

Adolescent Health Update

A Clinical Guide
for Pediatricians

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Bright Futures for the Busy Clinical Practice

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Previous editions of *Adolescent Health Update* have discussed health supervision and preventive care in the context of the pediatrician/adolescent relationship. This issue will take a step back to offer a systems-oriented view of the medical home and present tools to improve adolescent preventive care in contemporary office practice.

This issue is based upon the third edition of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, published by the American Academy of Pediatrics

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(AAP) in 2008. A multiyear project, the third edition of Bright Futures was constructed with the help of more than 1,000 health care and public health professionals, educators, parents, and child health advocates. The content is evidence driven and systems oriented; it is intended to be useful to child health professionals across the spectrum of care, including physicians, nurses and nurse practitioners, dentists, nutritionists, physical and occupational therapists, social workers, mental health care providers, physician assistants, and others.

Bright Futures is not a textbook, but rather a collection of guidelines and expert opinion that incorporates a single, uniform set of recommendations for health supervision and preventive services visits. It is supported by the *Bright Futures Tool and Resource Kit*, released on CD-ROM in October 2009, which provides forms, practice management resources, advice and tools for screening, and guides to building effective community referral networks. (See Table 1).

The toolkit includes questionnaires and documentation forms that could be

incorporated into an electronic health record (EHR), but it was designed for a “paper chart” office. With or without an EHR system, implementation of the *Bright Futures* model suggests global changes that can be implemented incrementally and translate to improvements in patient care that can be measured and documented.

Goals and Objectives

Goal: The primary care provider will learn practical strategies for implementing the Bright Futures guidelines for adolescents.

Objectives: This article will prepare pediatricians to:

1. Efficiently integrate Bright Futures principles in the busy patient care setting
2. Prioritize prevention strategies/interventions based upon the individual adolescent's strengths and needs
3. Use Bright Futures tools to more efficiently meet the preventive health care needs of their adolescent patients
4. Code appropriately to ensure optimal reimbursement for providing adolescent preventive services



OVERVIEW

Preventive care is critical in adolescence, a developmental stage characterized by morbidity and mortality that is largely preventable. The Bright Futures model introduces strategies for structural change within the context of the medical home that will facilitate pediatricians in partnering with professionals within the practice and the greater community to provide efficient, effective, coordinated care to adolescents. As the pediatric office adopts actionable collaborative approaches and makes use of the toolkit resources, office-based care providers and their colleagues in the greater health care system will realize the satisfactions of focusing on what they do best: caring for patients and families.

Implementation: A Team Approach

The third edition addresses priorities for each annual visit with emphasis on developmental monitoring, identification of risky behaviors, and medical screening. *Bright Futures* presents adolescent preventive care strategy in 3 segments (for patients aged 11 to 14, 15 to 17, and 18 to 21), outlining specific recommendations for each group.

For a group practice, the first step in implementing the Bright Futures model is to gather your team — not only nurses and physicians, but also your support staff — to talk about it. Involving everyone in a conversation to review the current preventive services guidelines and recommendations, and modify current approaches if necessary, gives each

person a stake in the results and is likely to improve the overall outcome.

To prepare for that meeting, it may be helpful consider how well your current practice mirrors the Bright Futures goals. In a group practice, reviewing the guidelines together can be instructive, particularly if there is not an established consensus and clearly shared goals. In a busy clinical setting, many practice teams have never had an opportunity to review and discuss their approach to adolescent well visits. Practitioners may find that the conversation alone is surprisingly fruitful. Providers approach adolescent visits differently and some practices will agree to continue to accommodate their differences. However, when everyone in a practice agrees to follow a consistent approach, it is more likely that all patients will receive the recommended preventive services. Confidentiality is often one of the first issues to be raised. At what age should confidential care be provided? How should the policy for confidential care be explained to parents? What steps will help to ensure confidentiality in documentation and billing? For more on this topic, please see the July 2008 edition of Consultant's Corner (*AAP News*, 2008:29:15, posted on the AAP Web site).

