

Adolescent Prevention Visits: Building on Adolescents' Strengths

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Acknowledgments

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Abstract

Early adolescence is a time of great physical and emotional transition and growth. An early adolescent assessment has been recommended over ten years but remains underutilized. This important milestone assessment is not only an opportunity to assess immunization needs, but also a time to reinforce positive behaviors and to screen for and address problems. Nursing tools of anticipatory guidance, education, and counseling for health promotion and disease prevention can not only encourage the early adolescent, but also can make it successful for the teen, parent, and nurse. Adolescent behaviors, visit content, tips, tools, and resources are discussed. The purpose/goal of this independent study module is to help nurses develop skills and knowledge regarding early adolescence and the well child needs of this age group.

Objectives: On successful completion of this independent study module, the learner will be able to:

1. Explain the rationale for the early adolescent visit.
2. Recognize positive behaviors to be reinforced in encounters with early teens and their parents.
3. Define roles for nurses in promoting adolescent health and the early adolescent visit.
4. Identify key components of the early adolescent visit.

Key words: adolescent preventive care, adolescent visit, adolescent anticipatory guidance, reinforcing positive behaviors

Introduction

The need for assessment and anticipatory guidance continues from childhood through the adolescent years. The Society of Adolescent Medicine currently recommends that adolescents have preventive care visits, including an assessment of immunization status, at three key touch points: at 11-12 years, at 14-15 years, and at 17-18 years.¹ The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has recommended a health assessment for 11-12- year olds in 1996.² Adolescent visits can also be a time for nurses to encourage healthy behaviors, assess risks, and provide useful information, especially for the emerging adolescent and family.

Youth are often practicing good health behaviors that can be encouraged and reinforced during the early adolescent health visit. Nurses can be effective advocates for early adolescent visit by

1. encouraging youth to have regularly scheduled physical exams,
2. providing health assessments, anticipatory guidance, and care; and
3. advocating for access to comprehensive services for this age group.

The purpose of this independent study module is to help nurses develop skills and knowledge regarding early adolescence and the well child needs of this age group. This module outlines some of the findings of the health status of this age group, tips and tools for the early adolescent visit, and the role of nurses. While this module is focused on the early adolescent visit, routine annual visits during adolescence are recommended.¹ Some clinicians refer to the 11-12 year old visit as the “early adolescent visit” although not all early adolescents are developmentally in “early adolescence”. In this module, the 11-12 year old visit will be referred to as “the early adolescent visit”. For increased readability, the adolescent patient will be referred to as “youth”, “adolescent”, and “teen”.

Preventive care is underutilized

Adolescence is a transition time, with experimental behavior and associated risks and the establishment of lifelong healthy and unhealthy behaviors patterns. However, preventive care is vastly underutilized among adolescents. A ten year (1994 -2003) study of outpatient and office visits utilization patterns by Rand et al, based on the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey showed that in any given year, as many as one in three adolescents do not see a healthcare professional.³ Additionally, adolescents in low-income families are less likely to have a primary care visit than more affluent teens.⁴

Furthermore, only nine percent of the visits by teenagers were for preventive care, underscoring the need to provide prevention and guidance at all visits.³ Frequency of preventive visits declines as teenagers grow older; young adolescents (<14 years) were three times more likely than those >14 years to have had a preventive care visit.³ Longitudinal data from the National Study of Adolescent Health indicate that, for 15 of 20 indicators, health risk increased and access to health care decreased for the teen and adult years for most US race/ethnic groups.⁵

With so few contacts between teens and health care provider staged as “preventive visits”, every contact with an adolescent is an opportunity for prevention. Nurses play a key role in providing guidance, information and support for positive behaviors.

Prevention--promoting the positive

The emerging adolescent is on the threshold of dramatic change. The 2007 National Youth Risk Behavior Survey (YRBS) shows that most healthy behaviors are more common among 9th graders (typically age 14) than 12th graders (typically age 17), suggesting the need for positive reinforcement and prevention early in the teen years.⁶ (Table 1) The YRBS data show 71 percent of deaths among 10-24 year olds are due to preventable causes (motor vehicle crashes, homicides, suicides, and other unintentional injuries). The CDC has identified six adolescent

behaviors that contribute to the leading causes of death and disability among adults and youth—alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual behaviors.⁷

While preventing risks and discouraging unhealthy practices may be foremost on the clinician’s agenda, recognizing and building on the adolescent’s strengths and positive attributes may be more productive and protective. Focusing and expecting positive behaviors can build on the youth’s positive attributes. Rather than focusing on deficits and risks, the clinician can focus on identifying strengths and potential. Family and community expectations of healthy behaviors can be more successful than expectations of unhealthy behaviors; nursing efforts can support these approaches.⁸

