



Adolescent Health Toolkit



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INTRODUCTION

LETTER FROM JENNIE PINKWATER, ICAAP EXECUTIVE DIRECTOR

January 2022

The Illinois Chapter of the American Academy of Pediatrics (ICAAP) makes it a priority to address the needs of children and families through advocacy and education. When it comes to addressing health issues and behavior change, focusing specifically on adolescent health needs is a must. The transition from childhood to adulthood is one of the most dynamic and best times for engagement in human development. The rate to which physical, emotional, and intellectual changes are occurring during the adolescent stage provides an opportunity to positively impact health outcomes. It is essential to adolescents' health that their independence is built upon a strong foundation to invest in their future as healthy adults.

As part of a four-year project, ICAAP was awarded funding from the Illinois Department of Public Health, Adolescent Health Program, to address the state's adolescent health needs through educational resources and tools. Through this grant, we developed this educational guide for providers, parents, and teens to utilize. We are proud to serve those in Illinois working towards optimal health outcomes for children and youth!

Best Wishes,

Jennie Pinkwater, MNM
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ABOUT

The Illinois Chapter of the American Academy of Pediatrics was awarded funding from the Illinois Department of Public Health, Office of Women’s Health and Family Services from 2018 to 2022 to support adolescent health services in Illinois. The purpose of the Illinois Adolescent Health Program is to empower adolescents to adopt healthy behaviors and improve the overall health of adolescents by increasing the rate and quality of adolescent well-care visits.

The American Academy of Pediatrics and Bright Futures recommend annual well-care visits during adolescence. Annual well-care visits during adolescence promote healthy behaviors, prevent risky ones, and detect conditions that can interfere with physical, social, and emotional development.

ICAAP developed this two-part toolkit for pediatric providers, adolescents, and parents/caregivers to improve the effectiveness of adolescent well visits. This toolkit includes tools and resources on adolescent health issues, health equity, the pandemic impact, and implementation strategies to empower youth to take control of their health care.

Funding provided in whole or in part by the Illinois Department of Public Health.

PROJECT WORK GROUP INVOLVEMENT

ICAAP wishes to thank members of the Adolescent Health project planning group for their knowledge and expertise on this project, including:

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HOW TO USE THIS TOOLKIT

This toolkit focuses on the needs of adolescents, best practices, screening tools, education, and resources to address common needs and concerns of adolescents and their families.

The aim is to increase the rates and quality of adolescent well visits for youth ages 11 to 21 years.

There are two sections in this toolkit:

+ PROVIDERS

This toolkit is intended to be a resource for you and your clinical team with updated information regarding best practices in adolescent health, common topics that may be important to your patients, and additional resources and support.

+ TEENS

Use the teen section of this toolkit to prepare for appointments with your primary care provider, understand your rights in a healthcare setting, and be prepared to take charge of your own medical care.

Disclaimer:

Views expressed (and resources listed) are not necessarily those of ICAAP, the planning committee, or staff. They are included for providers, adolescents, and families to review and implement as appropriate for their individual needs.

SURVEY RESULTS

In 2019, ICAAP conducted an adolescent health survey among members. There were 102 respondents for a 5.3% response rate. Response rates varied question.

Survey results showed: **99%** (n=79/80) of survey respondents reported they serve an adolescent population, ages 12–16. Only **18%** (n=13/72) of respondents stated that more than half of their adolescent patients had received an annual health supervision visit in the previous year.

KEY FINDINGS

Adolescent mental health support was a common concern among providers:

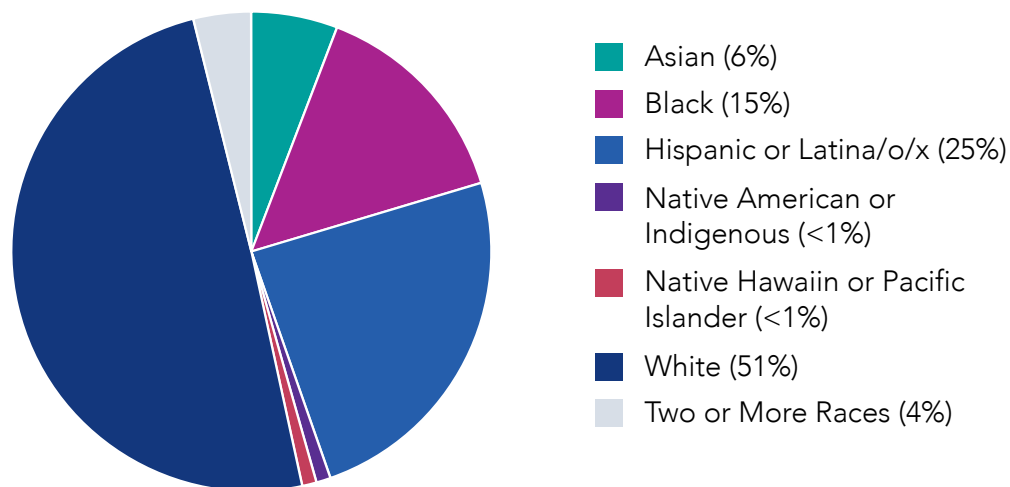
- ▶ **94%** (n=68/72) responded that mental health issues were most impacting adolescents in their area
- ▶ **96%** (n=69/72) responded that mental health issues were most common in their patients
- ▶ **86%** (n=61/71) noted that mental health services were lacking in their area
- ▶ **68%** (n=48/70) indicated a lack of clinical resources for adolescent behavioral health
- ▶ **97%** (n=69/71) responded that emotional well-being of their adolescent patients was impacted due to the COVID-19 pandemic
- ▶ **53%** (n=37/69) indicated that the best form of communication with teens about their well visits is through text or patient portal (technology)
- ▶ **66%** (n=45/68) responded that parent resiliency is lacking in their patient population

In addition, **41%** (n=28/69) of providers reported promoting adolescent health education by marketing in their practices, **38%** (26/69) promote via social media, and **38%** (26/69) promote through school partnerships.

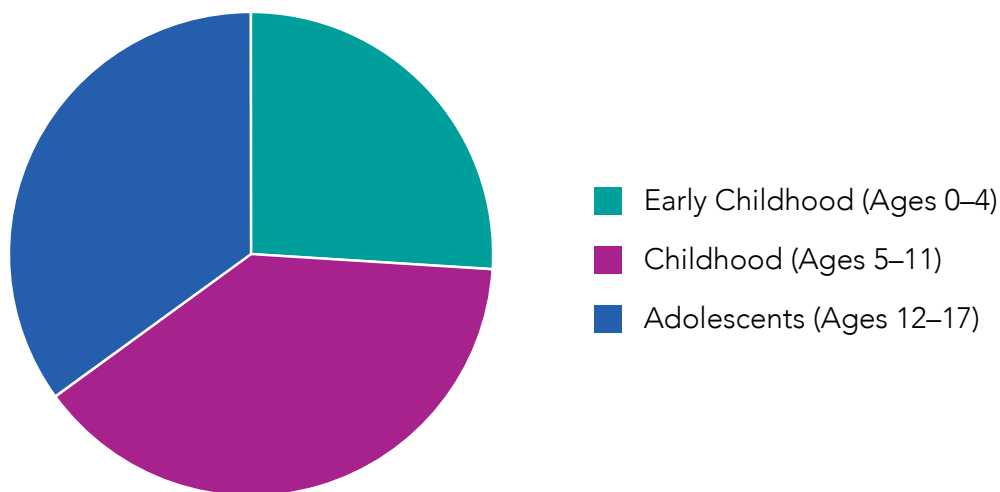
THE ADOLESCENT POPULATION IN ILLINOIS

Based on 2020 Census Data¹, data provided from the Annie E. Casey Foundation², and the 2021 High School Youth Risk Behavior Surveillance System.³

Race/Ethnicity of Children in Illinois



Adolescents Make Up About a Third of Children in Illinois



REFERENCES

¹ [United States Census Bureau, Illinois: 2020 Census.](#)

² [Kids COUNT Data Center, Illinois.](#)

³ [Centers for Disease Control and Prevention \(CDC\), High School YRBS, Illinois 2021.](#)

DATA AT A GLANCE

CHILDREN UNDER THE AGE OF 18 MAKE UP 22% OF THE TOTAL ILLINOIS POPULATION

Economic Need Indicators

- ▶ In the 2019–2020 academic year, **12%** of Illinois high schoolers did not graduate on time
- ▶ **6%** of adolescents age 16 to 19 in Illinois are not working or attending school
- ▶ The **median family income** among households with children in Illinois is \$83,907
- ▶ **7%** of parents in Illinois are unemployed

Mental Health

- ▶ **21%** of children under 17 in Illinois have one or more emotional, behavioral or developmental conditions
- ▶ **42.1%** of Illinois high schoolers report that they felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing usual activities
- ▶ **20.3%** of Illinois high schoolers seriously considered suicide, 17% made a plan about how they'd attempt suicide, and 8.4% made a suicide attempt
- ▶ **30%** of high schoolers in Illinois reported that their mental health was most of the time or always not good

Social Media/Technology

- ▶ **39.2%** of high schoolers in Illinois report texting or emailing while driving a car or other vehicle
- ▶ **17.6%** of high school students in Illinois were electronically bullied
- ▶ **73.3%** of high school students spent 3 or more hours a day on screen time

Tobacco Use

- ▶ **38%** of teens report ever using electronic vapor products, such as e-cigarettes, vape pens, hookah pens, JUUL, etc.) and 16.7% report currently using these products
- ▶ **2.5%** of high schoolers report cigarette use
- ▶ Among high school students who use tobacco products, including electronic vapor products, nearly half (**48.8%**) report never trying to quit

Alcohol & Other Drug Use

Of high schoolers in Illinois:

- ▶ **13%** had their first drink of alcohol before age 13
- ▶ **22.8%** report currently drinking alcohol
- ▶ **11.6%** report current binge drinking
- ▶ **5%** tried marijuana (also called pot or weed) before age 13
- ▶ **15.1%** report current marijuana use
- ▶ **9.5%** report ever using prescription pain medicine without a doctor's prescription or differently than it was prescribed to them
- ▶ **6.7%** report ever using inhalants, such as sniffing glue, breathing the contents of aerosol spray cans, or inhaling paints or sprays to get high
- ▶ **20.7%** report being offered, sold, or given an illegal drug on school property

Sexual Behaviors

- ▶ Of high schoolers in Illinois: **27.5%** report that they have ever had sexual intercourse and **18.3%** report that they were currently sexually active
- ▶ Among students who were sexually active, **75.3%** did not use birth control pills to prevent pregnancy before last sexual intercourse with an opposite sex partner (not including emergency contraception) and **13.9%** did not use any method to prevent pregnancy

- ▶ Over **94%** were never tested for HIV or a sexually transmitted disease other than HIV

Violence

Of high schoolers in Illinois:

- ▶ **16.6%** report having been in a physical fight one or more times in the last year
- ▶ **3.8%** report carrying a weapon on school property at least once in the last 30 days
- ▶ **22.7%** report ever having seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood
- ▶ **12.2%** report that they did not go to school because they felt unsafe at school or on their way to/from school in the last 30 days
- ▶ **11.6%** report having experienced sexual violence in the last year and **8.8%** report being physically forced to have sexual intercourse
- ▶ Of students who had dated someone in the last year, **7.8%** report sexual violence from someone they were dating and **7.4%** reported physical violence from someone they were dating

DEFINE THE POPULATION

The AAP defines the stages of adolescence as follows:⁴

EARLY ADOLESCENCE

(Ages 10 to 13)

During this stage, children often start to grow more quickly. They also begin to notice other body changes, including hair growth under the arms and near the genitals, breast development in females and enlargement of the testicles in males. These changes usually start a year or two earlier in girls than boys, and it can be normal for some changes to start as early as age 8 for females and age 9 for males. Many girls may start their period at around age 12, on average 2–3 years after the onset of breast development.

These body changes can inspire curiosity and anxiety in some adolescents especially if they do not know what to expect or what is normal. Some children may also question their gender identity at this time, and the onset of puberty can be a difficult time for children questioning their gender.

Early adolescents have concrete, black-and-white thinking. Things are either right or wrong, great or terrible, without much room in between. It is normal at this stage for young people to center their thinking on themselves (called “egocentrism”).

As part of this, preteens and early teens are often self-conscious about their

appearance and feel as though they are always being judged by their peers.

Pre-teens feel an increased need for privacy. They may start to explore ways of being independent from their family. In this process, they may push boundaries and may react strongly if parents or guardians reinforce limits.

MIDDLE ADOLESCENCE

(Ages 14 to 17)

Physical changes from puberty continue during middle adolescence. Most males will have started their growth spurt, and puberty-related changes continue. They may have some voice cracking, for example, as their voices lower. Some develop acne. Physical changes may be nearly complete for females, and most girls now have regular periods.

At this age, many teens become interested in romantic and sexual relationships. They may question and explore their sexual identity which may be stressful if they do not have support from peers, family, or community. Another normal way of exploring sex and sexuality for teens of all genders is self-stimulation, also called masturbation.

REFERENCES

⁴ Reproduced with permission from the American Academy of Pediatrics, Brittany Allen, MD, FAAP; Helen Waterman, DO, [American Academy of Pediatrics \(AAP\), HealthyChildren.org: Stages of Adolescence, HealthyChildren.org, Published March 28, 2019, Accessed June 2021](https://www.healthychildren.org/Stage-of-Adolescence), Copyright © 2019 by the AAP.

Many middle adolescents have more arguments with their parents as they struggle for more independence. They may spend less time with family and more time with friends. They are very concerned about their appearance, and peer pressure may peak at this age.

The brain continues to change and mature in this stage, but there are still many differences in how a normal middle adolescent thinks compared to an adult. Much of this is because the frontal lobes are the last areas of the brain to mature and development is not complete until a person is well into their 20s! The frontal lobes play a big role in coordinating complex decision making, impulse control, and being able to consider multiple options and consequences.

Middle adolescents are more able to think abstractly and consider “the big picture,” but they still may lack the ability to apply it in the moment. For example, in certain situations, kids in middle adolescence may find themselves thinking things like:

- ▶ *“I’m doing well enough in math and I really want to see this movie... one night of skipping studying won’t matter.”*
- ▶ *“Do I really have to wear a condom during sex if my girlfriend takes the pill?”*
- ▶ *“Marijuana is legal now, so it can’t be that bad.”*

While they may be able to walk through the logic of avoiding risks outside of these situations, strong emotions often continue to drive their decisions when impulses come into play.

LATE ADOLESCENTS (18 to 21... and beyond!)

Late adolescents generally have completed physical development and grown to their full adult height. They usually have more impulse control by now and may be better able to gauge risks and rewards accurately. In comparison to middle adolescents, youth in late adolescence might find themselves thinking:

- ▶ *“While I do love Paul Rudd movies, I need to study for my final.”*
- ▶ *“I should wear a condom...even though my girlfriend is on birth control, that’s not 100% in preventing pregnancy.”*
- ▶ *“Even though marijuana is legal, I’m worried about how it might affect my mood and work/school performance.”*

Teens entering early adulthood have a stronger sense of their own individuality now and can identify their own values. They may become more focused on the future and base decisions on their hopes and ideals.

Friendships and romantic relationships become more stable. They become more emotionally and physically separated from their family. However, many reestablish an “adult” relationship with their parents, considering them more an equal from whom to ask advice and discuss mature topics with, rather than an authority figure.



PART 1

For Providers

CALL TO ACTION

THE UNIQUE NEEDS OF ADOLESCENTS

Adolescence is a critical period of physical and cognitive development and change, during which time key areas of the brain are still developing and maturing. These changes in brain structure, function, and connectivity make adolescence the opportune time to explore one's developing identity, form relationships with peers and adults, and navigate social and societal situations that will challenge the decisions they make. Routine, comprehensive clinical health supervision visits are important in addressing the needs of this unique and vulnerable population to help them navigate through their transition to adulthood. Adolescents comprise about 25% of the US population, which makes investing in them the key to a more promising future.

CLIMATE OF ADOLESCENT HEALTH CARE

Despite solid evidence demonstrating the benefits of clinical preventive services, most adolescents and young adults in the US do not receive the recommended services needed to support their optimal health. Fewer than half of adolescents (ages 13–18) and even fewer young adults (ages 19–26) have had regular preventive visits. However, when these preventive visits do occur, many young people report that they lack one-on-one confidential discussions with their pediatrician or other clinician. Professional

guidelines regarding adolescent preventive care recommend that youth have access to confidential services, an essential component of comprehensive care for this age group.

BRIGHT FUTURES GUIDELINES

The American Academy of Pediatrics (AAP) Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, recommend that youth start having confidential, one-on-one time with their pediatrician during early adolescence.

Bright Futures Guidelines, 4th Edition, convened⁵ multidisciplinary expert panels for the age stages of infancy, early childhood, middle childhood, and adolescence. Each panel was co-chaired by a pediatrician content expert and a panel member who represented family members or another health profession. The 39 members of the expert panels were individuals who represented a wide range of disciplines and areas of expertise, including mental health experts, nutritionists, oral health practitioners, family medicine professionals, nurse practitioners, family and school representatives, and members of AAP national committees with relevant expertise.

One component of the Bright Futures Guidelines, 4th Edition, is the Periodicity

REFERENCES

⁵ American Academy of Pediatrics (AAP), [Investing in Adolescent and Young Adult Health: Pediatricians, Parents, and Youth Working Together to Improve Lifelong Health](#).

Schedule, a tool describing which preventive services and screenings should be delivered at each of 32 well visits from prenatal to 21 years of age. In 2018, it was mandated by law that health insurances offering group or individual health insurance coverage are required to cover the services and screenings listed.

Bright Futures Guidelines, 4th Edition, recommends that adolescent and young adult health supervision visits include discussions related to:

- ▶ Physical growth and development
- ▶ Social and academic competence
- ▶ Emotional well-being
- ▶ Risk reduction
- ▶ Violence and injury prevention

In order to ensure that the needs and health of the adolescent or young adult patient are met, pediatricians should:

Protect the patient's confidentiality

- ▶ Incorporate recommended screening results into anticipatory guidance conversations
- ▶ Support adolescent patients in taking responsibility for their own health care
- ▶ Provide a supportive, open, and nurturing environment to foster autonomy

Bright Futures Guidelines, 4th Edition, recommends that pediatricians take a strength-based approach to partnering with adolescents and parents. Pediatricians

can work with parents and adolescents to identify their strengths and use shared decision-making and motivational interviewing techniques to develop a plan for positive behavior change.

ROLE OF A PHYSICIAN

BUILD AN ADOLESCENT-SUPPORTIVE PRACTICE ENVIRONMENT

In order to best support adolescent and young adult patients, pediatric offices should work to adopt a culture that reflects the unique needs of this population and reduces barriers that may interfere with adolescents and young adults accessing essential health care services. A practice that adopts this culture is called an adolescent-supportive practice.

Some strategies for fostering an adolescent-supportive practice environment include:

- ▶ Develop a written office policy about adolescent confidentiality (Note: to help ensure parents, adolescents, and young adults are aware of the policy, consider posting it in a visible location in the office, and/or sending it directly to patients and families via email or mail)
- ▶ Ensure that confidential, one-on-one time is a standard part of all adolescent and young adult clinical visits
- ▶ Train all clinical and office staff in adolescent confidentiality practices

- ▶ Train all clinical and office staff in ways to welcome and speak with adolescent patients
- ▶ Offer extended clinical hours in the evenings and on weekends to allow adolescents and young adults to access care after school or work hours
- ▶ Display brochures/resources about common adolescent health concerns in the office
- ▶ Create a waiting room for teens that has age-appropriate decorations, magazines, and media
- ▶ Ensure the office environment is LGBTQ+ inclusive (Note: some strategies for supporting inclusivity include using clinical forms and questionnaires that allow patients to write-in their own gender and allowing for differentiation between the sex assigned to a patient at birth and their affirmed gender)
- ▶ Normalize confidential, one-on-one discussions with adolescents and young adults as a part of routine clinical care
- ▶ Discuss office privacy and confidentiality practices during every visit, with both the patient and their parent in the room
- ▶ Include parents in the non-confidential aspects of adolescent and young adult care
- ▶ Focus on the adolescent or young adult as the primary patient (Note: some easy ways to do this are to address questions directly to the teen, and to make eye contact during screening and counseling discussions. Patients 18 years and older must authorize parental involvement.)
- ▶ Ask parents to step out of the room for confidential discussions
- ▶ Use one-on-one time to discuss important health issues, including potentially sensitive topics
- ▶ Screen for the health topics recommended by Bright Futures Guidelines, 4th Edition and provide brief counseling and referrals to local resources when appropriate
- ▶ Choose language that is LGBTQ+ inclusive, like using the patient's preferred name and pronouns
- ▶ Understand Illinois laws around confidentiality and age of consent

PROVIDE ADOLESCENT-SUPPORTIVE CARE

In addition to building a supportive environment, it is important that pediatricians and other clinicians also provide adolescent-supportive care during clinical visits. Providing supportive care during adolescent and young adult visits helps to build a trusting relationship and foster open discussion about health, wellness, and potentially sensitive topics. Some strategies for providing adolescent-supportive care include:

Illinois Policies on the Ability for Minors to Consent for Medical Services⁶

General Medical Care:

If 14 years of age and older and emancipated, understands benefits and risks, identified by a listed representative, or married, pregnant or a parent

Immunizations:

Yes, if 12 years old or older for HPV or Hep B

Dental Care:

Emergency dental care

Sexual Assault Evaluation:

Yes

STI Testing and Treatment:

Yes, if 12 years of age or older*

HIV Testing and Treatment:

Yes, if 12 years of age or older*

Contraceptive Care:

Yes, if married, a parent, pregnant or ever pregnant, or referred

Prenatal Care:

Yes

Substance Abuse Treatment:

Yes, if 12 years of age or older

Mental Health Care:

Yes, if 12 years of age or older, 16 or older for inpatient*

*parent/guardian may be informed

REFERENCES

⁶ [State-by-State Variability in Adolescent Privacy Laws, Pediatrics, Volume 149, Issue 6, June 2022.](#)

Additional AAP resources, including demonstrations, can be found at [Adolescent Health Care Campaign Toolkit](#)⁷ and are updated frequently.

