

Anticipatory Guidance 13-21 Years

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

Anticipatory guidance regarding the adolescent's health must be provided as a part of every C&TC visit.

Personnel

Qualified personnel should provide anticipatory guidance, such as: physician, nurse practitioner, physician assistant, or registered nurse with adequate training.

Documentation

Documentation must show that age-appropriate anticipatory guidance and health education were given. For documentation examples, refer to [C&TC Documentation Forms for Providers and Clinics \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

Providing Anticipatory Guidance

Anticipatory guidance topics should be individualized and prioritized according to the questions and concerns brought by the youth, parent and/or guardian; as well as findings gleaned from the health history and physical exam.

C&TC providers should also be aware of consent and confidentiality laws for youth. Details are outlined in [Minnesota Statute 144.343 \(www.revisor.leg.state.mn.us\)](http://www.revisor.leg.state.mn.us).

Strengths-based counseling is focused on the youth's competencies, healthy behaviors, relationships, community engagement, self-confidence, and decision making. Providing anticipatory guidance coupled with a strengths-based approach can promote healthy adolescent choices, independence, and involvement in their own healthcare, as well as decrease risky behaviors (Duncan, 2012).

Importance of Anticipatory Guidance

Adolescents and young adults in the U.S. are the least likely age group to access preventive healthcare, so every clinic visit should be taken as an opportunity for preventive care and anticipatory guidance. Several studies have shown that adolescents are interested and very willing to talk with healthcare providers about selected screening topics and anticipatory guidance, especially when completed within a private, confidential environment. (Partnership, Oregon Pediatric Improvement, 2015).

Promoting Healthy Development

Healthy Weight

Promote healthy nutritional choices and adequate physical activity. Encourage regular family meal times, breakfast, regular physical activity, and positive body image. Encourage parents to focus more on healthy parental and teen behaviors, and avoid weight and dieting conversations (Rome, 2012). Refer to [Eat Right - Resources for Teens \(www.eatright.org\)](http://www.eatright.org).

Stress management and reduction

Counsel youth on stress reduction and developing healthy ways to handle stress. Encourage avoidance of drugs and alcohol; find support through parents, friends, counselors, or healthcare providers; eat a well-balanced diet, exercise regularly, get adequate amounts of sleep; and take a break if feeling overwhelmed (Centers for Disease Control and Prevention, 2014a). For more information, refer to [Tips for Coping with Stress \(www.cdc.gov\)](http://www.cdc.gov).

Healthy Sexuality

Encourage parents to communicate frequently, beginning well before puberty, regarding healthy relationships, dealing with peer pressure, recognizing the influence of others on sexual behaviors, and limiting exposure to

sexually explicit media. [Adolescent Sexuality: Talk the Talk Before They Walk the Walk \(www.healthychildren.org\)](#).

Preventing Personal Risk

Pregnancy prevention

Parents are one of the most influential factors regarding a teen's decision to have sex. "Encourage adolescents to postpone early sexual activity and encourage parents to educate their children and adolescents about sexual development, responsible sexuality, decision-making, and values" (Klein, 2005).

Sexually Transmitted Infection (STI) prevention

Encourage timely HPV immunization, educate about prevention of STIs, promote consistent condom use with intercourse, and screen for STIs as appropriate. Refer to [C&TC Fact Sheet: Sexually Transmitted Infection Screening \(www.health.state.mn.us\)](#) and [Sexually Transmitted Infections \(www.healthychildren.org\)](#).

Suicide prevention

Suicide is the second leading cause of death among adolescents and can be devastating to individuals, families, schools, and communities. Promote positive connections between the adolescent and his or her family, close supportive individuals (peers and adults), community organizations (school, church, etc.), and healthcare. Provide routine mental health screening and refer early for concerns; refer to [C&TC Fact Sheet: Mental Health Screening \(6-21 years\) \(www.health.state.mn\)](#). Consult a mental health provider if the adolescent is at risk of suicide. For more information, refer to [Youth Suicide \(www.cdc.gov\)](#).

Alcohol and substance use

Consistent messages to adolescents regarding avoiding alcohol, tobacco, and drugs have been shown to prevent substance use. For more information, refer to the [C&TC Fact Sheet: Substance Use Assessment](#).

Tobacco use

Emphasize avoidance of tobacco use in all forms as the best approach. Counsel on quitting strategies, and provide resources (Centers for Disease Control and Prevention, 2015). For more information, refer to [Youth Tobacco Prevention \(www.cdc.gov\)](#). Refer to [QuitPlan \(www.health.state.mn.us\)](#) or other cessation supports as appropriate.

References

- Centers for Disease Control and Prevention. (2014a). *Coping with stress*. Retrieved from <http://www.cdc.gov/violenceprevention/pub>
- Centers for Disease Control and Prevention. (2015, April 16). *Adolescent and School health*. Retrieved from Tobacco Use Prevention Through Schools: www.cdc.gov/HealthyYouth/tobacco/index.htm
- Duncan, P. (2012). Improvement in adolescent screening and counseling rates for risk behaviors and developmental tasks. *Pediatrics*, 130(5), e1345-e1351.
- Klein, J. (2005). Adolescent pregnancy: current trends and issues. *Pediatrics*, 116(1), 281-286.
- Partnership, Oregon Pediatric Improvement. (2015, July). *Oregon Pediatric Improvement Partnership*. Retrieved from Adolescent Well-Visits: An Integral Strategy for Achieving the Triple Aim: www.oregon.gov/oha/Transformation-Center/Resources/Strategies-to-Improve-Rates.pdf
- Rome, E. (2012). Eating disorders in children and adolescents. *Current Problems in Pediatric and Adolescent Health Care*, 44(2), 28-44.

For More Information

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