TABLE 1
Changing Health Behaviors: 9th and 12th grade,
 Source: YRBSS, 2007 ⁶

Behavior	Prevalence 9th grade	Prevalence 12th grade
Have sufficient vigorous physical activity	68.5	79.4
Never had sexual intercourse	72.6	33.8
Used a condom last time had intercourse	61.0	49.9
Has had fewer than 4 partners	94.5	79.9
Never tried marijuana	78.3	51.7
Never tried alcohol	33.9	14.8
Not engaged in episodic drinking (5 or more drinks in a few hours) in past 30 days	82.8	67.2
Never tried cocaine	95.3	92.4
Never smoked a cigarette	60.8	41.5
Not currently smoking (in past 30 days)	87.7	74.5
Has not felt sad or hopeless in past 12 months	65.2	64.1

In All Encounters with Adolescents

I. Seize the prevention and health promotion opportunity at every encounter

Sport and camp physicals bring young teens into health care with form in hand, but rather than just completing the form, assess the whole person, assess immunizations, and set appointments for follow up care as needed. School nurses can assess multiple risks when working with children. Parish nurses can encourage early teen visits and preventive practices. Emergency Department nurses may be the only nurses a child encounters; the opportunity to assess needs and provide preventive care and referrals should not be underestimated. Proactive nursing in an urgent care center visits and upper respiratory infection visits can also open the door to preventive care for a young teen.

Teens get care in a wide range of settings. Some seek health care at a pediatric or family practice office. Many others receive services in school-based health centers, family planning centers, health departments, and schools - settings where nurses are often key players. Nurses can give care and information wherever teens are and make every encounter a prevention encounter. It is possible that school nurses are the only health care provider some teens may see.

Nurses interacting with adolescents can encourage healthy choices, provide a confidential sounding board to young teen questions, assess health needs, educate and counsel. Teens develop the strengths and assets in their transition to adulthood that will serve them for a lifetime. Nurses can help adolescents identify the positive adults and other positive role models in their lives. Nurses can encourage and reinforce positive activity occurring in a young teen's life.

II. Strive for Privacy and confidentiality

Visits for young teens - and all teens - should include private time with the clinician. However, not all jurisdictions have statutes that protect the adolescents' confidentiality in health care.⁹ Structure the visits to allow confidential and private communication, but understand the legal rights of adolescents in your state before you promise your conversation is private. If your jurisdiction's laws do not support the adolescents' privacy, advocate for change.

III. Communicate your nursing openness to diverse teens and their diverse needs

Be open and non judgmental. Nursing care should always be nonjudgmental, and the early teen visit is no exception. The openness and acceptance the nurse and nurse practitioner communicate in the early teen visit can set the stage for a lifetime of health care relationships.

Cultural gaps between providers and patients have been cited as barriers to utilization and appropriate care.¹⁰ Cultural competence is a critical piece of care and builds on the nursing foundation of nonjudgmental care. The nurse may be the first professional a gay or lesbian adolescent talks to about his or her sexuality. Communicating openness and acceptance to the teen are critical to establishing a good relationship and helping the young teen feel comfortable and open to talking about health concerns that really matter.

Components of the Visit

The early adolescent visit, like all well child visits, should include screening, anticipatory guidance, immunization and health assessment, and intervention for identified problems. The

U.S. Preventive Services Task Force (USPSTF) recommends which preventive assessments and interventions should be part of care for children, adolescents and adults. The evidence-based recommendations of the USPSTF are considered the "gold standard" for clinical preventive services.¹¹

Additional resources for the visit include the American Medical Association's "Guidelines for Adolescent Preventive Services" (GAPS) and the multidisciplinary "Bright Futures".^{12,13} Depending on the clinical setting, many of the history and guidance questions can be addressed by the nurse prior to the clinician (physician, NP, PA) encounter.

The American Medical Association's GAPS resources (available online at www.ama-assn.org) include a chart of recommended services as well as practice tools such as a young adolescent questionnaire and a parent questionnaire.¹² Health guidance on development, diet, physical activity, healthy lifestyles, and injury prevention are recommended. GAPS recommends that the screening history address eating disorders, substance use, school performance, depression and suicide risks. Physical assessment should include blood pressure and body mass index (BMI), as well as a complete physical if not done in three years. Cholesterol, tuberculosis, sexually transmitted infections, and Pap screenings should be done indicated by history.

"Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents" provides comprehensive guidelines for health supervision, immunizations, screenings, and anticipatory guidance with a multidisciplinary perspective.¹³ The "Bright Futures" Web site (www.brightfutures.org) provides the full guidelines and pocket versions of the guidelines, as well as family materials in English and in Spanish. Family encounter forms tell the patient and family what to expect at the visit and lay the foundation for questions to be discussed at the visit. There are also handouts to reinforce preventive care messages and to prepare for the next visit. Tip sheets for the visit offer questions for the nurse or other health care provider to ask the parent and the child, components of the visit, recommended tests and screenings, counseling topics, and anticipatory guidance. Bright Futures also has multiple patient education materials which can be printed out to supplement the visit.

"Bright Futures" recommends:

I. History: Assess parents' perception of the child and parental supervision. Ask the child/adolescent questions regarding social and emotional development, physical development, and health habits. Ask about relationships, sexuality, family functioning, and school performance. Observe parent-adolescent interaction during the visit. Discover the patient's interests: "The Bright Futures" materials offer useful wording of questions to guide the history.