Adolescence is a very important developmental stage filled with health opportunities yet accompanied with health-related risks. Established health behaviors pave the way towards adult health, productivity, and longevity. Adolescents who thrive have access to caring adults that foster healthy development and are offered meaningful opportunities that build competencies and abilities. This is an opportunity for providers and healthcare professionals to prevent health-related issues and illness and guide them towards successful assets in their communities.

Throughout this toolkit, evidence-based practices were researched to identify, reduce, and prevent dependence on risky behavior in adolescents. Therefore, tools such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) will be referenced when addressing the health issues adolescents may face. We have summarized integrating screening to streamline the process, considering ways to assess the health topic, evaluating the need at hand and ensuring compliance through follow up.

The main health topics identified from this needs assessment survey and addressed in this toolkit are:

- ▶ Mental and Behavioral Health
- ▶ Tobacco and Substance Use
- ▶ Violence and Injury Prevention
- ▶ Sexual Health and Gender Identity
- ▶ Nutritional Health
- ▶ Adolescents with Special Care Needs

REFERENCES

7 American Academy of Pediatrics (AAP), [Adolescent Healthcare Toolkit](#).



Mental & Behavioral Health

MENTAL AND BEHAVIORAL HEALTH

Adolescence is a unique and formative time. Multiple physical, emotional, and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems.⁸

This can have a great impact during their rapid development and brain growth. Promoting psychological well-being and protecting adolescents from adverse experiences and risk factors that may impact their potential to thrive are critical for their well-being during adolescence and for their physical and mental health in adulthood.

MENTAL HEALTH AGE OF CONSENT⁹

In Illinois, minors age 12 or older can consent to up to eight 90-minute sessions of outpatient counseling or psychotherapy without consent of a parent or guardian.

There is no limit on the number of sessions for those 17 years of age or older. A minor 16 years of age or older may consent to admission to a mental health facility for inpatient services if they execute the application for voluntary admission.

Unlike outpatient services, providers must immediately inform the minor patient's parent or guardian, even if the minor does not consent to the disclosure.

ILLINOIS TEENS & MENTAL HEALTH¹¹

- ▶ **21%** of children under 17 in Illinois have one or more emotional, behavioral or developmental conditions¹⁰
- ▶ **42.1%** of Illinois high schoolers report that they felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing usual activities¹¹
- ▶ **20.3%** of Illinois high schoolers seriously considered suicide¹¹
- ▶ **17%** made a plan about how they'd attempt suicide¹¹
- ▶ **8.4%** made a suicide attempt¹¹
- ▶ **30%** of high schoolers in Illinois reported that their mental health was most of the time or always not good¹¹

REFERENCES

8 World Health Organization (WHO), [Mental Health of Adolescents](#).

9 Illinois Health and Hospital Association, [Consent by Minors to Medical Treatment](#).

10 Kids COUNT Data Center, [Illinois](#).

11 Centers for Disease Control and Prevention (CDC), [High School YRBS, Illinois 2021](#).



CONSIDERATIONS PRIOR TO VISIT

- ▶ Make every effort to create a safe, non-judgmental, and supportive environment so that your adolescent patients will be open to discussing their feelings and behaviors. Consider including indicators that you are a safe space for LGBTQ+ patients, In a [National Survey](#)¹², 60% of LGBTQ+ adolescents who wanted mental health care said they were unable to access it¹¹
- ▶ Consider reviewing [Illinois Doc Assist](#)¹³ for answering primary care behavior health questions related to children, adolescent and perinatal mental health
- ▶ Identify billing codes to seek reimbursement for mental health services provided by PCPs
- ▶ Are you maintaining an updated mental health referral list? Consider telepsychiatry in more remote areas

REFERENCES

12 The Trevor Project, [2022 National Survey on LGBTQ Youth Mental Health](#).

13 [Illinois Doc Assist](#).

INTEGRATING SCREENING INTO PRACTICE

At selected visits, Bright Futures recommends universal screening for developmental concerns, behavioral/social/emotional concerns, maternal depression, adolescent depression and suicide risk, substance use, or oral health concerns. A number of screening tools have been developed and are commonly used. The [Bright Futures Toolkit](#)¹⁴ provides a list of links to tools for use at specific Bright Futures visits as well as screening and assessment tools for use at the discretion of the health care professional.

The American Academy of Pediatrics does not approve nor endorse any specific tool for screening purposes. This list is not exhaustive, and other screening tools may be available. For best results, it is recommended that users review available instruction manuals before administering, scoring, and analyzing results of the scoring tools. Availability of a tool in multiple languages does not correlate to validation of the tool in such languages.

BEHAVIORAL/ SOCIAL/EMOTIONAL SCREENING TOOLS FOR ADOLESCENTS

Pediatric Symptom Checklist (PSC) age range: 4 to 16 years

A brief screening questionnaire used by pediatricians and other health professionals to recognize psychosocial problems and improve treatment in children. Translations available.

Strengths & Difficulties Questionnaires (SDQ) age range: 2 to 17 years

The SDQ is a brief psychological assessment tool for 2 to 17-year-olds. It exists in several versions to meet the needs of researchers, clinicians, and educators. Translations available.

REFERENCES

14 American Academy of Pediatrics (AAP), [Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools](#).

DEPRESSION AND SUICIDE RISK SCREENING TOOLS FOR ADOLESCENTS

PHQ-9 Modified for Teens (PHQ-A) **age range: 11 to 17 years**

A version of the PHQ-9 Modified for Teens is available in the Guidelines for Adolescent Depression in Primary Care Toolkit (in multiple languages).

Another sample of the PHQ-9 Modified for Teens is available through the Community Care of North Carolina.

Ask Suicide-Screening Questions (ASQ) **age range: 8 and older**

The Ask Suicide-Screening Questions (ASQ) tool is a set of four brief suicide screening questions that takes 20 seconds to administer.

Columbia-Suicide Severity Rating Scale (C-SSRS)

The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs.

Patient Safety Screener (PSS-3)

The Patient Safety Screener is designed to screen for non-negligible risk and provide initial stratification for those with non-negligible risk into mild, moderate, or high risk. It can be used as a single, nine-item instrument. In addition, the first three items (the PSS-3) and the final six items (the ED-SAFE Secondary Screener, or ESS) can be used separately.

ASSESS

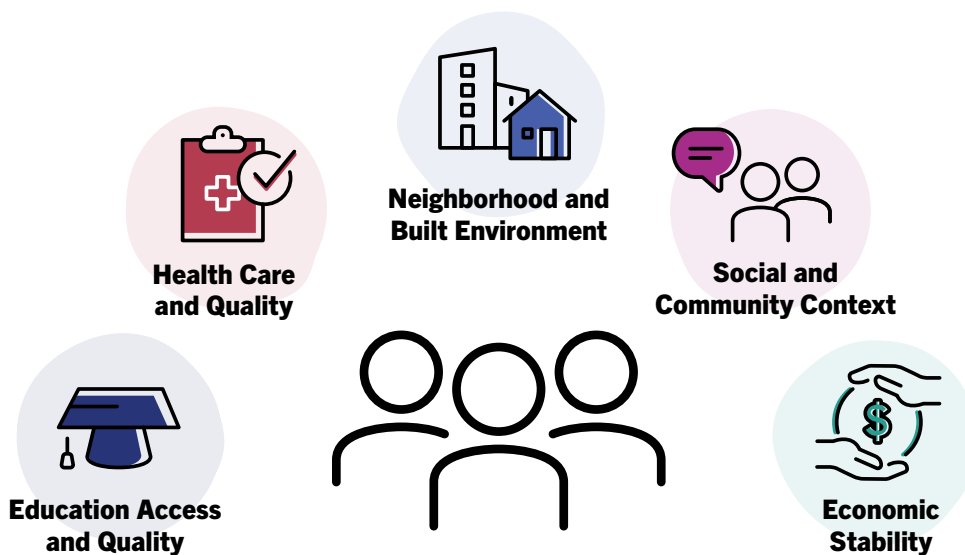
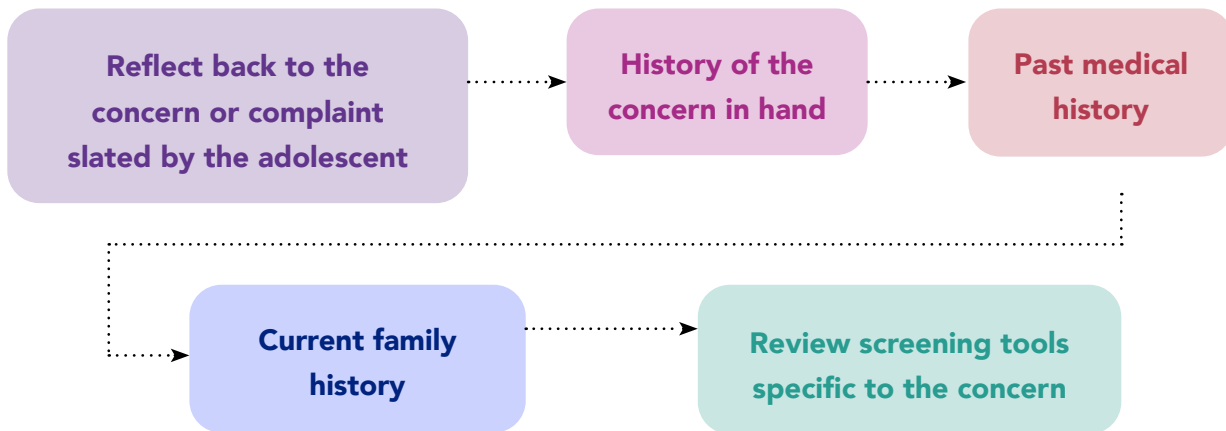
**Remember to reduce stigma—
use neutral terminologies such as:**

- Coping skills
- Counseling
- Stress

Rather than saying:

- Problems
- Illness

When referring to mental health specialists, state they are behavioral health providers, and ensure confidentiality between you and the patient. Below is a workflow of discussion with an adolescent patient about mental health:



When navigating the workflow discussion with a patient, consider what impact the social determinants of health may have when it comes to problem solving.

REFERENCES

15 Image adapted from: <https://www.cdc.gov/publichealthgateway/sdoh/index.html>.

EVALUATE

- ▶ Provide screening tool to patient and refer as needed
- ▶ Review the risk factors (may re-evaluate what was reviewed from social determinants of health)

FOLLOW UP

- ▶ Set expectations
- ▶ Prioritize the protective factors to build resiliency and build upon their assets
- ▶ Review key takeaways from this appointment
- ▶ Know the variety of resources for Illinois and nationally. Some helpful resources are listed at right



IDPH: Violence Prevention and Support Resources

This document provides a list of violence prevention and support resources available to communities.

Illinois Call4Calm Text Line (24/7)

A free emotional support text line. Text TALK to 552020 or HABLAR for service in Spanish.

Illinois CARES Line (24/7)

Parents can call the Crisis and Referral Entry Services line 1-800-345-9049 to talk to a mental health professional if they feel their child is a risk to themselves or others, having a mental health crisis, or the parent would like a referral to services for children, youth, and families.

Suicide Prevention Hotline

Free and confidential support for individuals experiencing a mental health crisis or their loved ones, available 24-hours a day 7-days a week, 1-800-273-8255 (TALK).

Crisis Text Line

Free and confidential support for individuals in crisis available 24 hours a day 7 days a week. Text HELLO to 741741 or visit www.crisistextline.org.

National Helpline | SAMHSA— Substance Abuse and Mental Health Services Administration

Free and confidential treatment referral and information service available 24 hours a day 7 days a week, 1-800-622-4357 (HELP).

A close-up photograph of a person wearing a dark hoodie, exhaling a large, billowing cloud of white vapor. The person's eyes are closed, and their hands are near their mouth. The image is overlaid with a semi-transparent blue gradient. The text "Tobacco & Substance Use" is centered in white, bold, sans-serif font.

Tobacco & Substance Use

Survey Data

ILLINOIS 2021 YRBS YOUTH TOBACCO USE¹⁶

- ▶ **2.5%** of Illinois teens currently smoke cigarettes
- ▶ **16.7%** of Illinois teens currently use electronic vapor products
- ▶ **2.6%** of Illinois teens currently smoke cigars
- ▶ **48.8%** of Illinois teens did not attempt to quit using tobacco products

YOUTH TOBACCO USE DATA¹⁷

2022 National Youth Tobacco Survey (NYTS) on youth tobacco use in the Morbidity and Mortality Weekly Report: Tobacco Product Use among Middle & High School Students, US 2022.

Current Use: Over 3 million middle & high school students currently use a tobacco product.

Most Commonly Used Types of Devices

- ▶ E-cigarettes (9.4%)
- ▶ Cigars (1.9%)
- ▶ Cigarettes (1.6%)

Flavored E-Cigarette Use:

Current users overwhelmingly (85%) use flavored e-cigarettes with fruit/candy flavors being most popular.

Frequency of Use: Over a quarter (27.6%) use an electronic cigarette product everyday.

IMPACT OF YOUTH TOBACCO USE¹⁸

Mortality Rate: If smoking continues at current rates, 5.6 million—or 1 out of every 13—of today's children will ultimately die prematurely from a smoking-related illness.

Mental Health: There is a strong relationship between youth smoking and depression, anxiety, and stress.

Usage: Youth who use e-cigarettes are more likely to use cigarettes or other tobacco products. Among adults who smoke cigarettes daily, nearly 90% first started using cigarettes before age 18. Tobacco use disorder almost always develops childhood or adolescence.

Brain Development: Youth are uniquely vulnerable to nicotine/e-cigarette addiction because their brains are still developing. E-cigarettes can harm parts of the brain that control attention, learning, mood, and impulse control.

RESOURCES

¹⁶ Centers for Disease Control and Prevention, [High School YRBS Illinois 2021 Results](#).

¹⁷ U.S Food & Drug Administration [Results from the Annual National Youth Tobacco Survey](#).

¹⁸ Centers for Disease Control and Prevention, [Youth and Tobacco Use](#).

E-CIGARETTE SECONDHAND AEROSOL EXPOSURE¹⁸

The toxins found in e-cigarette devices are similar to toxins found in combustible tobacco.

Exposure to the harmful compounds found in vapes can happen through inhalation, ingestion, and dermal contact with aerosols exhaled into the environment.

Nonsmokers who are exposed to cigarettes and e-cigarettes have similar cotinine levels, indicating that they take in similar levels of nicotine.

RECOMMENDED ACTIONS FOR PEDIATRICIANS: Prevent and Treat Tobacco and Nicotine Use Among Youth Patients¹⁹

Screen all adolescents for tobacco and nicotine use as part of health supervision visits

- ▶ The '5As' model provides a guide for screening and counseling adolescents for e-cigarette use during clinical practice
- ▶ The '5As' can be used to structure clinical conversations about tobacco and e-cigarette use (see resources below)

Include tobacco and nicotine use prevention as part of anticipatory guidance for children and adolescents

- ▶ The US Preventive Services Task Force (USPSTF) recommends that pediatricians provide education or brief counseling to prevent initiation of tobacco use among youth patients
- ▶ Prevention interventions, including face-to-face counseling, telephone counseling, and computer-based and print-based interventions, consistently find small but clinically meaningful reductions in smoking initiation

Offer treatment to patients who use tobacco products

- ▶ Pediatricians should refer adolescents who want to quit using tobacco to behavioral interventions, as it can strengthen skills around coping with emotional, social, and environmental triggers; managing cravings; and coping with withdrawal symptoms

RESOURCES

18 American Academy of Pediatrics, [A Public Health Crisis: Electronic Cigarettes, Vape, and JUUL](#).

19 American Academy of Pediatrics, [Protecting Children and Adolescents From Tobacco and Nicotine](#).

Survey Data

ILLINOIS 2021 YRBS YOUTH ALCOHOL & SUBSTANCE USE²⁰

- ▶ **22.8%** of Illinois teens currently drink alcohol
- ▶ **11.6%** of Illinois teens currently binge drink
- ▶ **15.1%** of Illinois teens currently use marijuana
- ▶ **9.5%** of Illinois teens have used prescription medication not prescribed to them
- ▶ **2.4%** of Illinois teens have used cocaine to quit using tobacco products



RESOURCES

20 Centers for Disease Control and Prevention, [High School YRBS Illinois 2021 Results](#).

Screening, Brief Intervention and Referral to Treatment (SBIRT)

An evidence-based approach to identifying patients who may be using alcohol or drugs, then taking steps of the related clinical approach or intervention.

Stage	Description	Brief Intervention Goals
Abstinence	Patient has never used drugs or taken more than a few sips of alcohol.	Prevent or delay initiation of substance use through positive reinforcement and patient/parent education.
Substance use without a disorder	Limited use, usually in social situations; typically at predictable times such as on weekends; no associated problems (i.e., fighting, arrest or school suspension).	Advise to stop. Provide counseling regarding the medical harms of substance use. Promote patient strengths.
Mild-moderate SUD	Use in high-risk situations such as driving or with strangers; associated with problems (as above); or use to relieve stress or depression.	Brief assessment to explore patient-perceived problems associated with use. Give clear, brief advice to quit. Provide counseling regarding the medical harms of substance use. Negotiate a behavior change to quit/cut down. Close patient follow-up. Consider referral to SUD treatment.
Severe SUD	Characterized by loss of control or compulsive use, which is associated with neurologic changes in the brain's reward system.	As above, involve parents in treatment planning whenever possible. Refer to the appropriate level of care. Follow up to ensure compliance with treatment and to offer continued support.

Referral to Treatment is warranted when patients identified as needing more extensive evaluation and treatment are able to access the appropriate services. Treatment Referral is composed of two distinct clinical activities:

- ▶ Working with the adolescent and family so they accept that timely referral and treatment are necessary for the patient's health
- ▶ Facilitating the referral process to engage the patient and family with the appropriate professional(s) or program(s)

Confidentiality²¹

▶ **Prepare for confidential care:**

Establish procedures for providing confidential care. Before screening, both patients and parents should be well informed about the confidentiality policy followed in that practice setting, including the safety related limits that justify whether to continue or break confidentiality.

▶ **Become familiar with your state laws on a minor’s ability to consent to substance use treatment:**

A minor 12 years of age or older may consent to healthcare services or counseling related to the prevention, diagnosis, or treatment of drug use. Unless the minor consents, providers delivering healthcare services or counseling cannot seek the family’s involvement in the minor’s treatment. A provider shall not inform the parents or guardians of the minor’s condition or treatment without the minor’s consent unless, in the provider’s judgment, it is necessary to protect the safety of the minor, a family member, or another individual.

Additional Resources for Pediatricians:

Fact Sheets:

- ▶ [E-Cigarettes and Vaping: What Clinicians Need to Know](#)
- ▶ [Electronic Nicotine Delivery Systems \(ENDS\)](#)

Screening and Assessment Tools Validated for Use with Adolescents²²

S2BI (Screening to Brief Intervention)

- ▶ Frequency of use screen for tobacco, alcohol, marijuana and other illicit drug use
- ▶ Discriminates between no use, no substance use disorder (SUD), moderate SUD and severe SUD, based on DSM-5 diagnoses
- ▶ Electronic medical record compatible
- ▶ Self-or-interviewer-administered

BSTAD (Brief Screener for Tobacco, Alcohol, and other Drugs)

- ▶ Identifies problematic tobacco, alcohol and marijuana use
- ▶ Electronic medical record compatible
- ▶ Self-or-interviewer-administered

RESOURCES

²¹ Illinois Health and Hospital Association, [Consent by Minors to Medical Treatment](#).

²² American Academy of Pediatrics Substance Use Screening, [Brief Intervention, and Referral to Treatment](#).