Meetings to discuss your approach to preventive services will not follow a “script,” but the questions below might be helpful for structuring the first conversations:

- **Are we doing all the appropriate risk assessment and medical screening?**

Compare your current practices against the Recommendations for Preventive Pediatric Health Care, the AAP periodicity schedule found in the back cover of *Bright Futures*, and adolescent medical screening risk tables. The periodicity schedule replaces the previous Bright Futures, AAP Guidelines for Health Supervision, and American Medical Association Guidelines for Adolescent Preventive Services recommendations. What can be implemented

TABLE 1

Bright Futures Tool and Resource Kit

The *Bright Futures Tool and Resource Kit* is designed to accompany and support *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. The toolkit provides forms and tools to enhance preventive health supervision and health screening for infants, children, and adolescents.

The toolkit focuses on 4 main areas:

- **Bright Futures Visit Forms**

The Bright Futures visit forms were developed to assist the clinician and office staff in easily and successfully implementing the Bright Futures recommendations for health supervision. The forms include previsit questionnaires, documentation forms, and one-page parent/patient handouts for all health supervision visits from 1 week to 21 years.

- **Practice Management Tools and Resources**

These include resources that facilitate practice operations and administration for preventive services. These tools contain information on scheduling, immunizations, coding, and other practice management activities essential to the success of health supervision.

- **Developmental/Behavioral/Psychosocial Screening Resources**

Recommendations and screening tools for use in primary care, including tools and references for behavioral, developmental, and psychosocial screening.

- **Parent and Patient Education**

This section provides busy practitioners with easy access to parent and patient education materials organized by age and visit.

- **Community Resources**

This section provides resources to link practices and clinics to referral sources. As every community is unique, these tools and resources allow the clinician to identify community assets for families, build partnerships with other community services, and facilitate referrals when needed.

The Bright Futures Tool and Resource Kit is available from the Academy, either via the Web site (www.aap.org/bookstore) or by telephone (1-888-227-1770).

or improved? Some practices start with chlamydia screening, as it is the most evidence-driven recommendation. Others begin by switching their universal hearing screening to a risk assessment. The previsit risk assessment questions in the *Bright Futures Tool and Resource Kit* will identify youth in need of specific screening tests, such as those related to hearing, vision, anemia, sexually transmitted infection (STI) and cholesterol.

• **Are we routinely assessing and supporting youth as they navigate the developmental milestones of adolescence?**

Bright Futures emphasizes the importance of several components of development in adolescent youth that fit within the HEEADSSS assessment: relationships with parents and peers, competence in school and other areas, independent decision-making, doing things for others, self efficacy, and resilience. **Table 2** presents the HEEADSSS mnemonic, which facilitates rapid review of developmental status in key life areas.⁶ See where your team is on assessing youth progress on the developmental tasks of adolescence and psychosocial risk screening — not just what youth need to say “no” to but also what they need to say “yes” to.⁵ Have you adopted the newer counseling strategies of shared decision making and motivational interviewing? (For a discussion of motivational interviewing, please see *AHU* 2007;20:1.)

• **Are we covering the Bright Futures priorities in our assessment and anticipatory guidance?**

The guidelines identify 5 priority topics for counseling during the adolescence visits: physical growth and development, social and academic competence, emotional well being, risk reduction, and violence/injury prevention. Does your practice routinely counsel on these issues and have materials available to address them?

• **We know what we want to update, but how can we make changes when we are so busy?**

Busy practices might find it helpful to break the process into discrete steps that can be implemented on a timetable. For example, in addition to demonstrating that appropriate screenings have been done, there are 6 characteristics of a practice or clinic that are linked to quality preventive services.⁸ These characteristics are tested strategies that have resulted in improved delivery of high quality health care in both chronic and preventive services for adults and children. Derived from practice experience and the literature, they have been shown to bring about measurable practice improvement.

1. *Do we ask about youth concerns and document that we have addressed them?*

Consider a previsit questionnaire. Medical risk screening questions can be answered at the same time, the survey can be set up for a PDA, laptop, or pencil-and-paper, and it makes good use of the waiting room time. Set up a system to ensure that someone follows up on questionnaire results.

2. *Do we have a way to keep track of these screenings and assessments over time?*

Consider using a Preventive Services Prompting System to track an adolescent’s preventive care longitudinally. Required adolescent immunizations should be included in such a tracking system.

3. *Do we have a system to link our patients and their families to community services that would benefit their health, and a mechanism for follow-up when appropriate?*

Build on what already exists in your community. Ask the office staff to create laminated lists of referral services that can be kept in your coat pockets.