II. Exam: Height, weight, BMI for age, sexual maturity rating, scoliosis or kyphosis screening, neglect/abuse, eating disorders, sports injuries, orthopedic problems, teeth, acne, tattoos, piercings, external genital exam, vision, hearing, blood pressure, anemia (menstruating females), emotional health, risks for anemia, hyperlipidemia, and TB assessment and testing as indicated.

III. Anticipatory guidance: Include the promotion of healthy and safe habits, encompassing smoking, sleeping, physical activity, TV and computer time, seat belt use, sunscreen, helmet use,

mental health, nutrition, oral health, and sexuality. The visit should also address prevention of substance use including sports enhancing drugs, promotion of social competence and responsibility, school achievement, and community interaction. Anticipatory guidance for the parents includes relationship building, modeling, and realistic expectations.

Parents want the health care providers to address sensitive issues

Parents and teens want to prevent problems. Cohall et al found that urban parents wanted health care providers to counsel their adolescents on issues of risks, sexuality, substance abuse, and other sensitive topics.¹⁴ The nurse can facilitate this and strengthen the role of parents and care givers by addressing the information needs of the family. Steinberg and Duncan¹⁵, reporting from a Society for Adolescent Medicine workgroup, identify four things parents and other primary care givers need to help their teen's healthy development: 1) information on normal growth and development, 2) basic information on effective parenting during the teen years, 3) understanding of changes in the family during the adolescent years, and 4) support of other social institutions in the face of the challenges of this period. Skillfully placed questions can open doors for important discussion on health risks and behaviors. Nurses can balance the needs of parents and adolescents by ensuring both parent and teen get private time with the clinician.

Immunizations

Immunizations are among the most effective interventions in preventive care. Every encounter is an opportunity to assess vaccine status and identify needed immunization protection. Thinking of immunizations as a young pediatric concern only is a disservice to adolescents and contributes to the underimmunization and vulnerability of teens to vaccine-preventable hepatitis and other vaccine preventable diseases. The early adolescent needs not only the age-specific immunizations, but also an immunization review to identify the need for any immunizations which may have been missed in their earlier years. The 2007 National Immunization Survey of adolescents found 72% of adolescents had received a tetanus immunization, 32.4 were immunized for meningococcal disease, and 25.1% of adolescent females had initiated the human papilloma virus (HPV) immunization series. While these rates represent better coverage than previous years for many of the antigens, opportunity for improvement persists.¹⁶

The most current schedule for adolescent immunizations can be accessed at the CDC website (<http://www.cdc.gov/vaccines/spec-grps/default.htm#adolpreteens>).¹⁷ The CDC also offers an interactive quiz adolescent patients and their families can complete to determine which immunizations they may need, at <http://www2.cdc.gov/nip/adultImmSched/>.¹⁸

Encouraging behavior change when needed

More research is needed on the effectiveness of counseling early adolescents regarding both risky and positive behaviors. When appropriate, nurses can use behavior change tools that have shown promise. One such tool is the "Five As" ([Table 2](#)) to counsel a patient on multiple health issues, adapting specific content to the targeted behaviors.¹⁹

TABLE 2

The Five "A"s for Behavioral Change

1. Assess- Ask about and assess behavior health risk and factors affecting choice of behavior change goals and methods
2. Advise- Give clear, specific and personalized behavior change advice
3. Agree-Collaboratively select appropriate goals and methods based on the patient's interest and willingness to change the behavior
4. Assist-Using self-help resources and/or counseling, help the patient achieve goals by acquiring skills, confidence, and social and environmental supports for behavior change
5. Arrange for follow up

Advocate for access to care

Critical to health and well-being is access to care and having a regular primary care provider or other source of ongoing health care (a health care home). Communication between nurses and teens can be stronger when there can be continuity in the relationship.

State children's health insurance programs provide health insurance to uninsured children and teens from families with incomes above the Medicaid eligibility limit and below 200 percent of federal poverty. However, in some states, families are on a waiting list for this program and, of course, many families above 200 percent of the poverty line still struggle without viable insurance options.

Nurses, as advocates for health and prevention, can support process, policies, and legislation that address the access issues above. The National Association of School Nurses (www.nasn.org/legislation/default.htm) and the National Assembly of School-based Health Centers' Center for Advocacy and Public Policy (www.nasbhc.org/APP/APP_Intro.htm) are two resources for legislation and policy information for nurses working with adolescents. ^{20, 21}

Conclusion

The early adolescent well child visit can be a wonderful opportunity for timely assessment, education, and intervention to facilitate successful adolescent development. It has also become an important immunization assessment visit. Nurses can promote health and wellness for teens at every encounter. Make every opportunity count!

Tips for the Nurse

- Communicate your nursing openness to diverse teens and their diverse needs
- Make every encounter a prevention encounter
- Partner with families
- Assess immunizations at every encounter
- Assess assets, strengths, and risk behaviors

- Reinforce the positive and provide tools for change of the risky behaviors
- Use resources to plan early adolescent visits, such as GAPS and Bright Futures
- Advocate for access

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