CRAFFT (Car, Relax, Alone, Friends/ Family, Forget, Trouble)

- ▶ Quickly identifies problems associated with substance use (not a diagnostic tool)

GAIN (Global Appraisal of Individual Needs)

- ▶ Assesses for both substance use disorders and mental health disorders

AUDIT (Alcohol Use Disorders Identification Test)

- ▶ Assesses risky drinking

Tobacco & Substance Use Screening Resources

5A Model—Teen Tobacco Cessation

AAP Tobacco Control fact sheet that provides an easy reference guide to help clinicians utilize the ‘5As’ screening and counseling technique with teens

Validated Screening Tools to Address Youth Tobacco Use & Dependency

Provides information for pediatricians on validated screening tools for both tobacco use and tobacco dependency

Counseling & Motivational Interviewing for Teens

AAP Screening, Brief Intervention, Referral to Treatment (SBIRT) Implementation Guide

Handouts

Tips for Teens about Tobacco Use

is a great tool when explaining the severity of tobacco usage in teens

Knowing the Protective Factors when Addressing Youth Substance Use

can be beneficial when educating teens and their parents



Violence & Injury Prevention

VIOLENCE AND INJURY PREVENTION

According to the CDC, youth violence is defined as the intentional use of physical force or power to threaten or harm others by young people ages 10 to 24. This may include fighting, bullying, threats with weapons, and gang (intent-related) violence. A young person can be involved with youth violence as a victim, offender, or witness.²³

Youth violence may result in an adverse childhood experience (ACE)²¹ and can have long-term impacts on health and well-being. Additionally, many risk factors for youth violence are linked to toxic stress from experiencing ACEs. Toxic stress (extended or prolonged stress), can negatively change the brain development of children and youth.²⁴

2019 U.S. KEY FACTS²⁵

- ▶ Every day about 360 teens are treated in emergency departments for assault injuries
- ▶ Homicide is the 3rd leading cause of death among teens
- ▶ Female teens are more likely than males to experience three or more types of violence
- ▶ The same risk is true for LGBTQIA+ teens compared to their heterosexual peers
- ▶ Violence can impact school attendance and access to community support services

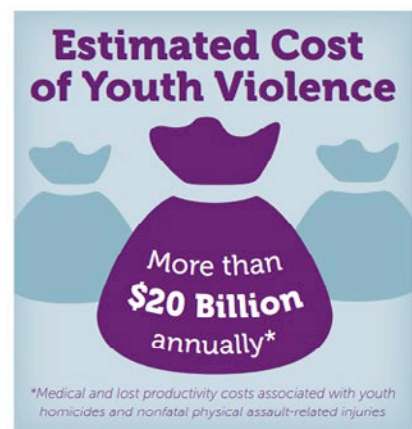


Image credit: <https://www.cdc.gov/violenceprevention/youthviolence/fastfact.html>

REFERENCES

23 Centers for Disease Control and Prevention, [Fast Facts: Preventing Adverse Childhood Experiences](#).

24 Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, [Prevalence of Multiple Forms of Violence and Increased Health Risk Behaviors and Conditions Among Youths](#).

25 Childrens Hospital of Philadelphia, [Types of Violence Involving Youth](#); Centers for Disease Control and Prevention, [Teen Violence Impact](#); Centers for Disease Control and Prevention, [Interpersonal Violence Victimization Among High School Students—YRBS 2019](#); American Academy of Pediatrics, [Intimate Partner Violence](#); Primary Care: Clinics in Office Practice, [Sexual Assault in Adolescents](#).



‘GETTING THEM IN’

- ▶ What is your office environment like? Is there a confidential space for a patient to wait or a prolonged wait in a common area?
- ▶ Do other staff members know what to do if someone shares or hints that they are in danger or harm?
- ▶ What is your engagement strategy like when it comes to these topics? Do you have literature visible?

CONSIDERATIONS PRIOR TO VISIT

Educate office staff:

Ensure that staff members understand the importance of universal screening for youth. Identify a lead “champion” to establish, monitor, and evaluate office screening procedures.

Decide how screening will be conducted:

If a clinical assistant will screen instead of the physician, or if a print or computerized tool is used, work out record-keeping to facilitate follow up in the exam room. Commit to screening at every possible visit.

Augment interpersonal communication and patient care skills:

Become familiar with trauma informed interviewing techniques.

Prepare for confidential care:

Establish procedures for providing confidential care.

Prepare for referrals: Generate a list of, and build a rapport with, violence and injury prevention centers. Keep copies of the list in exam rooms.

INTEGRATE SCREENING INTO PRACTICE ASSESS²⁶

Providers are encouraged to directly ask questions about fighting, injuries, sexual and intimate partner violence, threats, self-defense, and suicide as part of a standard violence-related history in order to assess whether an adolescent's involvement in violence is low, moderate or high and to assess the risk for further involvement in violence. Based on the level of risk, providers can then discuss strategies for avoiding or resolving interpersonal conflicts with friends and peers as well as what constitutes a safe dating relationship.

The level of risk can be determined by low, moderate and high. Those that are low have not engaged in physical violence but may be contemplating it. Those that are at moderate risk for violence are those that have engaged in violence and have other factors to contribute. Lastly, those that are at high risk are those that are consistently engaging in violence with other risk factors such as use of weapon.

FIGHTS

- ▶ How many fights have you been in during the past year?
- ▶ When was your last fight?

REFERENCES

26 American Academy of Pediatrics and Center For The Study of Social Policy, [Promoting Children's Health and Resiliency](#)

INJURIES

- ▶ Have you ever been injured in a fight?
- ▶ Have you ever injured someone else in a fight?

SEXUAL & INTIMATE PARTNER VIOLENCE

- ▶ Has your partner ever hit you?
- ▶ Have you ever hit (hurt) your partner?
- ▶ Have you been forced to have sex against your will?

THREATS

- ▶ Has someone carrying a weapon ever threatened you?
- ▶ What happened?
- ▶ Has anything changed since then to make you feel safer?

SELF-DEFENSE

- ▶ What do you do if someone tries to pick a fight with you?
- ▶ Have you ever carried a weapon in self-defense?

SUICIDE

- ▶ Do you ever have thoughts about hurting yourself?
- ▶ Do you have a plan? Do you have access to what you would need to carry out your plan?

Building Resilience in Youth:

Pediatricians have a unique opportunity to impact the lives of their patients and families—even before the child is born—to help increase protective factors and build resiliency.

Educating parents on the vital role they play in helping raise their children to be resilient is incredibly important. Pediatricians are seen as a trusted source of information by parents. Promoting Children’s Health and Resiliency: A Strengthening Families Approach developed by the AAP and the Center

for the Study of Social Policy is a great resource for providing tools on resiliency.²⁷

EVALUATE

Guidance on interventions and strategies to ensure safety and prevent injuries target 3 domains:

- ▶ the development and age of the child;
- ▶ the environment in which the safety concern or injury takes place, and;
- ▶ the circumstances surrounding the event

The health supervision visit provides a venue to assess the parents’ and the child’s current safety strategies, encourage and praise their

positive behaviors, provide guidance about potential risks, and recommend community interventions that promote safety.

REFER

Safety: Monitor and maintain the safety of adolescents until they are assessed by trained personnel. Seek immediate help if adolescent is in serious danger due to intimate partner, gang, school, or domestic violence. Refer to/ contact 911, police or crisis team.

Mandatory Child Abuse Reporting:

File a child abuse report anytime you discover facts that lead you to know or reasonably suspect a minor is a victim of abuse.

Patient/Parent Engagement and Education:

Emphasize the importance of removing or locking up guns and other weapons in the home. Discuss with parents/ caregivers the need for consistent adult guidance, structure, communication, safety, and non-violent disciplinary methods.

Review Resources on:

- ▶ Opportunities for structured socially positive youth activities
- ▶ Family communication/gatherings
- ▶ Family/parent psychosocial education groups
- ▶ Provide emergency contact/ resource information

REFERENCES

²⁷ American Academy of Pediatrics, [Bright Futures](#)

FOLLOW UP

- ▶ Connect youth who report being in 4+ physical fights during the past year or carrying weapons to community resources (school counselors, youth development programs, faith-based organizations, or social workers)
- ▶ Refer youth suspected of having mental health and/or substance use problems to a behavioral health provider for further evaluation and/or treatment
- ▶ Inform teens who are afraid to return home about youth shelters
- ▶ Ensure follow-up for ongoing risk strength assessment, motivational counseling, and referrals to socially positive youth/community programs
- ▶ Provide routine adolescent primary care, health promotion and anticipatory guidance
- ▶ Coordinate with behavioral health provider

HANDOUT

The Center of Disease Control provides a [youth violence prevention infographic](#) on reviewing quick strategies when educating adolescents.





Sexual Health & Gender Identity

SEXUAL HEALTH

2021 ILLINOIS YRBS SEXUAL HEALTH DATA²⁸

- ▶ **18.3%** of teens were currently sexually active within three months of the survey
- ▶ **13.9%** of teens did not use any method to prevent pregnancy during their last sexual intercourse encounter with an opposite-sex partner
- ▶ **94.6%** of teens were not tested for STDs

Pediatricians and other health care providers are an important source of health care information for adolescents and young adults and play a significant role in addressing their reproductive and sexual health care needs. This includes promoting healthy relationships and preventing unintended pregnancies and sexually transmitted infections.



REFERENCES

28 Centers for Disease Control and Prevention, [High School YRBS Illinois 2021 Results](#).

29 American Academy of Pediatrics, [Best Practices for Adolescent Sexual and Reproductive Health Care in Clinical Settings](#).

BEST PRACTICES for Adolescent Sexual and Reproductive Health Care in Clinical Settings²⁹

Confidentiality and Consent:

Preserving confidentiality for adolescent patients supports youth in taking ownership over their own health, facilitates open communication about sensitive topics (eg, sexual health, mental health, and substance use), and supports the transition to adulthood.

Education:

- ▶ Ensure all clinicians and staff understand [state laws surrounding informed consent and confidentiality](#) related to contraceptive services; STI testing and treatment; and HIV testing and treatment

Office policies & procedures:

- ▶ Develop an office policy that explicitly outlines the right of adolescent patients to confidential care and share the policy with patients and families
- ▶ Post in a visible location in your office
- ▶ Require education for clinical and office staff about the importance of protecting adolescent confidentiality in all aspects of care delivery, including medical records, appointments, test results, after-visit summaries, explanation of benefits forms, and follow-up care



Communication with adolescents & families:

- ▶ Talk directly with adolescent patients and their families about the protections of confidentiality at every visit and allocate time for a one-on-one conversation between the patient and clinician during every visit

Involving families:

- ▶ While parent(s) or guardian(s) are present in the room, the provider may find it useful to ask about their concerns and review the past medical history and family history

History taking:

- ▶ After reviewing the nonconfidential information with the parent/guardian present, the parent should be asked

to step out so the provider can review sensitive history questions alone with the adolescent or young adult that they may not feel comfortable asking or answering in front of another adult

CREATING AN ADOLESCENT FRIENDLY OFFICE ENVIRONMENT

Incorporating sexual and reproductive health services into the clinic visit:

- ▶ Provide the full range of sexual and reproductive health services in one location (eg, screening, counseling, STI prevention and treatment, contraception, pregnancy-related care, abortion), and advertising the breadth of services provided

- ▶ Offer same-day sexual and reproductive procedures or helping adolescents make referral appointments for specialized services, and providing clear directions and instructions, assurances of continuing confidentiality, and information about fees, if any
- ▶ To the extent possible, ensure continuity of care by making every effort to have adolescents see the same provider at every appointment

Incorporate puberty, sexuality, and sexual health assessment into psychosocial history taking. Example screening questions include:

Puberty: *“Do you have any concerns about how your body is developing?”*

Sexuality: *“Many people your age begin to have attractions physically or romantically. Have you thought about that? What are the genders of the people that you are attracted to?”*

Sexual health assessment: *“What types of sexual experiences have you had?”*

AAP RECOMMENDATIONS ON CONTRACEPTION AND ADOLESCENTS FOR PEDIATRICIANS^{30, 31}

Discuss abstaining from sexual intercourse as the most effective way to prevent genital STIs, as well as HIV infection, and unintended pregnancy.

Support and encourage the consistent and correct use of barrier methods, as well as other reliable contraception, as part of anticipatory guidance during visits with adolescents who are sexually active or contemplating sexual activity.

Support the provision of free or low-cost barrier methods within communities, including providing barrier methods within clinics.

Promote communication between parents and adolescents about healthy sexual development, sexuality, prevention of STIs and pregnancies, and proper use of barrier.

Resources

[Barrier Protection Use by Adolescents During Sexual Activity.](#)

[Long Acting Reversible Contraception Specific Issues for Adolescents.](#)

REFERENCES

30 American Academy of Pediatrics Healthy Children, [Updated Recommendations on Contraception and Adolescents.](#)

31 American Academy of Pediatrics, [Pediatricians Have Key Role in Providing Sexual, Reproductive Health Care Services.](#)

INTEGRATE SCREENING INTO PRACTICE^{32, 33}

The Centers for Disease Control and Prevention suggest screening adolescents using the 7-P's:

- ▶ **Partners:** How many have you had sexual encounters with?
- ▶ **Practices:** How do you practice safe sex?
- ▶ **Protection from sexually transmitted infections (STIs):** How do you know you have been protected by an STI?
- ▶ **Past history of STIs:** Do you have knowledge of having a history of STIs?
- ▶ **Prevention of pregnancy:** How do you prevent pregnancy?
- ▶ **Permission (consent):** Do you talk about consent with your partner before engaging in sexual encounters?

Another great resource for screening can be found by using this postcard⁶ for easy accessibility.

REFERENCES

32 https://brightfutures.aap.org/Bright%20Futures%20Documents/MSRTable_AdolVisits_BF4.pdf.

33 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. [A Guide to Taking a Sexual History](#), (Accessed June, 2021).



ASSESS & EVALUATE³⁴

Consider pregnancy test when last menstrual period (LMP) is more than 4 weeks earlier

- ▶ Options counseling in the event of positive test

STI screen for all sexually active youth younger than 25 years

- ▶ At least annually, more often when risk factors for STIs are present

Recommend condom use to all sexually active youth

- ▶ Preferably latex, without spermicide
- ▶ Polyurethane or polyisoprene condoms in cases of latex-allergy
- ▶ Consider having a supply to offer at no cost in your clinical space

Discuss contraceptive options

Review indications for emergency contraception (consider having some types freely accessible in your clinical space).

Ensure relevant vaccines are up-to-date (HPV, hepatitis A and B, varicella, MMR).

Be aware of sexual consent laws

- ▶ Consult with your local child protective agencies, as necessary.

Assess relationship safety

- ▶ Consent, teen dating violence, sexting

Arrange follow-up

- ▶ When STI screen test is positive, advise teens that they may be contacted by their local Public Health Department.
- ▶ In event of a positive screen, treat patient and partners

REFERENCES

³⁴ <https://www.cps.ca/en/documents/position/comprehensive-sexual-health-assessments-for-adolescents#ref6>

Gender Identity & Youth LGBTQ+ Considerations in Pediatric Care

Gender Identity is defined as a person's deep internal sense of being female, male, a combination of both, somewhere in between, or neither, resulting from a multifaceted interaction of biological traits, environmental factors, self-understanding, and cultural expectations.³⁵

Despite growing public awareness, adolescents & young adults who identify as LGBTQ+ continue to face disparities such as societal discrimination, declining mental health, and lack of access to quality healthcare.³⁵

Trevor Project 2022 National Survey on LGBTQ Youth Mental Health:³⁵

- ▶ 34,000 LGBTQ youth respondents between ages 13 to 24 across the United States, with **45%** of respondents being LGBTQ youth of color and **48%** being transgender or nonbinary
- ▶ **45%** of LGBTQ youth seriously considered attempting suicide in the past year
- ▶ **14%** of LGBTQ youth attempted suicide in the past year
- ▶ **73%** of LGBTQ youth reported experiencing symptoms of anxiety
- ▶ **58%** of LGBTQ youth reported experiencing symptoms of depression

- ▶ **60%** of LGBTQ youth who wanted mental health care in the past year were not able to get it

GENDER AFFIRMING CARE³⁶

Pediatric primary care providers are in a unique position to routinely inquire about gender development in children and adolescents as part of recommended well-child visits and to be a reliable source of validation, support, and reassurance.

In a gender-affirmative care model (GACM), pediatric providers offer developmentally appropriate care that is oriented toward understanding and appreciating the youth's gender experience. A strong, nonjudgmental partnership with youth and their families can facilitate exploration of complicated emotions and gender-diverse expressions while allowing questions and concerns to be raised in a supportive environment.

REFERENCES

³⁵ The Trevor Project, [2022 National Survey on LGBTQ Youth Mental Health](#).

³⁶ *Pediatrics*, Volume 142, Issue 4: [From the American Academy of Pediatrics | Policy Statement: Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#).

In a GACM, the following messages are conveyed:

- ▶ transgender identities and diverse gender expressions do not constitute a mental disorder
- ▶ variations in gender identity and expression are normal aspects of human diversity, and binary definitions of gender do not always reflect emerging gender identities
- ▶ gender identity evolves as an interplay of biology, development, socialization, and culture
- ▶ if a mental health issue exists, it most often stems from stigma and negative experiences rather than being intrinsic to the child

The GACM is best facilitated through the integration of medical, mental health, and social services, including specific resources and supports for parents and families. Providers work together to destigmatize gender variance, promote the child's self-worth, facilitate access to care, educate families, and advocate for safer community spaces where children are free to develop and explore their gender.

RECOMMENDATIONS³⁷

The AAP works toward all children and adolescents, regardless of gender identity or expression, receiving care to promote optimal physical, mental, and social well-being.

- ▶ Providing youth with access to comprehensive gender-affirming and developmentally appropriate health care
- ▶ Providing family-based therapy and support be available to meet the needs of parents, caregivers and siblings of youth who identify as transgender
- ▶ Making sure that electronic health records, billing systems, patient-centered notification systems and clinical research are designed to respect the asserted gender identity of each patient while maintaining confidentiality
- ▶ Supporting insurance plans that offer coverage specific to the needs of youth who identify as transgender, including coverage for medical, psychological and, when appropriate, surgical interventions
- ▶ Advocacy by pediatricians within their communities, for policies and laws that seek to promote acceptance of all children without fear of harassment, exclusion or bullying because of gender expression

REFERENCES

³⁷ American Academy of Pediatrics, [AAP Policy Statement Urges Support of Transgender and Gender-Diverse Children and Adolescents](#).

CREATING AN INCLUSIVE PEDIATRIC OFFICE ENVIRONMENT³⁸

The following represent some of the many ways pediatricians can improve the care of their LGBTQ+ patients/families, with the acknowledgement that not all pediatricians may be able to implement all of these recommendations.

- ▶ Train all staff about why inclusivity and acceptance of diversity is a positive way for pediatric professionals to model equity
- ▶ Post LGBTQ+ signs, flags, or stickers in waiting rooms, exam rooms, and bathrooms
- ▶ Provide patient education materials that show LGBTQ+ persons and discuss LGBTQ+ issues
- ▶ Hire staff that reflect community diversity, if possible
- ▶ Review office forms, labels, patient portals, and EHR for inclusivity as well as confidentiality
- ▶ Actively engage in consent with patients. Ask permission for sensitive questions and before examining patients. This approach models consent and shows patients how to assert body autonomy
- ▶ Focus on resiliency and opportunities for support, as well as risk and harm reduction

REFERENCES

38 American Academy of Pediatrics. [A Pediatrician's Guide to an LGBTQ+ Friendly Practice](#)

INTRODUCTIONS

Best Practices

Examples

Include your name, pronouns, and role when introducing yourself.

Hi, I'm Dr __ and my pronouns are she, her, and. hers. How are you today? What name do you go by and what pronouns should we use?

All providers sometimes make mistakes with names and pronouns. Be prepared to correct yourself, or colleagues, when they occur. If you make mistakes, apologize, move on, and do better!

If I make a mistake with name or pronouns, or other information, please correct me so I can do better. Feeling that you are respected and comfortable when talking with me is very important.

SOCIAL HISTORY: SETTING THE TONE

Best Practices

Examples

Discuss the importance of the physician asking about sensitive subjects in order to provide important information and care recommendations.

With your permission, I'd like to ask you some questions that I ask of all the youth that I care for.

Discuss privacy and confidentiality issues using your institutional policies regarding medical records as well as local, state, and national laws as a reference.

In our state, information about ___ and ___ are considered protected confidential information. We will keep your gender and sexual information private, but understand, your parent/guardian can request to access your health information as a minor. Please let me know what information should not share with your parent/guardian.

Routine surveillance and screening can assess for risk and resiliency factors in the patient's family, school, or community (eg, HEADDSSS for adolescents).

Do you need support or have any questions as you navigate your gender identity, sexual orientation, or relationships?

All youth deserve to have opportunities to be safe, healthy, happy, and have a bright future ahead. Are there any ways I can help you achieve these goals for yourself, with family, and in school and the community?

TAKE ADVANTAGE OF DEVELOPMENTAL STAGES & OPPORTUNITIES

Best Practices

Examples

For prepubertal children, use language and concepts that are attuned to their developmental abilities and experience.

*Do you feel more like a boy girl or neither?
How do you feel about being ___?*

What do you love and what makes you happy?

What name should I call you?

When people talk about me I like them to use (providers pronouns) to describe me.

What words are pronounced would you like me to use when referring to you?

For prepubertal children or early adolescents, assess comfort with bodily and societal changes associated with puberty. Open the door for questions.

