Bright Futures:

Tools and Resources for a SBHC Practice

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Objectives:

- Demonstrate an understanding of Bright Futures concepts and resources
- Utilize clinical tools that can be incorporated into a SBHC clinical practice for preventive care
- Re-evaluate the purpose and desired outcomes of a WCC

“We do not believe in ourselves until someone reveals that deep inside us something is valuable, worth listening to, worthy of our touch, sacred to our touch. Once we believe in ourselves we can risk curiosity, wonder, spontaneous delight, or any experience that reveals the human spirit.”

Cummings

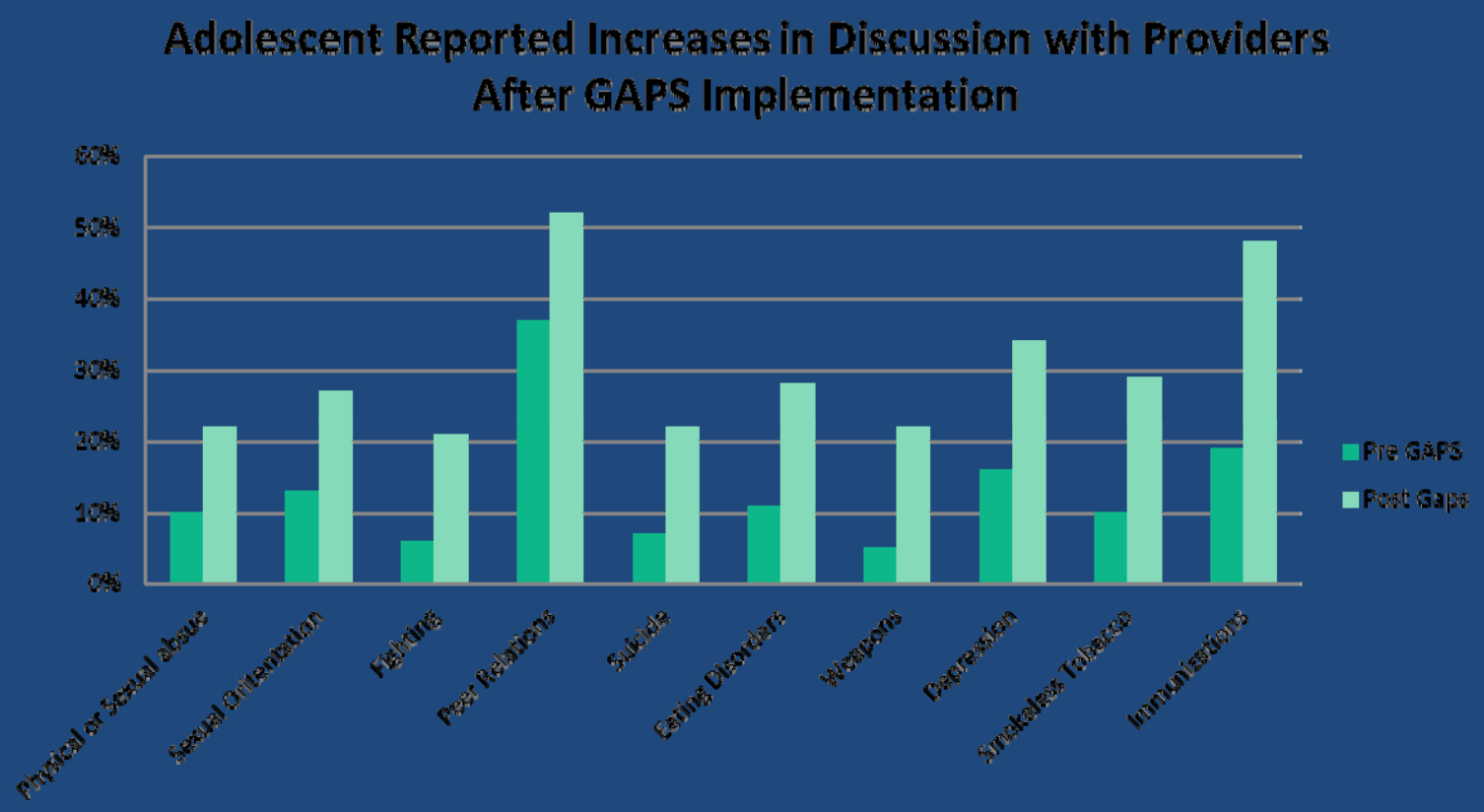
What is your approach to well child care?????

Why are we talking about this???