4. *Do we have a recall and reminder system so youth are likely to get in for their recommended preventive services and visits?*

If not, create one! New immunization recommendations for adolescents may help motivate families that don’t immediately recognize the value of comprehensive preventive services for their adolescents.

5. *Do we have a way to identify which youth have special health care needs so we can make a particular effort to make sure they get their preventive services as well as early guidance on transition to an adult health care provider?*

6. *Are we using a strengths-based ap-*

TABLE 2

The HEEADSSS Assessment⁶

The HEEADSSS mnemonic is a useful tool to facilitate preventive screening and assess developmental progress in key life areas. It can be printed on a cover sheet or sticker attached to the medical record as part of a preventive screening checklist.

- H** Home
- E** Education/Employment
- E** Eating
- A** Activities
- D** Drugs (including smoking and alcohol use)
- S** Sexuality
- S** Suicide/Depression
- S** Safety

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proach and shared decision making strategies?⁸

Please see the feature on **page 7** for tips from pediatric practices that have successfully implemented practice-based quality improvement projects.

PRIORITIES FOR EACH VISIT

Bright Futures relies upon science and available evidence to identify topics and priorities for anticipatory guidance. Five key topics are recommended for each visit. (See **Table 3**) If the time for discussion is limited, it is helpful to prioritize topics felt to be most important. For example, the United States Centers for Disease Control and Prevention (CDC) has identified several risk behaviors that are responsible for the greatest morbidity and mortality

This edition of Bright Futures recommends a few changes related to hearing and vision, anemia, cholesterol, sexually transmitted infections, cervical dysplasia, and substance use screening.

among adolescents and adults. These include inadequate physical activity and nutrition, sexual behavior that may lead to unintended pregnancy or infection, substance use and abuse, and behaviors that contribute to unintentional injuries and violence.

Developmental Surveillance

Identifying strengths and supporting adolescents as they undertake developmental tasks are the key elements of developmental surveillance. (**Table 4**) The strengths-based approach to counseling accentuates what is going “right” for

the adolescent and focuses on accomplishments and capabilities. Recognition of developmental assets is integral to the fabric of the adolescent visits in the Bright Futures model. Benchmarks

are identified to measure progress in much the same way that health supervision guidelines identify developmental milestones in younger children.^{4,5} (For more on strengths-based counseling, please see *AHU* 2007;19:2)

Medical Screening

Medical screening recommendations for the first preventive services visits (ages 11 to 14) were published in the July 2008 edition of *Adolescent Health Update*. Several of the recommendations have been studied and their effectiveness has been documented (evidence based) while others are based on the strongest science available and would best be described as “evidence informed.”

Adolescent preventive visits have always included guidance on a variety of screening and laboratory tests. This edition of *Bright Futures* recommends a few changes related to hearing and vision, anemia, cholesterol, sexually transmitted infections, cervical dysplasia, and substance use screening.³

Hearing: Questions, including inquiries about difficulty understanding and hearing in a variety of environments, should be a feature of each annual visit. A positive result indicates a need for in-office audiometry and appropriate follow up.

Vision: An objective vision test (Snellen test) once in early (ages 11 to 14), middle (ages 15 to 17), and late (ages 18 to 21) adolescence is recommended. Screening questions regarding visual difficulty should be administered during the yearly preventive services visits in nontest years.

Anemia: Assess for anemia risk at each visit by asking about diet and menstruation. Talk to vegetarian and vegan patients about resources for good information about nutrition and

TABLE 3

Setting Priorities

Bright Futures addresses adolescence in 3 age groups; priorities for preventive care of patients in early adolescence (ages 11 to 14) are shown below. These visit priorities differ slightly in middle adolescence (ages 15 to 17) and late adolescence (ages 18 to 21). The priorities for middle adolescence visits, for example, include anticipatory guidance on responsible driving and dating violence.