Everyone goes through puberty. How do you feel about upcoming puberty?

What questions, concerns, or information do you need to navigate puberty successfully?

For older adolescents and young adults continue to check in with them about gender and sexual development.

Identities grow and evolve over time.

Do you want to talk more about gender or sexuality today?

Know that it is common for people to explore these aspects of growing into adulthood over time.

Assess family support/safety as well as mental health.

How much do your caregivers know about your identity?

How does their behavior towards you or your friends reflect that?

How safe do you feel at home?

AVOID ASSUMPTIONS

Best Practices

Examples

This includes:

- ▶ Gender identity and pronouns
- ▶ Sexual orientation and partner(s)
- ▶ Sexual behaviors

I ask all my patients about gender identity and sexual orientation as well as specific sexual behaviors. This information can be confidential (depending on state laws), or I can help you discuss these with your caregiver(s).

How would you describe your gender identity?

Many people your age begin to have attractions physically or romantically. Have you thought about that? Who are you attracted to?

In what ways have you explored your own and others' sexuality? Many teens masturbate as a safe form of sexual expression. Other teens make decisions to explore their bodies and sexuality with other persons. Tell me a little about how you have explored sex and intimacy.

Research shows that adolescents not only want, but also expect, their providers to ask questions about sensitive topics. Consider this an opportunity to model open communication with caregivers as well.

How would you describe your gender identity?

Many people your age begin to have attractions physically or romantically. Have you thought about that? Who are you attracted to?

Use open-ended questions and gender-neutral language when talking with patients.

In what ways have you explored your own and others' sexuality? Many teens masturbate as a safe form of sexual expression. Other teens make decisions to explore their bodies and sexuality with other persons. Tell me a little about how you have explored sex and intimacy.

LISTEN TO PATIENTS' LANGUAGE AND CONTEXT

Best Practices

Examples

Terminology is constantly changing.
Youth have a language all their own!

How would you describe or how would you like me to refer to your gender identity, body parts, sexuality?

Ask patients what words they use to describe: their gender, their body parts, the type of sexual behaviors they engage in.

If I am hearing correctly, lets use the term front and back holes for those parts?

Reassure them that honest and open discussions will allow you to provide the best recommendations for their care.

Let me know if use terminology that is difficult for you. We can together figure out terms that are more comfortable.

GENDER NEUTRAL LANGUAGE INCLUDES EVERYONE!

Best Practices

Examples

Start this conversation early, when discussing infant gender. Continue along developmentally appropriate pathways for all youth.

Your infant will be assigned a male or female sex at birth. As your child grows, we will learn more about their developing gender identity.

Challenge caregivers to offer children all types of play opportunities.

Challenge caregivers to allow children to dress and physically express themselves in ways that are comfortable for them.

Yes, your child is correct: there are no girl or boy toys, just toys! Kids of all genders can love pink! It's okay for your child to dress how they feel most comfortable.

Model use of inclusive language and encourage children and adolescents to be and live their authentic selves in all discussions, including those around health maintenance and sexual health.

Young persons who are sexually active may need protection from pregnancy. Let's talk about your sexuality and what you might need for birth control and STI prevention. As a person who has a uterus, you need to understand that being on testosterone does not protect against pregnancy.

INTERACTING WITH PATIENTS' FAMILIES

Best Practices

Examples

Families and guardians come in all shapes and sizes.

There are all kinds of families, how would you describe yours?

Ask about each person's role in relationship to the child. Be sure to respect each individual's role in the family regardless of biological connection to the patient. For example, don't assume that a birthing parent is a mother.

What name does/will your child use for you?

Please tell me the people who are genetically related to and their medical conditions.

Ask questions about both who is in the households and who are their main supports.

Where do you live?

Who do you live with?

Who else is important to you?

Don't assume the person accompanying the patient is a parent or guardian—ask about their role.

Who is here with you today?

For older children: what names and pronouns does this person use?

Avoid assumptions about family roles and values.

Tell me more about how your family accepts and supports you.

Does your family know about your identity, sexual orientations, relationships? Would you like support in talking to your family or anyone else about this?

Many LGBTQ+ persons elect to create 'families of choice,' separate from those they are related to or live with. These non biologically related families are a vital part of many LGBTQ+ persons experience.

Who do you consider as part of your family?

Do you need help talking to your family about identity sexual orientation or relationships?

Resources for Pediatricians:

Recommendations and clinical guidelines for providing care to LGBTQ+ patients and families.

American Academy of Pediatrics

- ▶ [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#)
- ▶ [Equitable Access to Sexual & Reproductive Health Care for All Youth](#)
- ▶ [A Pediatrician's Guide to an LGBTQ+ Friendly Practice](#)

Lurie Children's Hospital of Chicago:

- ▶ [How to Support Transgender & Gender-Questioning Youth](#)
- ▶ [Mental Health Support for Transgender & Gender Questioning Youth](#)

Additional Resources:

- ▶ [Trevor Project 2022, National Survey on LGBTQ Youth Mental Health](#)



Nutritional Health

NUTRITIONAL HEALTH

Healthy eating during adolescence is important as body changes during this time affect an individual's nutritional and dietary needs. Adolescents are becoming more independent and making many food decisions on their own. Many adolescents experience a growth spurt and an increase in appetite and need healthy foods to meet their growth needs. Adolescents tend to eat more meals away from home than younger children. They are also heavily influenced by their peers. Meal convenience is important to many adolescents and they may be eating too much of the wrong types of food, like soft drinks, fast-food, or processed foods.³⁹ Nutritional habits are important, with high intake of processed, energy-dense foods, high Body Mass Index (BMI), and iron deficiency among the top 20 risk factors of disability-adjusted life years worldwide.⁴⁰

2019 U.S. KEY FACTS⁴¹

Physical Activity

25.4% of adolescents were physically active at least 60 minutes per day on all 7 days in the past week

Overweight and Obesity

- ▶ **14.4%** of adolescents were overweight
- ▶ **11.5%** of adolescents had obesity
- ▶ Illinois is ranked 24 among the 50 states as having **14.9%** of obese youth 10 to 17 years old⁴²

INTEGRATE SCREENING INTO PRACTICE

Most studies and guidelines on eating behavior are from high-income countries (HICs). The 2010 U.S. dietary guidelines for adolescents (ages 9–18 years), for example, suggest that girls require 1,400–2,400 calories per day and boys require 1,600–3,200 because of their typically larger frames and muscle mass. However, any teenager involved in athletic physical activity can require up to 5,000 calories per day.⁴⁰

REFERENCES

39 John Hopkins Medicine, [Healthy Eating During Adolescence](#).

40 National Library of Medicine.

41 Centers for Disease Control and Prevention, [Nutrition, Physical Activity and Obesity Data, Trends and Maps](#).

42 State of Childhood Obesity, [Deeper Dive: New Obesity Rate Data for Youth Ages 10 to 17](#).

ELEMENTS OF A NUTRITION SCREENING AND ASSESSMENT FOR ADOLESCENTS⁴³

ASSESS & EVALUATE

When evaluating an adolescents nutritional needs; the 2015–2020 Dietary Guidelines provides five overarching Guidelines that encourage healthy eating patterns, recognize that individuals will need to make shifts in their food and beverage choices to achieve a healthy pattern, and acknowledge that all segments of our society have a role to play in supporting healthy choices.

Below are recommended resources when evaluating nutritional needs for adolescent population.

Adolescents dietary patterns often resemble those of their household and their peer group, highlighting the importance of their environment in the establishment of a healthy dietary pattern. Shared meals through shopping, cooking, and consumption provides parents, guardians, and caregivers with an opportunity to model healthy eating behaviors and dietary practices. By making nutrient-dense foods and beverages part of the normal household routine, children can observe and learn healthy behaviors that can extend throughout later life stages.



HANDOUT

View the Building Blocks of a Healthy Life Style or [Ways to Provide Empowerment to Teens](#) when discussing nutrition.

The AAP Bright Futures also provides a detailed [Pocket Guide](#) on nutrition by age, goals and tools.⁴⁴

REFERENCES

43 American Academy of Pediatrics, [Bright Futures](#).

44 U.S Department of Agriculture, [Dietary Guidelines for Americans, 2020–2025. 9th Edition](#).



Adolescents with Special Care Needs

ADOLESCENTS WITH SPECIAL CARE NEEDS

The US Department of Health and Human Services Maternal and Child Health Bureau defines children and youth with special health care needs (CYSHCN) as children "... who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions, and who require health and related services of a type or amount beyond that required by children generally."⁴⁵

Children and youth with special health care needs share many health supervision needs in common with typically developing children. They also have unique needs related to their specific health condition. Birth defects, inherited syndromes, developmental disabilities, and disorders acquired later in life, such as asthma, are relatively common.

KEY FACTS⁴⁶

- ▶ An estimated **13.5 million** children in this country, or approximately 20% of US children under age 18 years of age, have a special health care need
- ▶ CYSHCN and their families often need services from multiple systems: health care, public health, education, mental health, and social services
- ▶ **One in four households** (24.8%) in the U.S. had one or more CSHCN
- ▶ CSHCN are a diverse group exhibiting a range of needs and severity. In 2017–2018:
 - **one in four** CSHCN (26.6%) had functional limitations
 - In addition, **one in five** (19.9%) were consistently and/or significantly impacted by their health condition(s)
 - **nearly half** (46.0%) were sometimes/moderately impacted by their health condition(s)

REFERENCES

45 Health Resources and Services Administration, [Children and Youth with Special Health Needs](#).

46 American Academy of Pediatrics, [Bright Futures](#).

CONSIDERATIONS PRIOR TO VISIT⁴⁷

Create a Shared Plan of Care to meet the needs of your CYSHCN patients utilizing resources from Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents.

Principles for Successful Use of a Shared Plan of Care:

- ▶ Children, youth, and families are actively engaged in their care
 - ▶ Communication with and among their medical home team is clear, frequent, and timely
 - ▶ Providers or team members base their patient and family assessments on a full understanding of child, youth, and family needs, strengths, history, and preferences
 - ▶ Youth, families, health care professionals, and their community partners have strong relationships characterized by mutual trust and respect
 - ▶ Family-centered care teams can access the information they need to make shared, informed decisions
- ▶ Family-centered care teams use a selected plan of care characterized by shared goals and negotiated actions; all partners understand the care planning process, their individual responsibilities, and related accountabilities
 - ▶ The team monitors progress against goals, provides feedback, and adjusts the plan of care on an ongoing basis to ensure that it is effectively implemented
 - ▶ Team members anticipate, prepare, and plan for all transitions (e.g., early intervention to school, hospital to home, pediatric to adult care)
 - ▶ The plan of care is systematized as a common, shared document; it is used consistently by every health care professional within an organization and by acknowledged health care professionals across organizations
 - ▶ Care is subsequently well coordinated across all involved organizations and systems

REFERENCES

⁴⁷ American Academy of Pediatrics, [Bright Futures](#).

SCREEN

The CSHCN Screener^{®48} uses consequences-based criteria to screen for children with chronic or special health care needs.

To qualify as having chronic or special health care needs, the following criteria must be met:

- ▶ The child currently experiences a specific consequence
- ▶ The consequence is due to a medical or other health condition
- ▶ The duration or expected duration of the condition is 12 months or longer

[Access the screening questionnaire](#)

ASSESS, EVALUATE, FOLLOW UP

As children with special health care needs enter adolescence and experience puberty and rapid physical and emotional development, new levels of functionality in the face of their special need can bring important and remarkable gains in independence and autonomy. The pediatric health care professional must understand the importance of this transition and provide parent support or alternative community supports for the family.⁴⁹

REFERENCES

48 [Children with Special Health Care Needs \(CSHCN\) Screener Technical Summary](#), Copyright ©2001 by FACCT—The Foundation for Accountability.

49 Bright Futures, [Implementation Tip Sheet](#), Promoting Health for CYSHCN.



HANDOUT

Along with their particular medical and developmental issues, children and youth with special health care needs have many of the same health supervision needs as typically developing children. The Bright Futures visit provides an opportunity for health care professionals to provide regular preventive and primary care, along with care for the unique needs related to a child's condition. Use this [Implementation Tip Sheet](#) as a resource for supporting families with adolescents with special care needs.



BRIGHT FUTURES HEALTH SUPERVISION VISIT

Overall, integrating the social determinants of health into health supervision visits, health care practices can take a broad view of the circumstances in a family's life and offer strategies that enhance its health and wellness.

The Bright Futures health supervision visits provide opportunities to identify and address the social determinants of health through screening and anticipatory guidance for family members.

By using the tools and steps identified for health supervision visits, health care professionals can comprehensively support patients and their families.

To review this recommended tool, visit this [tip sheet](#) during adolescent health well visits.



Part 2 For Teens

This section of the toolkit is intended for providers and health care professionals to provide teens these recommended resources before, during or after their well visit.

These tools are to be implemented by the adolescent and discussed during any follow up visits.

What to Expect at Your Well Visit

What is a well visit?

A well visit is a routine visit to your health care provider to assess your health that happens once a year. This visit is a great time to discuss any health concerns and goals with your provider and assess health needs.

What should I expect at my well visit?

Your health provider (includes a pediatrician, other physician, physician assistant, nurse practitioner) will:

- ▶ Conduct a physical exam which includes a height, weight and blood pressure check
- ▶ Discuss any life stressors, mental health issues, or substance use, which can impact your overall health and wellbeing, and your provider can help and in many cases, things you discuss can remain confidential
- ▶ Provide guidance and support on healthy habits such as eating a balanced diet, ways to stay active, stress management and positive relationship building
- ▶ Discuss and give immunizations as needed
- ▶ Discuss any health concerns you may have

Why is it important to have a well visit annually even if you are feeling 'well'?

- ▶ An opportunity to discuss your overall health with your provider
- ▶ Develops the skills needed to advocate for and manage your own health
- ▶ Learn to navigate the healthcare system.
- ▶ Build a positive relationship with your health care provider
- ▶ Confidentially discuss any concerns you may have

OTHER QUESTIONS YOU MAY HAVE

Q: If I just had a sports physical, do I still need a well visit?

A: YES! A sports physical assesses and examines if your health will prevent you from playing a sport. A well visit examines your overall health concerns and health goals. Both can be done at the same time, just let your provider know that you need a sports physical form completed.

Q: How will I know what I say will be kept private?

A: Each state has rules about confidentiality for adolescent health, and if you have questions about what will be shared with parents or guardians, you can always ask your provider. In general, your conversation will be kept private unless you are in a situation that will cause harm to you or others.

Q: How will I be able to communicate with my provider?

A: Many practices offer confidential email, texting and messaging through a patient portal. Ask your provider how you should contact the office before and after your visit to ensure access to confidential care.



LET'S TALK, LET'S LIVE, LET'S GROW— FOR TEENS



LET'S TALK HEALTH

Why are you here?

Taking charge of your health is more than just going to the doctor. Use these questions to help you plan ahead and get the most out of your appointment.

Are there any specific things that I want to make sure to talk about with my provider?

Is there someone I should bring to my appointment to help me advocate for myself or listen to the information from the provider?

What current difficulties might my provider need to know about?

What motivates me to take care of my health?

Who can I contact for help?

(Examples: Parent, relative, friend’s parent, clergy member, teacher, coach, therapist.)
Write their name and contact info below so you’ve got it all in 1 place if you ever need it.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

What do I do when I’m feeling down, stressed, or worried? (Examples: Exercise, deep breathing, listening to music, drawing, writing.)

What will I do today:

What will I do this week:

What will I do by next appointment:

IDENTIFY CREDIBLE SOURCES

There's a lot of information online about health, but not all of it is accurate. When you look for resources online, make sure they come from a reliable source, like the American Academy of Pediatrics, Centers for Disease Control, World Health Organization, and US Department of Health and Human Services. Your doctor is always there to answer questions, too!



OVERALL TEEN HEALTH⁵⁰

KidsHealth, from the Nemours Foundation, provides information on children's health, behavior, and development from before birth through the teen years. KidsHealth gives families and children information that is easy to understand and free of "doctor speak" and includes articles, animations, games, and videos designed just for children.

TeensHealth, also from the Nemours Foundation, gives teens the information they need on health issues such as maintaining healthful weight, managing stress, and staying motivated. Information on TeensHealth is reviewed by a team of doctors and experts.

Healthy Foster Care America provides information on enrolling in Medicaid health insurance coverage for teens who have left foster care at 18 but are younger than 26.

Let's Move! is dedicated to solving the problem of childhood obesity within a generation so that every child born today grows up healthy. The site offers a downloadable action plan that includes five activities to do every day to improve health.

REFERENCES

50 American Academy of Pediatrics, Bright Futures, [Resources for Children and Teens](#)

[GirlsHealth.gov](#) offers girls ages 10 to 16 information on hundreds of health-related topics, including bullying, getting fit, and body image.

[BAM! Body and Mind](#) is produced by the Centers for Disease Control and Prevention and offers young people ages 9 to 13 information on diseases, food and nutrition, physical activity, and other topics related to healthful living in a colorful and kid-friendly way.

[Kids' Quest](#), by the Centers for Disease Control and Prevention, offers entertaining ways of exploring disabilities such as ADHD, autism, and Tourette's syndrome.

[ChooseMyPlate.gov](#), by the U.S. Department of Agriculture, has health and nutrition information for children. For children older than 5, there is the interactive "Blast Off" game, coloring pages, activity sheets, and healthful eating tips for both kids and parents.

[StopBullying.gov](#) provides anti-bullying information for both teens and kids, including interactive videos and articles on cyberbullying, the first day of school, and standing up for others.

[Take Charge of Your Health: A Guide for Teenagers](#), by the National Institute of Diabetes and Digestive and Kidney Diseases, is for teens who are ready to take charge of their own health-related decisions. The guide is divided into sections that describe things like how the body works, how to eat healthy, and how to be physically active in fun ways. The Guide is also available in Spanish.

[NIMH Teen Depression Brochure](#), helps teens understand depression and how it differs from regular sadness. It describes symptoms, causes, and treatments, with information on getting help and coping. This newly revised publication from the National Institute of Mental Health (NIMH) is available online and in print.

[Read the Label Youth Outreach Campaign](#), by the U.S. Food and Drug Administration, gives information on how to read the Nutrition Facts labels on food packages. The Campaign provides activities and tip sheets that cover topics like serving size, calories, and nutrients, and even offers a "Dishin' the Nutrition" rap song!

YOUR RIGHTS

- ▶ You have the right to have your options for care explained to you
- ▶ You have the right to review your health center records

If you have questions about your rights or feel you have been mistreated, please inform the health center staff

TIPS

Ask questions about consent and confidentiality. Find out who your provider will share your information and records with. Don't stop asking questions until you understand the confidentiality rules.

If you feel that you need confidential services, make sure you tell your provider.

Read and understand written documents before signing them. Be sure to ask for help if you do not understand.

Know your rights in the mental health care system and speak up for your rights.





Mental & Behavioral Health

MENTAL AND BEHAVIORAL HEALTH

Whether you're going through a tough time right now or have an ongoing mental health condition, we can all use some extra help sometimes. Here is a list of resources to support you in managing your mental health.

MOBILE APPS FOR DOWNLOAD

Stop, Breathe, and Think: Web and mobile app for youth, with meditations for mindfulness and compassion.

Calm.com: Free website and mobile app with guided meditation and relaxation exercises.

Insight Timer: Free mobile app with virtual "bells" to time and support your meditations, and access to lots of guided meditations by many different meditation teachers.

MindShift: Free mobile app for teens, with mindfulness and other coping skills for anxiety.

Smiling Mind: Free mobile mindfulness app for young people, from Australia.

Headspace: "Meditation made simple." This app has a free introductory period, after which it requires a paid subscription to continue to use.



Mindfulness in Education Network

A network whose purpose is to "facilitate communication among all educators, parents, students and any others interested in promoting contemplative practice (mindfulness) in educational settings."

KNOW THE MYTHS & HOW TO STOP THE STIGMA ⁵¹

MYTHS

The **FALSE** belief that mental and behavioral disorders are personally controllable and if individuals cannot get better on their own, they are seen to lack personal effort, are blamed for their condition, and seen as personally responsible.

The **FALSE** belief that those with mental disorders are frightening, unpredictable, and strange.

The **FALSE** labeling of individuals with mental and behavioral illnesses as unequal or inferior.

The **FALSE** judgment of individuals with mental and behavioral illnesses which leads to discrimination, avoidance or mistreatment.

WAYS TO REDUCE STIGMA INCLUDE

- ▶ Educate yourself on mental health issues; separate the facts from the stigmas
- ▶ Become more empathetic; try to understand the struggle of those experiencing mental health issues
- ▶ Be an advocate for your friends, family and co-workers so they know they can speak to you without judgment if they are experiencing tough times or mental health issues
- ▶ Do not equate people suffering with mental health issues as their mental illness; for example, instead of “he is bipolar,” “he is struggling with bipolar disorder”
- ▶ Learn the warning signs of mental illness and help loved ones, and yourself, get help when they need it
- ▶ Make an effort to make genuine connections; people can hide their problems behind happy-looking social media posts if no one is willing to really ask how they are doing

REFERENCES

51 Rethink Mental Health Incorporated, [What is the Stigma and Know the Risks.](#)



Tobacco, Alcohol, & Substance Use

TOBACCO, ALCOHOL, & SUBSTANCE USE

As consuming tobacco products and substance use during your times as a teen can be tempting, learning the basic facts about such harmful products should be undertaken.