Preventive Care for Adolescents

Pediatrics 2009

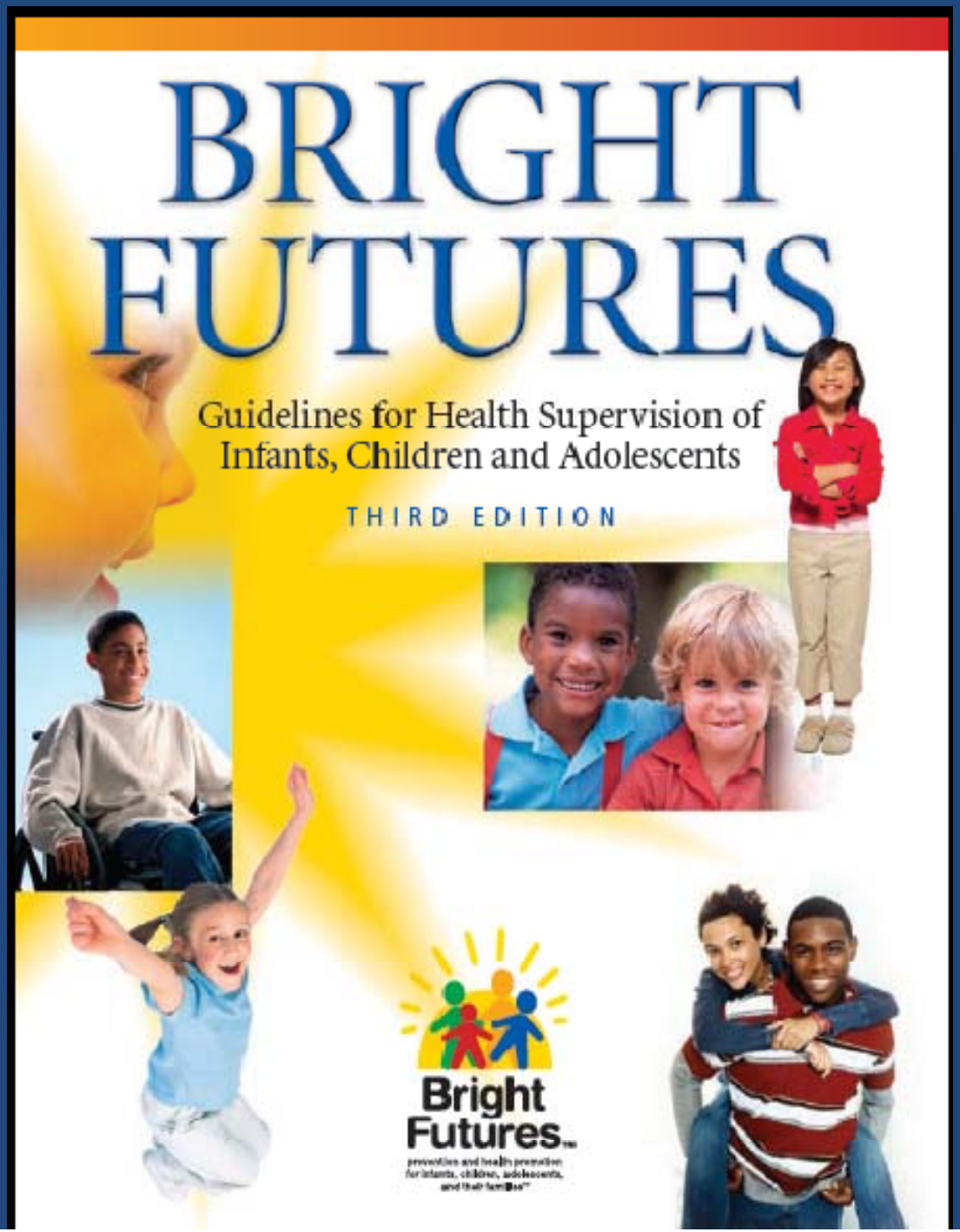
- 38% had a preventive visit in the last year
- Low income/uninsured less likely to have one
- Anticipatory guidance ranged from 31%-49% based on topic
- Only 10% reported covering 6 anticipatory guidance topics
- 40% had time alone with the provider



Klein, J. D., M. J. Allan, et al. (2001). "Improving Adolescent Preventive Care in Community Health Centers." Pediatrics 107(2): 318-327.

Bright Futures in the ACA

- Patient Protection and Affordable Care Act (ACA) sought to shift focus of the health care system from "sick care" to wellness and prevention.
- For clinical care, initial focus was solely on recommendations of the U.S. Preventive Services Task Force (USPSTF).
- AAP educated Congress about children's need for comprehensive well child care, as contained in Bright Futures.