Priorities for the Visit

The first priority is to address the concerns of the adolescent and his parents. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 4 Early Adolescence Visits. The goal of these discussions is to determine the health needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent throughout adolescence. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Including all the priority issues in every visit may not be feasible, but the goal should be to address issues important to this age group over the course of the 4 visits. These issues include:

- Physical growth and development (physical and oral health, body image, healthy eating, physical activity)
- Social and academic competence (connectedness with family, peers, and community; interpersonal relationships; school performance)
- Emotional well being (coping, mood regulation and mental health, sexuality)
- Risk reduction (tobacco, alcohol, or other drugs; pregnancy; STIs)
- Violence and injury prevention (safety belt and helmet use, substance abuse and riding in a vehicle, guns, interpersonal violence [fights], bullying)

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encourage them to be conscientious about their dietary needs for iron and protein.

Cholesterol: Bright Futures recommends universal screening for dyslipidemia (fasting lipoprotein profile to include total cholesterol, LDL, HDL, and triglycerides) at one late adolescence visit. A risk assessment for dyslipidemia should be conducted at other visits.

Sexually transmitted infections: Sexually active adolescents should be screened for chlamydia and gonorrhea. Testing for HIV and syphilis is based upon further risk behavior assessment.

Cervical cancer: A Pap smear to detect cervical cancer in females who are sexually active and have a cervix is highly recommended by the United States Preventive Services Task Force by age 21 or 3 years after the onset of sexual activity, whichever comes first, and yearly thereafter.

Drug and alcohol screening: Ask patients about substance use. Bright Futures includes two screening questions: “Have you ever had an alcoholic drink?” and “Have you ever used marijuana or any other drug to get high?” A positive response to either indicates the need to use a standardized alcohol and drug screening tool. (AHU 2003;15:3) The Bright Futures adolescent forms feature the CRAFFT, an evidence-based screening tool developed in primary care settings. If there are two or more positive responses to these questions, experts recommend that the practitioner consider a referral for substance abuse evaluation. In-office interventions include expressions of concern, motivational interviewing strategies, brief interventions, and follow up.

PRACTICE ENVIRONMENT

Respectful procedures and attitudes are the most important prerequisites of quality adolescent services in the office or clinic setting. For example, although a general pediatric practice or clinic may not be able to accommodate a separate waiting room, adult-sized chairs in the reception area and exami-

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nation rooms should be a priority. And while it may not be possible to schedule adolescent hours, most practices can accommodate a busy teen’s request for an after-school appointment. Adolescent-appropriate magazines and brochures can easily be added in the waiting or exam room, where the office confidentiality policy for adolescents might also be posted.

Encourage your office staff to make a special effort to show respect for adolescent patients. For example, if there is to be an unusual delay, give those in the waiting room a sense of how much longer it may be. Allow adolescents a few private minutes to fill out any previsit forms. Instruct your staff to stop and say a few words about what will happen next (“after you change into a gown, the doctor will be in to examine you”). Courtesies of this nature signal respect and concern for the patient’s need to

learn to negotiate his or her office visits independently.

PARENT INVOLVEMENT

In early adolescence, parents have a central role in facilitating care, even if the adolescent is alone with the practitioner for much of the visit. Thus, it is critical to support the parent or guardian with knowledge and skills to foster healthy adolescent decision making and development. Family-oriented adolescent health care that encourages and supports an appropriate parental role will benefit the adolescent as well. In more complex situations, it may be appropriate to suggest family therapy, or refer individual family members for additional support or counseling.

When patients decide to undertake behavioral change (eg, to lose weight), parents can provide support with strategies that steer their adolescents away from risky behaviors and toward healthier choices. They can also support them by keeping track of follow-up appointments and providing transportation.

TABLE 4

Surveillance of Development

The Bright Futures model identifies developmental tasks for each age group and provides benchmarks against which to evaluate patient progress. Reprinted below is the surveillance of development table for patients 11-21.

