



# Adolescence

11 - 21 Years



# ADOLESCENCE

## Introduction

**A**dolescents are in transition from the dependency of childhood to the independence and responsibility of early adulthood. As adolescents progress through early, middle, and late adolescence, self-esteem, mood, body image, cognitive development, family relationships, interactions at school and with peers, and participation in health-risk behaviors are critical developmental considerations. (See Table 11: Developmental Focus in Early, Middle, and Late Adolescence.) The primary care health professional should monitor each of these areas by (1) incorporating procedures into practice to assess each area, (2) being available for confidential discussions with the adolescent, and (3) maintaining a partnership

**Table 11. Developmental Focus in Early, Middle, and Late Adolescence**

Stage of Adolescence	Developmental Focus
<b>Early Adolescence</b> (females 11–13 years; males 12–14 years)	Independence Abstract thought Body image Same-sex peer groups
<b>Middle Adolescence</b> (females 14–16 years; males 15–16 years)	Peer groups, teams Morality Opposite-sex peers Sexual drives Sexual identity
<b>Late Adolescence</b> (females 17–21 years; males 17–21 years)	Vocational plans Intimacy

Age ranges for each stage of adolescence are approximate.

with the adolescent’s parents to ensure the adolescent’s continued healthy development. The importance of paying attention to psychosocial concerns in adolescence is reflected in the leading causes of mortality for youth ages 15–24: motor vehicle crashes and other unintended injuries, inter-personal violence, and suicide. (See Table 12: Leading Causes of Death in 15- to 24-Year Olds, 1998.)

Adolescents value the expertise and advice of their health professionals. Each encounter with an adolescent should be viewed as an opportunity to help the adolescent in her positive development and to lay the foundation for healthy functioning in adulthood. Primary care health professionals should express interest in what is going well with the adolescent (e.g., how she is doing in school, what sports she enjoys, whether she made first chair in the band) as well as problems and difficulties she may be experiencing. Through interviewing and

**Table 12. Leading Causes of Death in 15- to 24-Year-Olds, 1998**

Cause of Death	Number of Deaths	Percentage of All Deaths
Motor vehicle crashes	10,026	26.9
Homicide and legal intervention	5,506	14.8
Suicide	4,135	11.1
Injuries other than motor vehicle crashes	3,323	8.9
Cancer	1,699	4.6

Source: Murphy, 2000.



directed conversation, the primary care health professional can help the adolescent recognize and build on her assets and can address any problems. During office visits, the primary care health professional can look for “teachable moments” (e.g., after learning that the adolescent is going to the prom, reinforce messages about not drinking and driving,

or riding in a vehicle driven by someone else who has been drinking). Adolescents should also be screened for health-risk behaviors. How questions are asked and what the primary care health professional does with the information is important in forging a working partnership.



# SELF

Following are health supervision interview questions from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* relevant to self in adolescence:

## For Parents

What makes you most proud of Sanjay?

Have there been any major changes or stresses in your family since your last visit?

What has Michelle been taught in school or at home about puberty, drugs, sex, and other health topics?

## For the Adolescent

Tell me some of the things you are really good at.

Do you feel you'll be successful and accomplish your goals?

What are some things that worry you? Make you sad? What do you do about your feelings? Do you talk to anyone about them? If so, to whom?

What do you do when you feel really down and depressed?

Have you ever thought about hurting yourself or killing yourself?

Has anyone talked with you about what to expect as your body develops? Have you read about it?

How do you feel about the way you look?

Have you started dating?

Have you ever had sex? Are you sexually active now?

What would you do if someone pressured you to have sex?

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

## SELF: SELF-ESTEEM

Self-esteem, or the regard adolescents have for themselves, is influenced by feelings of success and competence, their abilities, feedback from peers, and how well they compare to the ideals they have for themselves. Most adolescents can identify many positive attributes in themselves. Compared with children, adolescents rely more on their own resources to make and keep friends, pursue leisure activities, and succeed in school. Adolescents are expected to work

independently at school, and their parents no longer arrange their involvement in sports and other extracurricular activities. Adolescents' success in these endeavors influences their self-esteem.

## Reaching Goals Versus Falling Short

Adolescents' ability to accept falling short of their goals is an important step toward maturity. They cannot always win at everything, get the high-

est grade, or be popular. Because adolescents often lack experience, which can show them that setbacks are usually temporary and there will be other chances to succeed, they may perceive life's inevitable disappointments as crushing defeats and/or rejections. Adolescents need to learn that there will be other opportunities for achievement and that accepting losses and defeats gracefully is a sign of emotional health.

## Tips

- Ask how the adolescent feels about himself and whether there is anything he would like to change about himself.
- Ask how school is going. Ask about positive aspects of school as well as problems.
- Ask if the adolescent is happy with the number of friends he has. Ask about interests and activities outside of school. Try to identify areas of difficulty, such as problems with making or keeping friends, or feelings of dissatisfaction with social activities.
- Discuss goals and aspirations with the adolescent. Adolescents' ability to formulate realistic goals differs among the early, middle, and late developmental stages. Younger adolescents may be less realistic and may not be aware of the preparation that is needed for pursuing future endeavors. Older adolescents should be actively thinking about their short-term and long-term goals.
- Explore how the adolescent responds both to success and to failure. Provide reassurance that most of life's setbacks are temporary.

## Enhancing Parent-Adolescent Relationships

For all adolescents, having a good relationship with their parents is a key factor in fostering a positive self-image. Even as the adolescent is developing new relationships outside the family, parental support continues to provide an underpinning to self-esteem. Even though adolescents may seem to reject their parents' guidance, they need their parents as much as ever. A style of discipline that is neither too arbitrary, too authoritarian, nor too permissive works best, and parents need to be able to negotiate and discuss rules in an atmosphere of mutual respect. Few adolescents will disagree that there must be some rules for them to follow, and most will follow them and act responsibly if they are allowed to have a role in setting the rules. Adolescents most of all need to feel that their concerns are acknowledged, that their feelings are considered, that they are being heard, and that their emerging independence is respected.

## Tips

- Ask how the adolescent and her parents are getting along together.
- Convey to parents that their opinions still count a great deal, often more than they realize. Adolescents often follow their parents' advice even when they do not appear to be listening. To maintain open communication, discourage parents from preaching to and criticizing their adolescent.
- Encourage parents to help their adolescent learn to make good decisions; suggest that parents be open to opportunities for the adolescent to exercise her own judgment.

- Encourage parents and adolescents to negotiate their disagreements and to respect each others' opinions.
- Help parents and adolescents negotiate solutions to problems, such as arguments over curfews.
- Try to determine whether there are serious family conflicts for which more intensive counseling is needed. (See Tool for Health Professionals: Issues Checklist (Abridged), *Mental Health Tool Kit*, p. 48.)
- Encourage parents to remain involved in school and in extracurricular activities (e.g., by attending parents' night, sports events, and dramatic or musical performances).

## Maintaining Self-Esteem Despite Disappointment

One of the crucial tasks of adolescence is to learn to maintain self-esteem in the face of the inevitable disappointments and failures of life. While it is normal to feel hurt, rejected, or disappointed if one's hopes are not realized, to assume this is a sign of substantial personal inferiority indicates problems with self-esteem. How the adolescent interprets the disappointment is what counts. Adolescents who are prone to problems with self-esteem usually give self-deprecating reasons for failure, rather than realistically assessing other factors that may be influencing outcomes.

### Tips

- Encourage parents to listen to their adolescents without dismissing or minimizing their concerns.
- Encourage parents to restate what their adolescent is experiencing (e.g., "It sounds like you're upset and disappointed. Is this how you are feeling?").



- Convey to parents that their job is not to fix their adolescents' problems but to be available for advice and to support their adolescents as they try to work out solutions for themselves.
- If the adolescent blames himself for a disappointment or failure, offer alternative explanations for why things did not work out (e.g., explain that failing a test does not mean that the adolescent is stupid, but that he may need to study more or may need extra help with a particular subject).
- Emphasize to parents that adolescents need praise as much as children do; suggest that they make a point of complimenting the adolescent each day (e.g., for trying hard, improving, being cooperative, displaying social skills, presenting a good appearance, and achieving academic success). Praise should focus on specific actions and be realistic.

- Help parents focus on the positive (e.g., “You really worked hard on that—I’m proud of you”) rather than on the negative (e.g., “You didn’t do that right”).
- Point out to parents that they do not have to talk their adolescent out of negative feelings, but should instead help explain these feelings and explore alternatives for improving the situation.

### Area of Concern: Academic Difficulties and Low Self-Esteem

Many adolescents who have problems with self-esteem have been discouraged by failures in childhood. Social and academic skills develop during the elementary school years, and problems with either or both of these can result in feelings of inferiority or incompetence. Adolescents who experienced academic difficulties in the early grades are at particular risk for self-esteem problems. Because parent-school contact is less routine during the middle school/junior high school and high school years, suggest that parents talk to their adolescent’s teacher, a school administrator, a guidance counselor, or other school personnel if they are concerned about the adolescent’s school performance and self-esteem. Encourage parents to support their adolescent in developing other skills or talents (e.g., artistic, athletic) to enhance self-esteem. Persistent low self-esteem may indicate depression or emerging personality disorders. School counselors, nurses, psychologists, psychiatrists, developmental-behavioral pediatricians, and social workers may be available to assist in evaluating problems with academic performance and social-emotional functioning. (See the following bridge topics: Mood Disorders: Depressive and Bipolar Disorders, p. 271; Anxiety Disorders, p. 191.)

## SELF: MOOD

Mood is a feeling state, the emotional tone of a state of mind. With adolescence comes an increasing awareness of the nuances of one’s own moods, as well as those of others. Emotionally healthy adolescents are able to distinguish many gradations in mood. In addition to understanding simple feelings such as happiness, sadness, and anger, they begin to understand more complex feelings such as irritability, calmness, and elation. Increasing mood fluctuations become more common with the onset of puberty, but overall moods are no more negative in adolescents than they are in adults. What is different is the rapidity with which moods can change in adolescents. This is confusing to parents who may be faced with a tearful and uncommunicative adolescent one moment and with a happy, voluble one a short time later. Sustained periods of sadness or extreme mood swings require further evaluation.

### Stability of Overall Mood

Adolescents usually experience more positive than negative moods, and most adolescents will say that they are in a good mood most of the time. When adolescents do feel down, they can usually find ways to cheer themselves up (e.g., by talking to friends, listening to music, or playing sports). This enables most adolescents to maintain a level of stability even through ups and downs. With increasing age comes the perspective of knowing that down moods will pass and that slumps are temporary.

### Tips

- Ask the adolescent about how she feels most of the time. Ask questions such as, “Are you concerned about your moods?” “What do you do when you feel down?”



- Acknowledge the reality of the adolescent's emotions. Do not try to talk her out of them.
- Encourage physical activity, healthy eating, and sufficient sleep because these are helpful in stabilizing mood. In particular, regular physical activity can have a beneficial impact on depressed mood (Tkachuk and Martin, 1999) and should be discussed as an important element in any comprehensive treatment plan for adolescents with depressive symptoms.
- Stimulate positive thinking. Suggest that the adolescent keep a log of positive experiences for a week, and review the log with the adolescent.
- Encourage parents to assess their adolescent's level of activity and balance this level as necessary (e.g., for a busy adolescent, encourage downtime; for an adolescent who needs more socialization, encourage social activities).
- Discourage the use of alcohol, marijuana, and other drugs. Because adolescents may believe that use of these substances will improve mood, explain that they actually worsen mood problems.

### Area of Concern: Mood Problems

Parental complaints about their adolescent's moodiness or mood swings are common. Sometimes parents are simply describing parent-adolescent conflict, with the adolescent making angry responses to things the parent says or does. If this is the case, the primary care health professional may be able to help parents and their adolescent negotiate conflicts and disagreements.

If the adolescent reports feeling sad or bored most of the time or having frequent bad moods or marked mood swings, the possibility of a mood disorder (e.g., major depressive disorder, bipolar disorder) should be considered. Some adolescents complain primarily of physical symptoms (e.g., recurrent headaches, abdominal pain). Insomnia, excessive worry, academic and social difficulties, and significant risk-taking behaviors are other signs of mood problems. (See Tool for Families: Symptoms of Depression in Adolescents, *Mental Health Tool Kit*, p. 126. See bridge topic: Mood Disorders: Depressive and Bipolar Disorders, p. 271. See Depression in Adolescents, below.)

## Depression in Adolescents

Depression is a relatively common psychiatric problem among adolescents. Epidemiological studies have found rates of depression of 5–15 percent in adolescents, depending on sampling methods and diagnostic criteria used. For the most severe types of depression, major depressive disorder and depression associated with bipolar disorder, the rate is around 5 percent. Early age at onset is a risk fac-



tor for recurrence in adulthood, is associated with increased genetic vulnerability, and may be related to increased psychosocial stress (U.S. Department of Health and Human Services, 1999). Adolescents who have been physically or sexually abused are also at high risk for depression (Brown et al., 1999). Although girls and boys are equally affected in childhood, female adolescents are twice as likely to experience major depressive disorder as male adolescents (American Psychiatric Association, 2000). Hormonal factors may be involved, although psychosocial stress associated with female gender roles could also be implicated.