SUBSTANCE USE

Substance use among youth can lead to problems at school, negatively impact physical and mental health, and lead to lifelong issues.⁵²

The most commonly used substances among youth include:

- ▶ Alcohol
- ▶ Tobacco/E-Cigarettes
- ▶ Cannabis

REFERENCES

52 Substance Abuse and Mental Health Services Administration, [Alcohol, Tobacco, and Other Drugs](#).

53 Centers for Disease Control and Prevention, [Alcohol Use Basics](#).

54 National Institute on Alcohol Abuse and Alcoholism, [Underage Drinking](#).

55 American Academy of Pediatrics, Healthy Children, [Is Cannabis Harmful for Children & Teens?](#)

56 Centers for Disease Control and Prevention, [Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults](#).



Risk Factors & Negative Effects of Adolescent/Teen Substance Use (Tobacco/E-Cigarettes, Cannabis, & Alcohol)^{53,54,55,56}

Brain development:^{54, 55, 56}

- ▶ The human brain continues to grow and develop until age 25; substance use interferes with this process and can affect the structure/function of the brain.
- ▶ Youth substance use can cause harm to the parts of the brain that control attention, learning, mood, impulse control, memory/concentration.

Impaired judgement:

- ▶ Poor decision-making, risk-taking behavior, lack of impulse control ^{57,60,61}
- ▶ Impaired coordination, delayed reflexes/reaction-time ^{57,60,61}
- ▶ Accidents/injuries can happen under the influence of drugs or alcohol and contribute to deaths caused by car crashes, overdoses, falls, etc ^{57,60,61}

Mental health problems: Research links youth tobacco/e-cigarette, alcohol, and cannabis use to depression, anxiety, and mood disorders ^{57,60,61}

Leads to other problems: Using other substances; developing addiction/substance use disorders in adulthood ^{57,60,61}

ALCOHOL USE

U.S Standard Drink Sizes by ABV (Alcohol by Volume) ⁵⁷

- ▶ 12 oz or 1 bottle/can of Beer—5% ABV
- ▶ 5 oz or 1 Glass of Wine—12% ABV
- ▶ 1.5 oz or 1 shot of Liquor/distilled spirits (vodka, whisky, rum, etc)—40% ABV

Intoxication: Drinking excessively to the point at which alcohol depresses the central nervous system, altering ones mood and physical/mental abilities⁵⁸

Factors that affect intoxication ⁵⁹

Food: Having food in your stomach will help slow the processing of alcohol, especially foods high in protein

Strength of drink: The higher the alcohol content of the drink, the more it accumulates in the blood

Mood: Stress emotions such as depression, anxiety, and anger prior to drinking can increase or become exaggerated during and after drinking— these feelings can also change the enzymes in your stomach, affecting how your body processes alcohol

Time between drinks: The body can only metabolize one standard drink per hour

Illness: If you are sick, there is a good chance you are dehydrated, which can affect how alcohol interacts with your body

CANNABIS ⁶⁰

Cannabis/Marijuana is a psychoactive drug that contains close to 500 chemicals, including THC, a mind-altering compound that causes harmful health effects.

REFERENCES

57 Centers for Disease Control and Prevention, [Alcohol Use Basics](#).

58 University of Notre Dame, Center for Student well being, [What is Intoxication](#).

59 University of Notre Dame, Center for Student well being, [Absorption Rate Factors](#).

60 American Academy of Pediatrics, Healthy Children, [Is Cannabis Harmful for Children & Teens?](#)

61 Centers for Disease Control and Prevention, [Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults](#).

E-CIGARETTES⁶²

E-cigarettes are battery-powered devices that can deliver nicotine and flavorings to the user in the form of an aerosol. Some e-cigarettes look like regular cigarettes, cigars, or pipes. Some look like USB flash drives, pens, and other everyday items that are easy to conceal.

Dangers of E-Cigarettes:

- ▶ The aerosol that users inhale and exhale from e-cigarettes can expose both themselves and bystanders to harmful chemicals that are not safe to breathe
- ▶ Some of the ingredients in e-cigarette aerosol could also be harmful to the lungs in the long-term
- ▶ Defective e-cigarette batteries have caused some fires and explosions, a few of which have resulted in serious injuries
- ▶ Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes

TIPS & RESOURCES FOR QUITTING VAPING^{63,64}

- ▶ **Choose a date to quit:** Give yourself time to get ready but don't put it off for too long—choose a date to quit that is no more than a week or two away

- ▶ **Learn your triggers and what to avoid:** Which people, feelings, or situations that make you want to vape?
- ▶ **Prepare for cravings and withdrawal symptoms:** Knowing what to expect and having strategies for handling uncomfortable feelings will help you succeed
- ▶ **Ask for help, you don't have to do it alone:** If you feel comfortable, tell your friends and family that you're quitting vaping and that you will need their support
- ▶ **Talk to a doctor:** Ask about what support/resources your doctor or health care professional offers and talk with them about how to quit vaping
- ▶ **Talk to a tobacco cessation counselor:** Call 1-800-QUIT-NOW or 1-877-44U-QUIT
- ▶ **Download an app or sign up for text:** Try the quitSTART app or SmokefreeTXT by signing up online or texting QUIT to 47848
- ▶ **Truth Initiative: This is Quitting Program:** Anonymous text messaging program that provides evidence-based tips and strategies to quit and incorporates messages from other young people who have quit—join for free by texting DITCHVAPE to 88709

REFERENCES

62 Centers for Disease Control and Prevention, [Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults](#).

63 Truth Initiative, [This Is Quitting](#).

64 National Cancer Institute, Smokefree, [How To Quit Vaping](#).

SUBSTANCE USE PREVENTION

WHAT TO SAY TO RESIST PRESSURE TO TRY DRUGS⁶⁵

- ▶ A firm but friendly “No, thanks!”
- ▶ Change the subject: “No, thanks. Hey, what did you think of that test yesterday in social studies?”
- ▶ Suggest a change of plan: “I was hoping to get you guys to shoot some hoops down at the school. How about it?”
- ▶ Say “No, thanks” repeatedly
- ▶ Give excuses: “No, thanks, I don’t drink. Besides, the girls’ swim team has a meet tomorrow, and I need to be in top shape.” or “My parents would kill me if they found out that I got high, and they always manage to find out!”

REFERENCES

⁶⁵ American Academy of Pediatrics, Healthy Children, [Helping Teens Resist Pressure to Try Drugs](#).



SEXUAL ASSAULT

SEXUAL ASSAULT

Sexual assault can take many different forms, but one thing remains the same: **it's never the victim's fault.**

WHAT IS SEXUAL ASSAULT?^{66,67}

The term sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim. Some forms of sexual assault include:

- ▶ Attempted rape
- ▶ Fondling or unwanted sexual touching
- ▶ Forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator's body
- ▶ Penetration of the victim's body, also known as rape

WHAT IS RAPE?

Rape is a form of sexual assault, but not all sexual assault is rape. The term rape is often used as a legal definition to specifically include sexual penetration without consent. For its Uniform Crime Reports, the FBI defines rape as "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim." To see how your state legally defines rape and other forms of sexual assault, visit [RAINN's State Law Database](#).

REFERENCES

66 Rape, Abuse & Incest National Network, [Sexual Assault](#).

67 Rape, Abuse & Incest National Network, [Safety Prevention](#).

WHAT IS FORCE?

Force doesn't always refer to physical pressure. Perpetrators may use emotional coercion, psychological force, or manipulation to coerce a victim into non-consensual sex. Some perpetrators will use threats to force a victim to comply, such as threatening to hurt the victim or their family or other intimidation tactics.

WHO ARE THE PERPETRATORS?

The majority of perpetrators are someone known to the victim. Approximately eight out of 10 sexual assaults are committed by someone known to the victim, such as in the case of intimate partner sexual violence or acquaintance rape.

The term "date rape" is sometimes used to refer to acquaintance rape. Perpetrators of acquaintance rape might be a date, but they could also be a classmate, a neighbor, a friend's significant other, or any number of different roles. It's important to remember that dating, instances of past intimacy, or other acts like kissing do not give someone consent for increased or continued sexual contact.



Violence & Injury Prevention



VIOLENCE AND INJURY PREVENTION

RECOGNIZING DATING ABUSE⁶⁸

Dating abuse is a pattern of assaultive and controlling behaviors that one person intentionally uses against another in order to gain or maintain power and control in the relationship¹

REFERENCES

⁶⁸ Planned Parenthood, [4 Types of Dating Abuse Behaviors](#)

⁶⁹ Office of the Assistant Secretary for Health, [Dating Violence and Abuse](#)

TYPES OF DATING ABUSE⁶⁹

Emotional and verbal abuse: yelling, name-calling, bullying, isolating you from your family and friends, saying you deserve the abuse or are to blame for it, and then giving gifts to “make up” for the abuse or making promises to change

Sexual assault and rape: forcing you to do any sexual act you do not want to do or doing something sexual when you’re not able to consent, such as when you’ve been drinking heavily

Physical abuse: hitting, shoving, kicking, biting, throwing objects, choking, or any other aggressive contact

SIGNS YOU ARE IN AN ABUSIVE RELATIONSHIP⁷⁰

- ▶ Calls, texts, or messages you all the time asking you where you are, what you're doing, or who you're with
- ▶ Checks your phone, email, or social networking messages without your OK
- ▶ Tells you who you can or can't be friends with
- ▶ Threatens to "out" your secrets, like your sexual orientation or gender identity
- ▶ Stalks you or keeps track of what you're doing on social media
- ▶ Pressures you to sext
- ▶ Says mean or embarrassing things about you in front of other people
- ▶ Acts jealous or tries to stop you from spending time with other people
- ▶ Has a bad temper and you're afraid of making them mad
- ▶ Accuses you of cheating or doing something wrong all the time
- ▶ Threatens to kill or hurt themselves, or hurt you if you break up with them
- ▶ Hurts you physically

If you think you may be in an abusive relationship, there are people you can talk to and resources that can help.

If at any time you feel that you are in immediate danger, you can call 911. Other hotlines that are confidential and can help you 24 hours a day, 7 days a week:

National Teen Dating Abuse Helpline

866-331-9474

866-331-8453 TTY

www.loveisrespect.org

National Domestic Violence Hotline

800-799-SAFE (7233)

800-787-3224 TTY

www.ndvh.org

Rape, Abuse & Incest National Network

(RAINN) Hotline

800-656-HOPE (4673)

www.rainn.org

There are other resources and violence support groups that can help you—your doctor can be a resource too! Remember, you have the right to a violence-free relationship and abuse is never your fault.

REFERENCES

70 Planned Parenthood, [Abusive Relationships](#).

STAYING SAFE FROM OTHER VIOLENCE OR INJURIES^{71,72}

- ▶ Don't carry a gun or weapon and don't hang out with people who carry weapons.
- ▶ Leave or walk away from tense situations to calm down.
- ▶ Decrease stress by exercising or doing relaxing activities.
- ▶ Speak truthfully about how you feel without blaming, yelling, or fighting.
- ▶ If you are having conflict; listen carefully to the other person's point of view. Then explain why you are upset and find a fair solution together.
- ▶ If you feel uncomfortable about something, talk to someone you trust.

REFERENCES

71 Office of the Assistant Secretary for Health, [Dating Violence and Abuse](#)

72 Centers for Disease Control and Prevention, [Strategies and Approaches to Prevent Youth Violence](#)



Sexual Health

Sexual Health Terms & Definitions⁷³

Sexual Consent: An informed, voluntary, and mutual agreement that occurs between sexual partners about the behaviors they both give permission to engage in during a sexual encounter. Sexual consent cannot be given when an individual is impaired by alcohol, drugs, or other conditions that affect one's ability to understand and agree to engaging in a behavior.

Sexual Behavior: Acts that include, but are not limited to: vaginal sex, oral sex, anal sex, mutual masturbation, genital rubbing, or masturbation. (See also Anal Sex, Masturbation, Oral Sex, and Vaginal Sex)

Sexual Intercourse: Sexual intercourse may mean different things to different people, but could include behaviors such as vaginal sex, oral sex, or anal sex. (See also Anal Sex, Oral Sex, and Vaginal Sex)

Abstinence: Choosing to refrain from a behavior. Sexual abstinence refers to refraining from certain sexual behaviors for a period of time. Some people define sexual abstinence as not having penile-vaginal intercourse, while others define it as not engaging in any sexual behaviors.

Contraception: Any means used to reduce the risk of pregnancy, including, but not limited to, abstinence, barrier methods (e.g., external condoms and internal condoms), hormonal methods (e.g., pill, patch, injection, implant, IUD, and ring), and other nonhormonal methods (e.g., sterilization and nonhormonal IUDs). Contraceptive methods may also be known as birth control methods, though the former is the preferred term.

Emergency Contraception: A safe, legal, and effective way to reduce the risk of pregnancy up to five days after unprotected sex and/or failed contraception. Commonly referred to as "the morning after pill," emergency contraception can be sold over the counter in pharmacies.

Sexually Transmitted Diseases (STDs)
Common infections caused by bacteria, viruses, or parasites that are transmitted from one person who has the infection to another during sexual contact that involves exchange of fluids or skin-to-skin contact. STDs are often referred to as sexually transmitted infections or STIs in an effort to clarify that not all sexually transmitted infections turn into a disease.

REFERENCES

73 Advocates for Youth, [Appendix: Glossary: Sex Education Terms](#).

Guidelines for Safer Sex⁷⁴

Limit your sexual activity to only one partner who is only having sex with you. This helps reduce exposure to disease-causing organisms. Follow these guidelines for safer sex:

- ▶ Think twice before starting sexual relations with a new partner. First, discuss past partners, history of STIs, and drug use.
- ▶ Use condoms every time you have sex. Choose a male condom made of latex or polyurethane—not natural materials. Only use polyurethane if you are allergic to latex. Female condoms are made of polyurethane.
- ▶ For oral sex, help protect your mouth by having your partner use a condom (male or female).
- ▶ Women and girls should not douche after intercourse. It does not protect against STIs. And it could spread an infection farther into the reproductive tract. It may also wash away spermicidal protection.
- ▶ Have regular Pap tests, pelvic exams, and periodic tests for STIs.



- ▶ Check your body frequently for signs of a sore, blister, rash, or discharge. You should also be aware of your partner's body. Look for signs of a sore, blister, rash, or discharge
- ▶ Consider sexual activities other than vaginal, oral, or anal intercourse. These are techniques that do not involve the exchange of body fluids or contact between mucous membranes.

CONSEQUENCES OF UNPROTECTED SEX⁷⁵

How can sex lead to STDs? Anybody who has sex may be at risk for sexually transmitted infections and/or pregnancy. Some infections are spread through body fluids like semen, vaginal fluids, and blood. Others can be passed when the skin of your mouth or genitals rubs against the skin of someone else's genitals.

REFERENCES

74 Advocates for Youth, [Appendix: Glossary: Sex Education Terms](#).

75 Planned Parenthood, [STIs, Birth Control, and Pregnancy](#).

How can sex lead to pregnancy?

Anytime semen from a penis gets into a vagina, pregnancy can happen. Pregnancy can also happen if semen gets on a vulva or near the vagina (like if you had wet semen on your fingers and touched a vagina).

What's the best way to protect myself from STDs and pregnancy?

Using safer sex barriers (like condoms and dental dams) every time you have oral, anal, or vaginal sex helps protect you from STDs. Using birth control (including condoms or the pill) every time you have penis-in-vagina sex helps prevent pregnancy.

Condoms are the only type of birth control that helps prevent pregnancy and STDs at the same time. But if you have penis-in-vagina sex, the best way to protect yourself is to use condoms PLUS another birth control method.

How do I get birth control?³

You can get some types of birth control, like condoms, at drugstores or convenience stores. Anybody can buy condoms, and you don't need to show your ID. You need to see a doctor or nurse to get the types of birth control that work best to prevent pregnancy. You can get these kinds of birth control from your regular doctor or gynecologist, or at your nearest [Planned Parenthood health center](#).⁷⁶

SEXUAL HEALTH RESOURCES FOR TEENS

- ▶ [Read more about birth control](#)
- ▶ [How to put a condom on](#)
- ▶ [Tips on talking to your parents about sex](#)
- ▶ [Facts about abortion](#)



REFERENCES

76 Planned Parenthood, [What do I need to know about birth control?](#)



Gender Identity

Sexuality & Gender Identity Definitions⁷⁷

TO ENCOURAGE CONVERSATION

Affirmed gender: When a person's true gender identity, or concern about their gender identity, is communicated to and validated from others as authentic.

Biological sex: The distinct biological and physiological attributes of females, males, or intersex persons such as chromosomes, hormones and reproductive organs.

Bisexual: A person who is attracted to both people of their own gender and other genders.

Cisgender: Individuals whose current gender identity is the same as the sex they were assigned at birth.

Gay: A person who is attracted primarily to members of the same gender. Gay is most frequently used to describe men who are attracted primarily to other men, although it can be used for men and women.

Gender: The cultural roles, behaviors, activities, and attributes expected of people based on their sex.

Gender diverse: An umbrella term to describe an ever-evolving array of labels people may apply when their gender identity, expression, or even perception does not conform to the norms and stereotypes others expect.

Gender dysphoria: A clinical symptom that is characterized by a sense of alienation to some or all of the physical characteristics or social roles of one's assigned gender; also, gender dysphoria is the psychiatric diagnosis in the DSM-5, which has focus on the distress that stems from the incongruence between one's expressed or experienced (affirmed) gender and the gender assigned at birth.

Gender identity: One's internal sense of who one is, based on an interaction of biological traits, developmental influences, and environmental conditions. This may be male, female, somewhere in between, a combination of both or neither.

Gender nonbinary: Individuals who do not identify their gender as man or woman. Other terms to describe this identity include genderqueer, agender, bigender, gender creative, etc.

Heterosexual or straight: A man who is primarily attracted to women or a woman who is primarily attracted to men.

Lesbian: A woman who is primarily attracted to other women.

LGBTQ+: Acronym that refers to the greater community of lesbian, gay, bisexual, transgender, queer/questioning and "plus," which represents other sexual identities including pansexual, asexual, and omnisexual.

REFERENCES

⁷⁷ Centers for Disease Control and Prevention, [Health Considerations for LGBTQ Youth Terminology](#).

Sexual orientation: One's sexual identity as it relates to who someone is attracted to.

Transgender: Usually used when gender diverse traits remain persistent, consistent, and insistent over time.

Queer: An umbrella term sometimes used to refer to the entire LGBT community.

Questioning: For some, the process of exploring and discovering one's own sexual orientation, gender, identity, or gender expression.

RESOURCES FOR FAMILIES

- ▶ [Gender Identity Development in Children](#)
- ▶ [Gender-Diverse & Transgender Children](#)
- ▶ [Support Resources for Families of Gender Diverse Youth](#)

SEXUAL IDENTITY RESOURCES

- ▶ [I Think I Might Be Bisexual, Now What Do I Do?](#) Brochure from Advocates for Youth
- ▶ [I Think I Might Be Gay, Now What Do I Do?](#) Brochure for young men from Advocates for Youth
- ▶ [I Think I Might Be Lesbian, Now What Do I Do?](#) Brochure for young women from Advocates for Youth
- ▶ [I Think I Might Be Transgender, Now What Do I Do?](#) Brochure from Advocates for Youth



Nutritional Health



NUTRITIONAL HEALTH

As you get older, you're able to start making your own decisions about a lot of things that matter most to you. You may choose your own clothes, music, and friends. You also may be ready to make decisions about your body and health.

The best way teens can maintain a healthy weight is to eat a diet rich in whole grains, fruits, vegetables, no-fat or low-fat milk products, beans, eggs, fish, nuts, and lean meats.⁷⁸

Eating healthfully means getting the right balance of nutrients. As teens grow, they need more calories and an increase of key nutrients including protein, calcium, and iron.

REFERENCES

78 American Academy of Pediatrics, [Bright Futures](#).

How much a teen should eat depends on their individual needs. In general, teens should eat a varied diet, including:

- ▶ **Fruits and vegetables every day**
Teens should eat 2 cups of fruit and 2 ½ cups of vegetables every day (for a 2,000 calorie diet).
- ▶ **1,300 milligrams (mg) of calcium daily**
Teens should eat three 1-cup servings of low-fat or fat-free calcium-rich foods every day. Good sources include yogurt or milk. One-cup equivalents include 1½ ounces of low-fat cheddar cheese or 2 ounces of fat-free American cheese.
- ▶ **Protein to build muscles and organs**
Teens should eat 5½ ounces of protein-rich foods every day. Good sources include lean meat, poultry, or fish. One-ounce equivalents of other protein. Sources include ½ cup of beans or tofu, one egg, a tablespoon of peanut butter, and ½ ounce of nuts or seeds.

► **Whole grains for energy**

Teens should get 6 ounces of grains every day. One ounce equivalents include one slice of whole grain bread, ½ cup of whole grain pasta or brown rice, 1 cup of bulgur, or 1 cup of whole grain breakfast cereal.

