Sleep Foundation; 2006. https://sleepfoundation.org/sites/default/files/2006_summary_of_findings.pdf. Accessed August 9, 2016
16. American Academy of Pediatrics Adolescent Sleep Working Group, Committee on Adolescence, Council on School Health. School start times for adolescents. *Pediatrics*. 2014;134(3):642-649
17. Ginsburg KR, Kinsman SB. *Reaching Teens: Strength-Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development*. Elk Grove Village, IL: American Academy of Pediatrics; 2014
18. Klein DA, Goldenring JM, Adelman WP. HEEADSSS 3.0: the psychosocial interview for adolescents updated for a new century fueled by media. *Contemp Pediatr*. 2014. <http://contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/content/tags/adolescent-medicine/heedsss-30-psychosocial-interview-adolescent?page=full>. Accessed August 9, 2016
19. Fine A, Large R. *A Conceptual Framework for Adolescent Health*. Washington, DC: Association of Maternal and Child Health Programs, National Network of State Adolescent Health Coordinators; 2005. <http://www.amchp.org/programsandtopics/AdolescentHealth/Documents/conc-framework.pdf>. Accessed August 9, 2016
20. American Academy of Pediatrics Committee on Practice and Ambulatory Medicine. Use of chaperones during the physical examination of the pediatric patient. *Pediatrics*. 2011;127(5):991-993
21. Attendance Works: Advancing Student Success By Reducing Chronic Absence Web site. <http://www.attendanceworks.org>. Accessed August 9, 2016
22. Richardson LP, Rockhill C, Russo JE, et al. Evaluation of the PHQ-2 as a brief screen for detecting major depression among adolescents. *Pediatrics*. 2010;125(5):e1097-e1103
23. Kann L, Kinchen S, Shanklin SL, et al. Youth risk behavior surveillance—United States, 2013 [published correction appears in *Morb Mortal Wkly Rep Surveill Summ*. 2014;63(26):576]. *Morb Mortal Wkly Rep Surveill Summ*. 2014;63(4):1-168
24. Sims TH; American Academy of Pediatrics Committee on Substance Abuse. Technical report—tobacco as a substance of abuse. *Pediatrics*. 2009;124(5):e1045-e1053
25. Noise. In: *OSHA Technical Manual*. Washington, DC: Occupational Safety and Health Administration; 2013. https://www.osha.gov/dts/osta/otm/new_noise/index.html. Accessed August 9, 2016
26. Shargorodsky J, Curhan SG, Curhan GC, Eavey R. Change in prevalence of hearing loss in US adolescents. *JAMA*. 2010;304(7):772-778
27. Franks JR, Stephenson MR, Merry CJ, eds. *Preventing Occupational Hearing Loss: A Practical Guide*. Washington, DC: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, Division of Biomedical and Behavioral Science, Physical Agents Effects Branch; 1996. DHHS (NIOSH) publication 96-110. <http://www.cdc.gov/niosh/docs/96-110>. Accessed August 9, 2016
28. Vasconcellos AP, Kyle ME, Gilani S, Shin JJ. Personally modifiable risk factors associated with pediatric hearing loss: a systematic review. *Otolaryngol Head Neck Surg*. 2014;151(1):14-28
29. Individuals with Disabilities Education Improvement Act (IDEA) of 2004. National Center for Homeless Education Web site. <http://center.serve.org/nche/legis/idea.php>. Accessed August 9, 2016
30. Stark P, Noel AM, McFarland J. *Trends in High School Dropout and Completion Rates in the United States: 1972-2012: Compendium Report*. Washington, DC: National Center for Education Statistics; Institute of Education Sciences; 2015. <http://nces.ed.gov/pubsub2015/2015015.pdf>. Accessed August 9, 2016
31. Mental Illness Facts and Numbers fact sheet. National Alliance on Mental Illness Web site. <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>. Accessed September 21, 2016
32. English A, Bass L, Boyle AD, Eshragh F. *State Minor Consent Laws: A Summary*. 3rd ed. Chapel Hill, NC: Center for Adolescent Health & the Law; 2010
33. American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians; Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2011;128(1):182-200
34. The National Alliance to Advance Adolescent Health. Got Transition Web site. <http://www.gottransition.org>. Accessed August 9, 2016
35. Institute of Medicine, National Research Council. *Building Capacity to Reduce Bullying: Workshop Summary*. Washington, DC: National Academies Press; 2014
36. Espelage DL, Low S, Rao MA, Hong JS, Little TD. Family violence, bullying, fighting, and substance use among adolescents: a longitudinal mediational model. *J Res Adolesc*. 2014;24(2):337-349
37. Kosciw JG, Greytak EA, Bartkiewicz MJ, Boesen MJ, Palmer NA. *The 2011 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools*. New York, NY: Gay, Lesbian & Straight Education Network; 2012
38. Weinberger DR, Elvevag B, Giedd JN. *The Adolescent Brain: A Work in Progress*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy; 2005. <http://web.calstatela.edu/faculty/dherz/Teenagebrain.workinprogress.pdf>. Accessed August 9, 2016
39. American College Health Association. *American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2015*. Hanover, MD: American College Health Association; 2015. http://www.acha-ncha.org/reports_ACHA-NCHAI.html. Accessed August 9, 2016