If untreated, mood disorders such as major depressive disorder and bipolar disorder are often associated with significant problems in terms of lost time from school, academic failure, and interference in development. Adolescents with mood problems and disorders are at higher risk for using substances (e.g., alcohol and other drugs) than adolescents who do not have mood problems or disorders. In addition, adolescents with mood disorders may be at risk for suicide. (See bridge topic: Mood Disorders: Depressive and Bipolar Disorders, p. 271. See Tool for Families: Symptoms of Depression in Adolescents, *Mental Health Tool Kit*, p. 126. See *Bright Futures Case Studies for Primary Care Clinicians: Depression: Too Tired to Sleep* [Hinden and Rosewater, 2001] at <http://www.pedicases.org>.)

## Tips

- Obtain a history of psychiatric problems in the family, including depression, suicide, and substance use.
- Reassure adolescents and their parents that depression is not their fault, that it has a biological basis, and that it can be treated successfully.

- Suggest resources where adolescents and their parents can obtain information. (See Resources for Families, in bridge topic Mood Disorders: Depressive and Bipolar Disorders, p. 271.)
- Consider referral to a mental health professional as indicated. (See Table 2: Referral for Mental Health Care in the Making Mental Health Supervision Accessible chapter, p. 10.) Cognitive, behavioral, and other therapies; family intervention; and antidepressant medications can each be useful in the treatment of depression. Involve school personnel when appropriate.
- Be aware of state laws on providing treatment for mental health concerns and substance use in minors with and without parental consent.



## Suicidal Ideation and Behavior

Studies indicate that suicidal ideation and behavior are common in adolescence. In a major national survey, 19 percent of high school students reported they had seriously considered committing suicide, and 8 percent reported they had made a suicide attempt during the 12 months before the study (Kann et al., 2000). Suicide is the third leading cause of death in 14- to 24-year olds (Murphy, 2000). Although suicide attempts are more common among females, males are more than four times as likely to complete suicide (Jellinek and Snyder, 1998). For female adolescents, suicidal behavior is frequently precipitated by a fight with family or a boyfriend, is often associated with depressive symptoms, and most commonly involves drug ingestion. Adolescents who are struggling with sexual identity issues, especially males, are at greater risk for depressive symptoms and suicidal ideation and behavior than adolescents in the general population (Russell and Joyner, 2001). Completed suicides often involve adolescents with major psychiatric disorders and/or substance abuse problems, and most commonly involve firearms, hanging, or jumping. (See Tool for Families: Symptoms of Depression in Adolescence, *Mental Health Tool Kit*, p. 126. See the following bridge topics: Mood Disorders: Depressive and Bipolar Disorders, p. 271; Oppositional and Aggressive Behaviors, p. 291.)

### Tips

- Ask the adolescent about suicidal thoughts and plans. Try to determine whether the adolescent has the means to carry out a suicide plan (e.g.,

whether he has access to firearms). Some possible questions include the following:

- “It sounds like you’ve been feeling pretty hopeless. Have you felt so bad that you wished you were dead or thought you would be better off if you were dead?”
  - “Have you ever thought about killing yourself?”
  - “Have you ever tried to kill yourself or hurt yourself? What did you do? Did you tell anyone?”
  - “If you’ve thought about committing suicide, have you thought about how you would do it?”
  - “Is there a gun in your home?”
  - “Do you feel safe?”
- Remember that asking adolescents about suicidal thoughts does not necessarily cause them to have these thoughts. Not asking an adolescent who has symptoms of depression about suicidal thoughts can mean a missed opportunity to prevent suicide. Many adolescents with suicidal thoughts are relieved at the opportunity to express and discuss them.
  - Arrange for emergency intervention if needed. Psychiatric evaluation should be obtained if the primary care health professional believes there is suicidal intent, or if the adolescent appears severely depressed. Inpatient or partial hospitalization is indicated if the adolescent appears to have suicidal intent. See American Academy of Child and Adolescent Psychiatry (2001) for further information.

## SELF: BODY IMAGE

Body image is an important aspect of the concept of self. As adolescents mature, their body image is modified to incorporate the physical changes that occur. The dramatic physical changes of adolescence challenge adolescents to develop a new body image and identity. Adolescents mature at different rates and can be keenly aware of these differences, which may cause them to compare their progress with that of their peers.

Early onset of puberty in girls is a risk factor for mood problems and excessive concerns about body image. Many girls experience the physical changes of puberty before they are psychologically ready to handle them. Early maturing girls, who are taller and stand out as a result of their changing body shapes, are at particular risk for depression, possibly because of the stress associated with being different from their peers. These girls are also vulnerable to sexual attention by males, which may increase their risk for early onset of sexual activity. Early maturation for boys is less of a problem and, in fact, confers some advantages (e.g., the increased size and strength that accompany pubertal development may help boys compete in sports, which promotes self-esteem). In contrast, because participation in athletic activities is particularly important to male adolescents, late maturation can be a particular problem for them; it may decrease their opportunities for participation in some popular athletic activities (e.g., football, basketball), delay social skills development, and lower self-esteem (Kaplan and Sadock, 1995).

### Focus on Physical Appearance

Concerns about appearance can be particularly heightened during adolescence for both males and females. Young adolescents commonly feel that they



are being observed nearly all the time (the “imaginary audience”), which causes them to be extremely self-conscious about their appearance (Elkind, 1967).

### Tips

- Ask the adolescent how she feels about herself.
- Point out ways in which the adolescent is on target developmentally and what she can expect in the next year (e.g., if she has had a growth spurt, she can expect her first period within the next year). Educate the adolescent and her parents about the physical changes of puberty and share with them the adolescent’s plotted growth chart. Point out that there is a high degree of variability in the rate of adolescent development.
- Discuss with the adolescent, privately if possible, the fact that many adolescents have concerns about their breasts, pubic hair, and skin, and ask if the adolescent has any questions. These brief discussions can occur during the relevant portions of the physical examination. Specifically address potentially embarrassing problems (e.g., acne, gynecomastia [enlargement of the breasts



in males, which can occur during puberty], asymmetry in female's breast sizes). Develop a plan to address these concerns (e.g., treat the acne, schedule a follow-up visit to monitor gynecomastia).

- If the adolescent is developing as expected, reassure her of this.
- Encourage regular physical activity. Point out that physical activity does not have to involve organized sports, but can be activities pursued alone or with a friend (e.g., running, walking, dancing, aerobic exercising).

## Excessive Concerns About Body Shape, Size, and Weight

Concerns about weight are almost universal among female adolescents and common among male adolescents. An ideal of thinness for females and muscularity for males is promoted in our society. In studies, many adolescents report dissatisfaction with their body shape, body size, or weight. Many female adolescents report being on weight-loss diets, and many male adolescents express a wish to be more muscular. These concerns may result in unhealthy eating behaviors and use of dietary supplements and ergogenic aids (e.g., anabolic steroids). (See the following bridge topics: Eating Disorders, p. 233; Eating Disorders: Special Topic: Obesity, p. 244. See also Story et al., 2000.)

### Tips

- Educate parents and their adolescent about nutrition. Talk about healthy eating and regular physical activity as part of an overall healthy lifestyle. Ask whether there are any concerns

about weight or whether the adolescent is dieting.

- Promote healthy eating and regular physical activity as alternatives to dieting. Emphasize eating healthy foods in appropriate quantities rather than skipping meals.
- Discuss signs of eating disorders. (See Area of Concern: Eating Disorders, below. See bridge topic: Eating Disorders, p. 233.)
- Ask the adolescent about use of ergogenic aids (e.g., protein supplements, anabolic steroids).

### Area of Concern: Eating Disorders

Eating disorders can result from excessive concerns about body shape, size, and weight and from an unhealthy body image. Eating disorders are more common in females. Early detection of eating disorders can be done in primary care settings by incorporating self-reports into routine health screening and assessment. In high-risk groups (e.g., adolescents who are dieting, adolescents who participate in sports that encourage leanness), special efforts should be directed toward increasing knowledge about healthy eating and regular physical activity and promoting a healthy body image. Discuss with adolescents an appropriate weight range and the importance of obtaining and maintaining a healthy weight. Refer adolescents for nutrition counseling from a registered dietitian experienced in working with adolescents and/or refer them to a mental health professional with expertise in eating disorders if indicated. (See bridge topic: Eating Disorders, p. 233. See the following *Bright Futures Case Studies for Primary Care Clinicians*: Anorexia Nervosa: Stephanie's Long Walk [Grace, 2001]; Late Adolescent Health Screening: Amy Goes to College [Brooks and Bravender, 2001] at <http://www.pedcases.org>.)

## Concerns About Being Too Tall, Short, Fat, or Thin

Because of the close relationship between self-esteem and body image, adolescents may be concerned about anything in their physical appearance that makes them different from their peers. These concerns are heightened, especially during early adolescence, when large variations in growth and physical maturation occur among members of this age group. Adolescents need to learn to feel comfortable with their body frames. (See Area of Concern: Early and Late Maturers, p. 138. See the following *Bright Futures Case Studies for Primary Care Clinicians*: Turner Syndrome and Short Stature: The Shortest in the Class [Gordon, 2001]; Growth and Chronic Disease: Will I Ever Get My Period? [Gordon, 2001] at <http://www.pedicases.org>.)

### Tips

- Ask adolescents to identify things they like about themselves.
- Encourage parents to compliment their adolescents realistically so that adolescents will not feel they need to live up to expectations they cannot meet. For example, saying “You have such a pretty smile” is better than saying “You’re the most beautiful girl in your class.”
- Help adolescents value attributes other than physical appearance. For instance, point out that what they admire about people they look up to (e.g., friendliness, courage, loyalty, perseverance, concern about others) is usually more than just physical appearance.
- Encourage adolescents to talk good-naturedly about their imperfections. In some instances, by

noting his own imperfections, the primary care health professional can decrease barriers to these discussions.

- Evaluate for underlying medical causes if the adolescent’s physical development is outside the expected range.

### Area of Concern: Adolescents with Chronic Illness

Adolescents with chronic illnesses are at risk for problems with self-esteem and body image. An illness that involves physical manifestations and/or that interferes with sexual development has particular effects on the development of body image. Young male adolescents whose gonadal development is hampered are at particular risk. Illnesses such as diabetes mellitus, which may not set the adolescent apart because of effects on appearance, but which impose limitations on lifestyle and independence, can also damage self-esteem and body image. Adolescents who survive long-term or life-threatening illnesses may consider themselves unattractive, or may have difficulty thinking about their appearance at all. They may struggle to integrate the awareness of their illness with their concept of who they are as persons.

## SELF: SEXUALITY

Adolescent sexual behavior is influenced by many factors, including sexual drives and desires, peers, families, and culture. Many adolescents are sexually active, some at a very young age. Among adolescents in grades 9 through 12 studied in the Youth Risk Behavior Survey, 8.3 percent reported having had sexual intercourse at least once before age 13, and 47 percent of 10th graders and 65 percent of 12th graders reported ever having had inter-



course (Kann et al., 2000). Adolescent sexual behavior is an important issue because of the possible consequences, including pregnancy and sexually transmitted diseases (STDs). Adolescent sexual behavior may also be a source of conflict between adolescents and their parents. Additional concerns include adolescents who may be struggling with sexual orientation, sexual abuse, or rape.

## Sexual Development

Sexual development and specifically the onset of puberty is influenced by genetic, hormonal, nutritional, and health-related factors. Sexual development, including the appearance of secondary sexual characteristics and the capacity to reproduce, is a major concern of adolescents and their parents.

## Tips

- Address issues related to sexuality throughout childhood and adolescence to give the message that you are interested and approachable on the subject. Discuss sexuality before the adolescent becomes sexually active. Help parents understand that some conversations between the primary care health professional and their adolescent will need to be kept confidential.
- Routinely assess adolescent sexual development and provide developmentally appropriate information and anticipatory guidance. Based on the individual needs of the adolescent, address pubertal changes, sexual behavior, human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and other STDs, and ways to reduce the risks of sexual behavior. Be proactive; do not wait for adolescents to initiate discussion themselves. (See Tool for Health Professionals: Anticipatory Guidance on Sex and Sexuality for the Adolescent, *Mental Health Tool Kit*, p. 51.)
- Keep in mind that recent research has demonstrated that females are developing secondary sexual characteristics at younger ages than previously thought (Herman-Giddens et al., 1997; Kaplowitz and Oberfield, 1999). Primary care health professionals need to be sensitive to the difficulties presented by the appearance of these characteristics in adolescents whose emotional and cognitive development has not caught up with their physical maturity. Talk with adolescents and parents about sexual development to prepare them for puberty and allay concerns. (See Area of Concern: Early and Late Maturers, p. 138.)