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

- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Forms a caring, supportive relationship with family, other adults, and peers
- Engages in a positive way in the life of the community
- Displays a sense of self-confidence, hopefulness, and well-being
- Demonstrates resiliency when confronted with life stressors
- Demonstrates increasingly responsible and independent decision making²

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Parents may be less familiar with strategies to promote protective factors or capitalize on strengths. Yet, they are often interested in their health professionals' assessment of

their child's strengths, and suggestions to build on those strengths and limit risky or unhealthy behaviors. Bright Futures uses a framework proposed by the Association of Maternal and Child

Health Programs (AMCHP): emphasis on resiliency, self confidence, relationships with peers and family, decision-making and stress management. The Bright Futures materials

TABLE 5

Coding for Adolescent Preventive Care

Preventive Medicine Service Codes

- If an illness or abnormality is encountered or a preexisting problem is addressed in the process of performing the preventive medicine service, and if the illness, abnormality, or problem is significant enough to require additional work to perform the key components of a problem-oriented evaluation and management (E/M) service (history, physical examination, medical decision-making), the appropriate office or other outpatient service code (**99201–99215**) should be reported in addition to the preventive medicine service code. Modifier **25** should be appended to the office or other outpatient service code to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service.
- Immunizations and ancillary studies involving laboratory, radiology, or other procedures, or screening tests (eg, vision and hearing screening) identified with a specific *CPT* code, are reported separately from the preventive medicine service code.

Not all codes are included below. For a full listing please visit: http://brightfutures.aap.org/clinical_practice.html

Preventive Medicine Services: New Patients

CPT Codes

99383 Late childhood (age 5–11 years)
99384 Adolescent (age 12–17 years)
99385 18 years or older

ICD-9-CM Codes

V20.2 Routine infant or child health check
V20.2 Routine infant or child health check
V70.0 Routine general medical examination at a health care facility

Preventive Medicine Services: Established Patients

CPT Codes

99393 Late childhood (age 5–11 years)
99394 Adolescent (age 12–17 years)
99395 18 years or older

ICD-9-CM Codes

V20.2 Routine infant or child health check
V20.2 Routine infant or child health check
V70.0 Routine general medical examination at a health care facility

Counseling Risk Factor Reduction and Behavior Change Intervention

Preventive Medicine, Individual Counseling

99401–99404 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual
99406–99407 Smoking and tobacco use cessation counseling visit
99408–99409 Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services

Immunizations

90471–90474 Vaccine administration codes for patients 8 years and older.
90650 HPV vaccine, types 16, 18 bivalent, 3 dose schedule, for IM use
90649 HPV vaccine types 6, 11, 16, 18, quadrivalent, 3 dose schedule, for IM use (Gardasil)
90715 Tdap vaccine, when administered to individuals 7 years or older, for IM use (ADACEL, BOOSTRIX)
90733 Meningococcal polysaccharide vaccine, for subcutaneous use (Menomune)
90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent) for IM use (Menactra)

Other Preventive Medicine Services

99420 Administration and interpretation of health risk assessment instrument

The codes are based on the Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS) Level II, and *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* codes most commonly reported by pediatricians in providing adolescent preventive care services. It is strongly recommended that the pediatrician, *not* the staff, select the appropriate code(s) to report.

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include questions, handouts, and prompts to help ensure a focus on healthy adolescent development.

Although adolescents become increasingly independent as they advance through middle and late adolescence, it is still important to promote appropriate levels of parental involvement and education in the adolescent's life and health choices. Many middle and older adolescents welcome appropriate levels of parental involvement in their health care. Although this may require a little more conversation at the visits (once with the youth and then, with the youth's permission, in summary with the parent or guardian), many practitioners feel this is a good investment in their continuing relationship with the family. It also may have a dramatic positive influence on the young person's daily life.

Adolescents with special health care needs, like all adolescents, need a time when their unique developmental assets, strengths, and reduction of any risky behaviors can be discussed. When patients have special health care needs, especially if they require frequent medical care, it is easy to overlook the importance of focusing on their wellness for at least one visit a year. Encourage parents and youth to come in for annual health supervision visits. (For more on transition for patients with special health care needs, see *AHU* 2009;21:3.)

CLOSING THE VISIT

Summarizing the key points for the adolescent and arranging follow up are great strategies to use at the end of the visit. Bring the visit to a conclusion in a way that encourages any last-minute comments:

- *Let's look at what you worked through*
- *I'm looking forward to seeing you next month. In the meantime, you have decided that you're going to be working your way up to an hour of walking a day and drinking water instead of soda at school on most days.*
- *I'd like you to come back in _____ weeks/months so we can talk about*

what other thoughts you've had and how your plan is working out.