…is a set of *principles*, *strategies and tools* that are theory-based, *evidence-driven*, and *systems-oriented*, that can be used to improve the health and well-being of *all children* through *culturally appropriate* interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels

Bright Futures can improve the health and well-being of ALL children

- Public and private health care settings
- Children with special health care needs
- All SES
- Diverse cultural/ethnic groups

Bright Futures addresses current and emerging health promotion "targeted areas"…

- Promoting healthy weight
- Promoting mental health
- BF can help us as clinicians be aware as health issues and campaigns emerge

Bright Futures embraces the importance of families

- Changing definition of family, more inclusive
- Families as partners/collaborative care model

In clinical practice, Bright Futures helps to promote the concepts of:

- Medical home
- Team work in providing care

Bright Futures at community, health system and policy levels

- Links office-based practice w/ community based initiatives (bike helmets, decreasing health disparities, reducing barriers to care, advocating for increased community safety, etc.)

Bright Futures Guidelines

Amazing resources!

- The 3rd edition Guidelines book is a great reference tool
- Web-based resources

Bright Futures History

"Health involves much more than simply the absence of disease; health involves optimal physical, mental, social and emotional functioning and well-being."

-WHO 1946

History

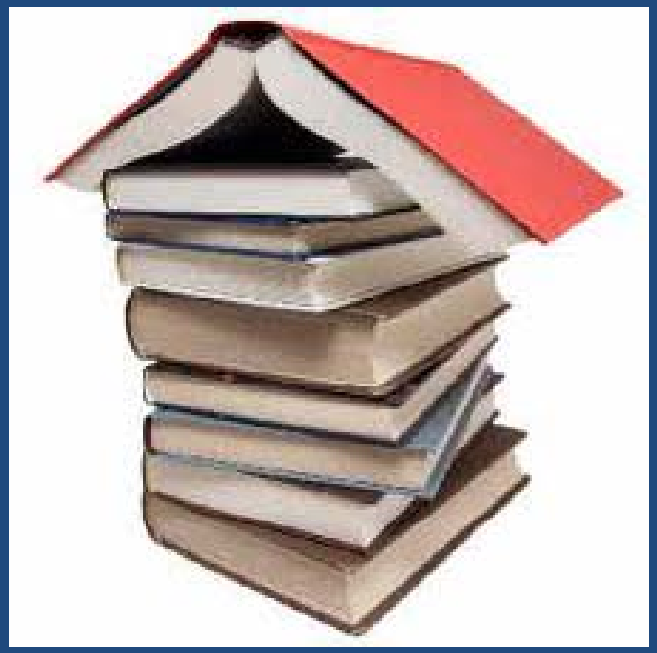
- 1990-Bright Futures Initiative was launched
- 1994-First Guidelines
- 2008-Current guidelines 3rd edition:
- Additions and revisions are published as new recommendations and evidence becomes available

Development of Bright Futures

- **Multidisciplinary expert panels for each age group**
  - Health prof (private and public health)
  - Families
  - Researchers and academics
  - Mental health professionals
  - Educators
  - Nutritionists
  - Dentists

Developmental Process

Reviewed/edited by over 1000 reviewers from broad array of disciplines



Cultural Competency

- Collaborative model with families
- Finding and collaborating w/ community partners
- Office staff (including providers) and materials that reflect the cultures of the community
- Strengths based approach
- Language/literacy level appropriateness

Evidence Based Guidelines

- Literature reviews on measured outcomes of preventive care
- **AAP Epidemiology Committee review**
- Looked at
  - Cochrane Collaboration
  - USPSTF
  - National Health Guidelines Clearinghouse
  - Healthy People 2010
  - AMA (GAPS
  - Professional Association reviewed guidelines (AAP, AACAP, other professional groups)

AAP Committee on Practice in Ambulatory Care aligned BF Guidelines with the

AAP Recommendations for Preventive Pediatric Health Care (Periodicity Table)

Recommendations for pediatric preventive health care

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures. prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care.**