- Emphasize that parents have a significant role to play as a resource for their adolescent on matters pertaining to sexuality. Encourage parents to consider their role as counselors. Assist them by assessing their comfort with the topic of sexuality, by providing accurate information, and by discussing how to be approachable. (See Tool for Families: Talking to Your Teen About Sex and Sexuality, *Mental Health Tool Kit*, p. 127.)
- Ask if the adolescent has close friends or a best buddy. Supportive friendships are especially needed when adolescents are attempting to develop opposite-sex relationships, and same-sex peers can provide a sounding board for discussing problems. If an adolescent has not established such supportive friendships, assess the adolescent for social difficulties as well as for mood and anxiety disorders.
- Identify resources in schools and the community that are available to adolescents and their parents (e.g., educational programs on abstinence, sexuality, prevention of HIV/AIDS and other STDs,

refusal skills, and contraception). (See Tool for Families: Where to Find Resources on Adolescent Sexuality, *Mental Health Tool Kit*, p. 129.)

- Understand that adolescents may not seek reproductive health care from their usual source of primary care. To increase the use of health care services by adolescents, the office environment must be inviting and responsive to their needs, and the health professional must be supportive and empathetic. In addition, adolescents must know that care for their reproductive health needs can be offered confidentially.

### Area of Concern: Early and Late Maturers

Female adolescents who mature early may be at risk for teasing and/or sexual exploitation. Male adolescents who mature late may be at a disadvantage socially because they appear younger and are not competitive for many sports. These disadvantages may be offset if the male adolescent participates in sports and other physical activities that do not emphasize size and strength or in nonphysical activities such as music or computer games. Some female and male adolescents who mature later have more difficulty in late adolescence because they must simultaneously focus on both middle and late adolescent concerns. (See Table 11: Developmental Focus in Early, Middle, and Late Adolescence, p. 125.)

### Sexual Behaviors and Risks

Sexual behavior encompasses a range of behaviors, including holding hands, caressing, kissing, masturbation, oral and anal sex, and vaginal intercourse. There are varying degrees of health risk associated with these behaviors. Among adolescents in



grades 9 through 12 studied in the Youth Risk Behavior Survey, 50 percent reported that they had engaged in sexual intercourse (Kann et al., 2000). Among adolescents who reported never having had vaginal intercourse, approximately 30 percent reported engaging in heterosexual masturbation, and rates of oral sex and anal intercourse were 10 percent and 1 percent, respectively (Schuster et al., 1996). (See Tool for Health Professionals: Anticipatory Guidance on Sex and Sexuality for the Adolescent, *Mental Health Tool Kit*, p. 51. See *Bright Futures Case Studies for Primary Care Clinicians: Middle Adolescent Health Screening: But All My Friends Do It* [Bravender, 2001] at <http://www.pedicasess.org>.)

## Tips

- Understand that concerns about confidentiality may keep adolescents from seeking reproductive health care. Assess and modify office operations to accommodate the need for confidentiality and provide the additional time necessary to address these sensitive issues. During late childhood and early adolescence, introduce the office's policy on confidentiality to parents. Clarify the goals and limits of the policy. Help parents understand that the goal of the policy is to optimize communication with and provide the best health care for their adolescent, and is not meant to exclude them.
- Understand the laws in your state addressing adolescents who seek care for sexuality-related concerns without parental knowledge. Adolescents may or may not be able to provide legal consent for their own health care under certain circumstances, including prevention, diagnosis, and treatment of STDs; provision of contraceptive services; and diagnosis and management of

pregnancy. Adolescents need to be informed in advance about the health care setting's confidentiality policy. Many adolescents would like to be, and are, financially responsible for visits for confidential care.

- Be aware of factors that are associated with premature onset of sexual activity (e.g., early pubertal development, history of sexual abuse, poor academic achievement, alcohol and other drug use, conflictual relationships with parents, difficulties in other areas of functioning).
- Assess dating behavior and the family's cultural expectations of dating. Adolescents who begin dating when they are young (i.e., 11–13 years old) may be vulnerable to other health-risk behaviors such as substance use. Adolescents who have not begun to date at an age reflective of their cultural background and community norms may be having social difficulties.
- Discuss with adolescents their expectations of romantic relationships. Ask whether there is conflict or violence in their relationships (Silverman et al., 2001). (See Tool for Families: Teen Dating Violence, *Mental Health Tool Kit*, p. 130.)

## Resource for Adolescents

American Psychological Association. 1998. *Love Doesn't Have to Hurt Teens*. Washington, DC: American Psychological Association. Web site: <http://www.apa.org/pi/pii/teen/homepage.html>.

- Acquire and maintain skills necessary to
  - Assess adolescent development by interview, physical examination, and comparison to national standards.
  - Obtain a sexual history.

- Examine a sexually active adolescent.
  - Provide information on abstinence and offer contraceptive and other reproductive health services or a referral for these services as appropriate. If a primary care health professional is uncomfortable discussing contraceptive or other reproductive health services, referral to another health professional who can meet the adolescent’s individual health care needs is recommended.
  - Diagnose and treat common STDs.
  - Provide pregnancy diagnosis, counseling, and referral for care.
  - Identify health-risk behaviors and psychosocial problems and mental disorders that may increase an adolescent’s likelihood of engaging in high-risk sexual behaviors (e.g., drug and alcohol use, running away, living on the street, schizophrenia, conduct disorder). (See the following *Bright Futures Case Studies for Primary Care Clinicians*: Contraception: The Hidden Agenda [Grace and Emans, 2001a]; Oral Contraceptive Scenarios: The Telephone Call [Grace and Emans, 2001b] at <http://www.pedicases.org>.)
- Caution adolescents who are engaging in unprotected sex that they are at risk for unintended pregnancy and STDs, including HIV/AIDS. If the adolescent is reluctant to consider abstinence or protection, ask, “When do you think you’ll be ready to be a parent?” and target a discussion to the adolescent’s goals and future plans. Referral to a comprehensive adolescent health care program or a family planning program (e.g., Planned Parenthood) can be helpful.

## Area of Concern: Pregnancy, Parenting, and Abortion

The United States has one of the highest rates of adolescent pregnancy among developed countries (Singh and Darroch, 2000). The risk of pregnancy among sexually active adolescents is significant. In one study, 31 percent of sexually active female adolescents ages 15–19 reported that they had not used contraception in their most recent sexual encounter (Moore et al., 1999). Six percent of adolescents studied in the Youth Risk Behavior Survey reported that they had been pregnant or gotten someone pregnant (Kann et al., 2000). Parenting during adolescence can disrupt social and emotional growth, and adolescent parents are at risk for poor educational, vocational, and financial outcomes. (See *Bright Futures Case Studies for Primary Care Clinicians*: Teen Pregnancy: Decisions to Be Made [Cox, 2001] at <http://www.pedicases.org>. See bridge topic: Parental Depression, p. 303.)

The following approaches may be helpful to primary care health professionals in supporting pregnant adolescents:

- For the adolescent who has just found out that she is pregnant, a calm, supportive approach is essential. Ask how she feels about the pregnancy and assess her general emotional state, including her risk for any self-harming behavior. Ask how her parents and her partner are likely to react to her pregnancy. Ask whether she feels she is in any physical danger. Help her identify people she can turn to immediately for support.
- Encourage the adolescent to inform her parents. Ideally this would be done during an office visit, when the primary care health professional is available to support her and her parents. For an adolescent who is reluctant to tell her parents that she is pregnant, help her assess her options

and discuss how her parents could support her during the decision-making process and in gaining access to services. Help her identify other supportive adults in whom she can confide. Confidentiality is primarily a concern in, but is not limited to, the case of adolescents who are considering termination of the pregnancy and cannot disclose the pregnancy to their parents. Be aware of state laws regarding provision of confidential services to pregnant minors, and assess the degree of disclosure that may be required to ensure the adolescents' safety.

- Clearly outline options for the pregnant adolescent. Provide information on high-quality agencies in the community that offer services and/or support for pregnant adolescents. Emphasize the importance of prenatal care for adolescents who decide to continue the pregnancy. Understand that the adolescent may not be able to decide what to do right away. Meet with her frequently to help her think through her options. Some adolescents, especially young ones, may initially be in denial about a pregnancy or may have more difficulty making decisions.
- Although the majority of adolescents who choose to terminate their pregnancy do well psychologically, it is important to monitor them for possible adjustment problems and for signs of depression. Refer adolescents for mental health services as indicated.
- Continue to provide support to adolescents who plan to place their infant for adoption, and be aware that adolescents may be ambivalent about this decision and may change their minds during the pregnancy. Monitor adolescents for adjustment problems and for signs of depression during the pregnancy and after delivery. Refer adolescents for mental health services as indicated.

- For the adolescent who plans to keep her infant, support her in key areas. Encourage her to maintain close ties with her family and friends, especially with her mother and with the father of her infant, when possible; to stay in school; and to seek financial support that she, the father, and the infant may need (e.g., WIC, safe housing, Medicaid, SCHIP and other forms of health insurance).
- When working with adolescent parents and their infants, be aware of the parents' level of cognitive development and how it may affect their parenting (e.g., they may need information on developmentally appropriate expectations for the infant). Supporting adolescent parents and their infants requires a collaborative effort among health professionals, social service agencies, home-service agencies (e.g., the Visiting Nurses Association, early intervention and outreach programs), and school personnel. Many communities have programs that offer comprehensive health care to adolescent parents and their infants. (See *Early Identification of Families at Risk*, p. 35, and Table 8: *Protective Factors for Families with Young Parents*, p. 35, in the *Infancy* chapter.)
- Continue to assess the need for mental health services for adolescent mothers and fathers who may be vulnerable to feelings of depression, loneliness, or hopelessness. Ideally, mental health services should be available to adolescent parents in their health care or school settings. Adolescent parents may also benefit from psychoeducational or support groups with other young parents.

## Area of Concern: Sexual Abuse and Sexual Assault

Sexual abuse and sexual assault are important health issues for children and adolescents. Sexual abuse is the term used to describe the involvement of children or adolescents in incestuous sexual activities and in sexual activities with others who are responsible for their care. It is a type of child abuse. Sexual abuse can occur as a single event or as multiple encounters. It encompasses a range of behaviors that may begin as touching or fondling and may progress to oral, vaginal, or anal penetration. Physical force may or may not be used. Sexual assault is the term used to describe any sexual act performed by one person on another without mutual consent; it can happen to children and adults. Although physical force or the threat of physical force is common, it is possible that consent could not be given because of the age or developmental status of the person assaulted (i.e., statutory rape); intoxication, by alcohol or other drugs, of the person assaulted; or cognitive limitations of the person assaulted (e.g., developmental delay, thought disorder) (Emans, 1998). Rape is the most serious form of sexual assault and is usually defined as vaginal, anal, or oral penetration that takes place by physical force or psychological coercion (American Academy of Pediatrics, Committee on Adolescence, 2001). Legal definitions of sexual assault and rape vary by state; the term *sexual abuse* may not appear in some states' codes of law or may be defined in the section relevant to child abuse.

In one study, 8 percent of all women and 16 percent of women whose first episode of sexual intercourse occurred at age 15 or younger reported that their first sexual encounter was not voluntary (Abma et al., 1997). Retrospective studies indicate that the most likely age for children and adoles-

cents to experience sexual abuse is between 7 and 13 years (Bachmann et al., 1988). The primary care health professional may encounter adolescents who have been recently assaulted, who disclose a history of sexual assault days to years after the assault occurred, or who have been victims of long-term sexually abusive relationships. The primary care health professional can help adolescents and their families recover from the harmful psychological effects of these traumas through identification of the problem, assessment of medical and mental health consequences of the trauma, provision of appropriate treatment and referral, and reporting of the abuse or assault to the appropriate authorities. Each state specifies statutory requirements for health professionals to report sexual assault and child abuse.

The primary care health professional should be aware of the broad range of consequences of sexual abuse and sexual assault, both physical (e.g., pregnancy, STDs) and psychological (e.g., psychosomatic complaints, depressive symptoms, acting-out behaviors, acute stress disorder, posttraumatic stress disorder, eating disorders, dissociative disorders). Questions of abuse may be raised in situations in which there is a great disparity in the ages of partners in a dating and/or sexual relationship. (See bridge topic: Child Maltreatment, p. 213. See the following tools in the *Mental Health Tool Kit*: Tool for Families: Teen Dating Violence, p. 130; Tool for Families: Preventing Child Sexual Abuse, p. 140. See *Bright Futures Case Studies for Primary Care Clinicians*: Sexual Abuse: Margaret's Secret [Leder and Vandeven, 2001] at <http://www.pedicas-es.org>.)

The health care management of sexually abused or sexually assaulted adolescents should be based on the following guidelines (Parrish et al., 2000):

- The initial evaluation ideally should be conducted by a team, including a health professional highly



experienced in the physical assessment of adolescents who have been sexually abused or sexually assaulted; a supportive nurse; and a social worker. The adolescent should be asked to give an account of the assault only once, and the account should be carefully recorded.

- The physical examination should be conducted by the most experienced health professional available, with a supportive health professional present throughout the exam who is able to explain each step of the exam in terms that the adolescent can understand. Medical and forensic evaluations should be done carefully, accurately, and completely, and should be appropriately documented.
- Arrangements should be made for follow-up as soon as possible with a mental health professional trained in working with traumatized adolescents and their families. Ideally, follow-up should occur within 24 hours of the initial assessment.
- The primary care health professional should continue to follow up with the adolescent to ensure that he or she does not have an STD or is not pregnant and that he or she receives mental health care as needed. In addition, the primary care health professional should provide ongoing health care to ensure that other health needs are addressed.