Give the adolescent a written plan setting out concrete goals you have agreed to and the interim steps to take next. This can be as simple as a few lines on your prescription pad. The end of the visit can also be a chance to show appreciation ("Thank you for be-

ing willing to discuss this!") or express confidence ("I know that you can do this!").⁵

BILLING AND CODING

Proper billing and coding procedures facilitate appropriate reimbursement for preventive care of adolescents. **Table 5** presents the rationale underlying consis-

Tips from other practices

Listed below are brief descriptions of strategies to improve preventive services that have been successfully used in busy pediatric practices.

- Consider a patient "walk through" to look for inefficiencies.
- Create flow charts or use a stopwatch to measure cycle time – the time spent in each part of the process. This "process mapping" can identify parts of the visits that could be streamlined.
- Introduce a previsit questionnaire. This focuses the patient on the purposes of the visit and makes more efficient use of "one on one time" to personalize the details of any identified risks and tailor their anticipatory guidance. The Bright Futures Tool and Resource Kit includes previsit questionnaires for every age group that can be used "as is" or as templates against which your current questionnaire can be evaluated. Some practices have introduced an electronic format: asking patients to respond to questions on a hand-held electronic device in the waiting room (or online, and returned by email before the visit).
- Many practices have found it effective to have the medical assistants and nurses assess risk for some of the conditions subject to medical screening, conduct appropriate screenings, and provide results (eg, from vision and hearing tests) to the practitioner. Further, medical assistants and nurses can obtain height and weight, calculate and plot the body mass index, and determine blood pressure. They may also perform an immunization review, prepare the appropriate permissions, identify any problem areas on questionnaires, and in some cases start some anticipatory guidance on nutrition and physical activity.
- Some practices report success with the "planned visit" model. In addition to having all the information about a patient available, the office staff assures that the practitioner has everything that might be needed during their time with the patient in the exam room. This might include equipment, diagrams to explain common conditions, developmental issues or pubertal stages, and handouts or Web addresses. Every time a practitioner has to leave the room to find something or ask someone to get something, the process is dramatically slowed.
- Interruptions to take telephone calls also waste a lot of time. Many practices have found great benefit to working out a system for "message handling" that optimizes the practitioner's ability to complete a visit and then deal with messages in a predetermined time frame.
- Some practices are able to capitalize on the opportunity presented by the request for a school or sports physical to provide a complete health supervision examination if the youth has not been seen in a year.
- Practices with higher numbers of sexually active teens have found it helpful to obtain and hold a urine sample from every patient until the end of the visit in case it is needed for screening sexually transmitted infections.

These suggestions have worked for others. Consider these suggestions in the context of *your* practice, reflect upon how your team might adapt to them, and start from there to increase the quality of your adolescent preventive services.

tent and accurate billing and coding. Questions about these matters may be directed to the AAP coding hotline (aapcodinghotline@aap.org).

CONCLUSION

Release of the third edition of *Bright Futures* provides an opportunity to do a practice inventory. Clinicians can assess their preventive services and see if there is anything that needs updating, ensure they are making the best use of limited time, and align their practice with evidence-informed recommendations. Further, capitalizing on a systems approach to preventive care will help the staff in busy practices partner effectively to meet and address the needs of the adolescent and family, which is the top priority of a Bright Futures visit.

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Advice from your doctor about healthy choices

PHYSICAL GROWTH AND DEVELOPMENT

Your Daily Life

- Eat with your family often.
- Aim for 1 hour of moderately vigorous physical activity every day.
- Limit TV and video or computer games to 2 hours a day.
- Brush your teeth twice a day and floss daily.
- Visit the dentist twice a year.
- Wear a mouth guard when playing sports.
- Protect your hearing.
- Take time for breakfast.
- Drink more water and less soda.
- Limit foods that are high in fat and sugar.
- Try to eat healthy foods:
 - 5 fruits and vegetables every day.
 - 3 cups of low-fat milk, yogurt, or cheese daily.

SOCIAL AND ACADEMIC COMPETENCE

School and Friends

- Take responsibility for your schoolwork.
- Be on time.
- Aim high. Expect more of yourself.
- Read often.
- Form healthy friendships.
- Spend time with your family.
- Help at home.
- Stay connected with your parents.
- Consider volunteering and helping others in the community with an issue that interests or concerns you.