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	PRENATAL[2]	NEWBORN[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY																																
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length		•	•	•	•	•	•	•	•	•	•																					
Body Mass Index												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[5]		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																
Vision		★	★	★	★	★	★	★	★	★	★	★	★	•[6]	•	•	•	★	•	★	•	★	•	★	★	•	★	★	•	★	★	★
Hearing		•[7]	★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	★	•	★	•	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																
Developmental Screening[8]								•			•		•																			
Autism Screening[9]											•	•																				
Developmental Surveillance[8]		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment																						★	★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION[10]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[11]																																
Newborn Metabolic/Hemoglobin Screening[12]		←—	•	——	—→																											
Immunization[13]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin[14]						★			•		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead Screening[15]							★	★	• or ★[15]		★	• or ★[15]		★	★	★	★															
Tuberculin Test[16]				★			★		★		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening[17]												★			★		★		★		★	★	★	★	★	★	★	★	←—	——	•	—→
STI Screening[18]																						★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia Screening[19]																						★	★	★	★	★	★	★	★	★	★	★
ORAL HEALTH[20]							★	★	• or ★[21]		• or ★[21]	• or ★[21]	• or ★[21]	•[21]			•[22]															
ANTICIPATORY GUIDANCE[23]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

[illegible]

KEY

• = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ←—•—→ = range during which a service may be provided, with the symbol indicating the preferred age

Periodicity guidelines

Preventive Health Care Guidelines for School-Aged Children

● *Mandatory Component*
◘ *Based on Medical History*

	AGE													
	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Medical History	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sexual History[1]								●	●	●	●	●	●	●
Risk Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Vital Signs	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical Exam	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Vision[2]	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘
Immunization Review	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing[2]	◘	◘	◘	◘	◘	◘	◘	◘						
Hemoglobin[3]	●						↔	↔	●	↔	↔	↔	↔	↔
STI Screening[4]									●	●	●	●	●	●
Pelvic/PAP[5]												●	●	●
Dyslipidemia Screening[6]	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘
Lead Screening[7]	↔	●	↔											
PPD[8]	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘	◘
Parent Contact[9]	●	●	●	●	●	●	●	●	●	●	◘	◘	◘	◘

[1] If sexually active
[2] Assess annually
[3] At age 5 and once upon menstruating
[4] Annually once sexually active
[5] After sexually active for 3 years, then annually
[6] Assess for screening need annually based on obesity guidelines
[7] Once if not done previously
[8] Assess for need based on SBHC TB guidelines
[9] Mandatory if client < 15; advised if client =/ >15

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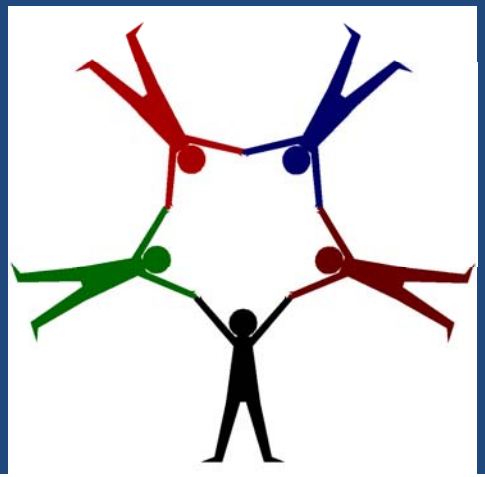
Evidence Informed Guidelines

Some areas where there may not be hard research, but where there is clinical wisdom or a practice basis

- e.g., ROAR, clinical tools such as the "Healthy LS toolkit" at MCHD.

Collaborative model of care
(Core principle)

- Visit begins with identification of pt/parent concerns
- Utilizes skills and tools from other "frameworks" such as motivational interviewing, solution focused therapy
- Acknowledges and respects cultural and philosophical diversity



Strengths Based Approach
(Core principle)

Risks need to be identified

BUT

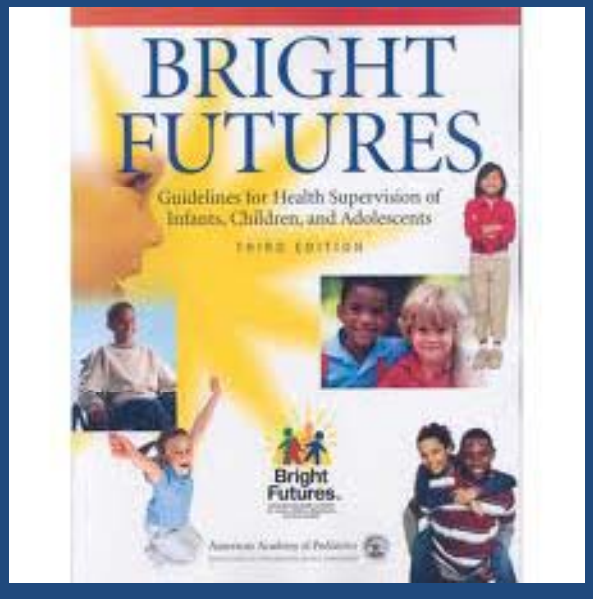
strengths are an essential part of health

"What's right with you is more powerful than what's wrong with you."