► **Iron-rich foods**

Boys double their lean body mass between the ages of 10 and 17, needing iron to support their growth. Girls need iron for growth too, and to replace blood they lose through menstruation. Good sources of iron include lean beef, iron-fortified cereals and breads, dried beans and peas, or spinach.

► **Limiting fat**

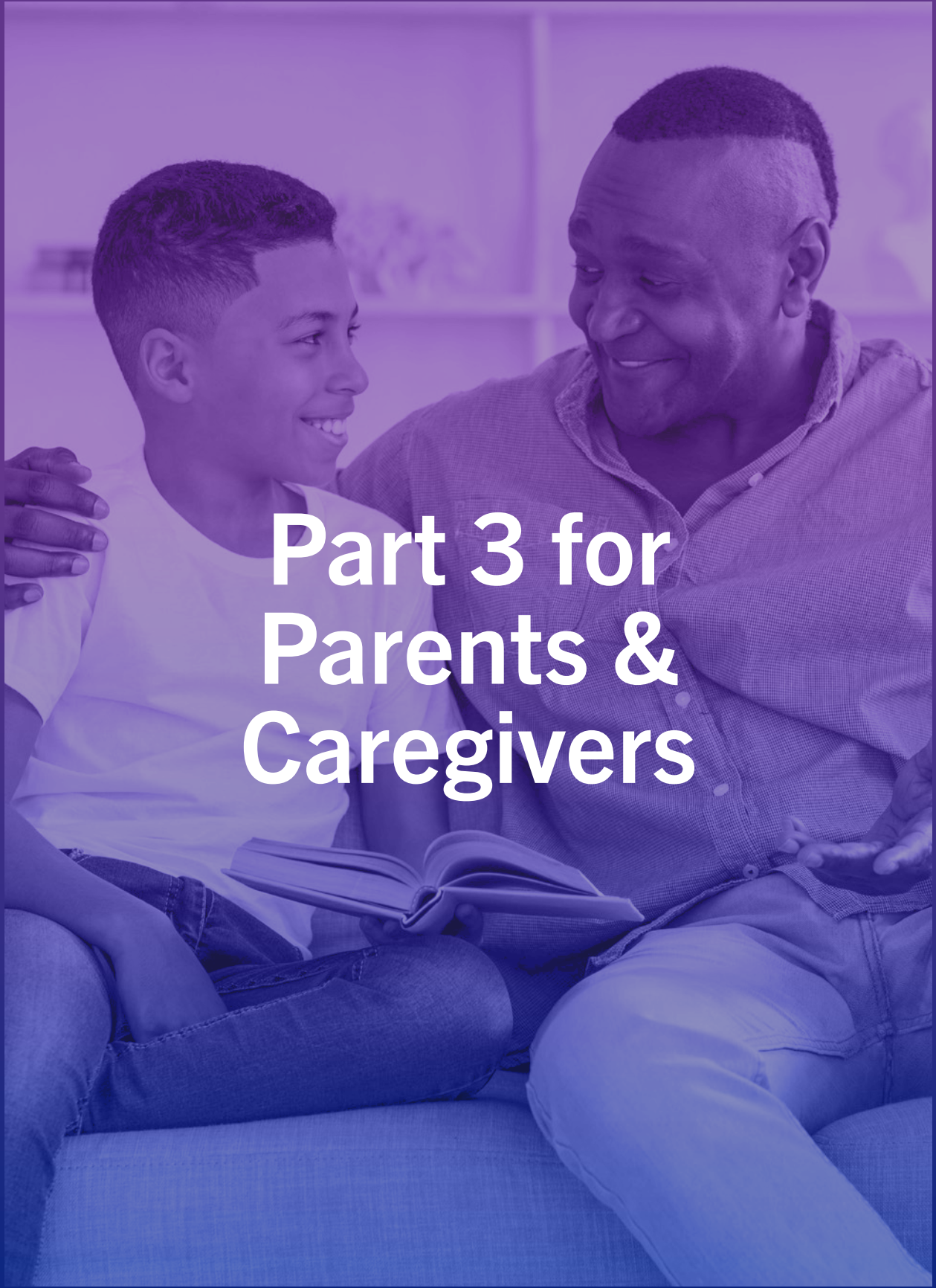
Teens should limit their fat intake to 25 to 35 percent of their total calories every day and they should choose unsaturated fats over saturated fats whenever possible. Healthier, unsaturated fats include olive, canola, safflower, sunflower, corn, and soybean oils; fatty, cold water fish like salmon, trout, tuna, and whitefish; and nuts and seeds.



GET MOVING!

Like good nutrition, physical activity can build muscles, bones, and lift a teen's spirits. It can also reduce a teen's risk for chronic diseases such as type 2 diabetes, heart disease, and high blood pressure.

Teens should be active for 60 minutes or more on most or all days of the week. Replace TV and computer time with physical activities he or she enjoys like swimming, running, or basketball, walk or bike to school, and include yard work and walking the dog in repertoire of chores.



Part 3 for Parents & Caregivers



PARENT AND CAREGIVER RESOURCES

RAISING TEENS

- ▶ Research in no way suggests that “one size fits all.” Rather, these [parenting strategies](#) offer starting points from which to adapt ideas that fit the characteristics of each family, culture, circumstance, and teenager.

FACT SHEET FOR ONE-ON-ONE TIME

- ▶ [Teen Health Services and One-On-One Time with a Healthcare Provider](#)

Teens need regular medical care to ensure they receive recommended health services that help keep them safe and healthy. Parents can help create that trusting relationship by allowing their teen one-on-one time with their healthcare provider.

MENTAL HEALTH

- ▶ [Parenting Your Teen](#)
Mental Health Literacy provides a toolbox of resources for parents to review when communicating with teens.
- ▶ [Mental Health Resources for Parents](#)
The Check-In project offers information on mental health conditions, risk factors and warning signs of mental illness, and practical ways you can help support your child's mental health and well-being.

POSITIVE EXPERIENCES FOR TEENS

- ▶ [Creating Positive Experiences for Your Teen](#)
Building a strong foundation for your teens will help provide emotional wellness through experiencing them together.

SEXUAL HEALTH

- ▶ [Positive Parenting Practices](#)
The Centers for Disease Control and Prevention provides guidance for parents on best practices for protective factors for sexual health.
- ▶ [Teen Pregnancy and Parent Resources](#)
The Centers for Disease Control and Prevention provides parents teen pregnancy resources when addressing their teens sexual health.

- ▶ [Getting the Conversation Started With Your Teen on Sexual Health](#)
The Office of Adolescent Health through Health and Human Resources offers quizzes that parents can take to guide their sex talk with their teens.
- ▶ [Parent and Child Communication Through Promoting Sexually Healthy Youth](#)
The Advocates for Youth provide the facts for parents on best ways to openly communicate with their teen on their sexual health.
- ▶ [Talk to Your Kids About Sex](#)
The U.S. Department of Health and Human Services offer a range of healthy communication tools on how to talk to your teens about sex.
- ▶ [Parents, Family and Friends of LGBTQIA+](#)
This national organization supports the LGBTQIA+ persons and provides information on how to best support their teen needs.

CONCLUSION

As it is our mission to promote and advocate for optimal child, youth and family well-being; we hope that this toolkit has provided easy access to resources in order to increase the quality and frequency of adolescent health well visits. Specially focusing on adolescents, this is a time where guidance and support of their parents, families, schools, healthcare providers and communities are important.


We recognize that adolescents need healthy, positive relationships with a trusted adult in order to begin making their own health decisions. We are proud to serve those in Illinois towards optimal health outcomes for children and youth!

Illinois Chapter,
American Academy of Pediatrics

www.illinoisaap.org

Kit de Herramientas de Salud para Adolescentes





Parte 2 Para Adolescentes

Esta sección del kit de herramientas está destinada a los proveedores y profesionales de la salud para proporcionar a los adolescentes con estos recursos recomendados antes, durante o después de su visita. Estas herramientas deben ser implementadas por el adolescente y discutidas durante las visitas de seguimiento.

QUÉ ESPERAR EN TU VISITA DE BIENESTAR

¿Qué es una visita de bienestar?

Una visita de bienestar es una visita de rutina anual a tu proveedor de atención médica para evaluar tu salud. Esta visita es un buen momento para discutir cualquier problema de salud y objetivos con tu proveedor y evaluar las necesidades de salud.

Qué esperar en tu visita de bienestar

Tu proveedor de salud (incluye un pediatra, otro médico, asistente médico, enfermera practicante):

- ▶ Realiza un examen físico que incluya un control de altura, peso y presión arterial.
 - ▶ Discute cualquier factor estresante de la vida, problemas de salud mental o uso de sustancias. Estas cosas afectan tu salud y bienestar en general, y tu proveedor puede ayudarte. En muchos casos, las cosas que discutes pueden permanecer confidenciales.
 - ▶ Brinda orientación y apoyo sobre hábitos saludables, como una dieta equilibrada, formas de mantenerte activo, manejo del estrés y construcción de relaciones positivas.
- ▶ Discute y administra las vacunas según sea necesario.
 - ▶ Discute cualquier problema de salud que puedas tener.

¿Por qué es importante tener una visita de bienestar anualmente, incluso si te sientes “bien”?

- ▶ Una oportunidad para discutir tu salud general con tu proveedor.
- ▶ Desarrollar las habilidades necesarias para abogar y administrar tu propia salud.
- ▶ Aprender a navegar por el sistema de salud. Construir una relación positiva con tu proveedor de atención médica.
- ▶ Discutir confidencialmente cualquier inquietud que puedas tener.

OTRAS PREGUNTAS QUE PUEDAS TENER

P: Si acabo de tener un examen físico deportivo, ¿todavía necesito una visita de bienestar?

R: ¡Sí! Un examen físico deportivo evalúa y examina si tu salud te impedirá practicar un deporte. Una visita de bienestar examina tus preocupaciones generales de salud y tus objetivos de salud. Ambos se pueden hacer al mismo tiempo, solo infórmale a tu proveedor que necesitas completar un formulario de examen físico deportivo.

P: ¿Cómo sabré que lo que digo se mantendrá en privado?

R: Cada estado tiene reglas sobre la confidencialidad para la salud de los adolescentes, y si tienes preguntas sobre lo que se compartirá con los padres o tutores, siempre puedes preguntarle a tu proveedor. En general, tu conversación se mantendrá privada a menos que te encuentres en una situación que te cause daño a ti o a otros.

P: ¿Cómo podré comunicarme con mi proveedor?

R: Muchas prácticas ofrecen correo electrónico confidencial, mensajes de texto y mensajes a través de un portal para pacientes. Pregúntale a tu proveedor cómo debes comunicarte con el consultorio antes y después de tu visita para garantizar el acceso a la atención confidencial.

HABLEMOS, VIVAMOS, CREZCAMOS— PARA LOS ADOLESCENTES



HABLEMOS DE SALUD

¿Por qué estás aquí?

Tomar el control de tu salud es más que simplemente ir al médico. Usa estas preguntas para ayudarte a planificar con anticipación y aprovechar al máximo tu cita.

¿Hay alguna cosa específica de la que quiero asegurarme de hablar con mi proveedor?

¿Hay alguien que deba llevar a mi cita para ayudarme a abogar por mí mismo o escuchar la información del proveedor?

¿Qué dificultades actuales podría necesitar conocer mi proveedor?

¿Qué me motiva a cuidar de mi salud?

¿A quién puedo contactar para obtener ayuda?

(Ejemplos: padre, pariente, padre de un amigo, miembro del clero, maestro, entrenador, terapeuta.) Escribe su nombre e información de contacto a continuación para que lo tengas todo en un solo lugar si alguna vez lo necesitas.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

¿Qué hago cuando me siento deprimido, estresado o preocupado?

(Ejemplos: Ejercicio, respiración profunda, escuchar música, dibujar, escribir.)

Lo que haré hoy:

Qué haré esta semana:

Qué voy a hacer para la próxima cita:

IDENTIFICAR FUENTES CREÍBLES

Hay mucha información en línea sobre la salud, pero no toda es precisa. Cuando busques recursos en línea, asegúrate de que provengan de una fuente confiable, como la Academia Americana de Pediatría (American Academy of Pediatrics), los Centros para el Control de Enfermedades (Centers for Disease Control), la Organización Mundial de la Salud y el Departamento de Salud y Servicios Humanos de los EE. UU. (US Department of Health and Human Services). Tu médico siempre está allí para responder preguntas, también.

SALUD GENERAL DE LOS ADOLESCENTES⁷⁹

Todas estas referencias que enlazan con el sitio web directo también se pueden encontrar visitando la referencia número uno en la parte inferior de la página.

[KidsHealth](#), de la Fundación Nemours, proporciona información sobre la salud, el comportamiento y el desarrollo de los niños desde antes del nacimiento hasta la adolescencia. KidsHealth brinda a las familias y los niños información que es fácil de entender y libre de “lenguaje médico” e incluye artículos, animaciones, juegos y videos diseñados solo para niños.

[TeensHealth](#), también de la Fundación Nemours, brinda a los adolescentes la información que necesitan sobre temas de salud, como mantener un peso saludable, controlar el estrés y mantenerse motivados. La información sobre TeensHealth es revisada por un equipo de médicos y.

[GirlsHealth.gov](#) ofrece a las niñas de 10 a 16 años información sobre cientos de temas relacionados con la salud, incluido el bullying, ponerse en forma y la imagen corporal.



REFERENCES

79 AAP Bright Futures, [Resources for Children and Teens](#).

[Healthy Foster Care America](#) proporciona información sobre cómo inscribirse en la cobertura de seguro de salud de Medicaid para adolescentes que han salido del cuidado de crianza temporal a los 18 años pero todavía son menores de 26 años.

[Let's Move!](#) se dedica a resolver el problema de la obesidad infantil dentro de una generación para que cada niño nacido hoy crezca sano. El sitio ofrece un plan de acción descargable que incluye cinco actividades para hacer todos los días para mejorar la salud.

[BAM! Body and Mind](#) es producido por los Centros para el Control y la Prevención de Enfermedades y ofrece a los jóvenes de 9 a 13 años información sobre enfermedades, alimentos y nutrición, actividad física y otros temas relacionados con la vida saludable de una manera colorida y amigable para los niños.

[Kids' Quest](#), de los Centros para el Control y la Prevención de Enfermedades, ofrece formas entretenidas de explorar discapacidades como el TDAH, el autismo y el síndrome de Tourette.

[ChooseMyPlate.gov](#), del Departamento de Agricultura de los Estados Unidos, tiene información sobre salud y nutrición para niños. Para los niños mayores de 5 años, existe el juego interactivo "Blast Off," páginas para colorear, hojas de actividades y consejos de alimentación saludable tanto para niños como para padres.

[StopBullying.gov](#) proporciona información contra el acoso escolar tanto para adolescentes como para niños,

incluidos videos interactivos y artículos sobre el acoso cibernético, el primer día de clases y defender a los demás.

[Take Charge of Your Health: A Guide for Teenagers](#), por el Instituto Nacional de Diabetes y Enfermedades Digestivas y Renales, es para adolescentes que están listos para hacerse cargo de sus propias decisiones relacionadas con la salud. La guía se divide en secciones que describen cosas como cómo funciona el cuerpo, cómo comer sano y cómo ser físicamente activo de manera divertida. La guía también está disponible en español.

[NIMH Teen Depression Brochure, Read the Label Youth Outreach Campaign](#), ayuda a los adolescentes a comprender la depresión y en qué se diferencia de la tristeza regular. Describe los síntomas, las causas y los tratamientos, con información sobre cómo obtener ayuda y sobrellevar la situación. Esta publicación recientemente revisada del Instituto Nacional de Salud Mental (NIMH) está disponible en línea y en forma impresa.

[Read the Label](#) (Lee la etiqueta) campaña de divulgación juvenil, de la Administración de Alimentos y Medicamentos de los Estados Unidos (U.S. Food and Drug Administration), brinda información sobre cómo leer las etiquetas de información nutricional en los paquetes de alimentos. La campaña ofrece actividades y hojas de consejos que cubren temas como el tamaño de porciones, las calorías y los nutrientes, e incluso ofrece una canción de rap "Dishin' the Nutrition."

CONFIDENCIALIDAD Y PRIVACIDAD

Si compartes algo con tu proveedor, es posible que te preguntes quién más lo descubrirá. ¿Se lo dirán a tus padres o tutores? Si estás preocupado o quieres saber qué sucederá en una situación específica, está bien preguntarle a tu proveedor. De hecho, ¡deberías! Hay algunas leyes que te protegen a ti y a tu privacidad, así como algunas situaciones en las que un proveedor podría estar obligado a informar a otra persona. Aquí hay información básica sobre cómo funciona eso en Illinois.

LO QUE NECESITAS SABER PARA LOS ADOLESCENTES DE ILLINOIS

Tienes derecho a ser tratado con respeto independientemente de tu raza, color de piel, lugar de nacimiento, religión, sexo, edad, orientación sexual, identidad de género, expresión de género, capacidad, estado de inmigración, estado financiero, estado de salud o estado parental.

En este centro de salud, tienes el derecho de hablar con tu proveedor solo, sin tu padre o tutor en la habitación. Es posible que te animemos a compartir lo que hablamos con un padre/tutor legal o un adulto de confianza.



Tienes derecho a que la información privada que le digas al personal de nuestro centro de salud permanezca confidencial y no se comparta sin tu permiso, excepto cuando:

- ▶ Nos dices o sospechamos que un adulto te está lastimando o que alguien abusó sexualmente de ti.
- ▶ Nos dices que quieres hacerte daño.
- ▶ Nos dices que quieres lastimar a alguien más.

De acuerdo con la ley de Illinois, las personas mayores de 12 años tienen derecho a los siguientes servicios sin el permiso de un padre o tutor legal:

- ▶ Pruebas de embarazo, atención prenatal y servicios de embarazo.
- ▶ Información sobre control de la natalidad y anticonceptivos.
- ▶ Pruebas y tratamiento de infecciones de transmisión sexual.
- ▶ Tratamiento para el consumo de sustancias Consejería de salud mental (cuando no estás ingresado en un hospital):
 - Hasta 8 sesiones para edades 12–16
 - Sin límite para mayores de 17 años

Tienes derecho a que se te expliquen tus opciones de atención.

Tienes derecho a revisar los registros de tu centro de salud. Si tienes preguntas sobre tus derechos o sientes que has sido maltratado, informa al personal del centro de salud.

CONSEJOS

Haz preguntas sobre el consentimiento y la confidencialidad. Averigua con quién tu proveedor compartirá tu información y registros. No dejes de hacer preguntas hasta que entiendas las reglas de confidencialidad.

Si sientes que necesitas servicios confidenciales, asegúrate de informar a tu proveedor.

Lee y comprende los documentos escritos antes de firmarlos. Asegúrate de pedir ayuda si no entiendes.

Conoce tus derechos en el sistema de atención de salud mental y defiende tus derechos.



SALUD MENTAL Y DEL COMPORTAMIENTO

SALUD MENTAL Y DEL COMPORTAMIENTO

Ya sea que estés pasando por un momento difícil o tengas una condición de salud mental en curso, todos podemos usar algo de ayuda adicional a veces. Aquí hay una lista de recursos para ayudarte a administrar tu salud mental.

APLICACIONES MÓVILES PARA DESCARGAR

Stop, Breathe, and Think: (Deténte, respira y piensa): aplicación web y móvil para jóvenes, con meditaciones para la atención plena y la compasión.

Calm.com: Sitio web gratuito y aplicación móvil con ejercicios guiados de meditación y relajación.

Insight Timer: Sitio web gratuito y aplicación móvil con ejercicios guiados de meditación y relajación.

MindShift: Aplicación móvil gratuita con “campanas” virtuales para cronometrar y apoyar tus meditaciones, y acceso a muchas meditaciones guiadas por muchos maestros de meditación diferentes.

Smiling Mind: aplicación móvil gratuita de atención plena para jóvenes, de Australia.

Headspace: “Meditación simplificada.” Esta aplicación tiene un período introductorio gratuito, después del cual requiere una suscripción de pago para continuar usándola.



Mindfulness in Education Network

Una red cuyo propósito es “facilitar la comunicación entre todos los educadores, padres, estudiantes y cualquier otra persona interesada en promover la práctica contemplativa (mindfulness) en entornos educativos.”

CONOCE LOS MITOS Y CÓMO DETENER EL ESTIGMA MITOS⁸⁰

MYTHS

- ▶ La **FALSA** creencia de que los trastornos mentales y conductuales son personalmente controlables y si las personas no pueden mejorar por sí solas, se les ve sin esfuerzo personal, se les culpa de su condición, y se les ve como personalmente responsables.
- ▶ La **FALSA** creencia de que las personas con trastornos mentales son aterradoras, impredecibles y extrañas.
- ▶ El etiquetado **FALSO** de individuos con enfermedades mentales y conductuales como desiguales o inferiores.
- ▶ El juicio **FALSO** de las personas con enfermedades mentales y conductuales que conduce a la discriminación, la evitación o el maltrato.