### Resource for Communities

American College of Obstetricians and Gynecologists, National Rape and Sexual Assault Prevention Project. 2000. *Drawing the Line: A Guide to Developing Effective Sexual Assault Prevention Programs for Middle School Students*. Washington, DC: American College of Obstetricians and Gynecologists, National Rape and Sexual Assault Prevention Project. Web site: [http://www.acog.com/from\\_home/publications/drawingtheline](http://www.acog.com/from_home/publications/drawingtheline).

### Area of Concern: STDs

According to a report from the Institute of Medicine, adolescents are disproportionately affected by STDs. Approximately 3 million adolescents acquire an STD each year, and many have long-term health problems as a result (Eng and Butler, 1997). However, according to the Youth Risk Behavior Survey, about 42 percent of sexually active adolescents reported not using a condom during their last sexual intercourse (Kann et al., 2000), thereby placing them at risk for STDs. Many STDs are asymptomatic. Both males and females who are sexually active should be screened for STDs using both physical examination and appropriate laboratory tests. (See *Tool for Health Professionals: Anticipatory Guidance on Sex and Sexuality for the Adolescent, Mental Health Tool Kit*, p. 51. See *Bright Futures Case Studies for Primary Care Clinicians: Sexually Transmitted Diseases: The Burning Issue* [Brooks and Rosewater, 2001]; *HIV and the Adolescent: Michael's Disclosure* [Melchiono, 2001] at <http://www.pedicasess.org>.)

## SEXUAL IDENTITY

Sexual identity, which encompasses sexual orientation, gender identity, and gender roles, influences sexual behavior and is shaped by a variety of social and cultural factors. Sexual identity can be represented as a continuum and may vary over time and with changing circumstances. Many adolescents engage in sexual exploration with same-sex friends. Sexual behavior, especially during early or middle adolescence, does not necessarily reflect present or future sexual identity.

## Tips

- Avoid making assumptions regarding an adolescent's sexual identity. To prevent making such assumptions, primary care health professionals should examine their interview style and how they word their intake forms. Ask questions so as not to presume the adolescent's sexual identity (e.g., by asking "Are you romantically involved with someone? Is that person a guy or a girl?" instead of asking whether the female adolescent has a boyfriend or the male adolescent has a girlfriend). Adolescents need reassurance that the health professional is comfortable with their sexual identity.
- Support adolescents who are exploring their sexual identity. Identify additional sources of support for adolescents struggling with issues concerning their sexual orientation. Awareness of same-sex sexual orientation often occurs during adolescence (Drescher, 1998). Help adolescents who identify themselves as gay or lesbian to handle the difficulties they may face, including responses of their family, heterosexual peers, and

community. Adolescents who struggle with a gay, lesbian, or bisexual identity and the social isolation and stigma it may impose, especially males struggling with a gay or bisexual identity, are at greater risk for depression and suicidal ideation and behaviors than adolescents in the general population (Russell and Joyner, 2001; Stronski Huwiler and Ramafedi, 1998).

- Discuss the health risks of intercourse between males (e.g., anorectal trauma and STD risk). Provide information on appropriate protective measures, including abstinence.
- Primary care health professionals must be aware of their limitations and biases. Health professionals who are uncomfortable or unable to discuss sexual identity issues with adolescents should refer adolescents for appropriate care elsewhere (e.g., to adolescent health programs).

### **Resource for Families and Communities**

Parents, Families and Friends of Lesbians and Gays (PFLAG). 1726 M Street, N.W., Suite 400. Washington, DC 20036. Phone: (202) 467-8180. Web site: <http://www.pflag.org>.

# FAMILY

Following are health supervision interview questions from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* relevant to family in adolescence:

## For Parents

- How are things going now that Angela is becoming a teenager?
- Have there been any major changes or stresses in your family since your last visit?
- What are some of the things you do together as a family? How often do you do these things?
- What kind of music does Angela listen to?
- How do you feel about her choice of music? The volume?
- Does Jacob understand what you consider appropriate behavior?
- Have you clearly stated your rules and expectations for acceptable behavior?
- Have you talked with him about sexuality and your values about sex?

## For the Adolescent

- How do you get along with family members?
- Are the rules in your family fair and clear?
- Do the adults in your family talk about decisions with you and make decisions fairly?
- What types of responsibilities do you have at home?
- Do you feel that your family listens to you?
- Do you feel that your family spends enough time with you?
- What would you change about your family if you could?

## FAMILY: IDENTITY AND INDEPENDENCE

A primary developmental task of adolescence is seeking autonomy and independence from parents. This process manifests itself in a variety of ways (e.g., an adolescent assertively stating her need to make her own decisions, arguing with her parents, and increasingly relying on her peers for guidance). In early adolescence, adolescents often startle their

parents with their rapid increase in conformity with peers and their desire to separate from the family. The transition from childhood to adulthood can be facilitated by (1) preparing parents for their adolescent's desired independence; (2) alerting parents to issues that are prominent during early, middle, and late adolescence; (3) reassuring parents and adolescents by explaining behavior in its developmental context; and (4) remaining alert to potentially problematic deviations in development.

## Early Adolescents' Concerns

The need for conformity with peers increases markedly in the preadolescent and early adolescent years. Such conformity is seen in the adolescent's clothing, hairstyle, attention to physical appearance and body image, language, and choice of music. Peers become a "home away from home"; relationships with peers help the adolescent make the transition from childhood to adulthood. Parents may express concerns about their own roles in this transition. (See Table 11: Developmental Focus in Early, Middle, and Late Adolescence, p. 125. See Tool for Families: Wit's End, *Mental Health Tool Kit*, p. 132.)

### Tips

- Reassure parents that the need for conformity is a healthy developmental step that peaks in early and middle adolescence and declines in late adolescence.
- Encourage parents to be tolerant of their adolescent's developing personal style (e.g., clothing choices, taste in music), within the limitations of family finances, school regulations, and respect for others. A sense of humor and sense of perspective can be very useful.
- Convey to parents that they remain the major source of guidance for their adolescent on educational plans and aspirations, moral and social values, and how the adult world works. Even adolescents agree with this!
- Discuss with parents the developmental changes their adolescent is experiencing and the importance of reassuring their adolescent that the physical changes he or she is experiencing happen to everyone.



## Family Support of Peer Relationships

Peer relationships are important to adolescents as they develop their identity and strive for independence. By comparing themselves to peers, adolescents are able to adopt attributes they admire and incorporate them into their own identity. Peers help adolescents learn to function autonomously by providing an additional source of support. Peer relationships teach mutual trust and understanding. Family support of positive peer relationships helps adolescents forge their identity and move toward independence.



## Tips

- Assess the adolescent's peer relationships and activities. The adolescent should have one or several "best buddies" (usually of the same gender) with whom he has a reciprocal relationship (e.g., he is asked to join them about as often as he asks them to join him).
- Ask how the adolescent spends his time. The adolescent should spend some time with his family, some with peers, and some alone. Ask if the adolescent has a place for spending quiet time.

## Resources for Families

Panzarine S. 2000. *A Parent's Guide to the Teen Years: Raising Your 11- to 14-Year-Old in the Age of Chat Rooms and Navel Rings*. New York, NY: Facts on File.

Wolf AE. 1991. *Get Out of My Life, But First Could You Drive Me and Cheryl to the Mall? A Parent's Guide to the New Teenager*. New York, NY: Noonday Press.

### Area of Concern: The Loner

Time spent alone allows adolescents to rest and regroup. However, if adolescents spend most of their free time alone, and especially if they are happier alone than with others, intervention is warranted to determine whether they have social skills difficulties or mood disorders. Help adolescents and their parents think of enjoyable activities that will increase social contact (e.g., community service activities, school clubs, faith-based youth groups). (See the following bridge topics: Mood Disorders: Depressive and Bipolar Disorders, p. 271; Anxiety Disorders, p. 191.)



## Cognitive Growth

Adolescents usually begin to develop the ability for abstract thinking around the ages of 12 to 14. This ability allows adolescents to focus on abstract issues (e.g., justice, hypocrisy, religion) and promotes their desire to think for themselves. (See Table 11: Developmental Focus in Early, Middle, and Late Adolescence, p. 125.)

## Tips

- Advise parents that cognitive changes increase adolescents' interest in abstract ideas and issues.
- Encourage parents to support adolescents' desires to think for themselves, make their own decisions, and become more independent. (See Family: Family Relationships, p. 148, and Family: Roles, Rules, and Responsibilities, p. 151.)

## Developing Future Sources of Support

During late adolescence, adolescents concentrate on educational and vocational plans as they identify and launch careers that will allow them to be financially independent. Also, relationships with opposite-sex and same-sex peers begin to be based on factors beyond physical appearance and other external attributes as adolescents develop a deeper capacity for sharing and caring and move toward social independence. (See Table 11: Developmental Focus in Early, Middle, and Late Adolescence, p. 125.)

### Tips

- Ask older adolescents about educational and vocational plans. By age 17, adolescents should be making progress in identifying educational and vocational plans that realistically fit their abilities and accomplishments. If an adolescent has not yet developed plans, encourage the adolescent to seek vocational guidance.
- Empathize with parents who are having difficulty letting go as their adolescent spends increasing amounts of time outside the home. Reassure them that this shift will allow their adolescent to establish intimate relationships and sources of social support outside the family, which will help the adolescent function independently as an adult.

## FAMILY: FAMILY RELATIONSHIPS

Although peers become increasingly important during adolescence, the family still plays an essential role in the adolescent's development. Adolescents continue to be deeply influenced by the values of their parents. As adolescents mature, the nature of their relationship with their parents changes and ongoing renegotiation of family roles is necessary. Some degree of dissension between adolescents and their parents is common as adolescents struggle for greater independence and their peers become more important. Parent-adolescent relationships can be enhanced by helping parents provide meaningful roles for the adolescent in the family, establish mutual expectations concerning responsibilities, identify areas of conflict, and devise compromises and solutions that are acceptable to all family members (Simpson, 2001). (See *Bright Futures Case Studies for Primary Care Clinicians: Young Adolescent Health Screening: New World, Old Worries* [Bravender, 2001] at <http://www.pedicasess.org>.)

### Authoritative Parenting

Authoritative parenting combines love and nurturing with appropriate guidance that incorporates developmentally appropriate expectations, reasonable rules, and consistent supervision (Ryan, 1999). This type of parenting has been found to be the most successful approach for developing competence and deterring problem behaviors in all developmental stages, including adolescence. Permissive, authoritarian, and rejecting-neglecting parenting are other less effective styles of parenting. Permissive parenting may be experienced as more nurturing,

but may not provide appropriate guidance. Authoritarian parenting tends to be less nurturing and places greater emphasis on the adolescent meeting high expectations and following rules. Rejecting-neglecting parenting does not provide the nurturing and consistency needed for healthy development.

## Tips

- Describe authoritative, permissive, authoritarian, and rejecting-neglecting parenting styles to parents, and discuss how authoritative parenting better meets the developmental needs of adolescents. Discuss common parental concerns raised in adolescence and explain how these concerns are linked to positive adolescent development (e.g., an adolescent being argumentative may reflect an increased ability for abstract thought, an adolescent who challenges rules may be working toward increased independence).
- Understand how parents see their parenting style affecting their adolescent. Assess whether their parenting style is consistent with the family's values and is achieving the family's expectations for their adolescent. Families may be more receptive to discussions about parenting if the primary care health professional is sensitive to the family's values.

## Increased Influence of Peers

Research shows that the amount of free time adolescents spend with their families decreases from approximately 50 percent in grade 5 to approximately 25 percent in grade 9 as they spend more time with peers (more typical for females) or alone (more typical for males) (Larson and Richards, 1991). Parent-adolescent disagreements can escalate in early

adolescence, when many adolescents want to appear and behave differently from the way they did in childhood, often at odds with their parents' expectations. Arguments may focus on appearance (e.g., clothing choices, hairstyle, body piercing), language (e.g., poor grammar, swearing), choice of music (and decibel level), privileges (e.g., curfew, unsupervised activities), responsibilities (e.g., chores, schoolwork), and the amount of time spent with the family.



## Tips

- Understand that anticipatory guidance can help prepare parents as their child becomes an adolescent, but that the rapid increase in the adolescent's need for conformity with peers and independence from family may cause conflict. Help parents identify their priorities for negotiating and setting rules and identify areas in which the adolescent can make his own decisions. For example, parents might agree to ignore the condition of their adolescent's room but might set firm expectations regarding schoolwork, curfews, and unsafe behaviors (e.g.,

hitchhiking, riding with an intoxicated driver, drinking and driving). (See *Family: Roles, Rules, and Responsibilities*, p. 151.)

- Find out whether parents are aware of community standards that may differ from their own standards for dress, curfews, unchaperoned activities, and the like. Primary care health professionals need to be sensitive to parents' cultural values and beliefs as they explain the importance of the need for adolescents to fit in with their peers. If parents need more information or guidance, encourage them to attend parent discussion groups (e.g., groups sponsored by public schools and community agencies).