VIOLENCE AND INJURY PREVENTION

Violence and Injuries

- Do not drink and drive or ride in a vehicle with someone who has been using drugs or alcohol.
- If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Make sure everyone always wears a seat belt.

- Limit the number of friends in the car.
- Don't let yourself be distracted when you drive.
- Protect yourself and others from physical harm.
- Do not ride all-terrain vehicles (ATVs).
- Wear a helmet.
- Make sure you know how get help if you feel unsafe.
- Never have a gun in the home.
- If you must keep a gun in your home make sure it is stored unloaded and locked with the ammunition locked separately from the gun.
- Figure out nonviolent ways to handle anger or fear.
- Healthy dating relationships are built on respect, concern, and friendship, and that saying "no" is OK.

RISK REDUCTION

Healthy Behavior Choices

- Find fun, safe things to do.
- Talk with your parents about drinking, drug use, tobacco use, driving, and sex.
- Talk with your parents or other caring adults when you need support or help in making healthy decisions.
- Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.
- Talk about sexual pressures with someone you trust.

EMOTIONAL WELL BEING

Feelings and Family

- When you do something good, feel good about it.
- Find healthy ways to deal with stress.
- Spend time with your family.
- Always talk through problems and never use violence.
- It's important to have accurate information about sexuality, your physical development, and your sexual feelings. Please let me know if you have any questions.

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Counseling Adolescents Concerning Military Service

by Elisabeth M. Stafford, MD

In the assessment of the older adolescent's psychosocial development, it is common to inquire about educational and vocational goals and plans. Given that the Department of Defense has become the largest employer in the United States, some adolescents will describe plans to join the military.¹ The role of the pediatrician in this discussion is to facilitate the adolescent's journey toward autonomous decision making. A balanced discussion will review the educational, vocational, financial, and other personal benefits weighed against the potential risks of military service.

There is a misperception within the larger community that military service disproportionately attracts minorities and those from disadvantaged backgrounds. This perception may reflect a belief that those who enter the service have few other options. In fact, members of the military are more likely to come from middle-income than low-income neighborhoods, are overall more educated than their peers, and show no disproportionate minority representation.²

One approach to anticipatory guidance for military service, as outlined by Adelman,³ involves guiding the adolescent through 4 steps in the decision-making process:

- 1) Ensure that adolescents and parents **educate** themselves about military service (Table 1)
- 2) Have the adolescent **articulate** what s/he thinks the military has to offer, considering pros and cons, and how these converge to meet the adolescent's short- and/or long-term goals for vocation and education
- 3) **Facilitate** discussion of the various choices related to military service: enlisted/officer, timing (before or after college), active, national guard or reserve, and the different services (Army, Air Force, Marines, Navy)
- 4) **Matriculate** only after thoughtful discussions with family and/or trusted adults and a review of options with a service-specific recruiter.

Prior to entry into service, individuals must meet specific physical and mental fitness requirements; potential medical disqualifiers should be addressed. While previous medical diagnoses may compromise eligibility, recruiters will have information on assessment for fitness and the waiver process. Once the adolescent has committed to a plan for entering military service, focus on improving fitness. Discuss risk behavior avoidance and reduction, healthy diet, optimizing bone health, sleep hygiene, and healthy stress management.

With proper anticipatory guidance and family involvement, an adolescent who commits to military service will do so with a clearly

articulated sense of purpose, often stated as desire to serve his/her country, and his or her decision will reflect careful consideration of benefits and risks.

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3. Adelman WP. Basic training for the pediatrician: how to provide comprehensive anticipatory guidance regarding military service. *Pediatrics*. 2008;121:e993-e997

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TABLE 1

Internet Military Resources

General military information (www.military.com)
U.S. Department of Defense (www.defenselink.mil)

Service-specific Web sites, with sections for parents/counselors):

US Air Force (www.airforce.com)
Army (www.goarmy.com)
Marines (www.marines.com)
Navy (www.navy.com)

Federal Service Academies:

US Military Academy West Point (www.usma.edu)
US Naval Academy (www.usna.edu)
US Air Force Academy (www.usaf.af.mil)

Reserve Officer Training Programs:

US Army ROTC (www.armyrotc.com)
US Navy ROTC (www.nrotc.navy.mil)
US Air Force ROTC (www.afrotc.com)

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