LAS FORMAS DE REDUCIR EL ESTIGMA INCLUYEN

- ▶ Infórmate sobre temas de salud mental; separa los hechos de los estigmas.
- ▶ Sé más empático; trata de entender la lucha de aquellos que experimentan problemas de salud mental.
- ▶ Sé un defensor de tus amigos, familiares y compañeros de trabajo para que sepan que pueden hablar contigo sin juzgar si están experimentando tiempos difíciles o problemas de salud mental.
- ▶ No equiparar a las personas que sufren problemas de salud mental como su enfermedad mental. Por ejemplo, en lugar de “es bipolar”, “está luchando con el trastorno bipolar.”
- ▶ Aprende las señales de advertencia de la enfermedad mental y ayuda a tus seres queridos, y a ti mismo, a obtener ayuda cuando la necesiten.
- ▶ Haz un esfuerzo para hacer conexiones genuinas; las personas pueden ocultar sus problemas detrás de publicaciones en las redes sociales de aspecto feliz si nadie está dispuesto a preguntar realmente cómo están.

REFERENCES

80 Rethink Mental Health Incorporated, [What is the Stigma and Know the Risks](#).



CONSUMO DE TABACO, ALCOHOL Y SUSTANCIAS

CONSUMO DE TABACO, ALCOHOL Y SUSTANCIAS

¡Consumir productos de tabaco y otras sustancias puede ser tentador! Aprendamos los hechos básicos sobre estas cosas y por qué pueden ser dañinas.

CONSUMO DE SUSTANCIAS

El uso de sustancias entre los jóvenes puede conducir a problemas en la escuela, afectar negativamente la salud física y mental, y conducir a problemas de por vida.⁸¹

Las sustancias más utilizadas entre los jóvenes incluyen:

- ▶ Alcohol
- ▶ Tabaco/cigarrillos electrónicos
- ▶ Cannabis

REFERENCES

81 Substance Abuse and Mental Health Services Administration, [Alcohol, Tobacco, and Other Drugs](#).

82 Centers for Disease Control and Prevention, [Alcohol Use Basics](#).

83 National Institute on Alcohol Abuse and Alcoholism, [Underage Drinking](#).

84 American Academy of Pediatrics, Healthy Children, [Is Cannabis Harmful for Children & Teens?](#)

85 Centers for Disease Control and Prevention, [Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults](#).



Factores de riesgo y efectos negativos del uso de sustancias en adolescentes (tabaco/cigarrillos electrónicos, cannabis alcohol)^{82,84,85,86}

Desarrollo cerebral:^{82, 84, 85}

- ▶ El cerebro humano continúa creciendo y desarrollándose hasta los 25 años; el uso de sustancias interfiere con este proceso y puede afectar la estructura/función del cerebro.
- ▶ El uso de sustancias en la juventud puede causar daño a las partes del cerebro que controlan la atención, el aprendizaje, el estado de ánimo, el control de impulsos, la memoria/concentración.

Alteración capacidad juicio:

- ▶ Mala toma de decisiones, comportamiento arriesgado, falta de control de los impulsos.
- ▶ Accidents/injuries can happen under the influence of drugs or alcohol and contribute to deaths caused by car crashes, overdoses, falls, etc.^{86,88,89}

Alteración capacidad juicio:

- ▶ Mala toma de decisiones, comportamiento arriesgado, falta de control de los impulsos.

Alteración de la coordinación, reflejos retrasados/tiempo de reacción

- ▶ Los accidentes/lesiones pueden ocurrir bajo la influencia de drogas o alcohol y contribuir a las muertes causadas por accidentes automovilísticos, sobredosis, caídas, etc.

Problemas de salud mental:

- ▶ Investigaciones han vinculado el consumo de tabaco/cigarrillos electrónicos, alcohol y cannabis en los jóvenes con la depresión, la ansiedad y los trastornos del estado de ánimo.
- ▶ Conduce a otros problemas: Uso de otras sustancias; desarrollo de trastornos por adicción/uso de sustancias en la edad adulta.

CONSUMO DE ALCOHOL

Tamaños de bebida estándar de EE. UU. por ABV (alcohol por volumen)

- ▶ 12 oz o 1 botella/lata de cerveza—5% abv
- ▶ 5 oz o 1 vaso de vino—12% abv
- ▶ 1.5 oz o 1 inyección de licor/ licores destilados (vodka, whisky, ron, etc.)—40% abv

Intoxication: Intoxicación: Beber en exceso hasta el punto en que el alcohol deprime el sistema nervioso central, alterando el estado de ánimo y las habilidades físicas/mentales.

Factores que afectan la intoxicación⁵

Alimentos: Tener alimentos en el estómago ayudará a retrasar el procesamiento del alcohol, especialmente los alimentos ricos en proteínas.

Fuerza de la bebida: Cuanto mayor es el contenido de alcohol de la bebida, más se acumula en la sangre.

Estado de ánimo: Las emociones de estrés como la depresión, la ansiedad y la ira antes de beber pueden aumentar o exagerarse durante y después de beber. Estos sentimientos también pueden cambiar las enzimas en tu estómago, afectando la forma en que tu cuerpo procesa el alcohol.

REFERENCES

86 Centers for Disease Control and Prevention, [Alcohol Use Basics](#).

87 University of Notre Dame, Center for Student Well-being, [Absorption Rate Factors](#).

88 American Academy of Pediatrics, Healthy Children, [Is Cannabis Harmful for Children & Teens?](#)

89 Centers for Disease Control and Prevention, [Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults](#).

Tiempo entre bebidas: El cuerpo solo puede metabolizar una bebida estándar por hora.

Enfermedad: Si estás enfermo, hay una buena probabilidad de que estés deshidratado. Esto puede afectar la forma en que el alcohol interactúa con tu cuerpo.

CIGARRILLOS ELECTRÓNICOS⁹⁰

Los cigarrillos electrónicos son dispositivos alimentados por baterías que pueden suministrar nicotina y saborizantes al usuario en forma de aerosol. Algunos cigarrillos electrónicos parecen cigarrillos normales, puros o pipas. Algunos parecen unidades flash USB, bolígrafos y otros artículos cotidianos que son fáciles de ocultar.

Peligros de los cigarrillos electrónicos:

- ▶ El aerosol que los usuarios inhalan y exhalan de los cigarrillos electrónicos puede exponerse tanto a sí mismos como a los espectadores a productos químicos dañinos que no son seguros para respirar.
- ▶ Algunos de los ingredientes en el aerosol del cigarrillo electrónico también podrían ser dañinos para los pulmones a largo plazo.

- ▶ Las baterías defectuosas de cigarrillos electrónicos han causado algunos incendios y explosiones, algunos de los cuales han resultado en lesiones graves.
- ▶ Los niños y adultos han sido envenenados por tragar, respirar o absorber el líquido del cigarrillo electrónico a través de la piel o los ojos.

CONSEJOS Y RECURSOS PARA DEJAR DE VAPEAR^{91,92}

- ▶ Elija una fecha para dejar de fumar que no esté a más de una o dos semanas de distancia. Date tiempo para prepararte, pero no lo pospongas por mucho tiempo.
- ▶ Aprende tus desencadenantes y qué evitar, como qué personas, sentimientos o situaciones te hacen querer vapear.
- ▶ Prepárate para los antojos y los síntomas de abstinencia. Saber qué esperar y tener estrategias para manejar los sentimientos incómodos te ayudará a tener éxito.
- ▶ Pide ayuda, no tienes que hacerlo solo. Si te sientes cómodo, dile a tus amigos y familiares que estás dejando de vapear y que necesitarás su apoyo.

REFERENCES

90 Centers for Disease Control and Prevention, [Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults](#).

91 Truth Initiative, [This Is Quitting](#).

92 National Cancer Institute, Smokefree, [How To Quit Vaping](#).

- ▶ Habla con un médico. Habla con tu médico o profesional de la salud sobre cómo dejar de vapear. Pregunt acerca de qué apoyo/recursos ofrecen.
- ▶ Habla con un consejero para dejar de fumar. Llama al 1-800-QUIT-NOW o al 1-877-44U-QUIT
- ▶ Descarga la aplicación quitSTART o prueba SmokefreeTXT registrándote en línea o enviando un mensaje de texto para dejar de FUMAR al 47848.
- ▶ Truth Initiative: This is Quitting Program: Programa anónimo de mensajes de texto que proporciona consejos basados en la evidencia y estrategias para dejar de fumar e incorpora mensajes de otros jóvenes que han dejado de fumar. Únete gratis enviando un mensaje de texto a DITCHVAPE al 88709.

PREVENCIÓN DEL CONSUMO DE SUSTANCIAS

QUÉ DECIR PARA RESISTIR LA PRESIÓN DE PROBAR DROGAS⁹³

- ▶ Un firme pero amistoso. “¡No, gracias!”
- ▶ Cambiar de tema. “No, gracias. Oye, ¿qué pensaste de esa prueba ayer en los estudios sociales?”
- ▶ Sugiere un cambio de plan. “Esperaba jugar basquetbol con ustedes en la escuela. ¿Qué les parece?”
- ▶ Decir “No, gracias” repetidamente.
- ▶ Dar excusas: “No, gracias, no bebo. Además, el equipo de natación tiene una competencia mañana, y necesito estar en la mejor forma.”
O “¡Mis padres me matarían si descubrieran que me drogué, y siempre logran averiguarlo!”

REFERENCES

93 American Academy of Pediatrics, Healthy Children, [Helping Teens Resist Pressure to Try Drugs](#).



PREVENCIÓN DE LA VIOLENCIA Y LAS LESIONES

AGRESIÓN SEXUAL

La agresión sexual puede tomar muchas formas diferentes, pero una cosa sigue siendo la misma: nunca es culpa de la víctima.

¿QUÉ ES LA AGRESIÓN SEXUAL?¹

El término agresión sexual se refiere al contacto o comportamiento sexual que ocurre sin el consentimiento explícito de la víctima. Algunas formas de agresión sexual incluyen:

- ▶ Intento de violación
- ▶ Acariciar o tocar sexualmente de forma no deseada
- ▶ Obligar a una víctima a realizar actos sexuales, como sexo oral o penetrar el cuerpo del perpetrador
- ▶ Penetración del cuerpo de la víctima, también conocida como violación
- ▶ ¿Qué es la violación? La violación es una forma de agresión sexual, pero no todas las agresiones sexuales son violaciones. El término violación se utiliza a menudo como una definición legal para incluir específicamente la penetración sexual sin consentimiento. Para los Informes uniformes de delitos,

el FBI define la violación como “la penetración, no importa cuán leve, de la vagina o el ano con cualquier parte del cuerpo u objeto, o la penetración oral por un órgano sexual de otra persona, sin el consentimiento de la víctima”. Para ver cómo tu estado define legalmente la violación y otras formas de agresión sexual, visita la Base de Datos de Leyes Estatales de RAINN.

- ▶ **¿Qué es la fuerza?** La fuerza no siempre se refiere a la presión física. Los perpetradores pueden usar la coerción emocional, la fuerza psicológica o la manipulación para obligar a una víctima a tener relaciones sexuales no consentidas. Algunos perpetradores usarán amenazas para obligar a una víctima a cumplir, como amenazar con lastimar a la víctima o a su familia u otras tácticas de intimidación.
- ▶ **¿Quiénes son los perpetradores?** La mayoría de los perpetradores son personas conocidas por la víctima. Aproximadamente ocho de cada 10 agresiones sexuales son cometidas por alguien conocido por la víctima, como en el caso de la violencia sexual de la pareja o la **violación de un conocido**.

El término “violación de cita” a veces se usa para referirse a la violación de conocidos. Los perpetradores de violación de conocidos pueden ser una cita, pero también pueden ser un compañero de clase, un vecino, la pareja de un amigo o cualquier número de

REFERENCES

94 Rape, Abuse & Incest National Network, [Sexual Assault](#).

95 Rape, Abuse & Incest National Network, [Safety Prevention](#).

roles diferentes. Es importante recordar que las citas, los casos de intimidad pasada u otros actos como besos no dan consentimiento a alguien para un mayor o continuo contacto sexual.

RECONOCIMIENTO DE ABUSO EN LAS CITAS

El abuso de citas es un patrón de comportamientos agresivos y controladores que una persona usa intencionalmente contra otra para obtener o mantener el poder y el control en la relación.

Tipos de abuso de citas:⁹⁶

- ▶ **Abuso emocional y verbal:** gritar, insultar, intimidar, aislarte de tu familia y amigos, decir que mereces el abuso o que tienes la culpa de él, y luego dar regalos para “compensar” el abuso o hacer promesas de cambiar.
- ▶ **Agresión sexual y violación:** obligarte a hacer cualquier acto sexual que no quieras hacer, o hacer algo sexual cuando no puedas consentir, como cuando has estado bebiendo mucho.
- ▶ **Abuso físico:** golpear, empujar, patear, morder, arrojar objetos, ahogarse o cualquier otro contacto agresivo.

Señales de que estás en una relación abusiva:⁹⁷

- ▶ Llamadas o mensajes de texto todo el tiempo preguntándote dónde estás, qué estás haciendo o con quién estás.
- ▶ Revisa tu celular, correo electrónico o mensajes de redes sociales sin tu consentimiento.
- ▶ Te dice con quién puedes o no ser amigo.
- ▶ Amenaza con “revelar” tus secretos, como tu orientación sexual o identidad de género.
- ▶ Te acecha o realiza un seguimiento de lo que estás haciendo en redes sociales.
- ▶ Te presiona para intercambiar mensajes sexuales.
- ▶ Dice cosas malas o vergonzosas sobre ti frente a otras personas.
- ▶ Actúa celoso o trata de evitar que pases tiempo con otras personas.
- ▶ Tiene mal genio y tienes miedo de hacerle enojar.
- ▶ Te acusa de engañar o hacer algo mal todo el tiempo.
- ▶ Amenaza con matarse o lastimarse, o lastimarte si rompes con él.
- ▶ Te hace daño físicamente.

REFERENCES

⁹⁶ Office of the Assistant Secretary for Health, [Dating Violence and Abuse](#).

⁹⁷ Planned Parenthood, [Abusive Relationships](#).

Si crees que puedes estar en una relación abusiva, hay personas con las que puedes hablar y recursos que pueden ayudarte.

Si en algún momento sientes que estás en peligro inmediato, puedes llamar al 911. Otras líneas directas que son confidenciales y pueden ayudarte las 24 horas del día, los 7 días de la semana:

- ▶ Línea de ayuda nacional para el abuso de citas para adolescentes
866-331-9474
866-331-8453 TTY
www.loveisrespect.org
- ▶ Línea Nacional de Atención Contra la Violencia Doméstica
800-799-SAFE (7233)
800-787-3224 TTY
www.ndvh.org
- ▶ Línea directa de la Red Nacional contra la Violación, el Abuso y el Incesto (RAINN)
800-656-HOPE (4673)
www.rainn.org

Hay otros recursos y grupos de apoyo contra la violencia que pueden ayudarte: ¡tu médico también puede ser un recurso! Recuerda, tienes derecho a una relación libre de violencia, y el abuso nunca es su culpa.

MANTENERSE A SALVO DE OTROS^{98,99}

ACTOS DE VIOLENCIA O LESIONES

- ▶ No llesves una pistola o un arma y no pases el rato con personas que llevan armas.
- ▶ Salte o aléjate de situaciones tensas para calmarte.
- ▶ Disminuye el estrés haciendo ejercicio o actividades relajantes.
- ▶ Habla con sinceridad sobre cómo te sientes sin culpar, gritar o pelear.
- ▶ Si tienes un conflicto, escucha atentamente el punto de vista de la otra persona. Luego explican por qué están molestos y buscan juntos una solución justa.
- ▶ Si te sientes incómodo acerca de algo, habla con alguien de confianza.

REFERENCES

98 Office of the Assistant Secretary for Health, [Dating Violence and Abuse](#)

99 Centers for Disease Control and Prevention, [Strategies and Approaches to Prevent Youth Violence](#)



SALUD SEXUAL Y IDENTIDAD DE GÉNERO

SALUD SEXUAL

TÉRMINOS Y DEFINICIONES DE SALUD¹⁰⁰

Consentimiento sexual: Un acuerdo informado, voluntario y mutuo que ocurre entre parejas sexuales sobre los comportamientos en los que ambos dan permiso para participar durante un encuentro sexual. El consentimiento sexual no se puede dar cuando un individuo se ve afectado por el alcohol, las drogas u otras condiciones que afectan la capacidad de uno para comprender y aceptar participar en un comportamiento.

Comportamiento sexual: Actos que incluyen, pero no se limitan a: sexo vaginal, sexo oral, sexo anal, masturbación mutua, frotamiento genital o masturbación. (Ver también Sexo Anal, Masturbación, Sexo Oral y Sexo Vaginal)

Relaciones sexuales: Las relaciones sexuales pueden significar cosas diferentes para diferentes personas, pero podrían incluir comportamientos como el sexo vaginal, el sexo oral o el sexo anal. (Ver también Sexo Anal, Sexo Oral y Sexo Vaginal)

Abstinencia: Elegir abstenerse de un comportamiento. La abstinencia sexual se refiere a abstenerse de ciertos comportamientos sexuales durante un período de tiempo. Algunas personas definen la abstinencia sexual como no tener relaciones sexuales pene-vaginal, mientras que otros lo definen como no participar en ningún comportamiento sexual.

Anticoncepción: Cualquier medio utilizado para reducir el riesgo de embarazo, incluyendo, pero no limitado a, abstinencia, métodos de barrera (por ejemplo, condones externos y condones internos), métodos hormonales (por ejemplo, píldora, parche, inyección, implante, DIU y anillo) y otros métodos no hormonales (por ejemplo, esterilización y DIU no hormonales). Los métodos anticonceptivos también pueden ser conocidos como métodos anticonceptivos, aunque el primero es el término preferido.

La anticoncepción de emergencia: Una forma segura, legal y efectiva de reducir el riesgo de embarazo hasta cinco días después de tener relaciones sexuales sin protección y/o anticoncepción fallida. Comúnmente conocida como “la píldora del día después”, la anticoncepción de emergencia se puede vender sin receta en las farmacias.

Enfermedades de transmisión sexual (ETS): Infecciones comunes causadas por bacterias, virus o parásitos que se transmiten de una persona que tiene la infección a otra durante el contacto sexual que implica el intercambio de líquidos o el contacto piel con piel. Las ETS a menudo se conocen como infecciones de transmisión sexual o ITS en un esfuerzo por aclarar que no todas las infecciones de transmisión sexual se convierten en una enfermedad.

REFERENCES

100 Advocates for Youth, [Appendix: Glossary: Sex Education Terms](#).

PAUTAS PARA UN SEXO MÁS SEGURO:¹⁰¹

Limita tu actividad sexual a solo 1 pareja que solo tenga relaciones sexuales contigo. Esto ayuda a reducir la exposición a organismos causantes de enfermedades. Sigue estas pautas para tener relaciones sexuales más seguras:

- ▶ Piénsalo dos veces antes de comenzar las relaciones sexuales con una nueva pareja. Primero, discute las parejas pasadas, el historial de ITS y el uso de drogas.
- ▶ Usa condones cada vez que tengas relaciones sexuales. Elige un condón masculino hecho de látex o poliuretano, no materiales naturales. Solo usa poliuretano si eres alérgico al látex. Los condones femeninos están hechos de poliuretano.
- ▶ Para el sexo oral, ayuda a proteger tu boca haciendo que tu pareja use un condón (masculino o femenino).
- ▶ Las mujeres y las niñas no deben usar ducha vaginal después del coito. No te protege contra las ITS. Y podría propagar una infección más lejos en el tracto reproductivo. También puede eliminar la protección espermicida.
- ▶ Haz pruebas de Papanicolaou regulares, exámenes pélvicos y pruebas periódicas para ITS.
- ▶ Revisa tu cuerpo con frecuencia para detectar signos de llagas, ampollas, erupciones o secreciones. También debes ser consciente del cuerpo de tu pareja. Busca signos de llagas, ampollas, erupciones o secreciones.
- ▶ Considera las actividades sexuales que no sean las relaciones sexuales vaginales, orales o anales. Estas son técnicas que no involucren el intercambio de fluidos corporales ni el contacto entre membranas mucosas.



REFERENCES

101 Stanford Medicine Childrens Health, Safer 5 Sex Guidelines.

CONSECUENCIAS DEL SEXO SIN PROTECCIÓN:¹⁰²

¿Cómo puede el sexo conducir a las ETS? Cualquier persona que tenga relaciones sexuales puede estar en riesgo de infecciones de transmisión sexual y/o embarazo. Algunas infecciones se contagian vía fluidos corporales, como el semen, fluidos vaginales o sangre. Otros se pueden transmitir cuando la piel de la boca o los genitales se frota contra la piel de los genitales de otra persona.

¿Cómo puede el sexo llevar al embarazo? Cada vez que el semen de un pene entra en una vagina, el embarazo puede ocurrir. El embarazo también puede ocurrir si el semen llega a una vulva o cerca de la vagina (como si tuvieras semen húmedo en los dedos y tocaste una vagina).