## Extended Family

Grandparents, aunts and uncles, and other adult family members can serve as a sounding board and source of support for adolescents and their parents. Sometimes, however, relatives are critical of how parents are raising their adolescent (e.g., allowing the adolescent to dress in a unique manner, to behave "disrespectfully," or to have too much freedom).

### Tips

- Suggest that parents involve relatives in family activities. Encourage adolescents to learn more about and spend time with their adult relatives.
- Encourage parents to remind older relatives that each generation has different standards for appearance and activities and that they want their adolescent to fit in with peers. Parents can reassure relatives that they are still maintaining the family's core values.

## Family and Peer Influence

Adolescents' values are shaped by their families, peers, and communities. Parents generally have more influence on adolescents' educational plans and aspirations, moral and social values, and understanding of how the adult world works. Peers exert more influence on adolescents' clothing choices, language, music and other forms of entertainment, and patterns of social interaction.

### Tips

- Assess whether the adolescent's values are similar to those of her parents. If they are, point this out to the parents and remind them that they will continue to be the most important influence on their adolescent's moral and social values throughout adolescence.
- Encourage parents to discuss concerns and expectations with friends who have adolescents.
- Consider sponsoring talks or parent discussion groups on parent-adolescent relationships.

### Area of Concern: Excessive Influence of Peers

In general, adolescents choose friends who are similar to themselves (e.g., an adolescent with anti-social inclinations is more likely to join a peer group with these tendencies, an adolescent who values high academic performance is more likely to choose academically oriented friends). Familial influence during childhood, temperament, and other factors shape an adolescent's choice of peer group (Collins et al., 2000). If parents are concerned that their adolescent is unduly influenced by his peers, the following problems may exist:



- Parents demonstrate “passive neglect” (i.e., they share few activities with the adolescent, are inconsistent in their parenting, are uninformed about the adolescent’s activities, or do not demonstrate caring).
- The adolescent’s friends are strikingly different from her parents (e.g., an adolescent from an immigrant family with friends from cultures different from her parents’ culture, an adolescent involved with a gang).
- The adolescent lacks self-confidence and has a poor self-image.

Keep in mind that peer influence can also be positive. If parents are uninvolved or ineffective in their parenting, it can be helpful for adolescents to expand positive relationships with peers and to establish relationships with other adults who can serve as mentors (e.g., other relatives, a coach, a boss).

## Family Conflict

Family conflict can escalate to the point at which family functioning is seriously impaired (e.g., the family cannot solve problems or settle disputes) or the frequency and intensity of conflict are distressing to parents and/or adolescents. In these cases, referral to a mental health professional may be warranted.

### Tips

- Routinely assess the amount and intensity of family conflict by asking questions such as, “About how many times a week do you argue with your parents? On a scale of 1 to 10, how angry do all of you get?” “Do arguments ever get out of control?” “How long does it take for you and your parents to bounce back after an argument?” Using a standardized assessment

measure can promote discussion on areas and intensity of conflict. (See Tool for Health Professionals: Issues Checklist (Abridged), *Mental Health Tool Kit*, p. 48.)

- Reinforce family efforts to negotiate rules and delineate areas of responsibility that are acceptable to both adolescents and their parents.
- Be aware that family interventions (e.g., relationship enhancement, behavioral contracting, communication skills training) will generally be effective only with families that are mildly or moderately distressed. If distress is serious or complicated by other issues (e.g., mental health problems, substance use) or if the adolescent is involved in maladaptive interaction patterns (e.g., drawn into marital conflict), refer the family for mental health services. These services should include family counseling and could include other interventions such as assessment of the needs of individual family members.

### Resources for Families

- Panzarine S. 2000. *A Parent’s Guide to the Teen Years: Raising Your 11- to 14-Year-Old in the Age of Chat Rooms and Navel Rings*. New York, NY: Facts on File.
- Wolf AE. 1991. *Get Out of My Life, But First Could You Drive Me and Cheryl to the Mall? A Parent’s Guide to the New Teenager*. New York, NY: Noonday Press.

## FAMILY: ROLES, RULES, AND RESPONSIBILITIES

As a child enters adolescence, the emphasis of parenting changes from protecting the child to helping the adolescent achieve independence without undue risk. When handled well, family roles, rules, assigned responsibilities, and behavioral



expectations provide a framework for adolescent growth and development. When handled poorly, they can be a major source of family stress. Some families develop specific roles, rules, and responsibilities for their adolescents; others have a less formal approach. Each approach can work well, depending on the style of the family and the needs of the adolescent. The primary care health professional can help parents achieve an appropriate fit that meets the needs of all family members and avoid pitfalls that can lead to family stress. By late adolescence, many adolescents are setting the rules for themselves as they live on their own or in a college dormitory.

## Curfews

By using a negotiating process for establishing rules and responsibilities, parents can foster their adolescent's ability to review concerns about issues and to negotiate agreements—an important life skill. Discussions about curfews are an opportunity for adolescents to learn how to reach a negotiated agreement. Parents and adolescents should discuss

the guidelines for weeknight and weekend curfews, taking into account both the parents' and adolescents' concerns. Curfews should be reasonable and flexible. Too rigid a curfew may encourage adolescents to take unnecessary risks (e.g., speeding to get home rather than driving safely).

### Tips

- Recommend that parents and their adolescent agree ahead of

time on the consequences of missing a curfew and that consequences be consistent with the degree of infraction.

- Advise parents that unrealistically harsh consequences for missing a curfew (e.g., grounding the adolescent for the entire summer) that are difficult to enforce may make their adolescent see future consequences of infractions as more of a threat than a reality.

## Use of the Family Car

Use of the family car necessitates the establishment of rules and consequences, with the extent of supervision decreasing as the adolescent's skills and judgment increase.

### Tips

- Discuss the consequences of driving while under the influence of alcohol and other substances. Nearly 40 percent of fatal crashes are related to alcohol use (National Highway Traffic Safety Administration, 2000).

- Encourage parents to establish steps for using the car that reflect the adolescent's driving experience (e.g., permitting the adolescent to drive in the daytime before permitting nighttime driving; permitting the adolescent to drive only on local roads before permitting highway driving). Many parents limit the number of passengers in the vehicle when their adolescent is driving because the risk for fatal motor vehicle crashes increases with the addition of each passenger (Chen et al., 2000).
- Discuss that many fatal accidents involve aggressive behaviors (e.g., tailgating, weaving in and out of lanes, honking or screaming at other drivers). Speeding has been cited as a contributing factor in nearly one-third of all motor vehicle crashes (Boyle et al., 1998). Recommend that parents avoid modeling aggressive driving behaviors and not tolerate such behaviors in their adolescent.

- Develop a “rescue plan” with the adolescent and his parents. A rescue plan should specify that the parents will provide a ride home if the adolescent finds himself in an unsafe situation (e.g., being intoxicated or “high”) and the commitment that discussion about the behavior will take place at a time when the discussion can be rational.

## Household Chores

In the United States, 88 percent of children and adolescents ages 6 to 17 perform at least one household chore, and time spent on chores averages 3<sup>1</sup>/<sub>2</sub> hours per week (Cogle and Tasker, 1998). A common complaint of parents and a frequent source of family tension occur when parents believe that their adolescent does not act responsibly when it comes to household chores.

## Tips

- Help parents divide household chores into two categories: (1) those that reflect the distribution of responsibility among everyone living in the household and (2) those that are optional for the adolescent and result in cash compensation or additional privileges.
- Realize that not all parents require that their adolescents perform household chores, but that all parents need to establish some mechanisms for fostering personal responsibility among their adolescents.



- Help parents work with their adolescent in setting up a “contract” that describes the adolescent’s responsibilities and the consequences of not fulfilling them. Encourage parents to avoid nagging and adding chores that were not part of the original agreement.
- Encourage parents to understand that prompt compliance with all demands is at odds with the adolescent’s quest for independence.
- Be prepared to help negotiate disagreements between the adolescent and her parents over household chores.

## Allowances

Making money and managing it often are important components of the adolescent’s developing independence. Used properly, an allowance is a helpful instrument for teaching budgeting, purchasing, decision-making, and goal-setting skills, which are key aspects of financial responsibility.

## Tips

- Advise parents that once an allowance has been agreed on, it is usually best not to vary it, withhold it for disciplinary reasons, or use it to influence behavior.
- Point out to parents that a fair and consistent allowance enhances adolescents’ sense of family membership and responsibility, reminds adolescents that all family members share in the family’s financial resources, and provides an opportunity for independent money management.
- Explain to parents the value of having both “regular” chores and “extra” chores. Regular chores underscore the importance of family responsibilities. Extra chores give adolescents the opportunity to negotiate and honor agreements and a sense of the effort required to earn money.
- Recognize that some families do not use an allowance system but rather distribute money to family members in other ways (e.g., on an as-needed basis). Some care is needed when using this approach so that it is not experienced as arbitrary or “controlling” by the adolescent, which could compromise her sense of independence and lead to conflict.



# FRIENDS

Following are health supervision interview questions from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* relevant to friendships in adolescence:

## For Parents

What do you think of Lena's choice of friends?

## For the Adolescent

Who is your best friend? What do you do together?

About how many friends do you have?

Is it easy or hard for you to make friends?

What do you and your friends do outside of school?

How much time each week do you spend watching television or videotapes? Playing video or computer games? Surfing the Internet?

Do your friends try to pressure you to do things you don't want to do? If so, how do you handle this?

## FRIENDS: FRIENDS AND LEISURE ACTIVITIES

There are wide variations in how adolescents spend their leisure time, both alone and with friends. Adolescents' behavior and involvement in activities is frequently similar to that of their circle of friends. Parents and other adults (e.g., teachers, leaders in faith-based organizations, coaches) can be role models who can help adolescents develop positive interests. As adolescents get older, many fill their leisure time with part-time jobs and balance the demands of work and school. Community resources and culture also play an important role in how adolescents spend their leisure time.

## Peer Relationships

Peer relationships are important in adolescent development. They help the adolescent establish an identity outside the family and provide an opportunity for the adolescent to develop social skills with a wide range of individuals. The behavior of friends is strongly predictive of the adolescent's own behavior. Having many friends is a healthy aspect of adolescent development, unless it unduly interferes with family relationships and school performance. Lack of friends may lead to feelings of loneliness or isolation and to low self-esteem. (See *Bright Futures Case Studies for Primary Care Clinicians: Middle Adolescent Health Screening: But All My Friends Do It* [Bravender, 2001] at <http://www.pedicases.org>.)



## Tips

- Encourage adolescents who want to make more friends to get involved in activities in which they will meet other adolescents (e.g., clubs, sports teams, faith-based organizations, youth groups).
- Encourage adolescents to participate in community service activities (e.g., tutoring younger children, volunteering at the animal shelter).
- Assess further adolescents who appear to have problems with social skills or self-esteem or who experience feelings of loneliness or isolation. Consider referring the adolescent to a mental health professional if indicated.
- Problem-solve with the adolescent and his parents on approaches to take if the adolescent's friends demonstrate negative behaviors (e.g., vandalizing or destroying property, using alcohol,

tobacco, and other drugs). Discuss with the adolescent ways to maintain personal boundaries and learn assertiveness skills to avoid involvement in negative behaviors.

## Working

As adolescents move toward middle and late adolescence, they may experience an increasing desire to work. It can be challenging for adolescents to find jobs, and, once working, they may find it difficult to manage work while handling school responsibilities, participating in extracurricular activities, and spending time with friends. Working more than 15–20 hours per week, working late hours, or working in certain environments (e.g., environments with safety hazards, environments in which others smoke or use drugs) may be associated with negative outcomes (Carnegie Council on Adolescent Development, 1992).

## Tips

- Help adolescents who are thinking about getting a job to evaluate the costs and benefits of working. Suggest that they come up with a list of pros (e.g., more spending money, opportunity to learn financial responsibility and save for college) and cons (e.g., less time available for schoolwork, sports and extracurricular activities, and friends and family). Discuss with adolescents how they plan to balance work with other activities in their lives.
- Coach adolescents who want a job on the steps necessary to find one (e.g., answering job ads and announcements, requesting applications and filling them out carefully, dressing appropriately for interviews, calling after an interview to express interest in a position).

- Discuss with adolescents and their parents concerns about working excessive hours or about working in a particular job environment. Emphasize how working may affect school performance and future earnings (e.g., working many hours may lead to more money now, but may affect future earnings if school performance is adversely affected). Discuss the physical dangers of the work environment. Will the adolescent be trained in the use of equipment and in avoiding chemical and other physical hazards in the workplace? Do unreasonable demands (e.g., fast delivery times, quick turnaround) increase risk? Do the total commitments of the adolescent (e.g., work, school, social, athletic) allow enough time for adequate sleep?
- Discuss with the adolescent and her parents her plans for budgeting money. Ask what the adolescent will be responsible for purchasing with her earnings (e.g., clothes, school supplies, gasoline for the family automobile). Ask whether the adolescent is expected to contribute her earnings to the household.

## Guidance from Parents on Leisure Activities

Adolescents may need guidance from their parents to steer them toward positive leisure activities. Adolescents need guidance, encouragement, and support to try and to learn various activities.

