

Section 4 Adolescent Preventive Health

A. INTRODUCTION

Adolescence is characterized by marked physical, emotional, and intellectual changes, as well as by changes in social roles, relationships, and expectations. It is also a period of dynamic growth and presents the health care provider with many challenges and opportunities to identify, encourage, and reinforce positive health behaviors. The rapid growth and development in adolescence leads to changes in body proportions, size, weight and image, emotional changes, new sleep patterns and needs, developing sexuality and reproductive functioning, and influence from social/peer pressures. These changes represent a normal transition between childhood and adulthood, and adolescents experience these transitions in various ways. Primary Care Providers (PSPs) are required to offer comprehensive services according to the *Maryland Healthy Kids Program's Schedule of Preventive Health Care* (Refer to Section 2). The annual preventive care visit is an excellent opportunity to identify potential and actual health problems and develop a plan to maintain good health.

The Health Resources and Services Administration (HRSA), in its *Bright Futures in Practice Guide* for health supervision, defines the age range for adolescence as 11-21 years of age, subdivided into three stages: early (11-14 years); middle (15-17 years); and late (18-21 years).¹ Adolescence is a time of great resilience for many youths. During adolescence, many life-long patterns of behavior are established, including health promotion/disease prevention behaviors and care-seeking patterns. Preventable health problems in adolescence can become chronic health conditions in adulthood. Adolescent obesity, low-calcium intake, sexually transmitted diseases, smoking and substance use, for example, can all result in serious, long-term health conditions later in life.

The adolescent section addresses issues specifically related to providing comprehensive preventive care to adolescents. The *Maryland Healthy Kids Program Schedule of Preventive Health Care* summarizes the minimum standards of preventive care for all children and adolescents to 21 years of age (Refer to Section 2). For a more detailed explanation of the standards, refer to *Section 3 of the Healthy Kids Manual*. In addition, numerous other resources are used to provide clinical information in this section.

Maryland Minor Consent Law and Confidentiality

An important aspect of adolescent development is the gradual acquisition of independence from parents or guardians. Spending time alone with the adolescent during a portion of the interview is an effective way of giving the adolescent an opportunity to discuss his/her concerns. This allows the provider to assess sensitive issues and provides the opportunity to get to know the adolescent as an individual.

It is also important for the PCP to meet with the adolescent and family together to collect a comprehensive medical, family, and psychosocial history. Valuable information can be

¹See <http://www.brightfutures.org/mentalhealth/pdf/06BFMHAdolescence.pdf>.

Section 4 Adolescent Preventive Health

gathered regarding the family dynamics and relationships. Providers will gain insight about the parent's concerns during the health history. Additionally, the family needs to be a part of the solution to any identified problems, unless the adolescent considers them confidential. However, even confidential services may need to be discussed with parents under certain circumstances.

It is important to establish a sense of confidentiality with the adolescent within the confines of current Maryland law. Under the *Maryland Minor Consent Law*² adolescents are permitted to seek confidential services and information for sexually transmitted diseases (STIs), contraception, substance use, and pregnancy. The adolescent and the parents should be aware that the adolescent may choose to obtain these services without parental consent.

The *Maryland Minor Consent Law* also allows, but does not require providers to disclose information about services provided under the minor consent provision. This confidentiality provision helps providers establish and maintain trust with their adolescent patients without necessarily excluding parental involvement. Providers may have personal or professional limits to providing confidential services, and these limits should be discussed with the adolescent and his/her parent(s). For example, providers may elect to notify a parent when the adolescent's health or safety is at risk and the adolescent is not following through with the recommended treatment. Additionally, providers must disclose information regarding suicidal ideation, or whether the adolescent is a danger to self or others.

² Annotated Code of Maryland-Health General-§20-102