¿Cuál es la mejor manera de protegerme de las ETS y el embarazo? El uso de barreras sexuales más seguras (como condones y protectores dentales) cada vez que tienes relaciones sexuales orales, anales o vaginales ayuda a protegerte de las ETS. El uso de anticonceptivos (incluidos los condones o la píldora) cada vez que tienes relaciones sexuales con el pene en la vagina ayuda a prevenir el embarazo. Los condones son el único tipo de anticonceptivo que

ayuda a prevenir el embarazo y las ETS al mismo tiempo. Pero si tienes sexo pene-en-vagina, la mejor manera de protegerte es usar condones MÁS otro método anticonceptivo.

¿Cómo obtengo anticonceptivos? Puedes obtener algunos tipos de anticonceptivos, como condones, en farmacias o tiendas de conveniencia. Cualquiera puede comprar condones, y no necesitas mostrar tu identificación. Necesitas ver a un médico o enfermera para obtener los tipos de anticonceptivos que funcionan mejor para prevenir el embarazo. Puedes obtener este tipo de anticonceptivo de tu médico o ginecólogo habitual, o en tu [centro de salud de Planned Parenthood](#) más cercano.¹⁰³

RECURSOS DE LA SALUD SEXUAL PARA ADOLESCENTES:

- ▶ [Lee más sobre anticonceptivos](#)
- ▶ [Cómo ponerse un condón](#)
- ▶ [Consejos para hablar con tus padres sobre el sexo](#)
- ▶ [Hechos sobre el aborto](#)

REFERENCES

102 Planned Parenthood, [STDs, Birth Control, and Pregnancy](#).

103 Planned Parenthood, [What do I need to know about birth control?](#)



IDENTIDAD DE GÉNERO

Aquí hay algunas definiciones que pueden ser útiles cuando se habla de sexualidad e identidad de género:¹⁰⁴

Bisexual: Una persona que se siente atraída tanto por personas de su propio género como por otros géneros.

Cisgénero: Individuos cuya identidad de género actual es la misma que el sexo que se les asignó al nacer.

Disforia de género: Un síntoma clínico que se caracteriza por un sentido de alienación a algunas o todas las características físicas o roles sociales del género asignado; también, la disforia de género es el diagnóstico psiquiátrico en el DSM-5, que se centra en la angustia que se deriva de la incongruencia entre el género expresado o experimentado (afirmado) y el género asignado al nacer.

Diversidad de género: Un término general para describir una serie de etiquetas en constante evolución que las personas pueden aplicar cuando su identidad de género, expresión o incluso percepción no se ajusta a las normas y estereotipos que otros esperan.

Gay: Una persona que se siente atraída principalmente por miembros del mismo sexo. Gay se usa con mayor frecuencia para describir a los hombres que se sienten atraídos principalmente por otros hombres, aunque se puede usar para hombres y mujeres.

Género: Los roles, comportamientos, actividades y atributos culturales que se esperan de las personas en función de su sexo.

Género afirmado: Cuando la verdadera identidad de género de una persona, o la preocupación por su identidad de género, se comunica y valida de los demás como auténtica.

Género no binario: Individuos que no identifican su género como hombre o mujer. Otros términos para describir esta identidad incluyen género queer, agénero, bigénero, género creativo, etc.

Heterosexual: Un hombre que se siente atraído principalmente por las mujeres o una mujer que se siente atraída principalmente por los hombres.

REFERENCES

104 Centers for Disease Control and Prevention, [Health Considerations for LGBTQ Youth Terminology](#).

Identidad de género: El sentido interno de quién es uno, basado en una interacción de rasgos biológicos, influencias de desarrollo y condiciones ambientales. Esto puede ser masculino, femenino, en algún punto intermedio, una combinación de ambos o ninguno.

Lesbiana: Una mujer que se siente atraída principalmente por otras mujeres.

LGBTQ: Acrónimo que se refiere a la comunidad de lesbianas, gays, bisexuales, transgénero y queer/preguntando.

Orientación sexual: La identidad sexual de uno en lo que se refiere a quién se siente atraído por alguien.

Preguntando: Para algunos, el proceso de explorar y descubrir la propia orientación sexual, identidad de género o expresión de género.

Sexo biológico: Los distintos atributos biológicos y fisiológicos de las mujeres, los hombres o las personas intersexuales, como los cromosomas, las hormonas y los órganos reproductivos.

Transgénero: Generalmente se usa cuando los rasgos diversos de género permanecen persistentes, consistentes e insistentes con el tiempo.

Queer: un término general que a veces se usa para referirse a toda la comunidad LGBT.

RECURSOS PARA LAS FAMILIAS:

- ▶ [Desarrollo de la identidad de género en los niños](#)
- ▶ [Niños con diversidad de género y transgéneros](#)
- ▶ [Recursos de apoyo para familias de jóvenes con diversidad de género](#)

RECURSOS DE IDENTIDAD SEXUAL DE ADVOCATES FOR YOUTH

- ▶ [Creo que podría ser bisexual, ¿ahora qué hago?](#)
- ▶ [Creo que podría ser gay, ¿ahora qué hago?](#)
- ▶ [Creo que podría ser lesbiana, ¿ahora qué hago?](#)
- ▶ [Creo que podría ser transgénero, ¿ahora qué hago?](#)



SALUD NUTRICIONAL



SALUD NUTRICIONAL

A medida que envejeces, puedes comenzar a tomar tus propias decisiones sobre muchas de las cosas que más te importan. Puedes elegir tu propia ropa, música y amigos. También puedes estar listo para tomar decisiones sobre tu cuerpo y tu salud. La mejor manera en que los adolescentes pueden mantener un peso saludable es comer una dieta rica en granos enteros, frutas, verduras, productos lácteos sin grasa o bajos en grasa, frijoles, huevos, pescado, nueces y carnes magras.¹⁰⁵

Comer saludablemente significa obtener el equilibrio adecuado de nutrientes. A medida que los adolescentes crecen, necesitan más calorías y un aumento de nutrientes clave que incluyen proteínas, calcio y hierro.

La cantidad que un adolescente debe comer depende de sus necesidades individuales. En general, los adolescentes deben seguir una dieta variada, que incluya:¹⁰⁶

► **Frutas y verduras todos los días.**

Los adolescentes deben comer 2 tazas de fruta y 2 ½ tazas de verduras todos los días (para una dieta de 2,000 calorías).

► **1,300 miligramos (mg) de calcio al día.**

Los adolescentes deben comer tres porciones de 1 taza de alimentos ricos en calcio bajos en grasa o sin grasa todos los días. Las buenas fuentes incluyen yogurt o leche. Los equivalentes de una taza incluyen 1½ onzas de queso cheddar bajo en grasa o 2 onzas de queso americano sin grasa. Granos enteros para obtener energía.

REFERENCES

105 American Academy of Pediatrics, [Bright Futures](#)

106 American Academy of Pediatrics, [Bright Futures](#): Nutrition, 3rd Edition and Pocket Guide

► **Granos enteros para obtener energía.**

Los adolescentes deben obtener 6 onzas de granos todos los días. Los equivalentes de una onza incluyen una rebanada de pan de grano entero, ½ taza de pasta de grano entero o arroz integral, 1 taza de bulgur o 1 taza de cereal de desayuno de grano entero.

► **Alimentos ricos en hierro.**

Los niños duplican su masa corporal magra entre las edades de 10 y 17 años, necesitando hierro para apoyar su crecimiento. Las niñas también necesitan hierro para crecer y para reemplazar la sangre que pierden a través de la menstruación. Las buenas fuentes de hierro incluyen carne magra, cereales y panes fortificados con hierro, frijoles y guisantes secos o espinacas.

► **Limitando la grasa.**

Los adolescentes deben limitar su ingesta de grasa a 25 a 35 por ciento de sus calorías totales todos los días y deben elegir las grasas insaturadas sobre las grasas saturadas siempre que sea posible. Las grasas insaturadas más saludables incluyen aceites de oliva, canola, cártamo, girasol, maíz y soya; pescado graso y de agua fría como salmón, trucha, atún y pescado blanco; y nueces y semillas..



¡A MOVERSE!

Al igual que una buena nutrición, la actividad física puede desarrollar músculos, huesos y levantar el ánimo de un adolescente. También puede reducir el riesgo de un adolescente de enfermedades crónicas como la diabetes tipo 2, las enfermedades cardíacas y la presión arterial alta.

Los adolescentes deben estar activos durante 60 minutos o más la mayoría o todos los días de la semana. Reemplace la televisión y el tiempo de computadora con actividades físicas que le gusten como nadar, correr o jugar al basquetbol, caminar o andar en bicicleta a la escuela, e incluye el trabajo de jardinería y pasear al perro en el repertorio de tareas.



PADRES Y TUTORES

RECURSOS PARA PADRES Y TUTORES

LA CRIANZA DE LOS ADOLESCENTES

- ▶ La investigación de ninguna manera sugiere que “una talla para todos.” Más bien, estas [estrategias de crianza](#) ofrecen puntos de partida desde los cuales adaptar ideas que se ajusten a las características de cada familia, cultura, circunstancia y adolescente.

HOJA INFORMATIVA PARA TIEMPO A SOLAS CON EL MÉDICO

- ▶ [Servicios de salud para adolescentes y tiempo](#) a solas con un proveedor de atención médica Los adolescentes necesitan atención médica regular para asegurarse de que reciben los servicios de salud recomendados que ayudan a mantenerlos seguros y saludables. Los padres pueden ayudar a crear esa relación de confianza al permitir que su hijo adolescente pase tiempo con su proveedor de atención médica.

SALUD MENTAL

- ▶ [Crianza de tu hijo adolescente](#)
La alfabetización en salud mental proporciona una caja de herramientas de recursos para que los padres las revisen al comunicarse con los adolescentes.
- ▶ [Recursos de la salud mental para padres](#)
El proyecto Check-In ofrece información sobre afecciones de salud mental, factores de riesgo y signos de advertencia de enfermedades mentales, y formas prácticas en que puedes ayudar a apoyar la salud mental y el bienestar de tu hijo.

EXPERIENCIAS POSITIVAS PARA ADOLESCENTES

- ▶ [Crear experiencias positivas para tu hijo adolescente](#)
Construir una base sólida para tus adolescentes ayudará a proporcionar bienestar emocional al experimentarlos juntos.

SALUD SEXUAL

▶ Prácticas positivas de la crianza

Los Centros para el Control y la Prevención de Enfermedades proporcionan orientación a los padres sobre las mejores prácticas para los factores de protección de la salud sexual.

▶ Embarazo adolescente y recursos para padres

Los Centros para el Control y la Prevención de Enfermedades brindan a los padres recursos para el embarazo adolescente cuando abordan la salud sexual de sus adolescentes.

▶ Iniciar la conversación con tu hijo adolescente sobre la salud sexual

La Oficina de Salud de los Adolescentes a través de Salud y Recursos Humanos ofrece cuestionarios que los padres pueden tomar para guiar tu conversación sexual con tus adolescentes.

▶ Comunicación entre padres e hijos a través de la promoción de jóvenes

sexualmente sanos. Los Defensores de la Juventud proporcionan los hechos para los padres sobre las mejores maneras de comunicarse abiertamente con tus hijos adolescentes sobre su salud sexual.

▶ Habla con tus hijos sobre el sexo

El Departamento de Salud y Servicios Humanos de los Estados Unidos ofrece una variedad de herramientas de comunicación saludables sobre cómo hablar con tus adolescentes sobre el sexo.

▶ Padres, familiares y amigos de LGBTQA+

Esta organización nacional apoya a las personas LGBTQA+ y proporciona información sobre cómo apoyar mejor las necesidades de tu adolescente.

CONCLUSIÓN

Como nuestra misión es promover y abogar por el bienestar óptimo de los niños, los jóvenes y las familias; esperamos que este conjunto de herramientas haya proporcionado un fácil acceso a los recursos para aumentar la calidad y la frecuencia de las visitas de salud de los adolescentes. La adolescencia es un momento en el que la orientación y el apoyo de sus padres, familias, escuelas, proveedores de atención médica y comunidades son importantes.

Reconocemos que los adolescentes necesitan relaciones saludables y positivas con un adulto de confianza para comenzar a tomar sus propias decisiones de salud. ¡Estamos orgullosos de servir a aquellos en Illinois hacia resultados de salud óptimos para niños y jóvenes!

Illinois Chapter,
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www.illinoisaap.org

REFERENCES BY SECTIONS

DATA AT A GLANCE

Kids Count, Data Center, [Total Population by Child and Adult in Illinois; 2019](#).

Kids Count, Data Center, [High School Students Not Graduating on Time in Illinois; 2019](#).

Kids Count, Data Center, [Unemployed Teens Ages 16 to 19 in Illinois; 2019](#).

Kids Count, Data Center, [Median Family Income Among Households with Children in Illinois; 2019](#).

Office of Medicaid, [State Overviews, Scorecard, Adolescent Well Care Visits in Illinois; 2019](#).

DEFINE THE NEED FOR IMPROVED CARE

American Academy of Pediatrics, [Healthy Children. Stages and Ages of Teen Development, 2020](#), accessed May 2021.

CALL TO ACTION FOR PROVIDERS/ HEALTHCARE PROFESSIONALS

National Adolescent and Young Adult Information Center, [A Guide to Evidence-Based Programs for Adolescent Health: Programs, Tools and More, 2014](#).

Center for the Study of Social Policy, [Strengthening Families, Core Meaning of the Protective Factors, 2015](#).

Center for the Study of Social Policy, [Strengthening Families, Protective Factors Action Sheets, 2018](#).

Washington Coalition of Sexual Assault Programs, [Public Health Model, 2020](#).

MENTAL AND BEHAVIORAL HEALTH

World Health Organization, News Room, [Fact Sheets in Detail on Adolescent Mental Health, 2021](#).

Mental Health America, [The State of Mental Health in America: Youth Ranking, 2023](#).

University of Michigan, Adolescent Health Initiative, [Starter Guide, SBHC Integrated Behavioral Health, 2022](#).

American Academy of Pediatrics, [Mental Health Screening Chart, 2022](#).

University of Michigan, Adolescent Health Initiative, [Starter Guide, Adolescent Risk Screening, 2020](#).

Rethink Mental Health Incorporated, [What is the Stigma and Know the Myths, 2015](#).

My Lemarks LLC, [My Behavior Journal, 2018](#).

TOBACCO AND SUBSTANCE USE

Centers for Disease Control and Prevention, [High School YRBS. Illinois 2021 Results, 2021](#).

U.S Food & Drug Administration, [Results from the Annual National Youth Tobacco Survey, 2022](#).

Centers for Disease Control and Prevention, Office on Smoking and Health, [Youth Tobacco Use, 2022](#).

American Academy of Pediatrics Publications, [A Public Health Crisis: Electronic Cigarettes, Vape, and JUUL, 2019](#).

American Academy of Pediatrics Publications, [Clinical Report, Substance Use Screening, Brief Intervention, and Referral to Treatment, 2016](#).

American Academy of Pediatrics Publications. Clinical Report, [Protecting Children and Adolescents From Tobacco and Nicotine, 2023](#).

Illinois Health and Hospital Association, [Consent by Minors to Medical Treatment, 2021](#).

Substance Abuse and Mental Health Services Administration, [Alcohol, Tobacco, and Other Drugs, 2023](#).

Centers for Disease Control and Prevention, Division of Population Health, [Alcohol Use Basics, 2022](#).

National Institute on Alcohol Abuse and Alcoholism, [Underage Drinking, 2023](#).

University of Notre Dame, Center for Student Well-being, [What is Intoxication? 2023](#).

University of Notre Dame, Center for Student Well-being, [Absorption Rate Factors, 2023](#).

American Academy of Pediatrics, Healthy Children, [Is Cannabis Harmful for Children & Teens?, 2023](#).

Centers for Disease Control and Prevention, Office on Smoking and Health, [Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults, 2022](#).

Truth Initiative, [This is Quitting, 2020](#).

National Cancer Institute, Smokefree, [How to Quit Vaping, 2020](#).

American Academy of Pediatrics, Healthy Children, [Helping Teens Resist Pressure to Try Drugs, 2019](#).

VIOLENCE AND INJURY PREVENTION

Centers for Disease Control and Prevention, Division of Violence Prevention, [Fast Facts: Preventing Adverse Childhood Experiences, 2022](#).

Centers for Disease Control and Prevention, Division of Violence Prevention, [Fast Facts: Preventing Youth Violence, 2022](#).

Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, [Vital Signs—Prevalence of Multiple Forms of Violence and Increased Health Behavior Risk and Conditions Among Youth, 2019](#).

Virginia Department of Health, [Screening and Counseling Guide for Youth Violence, 2021](#).

American Academy of Pediatrics and the Center for the Study of Social Policy. [Promoting Children's Health and Resiliency: A Strengthening Families Approach, 2019](#).

American Academy of Pediatrics, [Bright Futures. Promoting Safety and Injury Prevention, 2021](#).

Centers for Disease Control and Prevention, Division of Violence Prevention, [Strategies and Approaches to Prevent Youth Violence, 2021](#).

Rape, Abuse & Incest National Network, [Sexual Assault, 2019](#).

Rape, Abuse & Incest National Network, [Safety and Prevention, 2023](#).

Planned Parenthood, [4 Types of Dating Abuse Behaviors, 2022](#).

Office on Women's Health, [Dating Violence and Abuse, 2021](#).

Planned Parenthood, [Abusive Behaviors, 2017](#).

Childrens Hospital of Philadelphia, [Types of Violence Involving Youth, 2020](#).

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, [Teen Violence Impact, 2021](#).

Centers for Disease Control and Prevention, [YRBS 2019 Interpersonal Violence Victimization Among High School Students, 2020](#).

Primary Care: Clinics in Office Practice, [Sexual Assault in Adolescents, 2020](#).

SEXUAL HEALTH

Centers for Disease Control and Prevention, [High School YRBS. Illinois 2021 Results, 2021](#).

American Academy of Pediatrics, Adolescent Sexual Health, [Best Practices for Adolescent Sexual and Reproductive Health Care in Clinical Settings, 2022](#).

American Academy of Pediatrics, Healthy Children, [Updated Recommendations on Contraception and Adolescents, 2020](#).

American Academy of Pediatrics Publications, [Pediatricians Have Key Role in Providing Sexual, Reproductive Health Care Services, 2017](#).

American Academy of Pediatrics, [Bright Futures. Medical Screening Reference Table, Adolescence Visit, 2018](#).

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [A Guide to Taking a Sexual History](#).

Canadian Pediatric Society, [Comprehensive Sexual Health Assessments for Adolescents, 2020](#).

Advocates for Youth, Answer, and Sex Ed for Social Change, [K–12 National Sex Education Standards, 2nd Edition, 2020](#).

Planned Parenthood, [STDs, Birth Control, and Pregnancy, 2017](#).

Planned Parenthood, [What Do I Need To Know About Birth Control? 2017](#).

Gender Identity & Youth LGBTQ+

The Trevor Project, 2022, [National Survey on LGBTQ Youth Mental Health, 2022](#).

American Academy of Pediatrics Publications. Policy Statement, [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents, 2018](#).

American Academy of Pediatrics, [AAP Policy Statement Urges Support and Care of Transgender and Gender-Diverse Children and Adolescents, 2018](#).

American Academy of Pediatrics, [A Pediatrician's Guide to an LGBTQ+ Friendly Practice, 2021](#).

Centers for Disease Control and Prevention, Division of Adolescent and School Health, [Health Considerations for LGBTQ Youth: Terminology, 2022](#).

NUTRITIONAL HEALTH

John Muir Health, Health Education, [Health and Wellness for Children and Teen Nutrition, 2021](#).

John Hopkins School of Medicine, [Health and Wellness Prevention, Healthy Eating During Adolescence, 2021](#).

American Academy of Pediatrics, [Bright Futures: Nutrition, 3rd Edition and Pocket Guide, 2022](#).

Centers for Disease Control and Prevention, [Nutrition, Physical Activity and Obesity Data, Trends and Maps, 2019](#).

State Data, [State of Childhood Obesity](#).

U.S. Department of Agriculture, [Dietary Guidelines for Americans, 2020–2025.9th Edition, 2020](#).

American Academy of Pediatrics, [Bright Futures. 3rd Editions Pocket Guide for Nutritional Health, 2020](#).

World Health Organization Publications Guideline: [Implementing Effective Actions for Improving Adolescent Nutrition, 2018](#).

ADOLESCENTS WITH SPECIAL CARE NEEDS

Health Resources and Services Administration, [Maternal Child Health Topics, Children and Youth with Special Health Needs, 2023](#).

American Academy of Pediatrics, Bright Futures, [Promoting Health for Children and Youth with Special Healthcare Needs, 2021](#).

IDENTIFY CREDIBLE SOURCES

American Academy of Pediatrics, [Bright Futures. Resources for Children and Teens, 2021](#).

CONFIDENTIALITY & PRIVACY

Illinois Health and Hospital Association, [Consent by Minors to Medical Treatment, 2021](#).

University of Michigan, [Adolescent Health Initiative. Health Rights for Teens, 2018](#).

J. Shalwitz, T. Sang, N. Combs, K. Davis, D. Bushman, B. Payne, [Behavioral Health: An Adolescent Pro San Francisco, CA: Adolescent Health Working Group, San Francisco](#).



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