### Tips

- Assess the quality and quantity of time the adolescent spends in leisure activities and whether it would be helpful for the adolescent to take lessons or become involved in a structured pro-



gram to support or develop positive leisure activities (e.g., music lessons, basketball camp).

- Encourage parents to spend time talking with their adolescent every day and to have family meals nightly (if feasible) or as frequently as possible to provide opportunities for the adolescent to discuss her interests.
- Discuss with the adolescent a range of leisure activities, recommending activities that are associated with health (e.g., physical activity) and/or self-improvement (e.g., reading) and suggesting limits on specific activities (e.g., watching TV, surfing the Internet, talking on a cellular telephone) if they are consuming too much of the

adolescent's leisure time or are too costly. (See the following Tools for Families in the *Mental Health Tool Kit*: Top TV Tips: Building a Balanced TV Diet, p. 107; Controlling the Video and Computer Game Playground, p. 109; Safety Tips for Surfing the Internet, p. 111.)

## Community Influences

The use of leisure time by adolescents is influenced by community culture, the availability of community leisure activities for adolescents, and the resources to support these activities and help adolescents participate in them. In some communities, recreational and other resources are scant, violence is prevalent, leisure activities for adolescents are limited, and positive adult role models are few. If adults in the community reach out to adolescents to convey their values, promote participation in positive activities, and help ensure that adolescents have safe places in which to participate in these activities, adolescents are more likely to use their leisure time constructively. Feeling connected to family, friends, and the community helps adolescents use their leisure time safely, effectively, and wisely.

### Tips

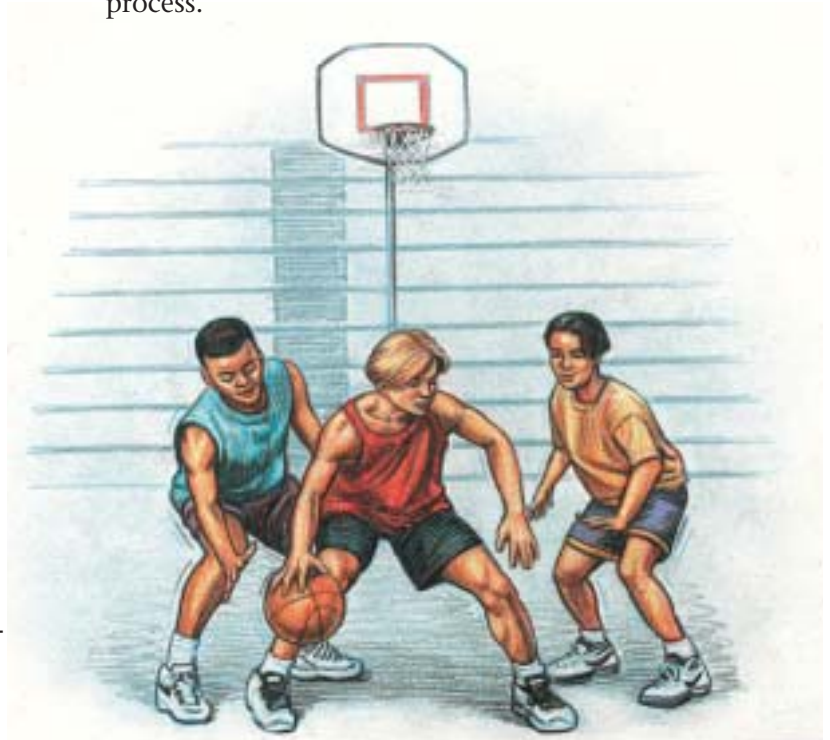
- Help adolescents and their parents identify clubs, organizations, mentoring programs, community service opportunities, or faith-based organizations in which the adolescent can become involved.
- Assess with adolescents and their parents the hazards that exist in the neighborhood. How safe is the neighborhood? What is the level of violence?

What crimes occur, and how frequently do they occur? Discuss strategies to ensure that the adolescent remains safe.

### Resource for Families

Sege R, Licenziato V, Smart R. 2000. Street violence. In Sege R, ed., *Violence Prevention for Children and Youth: Parent Education Cards* (2nd ed.). Waltham, MA: Massachusetts Medical Society. Phone: (800) 322-2303; e-mail: [dph@mms.org](mailto:dph@mms.org).

- Urge parents to monitor neighborhood activities and to report criminal activities to police.
- Encourage parents to get involved with the community association and youth organizations in the neighborhood. If a community association does not exist, recommend that parents collaborate with other families to start one. Discuss how adolescents in the community can assist in this process.





# COMMUNITY

Following are health supervision interview questions from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* relevant to community/school in adolescence:

## For Parents

- How is Megan doing in school?
- What activities is Travis involved in at school?
- What has he been taught in school and at home about drugs, sex, and other health topics?
- Do you think that smoking, drinking, or drug use is a problem for anyone in your family?
- Do you live in a safe neighborhood?
- Have you ever witnessed violence? Been threatened with violence? Been a victim of violence?

## For the Adolescent

- What is middle school/junior high school like compared to elementary school?
- What is high school like compared to middle school/junior high school?
- Compared with others in your class, not just your friends, how well do you think you are doing in school?
- How often do you miss school?
- How often are you late for school?

- What activities are you involved in at school?
- How much time each week do you spend watching television or videotapes? Playing video or computer games? Surfing the Internet?
- Have you ever been in trouble at school or with the law?
- What do you think about smoking? Chewing (or spit) tobacco? Drinking? Taking drugs?
- Did you smoke cigarettes or chew tobacco last month? If so, how often?
- Did you drink alcohol last month? If so, how much?
- Have you ever tried other drugs?
- Have you ever been in a car in which the driver was drinking or on drugs?
- Are you worried about any friends or family members who drink or use drugs?
- Have you ever witnessed violence? Been threatened with violence? Been a victim of violence?
- Do you or any of your friends own a gun or have access to one? If so, where is it kept? Is there a gun in your home?

## COMMUNITY: SCHOOL FUNCTIONING

Individual, family, peer, and school factors influence how adolescents perform in school. To be successful in school, adolescents not only must perform academically (e.g., have good study skills, complete homework assignments) but also must be able to function in a structured environment (e.g., attending school regularly; arriving on time; attending and participating in all classes; demonstrating respect for teachers, administrators, and other school personnel) and develop social skills (e.g., forming and maintaining positive friendships, resisting the influence of peers who participate in negative behaviors, becoming involved in sports or other extracurricular activities). The transition from elementary school to middle school/junior high and high school may be difficult for adolescents, which can result in problems at school or with social adjustment. At the end of high school, adolescents make another transition, either to college or technical school, or to work.

### Individual Factors

Many individual factors promote the adolescent's involvement and success in school (e.g., having good study skills and an interest in learning; feeling a sense of mastery over at least some subjects; having interpersonal skills, positive friendships, self-discipline, and restraint; feeling a part of individual classes and the school; getting involved in sports and other extracurricular activities).

### Tips

- Let adolescents know that if they could choose only one thing to do to promote academic success, an excellent choice would be to read during nonschool hours. Ask what they are reading, and recommend some good books for them to read.
- Discuss good study habits with adolescents and their parents (e.g., studying in a comfortable, distraction-free area; developing a study routine; delaying involvement in other activities until studying is completed; using specific techniques to help master difficult subjects, such as making audiotapes to aid in memorization). (See the following tools in the *Mental Health Tool Kit: Tool for Health Professionals: Homework Problems*, p. 42; *Tool for Families: Homework Tips*, p. 119.)



- Encourage adolescents to develop their special talents and skills (e.g., sports, music, art, computer). In addition to the value of these talents and skills in their own right, they can also bolster the adolescent's self-esteem when faced with problems or concerns in other areas.
- Assess the adolescent for underlying causes of school difficulties by determining whether these difficulties are caused by maladjustment, slow learning, learning disabilities, antisocial behavior, or not being challenged academically in school. (See the following bridge topics: Learning Problems and Disorders, p. 251; Attention Deficit Hyperactivity Disorder, p. 203; Mental Retardation, p. 261; Pervasive Developmental Disorders, p. 317; Oppositional and Aggressive Behaviors, p. 291.)

If the adolescent has not been previously evaluated, individualized psychoeducational testing, including IQ and educational tests, should be performed to determine whether the adolescent qualifies for special education or gifted services. Establish collaborative relationships with school personnel, including special education staff, school psychologists, and school counselors. Offer to participate in the adolescent's Individualized Education Program (IEP). (See Tool for Families: Individualized Education Program [IEP] Meeting Checklist, *Mental Health Tool Kit*, p. 120.) The IEP is required under the Individuals with Disabilities Education Act (IDEA), Part B, Assistance for Education of All Children with Disabilities. The IEP documents the adolescent's current level of functioning, establishes goals, and delineates the services needed to meet those goals. Ensure that parents know that their adolescent may also qualify for services under Section 504 of the Rehabilitation Act.



For further information about eligibility and services, families can consult the school's special education coordinator, the local school district, the state department of education's special education division, the U.S. Department of Education's Office of Special Education Programs Web site (<http://www.ed.gov/offices/OSERS/OSEP>), the IDEA '97 Web site (<http://www.ed.gov/offices/OSERS/IDEA>), or the U.S. Justice Department's Civil Rights Division Web site (<http://www.usdoj.gov/crt/edo>).

- Present to the adolescent the concept of "life trajectories," in which decisions made today can have a significant impact on who they become tomorrow. Explain that adolescence is a transition from childhood to adulthood, with each adolescent having many possible futures, depending in part on day-to-day choices that are made (e.g., skipping school or attending, paying attention in class or daydreaming, studying for a test or not).

## Area of Concern: Absenteeism and Dropping Out

Unfortunately, many adolescents feel disconnected from school. This feeling can be caused by many factors (e.g., poor academic skills, school failure and resulting feelings of incompetence, negative friendships, problems with teachers or peers, problems at home, emotional or behavioral difficulties). These problems can be associated with excessive absenteeism, which can eventually culminate in the adolescent dropping out of school (Bandura et al., 1996; Goodenow, 1993; Gregory, 1995; McCombs and Forehand, 1989; Reyes and Jason, 1993). Adolescents who have any of these problems or who are frequently late for or absent from school should be identified, and supportive services should be offered.

For many adolescents, a key to connecting them to school is enhancing their involvement in activities that lead to feelings of competence and that offer a connection with peers and adults who have a positive influence on them (e.g., participation in sports and clubs, working at the school, developing a special relationship with a teacher). Ask the adolescent if there is at least one adult at the school he feels he can talk to.

If school problems are mild, the primary care health professional should provide guidance and discuss strategies to help the adolescent overcome them. When school problems are complex, a recommended strategy is to refer the adolescent to a mental health professional (e.g., licensed social worker, psychologist, psychiatrist) who can work with school personnel to obtain a clearer picture of the adolescent's educational and emotional needs and who can coordinate further educational assessment and evaluation. In many communities, mental health professionals are available in the school, and referral to a school-based health professional may be the most effective referral strategy.

For adolescents who feel alienated from school, it is important to ask if they are angry at anyone at school or have any fantasies of retribution. If this is the case, immediate intervention is necessary.

## Family Factors

Family factors are a powerful influence on adolescents' functioning in school. Problems such as marital conflict, physical or sexual abuse, parental stress, parental substance abuse, and parental depression may lead directly and indirectly to school problems for adolescents. In contrast, the likelihood of school success is significantly enhanced when parents monitor their adolescent's school performance, offer assistance when needed, are actively involved in the school, praise the adolescent for good grades, and provide encouragement for extracurricular activities. (See the following bridge topics: Domestic Violence, p. 227; Child Maltreatment, p. 213; Parental Depression, p. 303.)

## Tips

- Help parents realize how harmful marital and other family conflict can be on their adolescent's school and social adjustment. Consider referring families under stress or showing signs of conflict to mental health services or to other community resources. (See bridge topic: Domestic Violence, p. 227.)
- Discuss with parents the importance of staying involved in their adolescent's school life by talking to teachers, encouraging involvement in sports or other extracurricular activities, and attending the adolescent's sports and school events.
- Encourage the adolescent to discuss with her parents ways for them to be involved in her school life. These discussions may help avoid parental involvement that the adolescent would find embarrassing (e.g., arguing with officials at sports events).



## Peer Influence

When an adolescent's peers are prosocial and connected to school, he is more likely to be successful at school. Conversely, when the adolescent's peers are involved in antisocial behavior and feel disconnected from school, he is more likely to experience school problems.

### Tips

- Ask the adolescent about his friends. Which friends does he see most? What do they do together? What do his friends think about school? Discuss with the adolescent and his parents whether they think the adolescent's friends have a positive or negative influence on him.
- Explore with the adolescent options for peer involvement that are associated with school and life success (e.g., involvement in sports, youth groups, faith-based organizations, and clubs).



- Have a discussion with the adolescent about dangers in the community (e.g., drug use, drag racing, firearm use). Are any of the adolescent's friends involved in these things? Does the adolescent know anyone who has gotten into serious trouble? If the adolescent is involved in any health-risk behavior, how can he pull back from such activity?

## School Factors

Schools that promote school success have involved and engaged teachers and staff, strong student-student and teacher-student relationships, and high academic expectations; stress positive rewards; and consistently enforce a fair discipline policy. These schools have an academic commitment that values the adolescent and a culture that is a potential point of connection for the adolescent's emerging identity (Rutter, 1979). Access to mental health services within the school can also facilitate school success.

### Tips

- Ask the adolescent, "What do you think of your teachers?" If the adolescent is having problems with a teacher, recommend that the adolescent meet with the teacher to discuss concerns and find ways to improve the situation. If relationships with teachers or other school personnel (e.g., special education staff, guidance counselors, administrators) are particularly difficult, problem-

solve with the adolescent and her parents about options for approaching the school to resolve these difficulties.

- Encourage adolescents who have important positive or negative observations about the school to share this information with school personnel (e.g., by writing a letter to or meeting with the principal).
- Ask parents about their opinions of the school. Encourage them to get involved (e.g., in the Parent Teacher Association/Organization or school improvement team) to reinforce positive aspects of the school and to address problems.
- Suggest that parents identify schools with programs that can best meet the needs of their adolescent.

## Transition from High School to College or Work

The transition from high school to college can be an exciting time for adolescents, with much anticipation of the opportunities ahead; however, as with any major life transition, it can also be stressful and challenging.

Adolescents need considerable support beginning in high school to negotiate this transition. Some adolescents do not receive this support, fail to take steps necessary for the transition, and may approach the end of high school without clear plans for what they will do

next. These adolescents may be at higher risk for negative behaviors (e.g., substance abuse) and compromised opportunities for further education and economic self-sufficiency.

### Tips

- Inquire about the adolescents' college or career plans beginning in early adolescence. Are necessary steps being taken? Ask adolescents who are planning to attend college, "What kind of grades are you getting? Are you involved in sports or extracurricular activities? Are you preparing for college admission tests?" Ask adolescents who are planning to get a job after high school, "Are you receiving appropriate training in high school? Are you exploring technical training programs?" Planning for this transition is especially important for adolescents with special health care needs.
- Encourage parents and their adolescents to talk about college or career plans, including options for attaining educational and career goals. Point



out that school guidance counselors can provide excellent information on the transition from high school to college or work.

- Help adolescents realize that the decisions they make today may affect their options tomorrow. Discuss the short- and long-term benefits of the adolescent's activities. Help the adolescent understand that it is important to balance activities such as studying and practicing a musical instrument with activities such as watching TV and socializing with friends.

## COMMUNITY: INJURY PREVENTION

Injuries, including those from motor vehicle crashes, account for 40 percent of all deaths among 15- to 24-year-olds (Centers for Disease Control and Prevention, 1990). A combination of internal, interpersonal, and external factors predisposes adolescents to injury. Many of these factors are identifiable and preventable. Primary care health professionals should provide injury prevention counseling to adolescents and their parents during health supervision visits.

### Risk-Taking Behaviors

Many adolescents have a propensity for risk-taking behaviors as a result of cognitive immaturity (e.g., difficulty in identifying future consequences of present behavior, feelings of invincibility and uniqueness), peer pressure (which can override individual sensibilities), socialization into gender roles (e.g., societal expectation and encouragement of males to be aggressive), and inexperience (e.g., inadequate skills or



lack of knowledge in handling certain situations). (See *Bright Futures Case Studies for Primary Care Clinicians: Middle Adolescent Health Screening: But All My Friends Do It* [Bravender, 2001] at <http://www.pedicas.es.org>.)

### Tips

- Display posters and brochures on health-risk behaviors in waiting areas and examination rooms to promote an atmosphere in which adolescents will be comfortable talking about risk taking.
- Provide adolescents with a confidential, private setting for discussing health-risk behaviors.
- Write notes or place reminder stickers on adolescents' charts to prompt inquiries about risk-taking behaviors.
- Use self-administered questionnaires or structured interviews to determine whether adolescents take unhealthy risks.

- After identifying any health-risk behaviors, express empathy and concern about the behaviors instead of lecturing.
- Provide adolescents with simple, concrete facts and brainstorm about strategies to resist peer pressure and still remain “cool.”
- Use role-playing techniques to help adolescents examine the range of potential responses to health-risk situations (e.g., by asking, “What would you do if someone who was drinking offered you a ride home?”).
- Determine whether issues related to depression, anxiety, ADHD, or substance use are contributing to risk-taking behaviors, and refer adolescents to a mental health professional if necessary. (See bridge topics: Mood Disorders: Depressive and Bipolar Disorders, p. 271; Anxiety Disorders, p. 191; Attention Deficit Hyperactivity Disorder, p. 203; Substance Use Problems and Disorders, p. 331; Oppositional and Aggressive Behaviors, p. 291.)
- Document injury prevention counseling efforts by using checklists of health-risk behaviors or physical examination forms that include review of these behaviors.

## Parental Role-Modeling and Supervision for Injury Prevention

Parents play a significant role in influencing adolescents’ behavior. Parents who consistently wear seatbelts, for example, reinforce the message that seatbelt use is important. However, parents who are preoccupied with their own problems (e.g., alcohol or drug use, mental health problems) may not be able to serve as positive role models and may

have difficulty guiding and supervising their adolescent’s activities.

### Tips

- Assess parents’ attitudes toward and behaviors surrounding injury prevention (e.g., Ask, “Do you wear a seatbelt? If so, how often?” “Do you have a gun in the home? If so, how is it stored?”).
- Encourage parents to develop family injury prevention strategies (e.g., requiring use of seatbelts in the car and helmets while on a bike; forbidding drinking and driving; removing guns from the home or at least removing bullets from the gun, using gun locks, and storing guns in a secure place; giving alcohol-free parties for adolescents).
- Recommend that parents establish and enforce driving limits (e.g., in terms of driving distance, driving at night, use of seatbelts, and not using alcohol or other drugs).
- Provide parents with information on adolescent risk-taking behaviors and suggest strategies for direct and indirect monitoring (e.g., encourage activities that adolescents and their parents can do together).
- Identify parents who have mental health or substance use problems and offer referral for evaluation, support, and treatment.

### Resources for Health Professionals

American Academy of Pediatrics (AAP) Injury Prevention Program (TIPP). Web site: <http://www.aap.org/family/tippmain.htm>. The Web site includes a description of the program, age-related safety sheets, and TIPPS of the month.



American Academy of Pediatrics, Committee on Injury and Poison Prevention. 1994. Office-based counseling for injury prevention. *Pediatrics* 94(4):566–567. This guide to injury prevention counseling is available on the AAP Web site at <http://www.aap.org/policy/00410.html>.

Putting Prevention into Practice (PPIP). PPIP is a program designed to increase the use of clinical preventive services (e.g., screening tests, immunizations) and recommendations of the U.S. Preventive Services Task Force. Web site: <http://www.ahrq.gov/clinic/ppipix.htm>. PPIP materials can be ordered from the AHQR Publications Clearing House, P.O. Box 8547, Silver Spring, MD 20907. Phone: (800) 358-9295.

## COMMUNITY: VIOLENCE PERPETRATION AND EXPOSURE

Adolescents need to be able to deal with conflict and to assert themselves. Whether any act of violence is appropriate (e.g., an act of self-defense) needs to be evaluated in the context in which it occurs. However, violence is a public health problem with serious consequences (e.g., morbidity, mortality) and is usually undesirable.

### Risk Factors for Violent Behavior

Adolescence, which typically brings greater physical strength as well as an increase in aggressive and sexual impulses, can lead to interpersonal violence unless the adolescent is able to cope with these feelings in more constructive ways. Certain risk factors interfere with coping and increase the likelihood that the adolescent may be violent. The more risk factors that are present, the greater the risk of violence.

## Tips

- Assess risk factors associated with adolescent violence, including a history of antisocial behavior, violent acts, threats, victimization, or early abuse. (See the following bridge topics: Oppositional and Aggressive Behaviors, p. 291; Child Maltreatment, p. 213.)
- Ask adolescents how they handle anger. Ask, “Do you often get angry and lose your temper? Do you fight a lot? Do you ever worry that you’ll get so angry that you will do something you’ll regret?”
- If the adolescent has difficulty controlling her anger, assess for mental health problems and mental disorders (e.g., mood disorders [depressive or bipolar], ADHD, substance abuse, conduct disorder, oppositional defiant disorder, psychotic disorders), and refer the adolescent to a mental health professional as appropriate. (See the following bridge topics: Mood Disorders: Depressive and Bipolar Disorders, p. 271; Attention Deficit Hyperactivity Disorder, p. 203; Substance Use Problems and Disorders, p. 331.)
- Ask about family problems such as neglect, abuse, domestic violence, abandonment, rejection, and values favoring violent resolution of conflict. Refer the adolescent and family for mental health services as needed. (See the following bridge topics: Child Maltreatment, p. 213; Domestic Violence, p. 227.)
- Discuss bullying with the adolescent. Ask the adolescent whether he ever bullies others or has been bullied. Adolescents who bully, are bullied, or both, demonstrate poorer psychosocial adjustment than adolescents not involved in bullying. Adolescents involved in bullying are more likely

to engage in fighting (Nansel et al., 2001).

- Ask about violence or conflict in the adolescent's romantic relationships (Silverman et al., 2001). (See Tool for Families: Teen Dating Violence, *Mental Health Tool Kit*, p. 130.)

### Resource for Adolescents

American Psychological Association. 1998. *Love Doesn't Have to Hurt Teens*. Washington, DC: American Psychological Association. Web site: <http://www.apa.org/pi/pii/teen/homepage.html>.

- Ask about head trauma and neurological and cognitive problems (e.g., mental retardation, learning disabilities), and consider referral to special education and other programs. (See the following bridge topics: Learning Problems and Disorders, p. 251; Attention Deficit Hyperactivity Disorder, p. 203; Mental Retardation, p. 261; Pervasive Developmental Disorders, p. 317.)

## Role of the Family and Community in Reducing the Risk of Violent Behavior

Ideally, adolescents are neither overly impulsive nor overly inhibited in their expression of anger, but rather are assertive. To learn to be assertive while managing their anger, adolescents benefit from appropriate adult role modeling. Families play a critical role in providing appropriate guidance and supervision regarding violent behavior. Adolescents who are exposed to violence in their



families or communities may be at greater risk for becoming violent themselves (Dahlberg, 1998; Pratt and Greydanus, 2000). In addition, adolescents at risk for aggressive behavior may choose more violent forms of media entertainment. Such exposure has been shown to desensitize individuals to violence (Cantor, 2000).

### Tips

- Ask whether the adolescent has experienced or witnessed abuse or domestic violence. (See the following bridge topics: Domestic Violence, p. 227; Child Maltreatment, p. 213.) Ask adolescents, especially those living in high-crime areas or who are likely to witness violent events, about community violence (e.g., shootings, muggings, robberies, homicide).
- Encourage family discussions about violence in the media and depictions of violence as a way to resolve conflicts, the consequences of violence,

and alternative methods for handling disputes. (See Tool for Families: CALM: Listening Skills for Diffusing Anger, *Mental Health Tool Kit*, p. 135.)

- Encourage families to discuss their experiences with violence (e.g., witnessing a shooting; experiencing sexual abuse, assault, or domestic violence) and their ability to cope when their adolescent has been a victim of violence.
- Remember that adolescents who are exposed to toxic social circumstances can be protected by positive adult relationships and community resources. Encourage healthy family relationships and involvement in community programs, especially when working with adolescents who live in communities with high levels of violence.

### Resources for Families

National Youth Violence Prevention Resource Center.  
Phone: (866) 723-3968; Web site: <http://www.safeyouth.org>. The National Youth Violence Prevention Resource Center is sponsored by the White House Council on Youth Violence. The center's Web site offers links to information on youth violence prevention and suicide.

Sege R. 2000. Some myths and facts about violence and tips on how you can help. In Sege R, ed., *Violence Prevention for Children and Youth: Parent Education Cards* (2nd ed.). Waltham, MA: Massachusetts Medical Society. Phone: (800) 322-2303; e-mail: [dph@mms.org](mailto:dph@mms.org).

- Consider supporting and becoming involved in community programs to prevent violence (e.g., violence prevention and mental health promotion programs designed for implementation in school settings).
- Encourage parents, adolescents, and other community members to become involved in the gov-

ernance of schools. Making adolescents and families feel empowered to make schools relevant to students' lives is one approach for reducing violence. (See Tool for Families: Safe School Plan, *Mental Health Tool Kit*, p. 136.)

## Firearms

Many adolescents carry weapons. Firearms contribute to 87 percent of all homicides among 15- to 19-year-olds (Ash et al., 1996).

### Tips

- Urge parents who keep a handgun in their home to turn it in to the police department for safe disposal. Advise them that handguns bought for protecting the family and for self-protection are more likely to kill a family member or be used in a criminal assault or homicide than to be used against an intruder (Kellermann et al., 1998). If parents will not remove the handgun from their home, educate them about the importance of storing firearms and ammunition in separate, locked locations.
- Emphasize to parents that supervision of adolescents who may have access to firearms and other weapons is imperative.
- Discuss with adolescents the importance of leaving immediately and telling a responsible adult when a friend or acquaintance has a gun or talks about getting one.
- Provide counseling to adolescents who have experienced abuse or partner violence or who have witnessed violence in their homes or communities. Refer these adolescents to a mental health professional as indicated. (See the follow-

ing bridge topics: Child Maltreatment, p. 213; Domestic Violence, p. 227.)

- Advocate for community efforts to reduce violence by controlling access to weapons.

## Exposure to Violence

An often overlooked aspect of violence is the psychological effect of being victimized by or witnessing violence. Adolescents can be victims of violence in their homes (e.g., when they experience abuse or witness domestic violence) and in their communities (e.g., when they are exposed to danger of physical attack). Adolescents can also be exposed to violence through media (e.g., music, videotapes, movies, television).

## Tips

- Ask adolescents whether they have been the victim of or witnessed violence at home, at school, or in their community. Be aware that adolescents living in inner cities may witness extraordinary levels of violence. (See the following bridge topics: Child Maltreatment, p. 213; Domestic Violence, p. 227.)
- Ask adolescents who are exposed to violence about feelings of depression, anger, anxiety, and withdrawal; about school and social problems; and about oppositional or aggressive behavior. Consider referral to a mental health professional. (See the following bridge topics: Mood Disorders: Depressive and Bipolar Disorders, p. 271; Anxiety Disorders, p. 191; Attention Deficit Hyperactivity Disorder, p. 203; Learning Problems and Disorders, p. 251; Oppositional and Aggressive Behaviors, p. 291.)

- Ask adolescents who have experienced or witnessed violence about signs of posttraumatic stress disorder: intrusive recollections, nightmares, and flashbacks of the trauma; emotional detachment and numbing; avoidance of reminders of the trauma; and autonomic hyperactivity. If any of these symptoms are present, consider referral to a mental health professional. (See bridge topic: Anxiety Disorders, p. 191.)

## COMMUNITY: SUBSTANCE USE AND ABUSE

Significant percentages of adolescents use alcohol and illicit drugs. In the Monitoring the Future Study of 50,000 8th-, 10th-, and 12th-grade students nationwide, 50 percent of 12th graders, 41 percent of 10th graders, and 22 percent of 8th graders reported that they had used alcohol in the past 30 days. Twenty-two percent of 12th graders, 20 percent of 10th graders, and 9 percent of 8th graders reported marijuana use in the past 30 days. Smaller percentages of adolescents (10 percent of 12th graders) reported using other illicit drugs in the past 30 days (Johnston et al., 2001).

The risk of harm that adolescents associate with substance use, and the extent to which their friends disapprove of it, influence adolescents' decisions regarding substance use (Johnston et al., 2000). (See bridge topic: Substance Use Problems and Disorders, p. 331.)

## Adolescent Substance Use

Although the majority of adolescents who experiment with substances do not develop a substance use disorder, even occasional use can have serious consequences (e.g., drinking alcohol and



driving, having unprotected sex). Adults who have serious substance use disorders typically began using illicit substances between the ages of 15 and 19, with use of alcohol beginning even earlier. Histories of these individuals show that use often begins with “gateway drugs” (e.g., beer, wine, cigarettes). Peers can be a major influence on the use of alcohol and other drugs in adolescents. (See bridge topic: Substance Use Problems and Disorders, p. 331. See the following *Bright Futures Case Studies for Primary Care Clinicians: Middle Adolescent Health Screening: But All My Friends Do It* [Bravender, 2001]; *Adolescent Substance Abuse: The Crafty Pupil* [Knight, 2001] at <http://www.pedicases.org>.)

## Tips

- Be aware that adolescents who experiment with substances can be at risk for serious consequences. Any adolescent experimenting with substances requires education and guidance about the risks of substance use and clinical follow-up. Substance use in young adolescents should especially be considered a cause for concern. (See *Tool for Families: How to Help Your Child or Adolescent Resist Drugs*, *Mental Health Tool Kit*, p. 148. See bridge topic: Substance Use Problems and Disorders, p. 331.)

- Screen the family for a history of substance use and for current substance use. Remind parents that they are powerful role models for their adolescents. Use of substances by parents, especially if they tell their adolescent not to use them, may be seen as hypocritical. (See bridge topic: Substance Use Problems and Disorders, p. 331.)
- Ask the adolescent whether he uses substances. If he does, ask, “What types of substances do you use? How much do you use? When do you use them?” Evaluate how the adolescent functions in the family, among peers, at school, and at work. (See bridge topic: Substance Use Problems and Disorders, p. 331.)



- Ask about substance use among the adolescent's friends. Provide data on substance use, emphasizing that most adolescents do not use alcohol and other drugs on a regular basis. Discuss with adolescents how to refuse alcohol and other drugs in a graceful way. Encourage adolescents to strengthen their friendships with adolescents who do not use substances.
- Develop an alliance with the adolescent. A trusting relationship with a health professional can help the adolescent accept a referral for substance abuse treatment. Most communities have substance abuse treatment services. The primary care health professional should be familiar with these services to facilitate the referral process during what may be a difficult situation. (See the following Tools for Health Professionals in the *Mental Health Tool Kit: Stages of Substance Use and Suggested Interventions*, p. 61; *Discussing Substance Use*, p. 63. See bridge topic: Substance Use Problems and Disorders, p. 331.)

### Resource for Families

National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. 2000. *Make a Difference: Talk to Your Child About Alcohol*. Bethesda, MD: National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. Phone: (301) 443-3860. Web site: <http://www.niaa.nih.gov/publications/publications.htm> or call NIAAA.

## Risk Factors for Adolescent Substance Abuse

Several factors increase the risk of adolescent substance abuse. These include psychiatric disorders (e.g., depression) and family problems (e.g., parental substance abuse, family violence, abuse,

neglect). (See the following bridge topics: Substance Use Problems and Disorders, p. 331; Child Maltreatment, p. 213.)

### Tips

- Be on the lookout for substance abuse especially when the following are present:
  - Aggressive behavior
  - Smoking or alcohol experimentation
  - Sexual activity starting in early or middle adolescence
  - Psychiatric disorder(s)
  - Suicidal intent or history of suicide attempt
  - Physical or sexual victimization
  - Delinquency or school failure
  - Family history of substance abuse
- Identify family and social risk factors for substance use (e.g., low school achievement and expectations, behavior problems and pressure from peers with behavior problems; overly authoritarian or overly permissive parenting styles; child abuse or domestic violence).
- Ask the adolescent about psychosocial problems and mental disorders (e.g., depression, suicidal intent or history of suicide attempt, anxiety, learning disabilities, behavior problems). Adolescents with psychosocial problems or mental disorders may use substances to help them cope. (See the following bridge topics: Mood Disorders: Depressive and Bipolar Disorders, p. 271; Anxiety Disorders, p. 191; Learning Problems and Disorders, p. 251; Oppositional and Aggressive Behaviors, p. 291.)

## Consequences of Substance Use

Substance use can be fatal. Substance use can increase the adolescent's risk of being in a motor vehicle crash, attempting or completing suicide, being the victim of homicide, and participating in unprotected sex. Adolescent pregnancy associated with alcohol use places fetuses at risk for fetal alcohol syndrome, the leading preventable cause of mental retardation.

### Tips

- Praise adolescents who do not use substances.
- Educate adolescents about the risks of substance use.
- Be aware that adolescents often feel invulnerable and that general warnings may not have an impact on them. Point out to adolescents how substance use may interfere with their personal goals and dreams. (See the following Tools for Health Professionals in the *Mental Health Tool Kit: Stages of Substance Use and Suggested Interventions*, p. 61; *Discussing Substance Use*, p. 63. See bridge topic: Substance Use Problems and Disorders, p. 331.)
- Support and become involved in school and community programs for the prevention of substance abuse.

## Parental Substance Use

Adolescents are affected by substance use when they use substances themselves and when they experience the consequences of substance use by family members and other adults. Parental alco-

holism increases the risk of adolescent alcoholism as a result of genetic and environmental factors.

### Tips

- Be aware of environmental factors that may increase the adolescent's risk of substance use (e.g., tolerant parental attitudes toward substance use). Show parents how to communicate their expectations that the adolescent not use substances. Discuss with parents ways to recognize signs of substance use. (See Tool for Families: How to Help Your Child or Adolescent Resist Drugs, *Mental Health Tool Kit*, p. 148. See bridge topic: Substance Use Problems and Disorders, p. 331.)
- Use a gentle, direct, and nonjudgmental approach to express concern about an adolescent's substance use (e.g., "I'm concerned that your drinking may be affecting your life." "I'm worried that you are concerned about alcohol consumption but feel you can't talk about it.").
- Ask adolescents and their parents if anyone in the family uses substances in a way that worries other family members. Suggest that the family member see a mental health professional or suggest a self-help group (e.g., Alcoholics Anonymous, Al-Anon, Alateen) when appropriate.
- Be aware that parents who abuse substances, or who allow their adolescent to do so, may be neglecting the adolescent. Consider involving local child protective services as indicated. (See bridge topic: Child Maltreatment, p. 213.)

# OFFICE PRACTICES TO PROMOTE FAMILY PARTNERSHIP

## Respecting the Adolescent's Maturity

- Set up a separate waiting area for adolescents, if possible. Make sure the decor is suited to adolescents.
- Schedule a “teen time” in the late afternoon or early evening, if possible, to avoid intermingling adolescents and children.
- See adolescents separately from their parents for part of the visit to encourage self-disclosure and help adolescents take responsibility for their own health.
- Develop a consistent policy on confidentiality. Let adolescents know that conversations with them will be kept confidential, unless the behaviors disclosed are life-threatening or can cause serious harm. Reassure adolescents that if a behavior is potentially dangerous, you will work with him to inform his parents. Consider displaying a written description of your confidentiality policy in the waiting area.

## Family

- Encourage regular health supervision visits throughout adolescence to keep track of the adolescent's development and determine whether the adolescent is experiencing any psychosocial problems.
- Give feedback to parents on their adolescent's health status and development.



- Provide family- and adolescent-friendly educational materials in the waiting room, such as Facts for Families information sheets from the American Academy of Child and Adolescent Psychiatry (phone: [202] 966-7300; Web site: <http://www.aacap.org>), a selection of Tools for Families and Adolescents from the *Mental Health Tool Kit*, and adolescent-oriented magazines. You may also want to play adolescent-oriented videotapes on health issues in the waiting room.
- Display books that may be helpful to adolescents and their parents. Consider creating a lending library. Ask adolescents and their parents for suggestions about books or articles they have found helpful.

## Community

- Display a list in the waiting area of community programs and activities for adolescents.



# COMMUNITY PRACTICES TO PROMOTE MENTAL HEALTH IN ADOLESCENCE

- Become familiar with activities that help adolescents feel connected to others or that give them a sense of purpose (e.g., YMCA and YWCA, 4-H clubs, Boy Scouts and Girl Scouts, Boys and Girls Clubs, faith-based organizations, extracurricular activities, service activities).
- Consider sponsoring parent discussion groups or talks on adolescent development if such groups are not available in your community.
- Assess the adequacy of health and mental health services available to adolescents in your community. Because adolescents tend not to look for or use community services, there has been increasing support recently for developing comprehensive health and mental health services in schools. If these services do not exist, consider facilitating the development of a plan to establish them.
- Consider visiting schools in your community to conduct meetings or give presentations on adolescent health issues to facilitate communication between your office and school personnel.
- Offer to speak to school and community groups.
- Consider collaborating with schools on substance use education.
- Participate in depression screening days sponsored by organizations such as the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry.



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# ADOLESCENCE CHECKLIST

The following list highlights key topics to consider in promoting mental health in adolescence. These topics may be discussed selectively during office visits, depending on the needs of the adolescent and family.

## Self

- Self-esteem, including
  - Parental support
  - Peer influence
  - Resilience and handling failure
- Mood, including
  - Stability of moods
  - Depression
  - Suicidal ideation and behaviors
- Body image, including
  - Physical appearance
  - Weight
- Sexuality, including
  - Sexual development/puberty
  - Sexual behavior
  - Sexual identity
  - Parental expectations and communication
  - Prevention of sexually transmitted diseases, including HIV/AIDS
  - Pregnancy
  - Sexual abuse and rape

## Family

- Independence and responsibility, including
  - Importance of family support in adolescence
  - Increased independence
  - Increased influence of peers
  - Parental expectations and limit setting
  - Family conflict

## Friends

- Peer relationships, including
  - Peer support
  - Peer influence

## Community

- School, including
  - Transition from middle school/junior high school to high school
  - Academic success
  - Homework
  - Extracurricular activities
  - Absenteeism, dropping out
  - Transition from high school to college or work
- High-risk behaviors and risk factors, including
  - Substance use
  - Violent behaviors
  - Firearm use
  - Exposure to violence

## Bridges

- Opportunities for early identification and intervention, including
  - Anxiety problems and disorders
  - Attention deficit hyperactivity disorder
  - Child maltreatment
  - Eating disorders
  - Learning problems and disorders
  - Mental retardation
  - Mood disorders: depressive and bipolar disorders
  - Obesity
  - Oppositional and aggressive behavior
  - Pervasive developmental disorders
  - Substance use