(Henderson/Duncan)

Bright Futures Organization

- Themes
- Health Supervision Visits



Themes

- Promoting Family Support
- Promoting Child Development
- Promoting Mental health
- Promoting Healthy Weight
- Promoting Healthy Nutrition
- Promoting Physical Activity
- Promoting Oral Health
- Promoting Healthy Sexual Development and Sexuality
- Promoting Safety and Injury Prevention
- Promoting Community Relationships and Resources

Themes in Bright Futures

- Breaks down each the topic by age

- Excellent background reading

  (Think of this section as a Peds textbook!)

Themes

- Background and salient issues

  eg., *Promoting family support*--the role of fathers, adoptive parents, adolescent parents

- Age specific information

  eg., *Promoting Child Development*—developmental milestones for age—excellent tables

Themes

- Important topics to consider

  eg., *Promoting Mental Health*– learning disabilities, bullying, also looking at protective factors to build resiliency

- Themes sections provides researched and prioritized topics for Anticipatory Guidance

Introduction to the BF Visits

- Background reading for structuring the wellness visit—pg., 203
  - Consider wellness care as occurring over time
  - We don’t have to do it all in one visit

Introduction to BF Visits

- As professionals, we have the areas we feel we:
  - NEED to do in a visit
    - » Evidence based, best practices (eg., strabismus screening, C-V exam on sports PE, counseling on automobile safety)
  - WANT to do in a visit
    - » Brings our own "personalities" (as long as we are within community standards) eg., elucidating strengths, talking about our "favorite" health promotion topics

Introduction to BF Visits

Collaborative priority setting with the family

What does the family want to get from the visit??

Then, based on the evidence, BF lists 5 priority areas for each age to consider addressing—either at one visit or over time.

Rationale and Evidence

- Page 221
- Overview of the evidence basis of a lot of the PE, screenings and anticipatory guidance that we do.
- Reviews universal vs selective screening tests
- Review of the evidence for the things we do in the visit.

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Bright Futures: Health Care Professionals Tools and Resources

Bright Futures: Health Care Prof...

http://brightfutures.aap.org/tool_and_resource_kit.html

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Bright Futures™

Prevention and health promotion for infants, children, adolescents, and their families™

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Spanish for Pediatric Medicine NEW!

A Practical Communication Guide

Easy-to-use pocket guide, optimized for use with Bright Futures, includes an all-new audio program to help you communicate with Spanish-speaking patients and parents more effectively. For more information or to order, visit the AAP Bookstore.

Implement Bright Futures In Your Practice Using a Proven Systems Approach NEW!

Bright Futures Tool and Resource Kit

This new tool and resource kit provides materials for health supervision care from infancy through adolescence. It is designed to accompany and support *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. The tools contained in the kit were developed reviewed, and piloted by multidisciplinary teams of pediatric health professionals. The tool and resource kit includes forms to streamline health supervision visits, documentation forms to reflect the richness of a Bright Futures visit and document work done, practice management tools, and additional tools designed to aid in screening and developing community linkages. Patient and parent handouts are also included to help the practitioner reinforce important topics discussed during the visit and deliver additional information.

The following Bright Futures Tool and Resource Kit materials are available for download for review and reference purposes. To incorporate forms into an Electronic Medical Record System or to make multiple copies of specific items, please purchase a complete Tool and Resource Kit online.

Downloadable Materials:

Acknowledgements (PDF), Kit Contents and Development (PDF), Letter from

Find: | Next | Previous | Highlight all | Match case

On line resources
(and more…)

- Pre-visit questionnaires
- Behavioral health screening tools
- Medical screening questionnaires
- Supplemental questionnaires
- Visit documentation forms
- Parent/patient handouts
- Spanish forms

Bright Futures Website Tools

Bright Futures: Health Care Professionals Tools and Resources - Windows Internet Explorer

http://brightfutures.aap.org/tool_and_resource_kit.html

Prompting System
2. Use of structured develop mental assessment
3. Evaluation of parental strengths and needs
4. Development of a recall and reminder system
5. Development of linkages to community resources
6. Identification of children with special health care needs

Healthy Active Living Prescription Pads NEW!

These attractive pads are available for free download to promote healthy eating and physical activity with the children in your practice. The pads are designed to be filled out by you along with the active involvement of the child and their parent/guardian.

Early Childhood (1 to 4 years)

Middle Childhood (5 to 10 years)

Previsit Questionnaire

- 5 Year (PDF)
- 6 Year (PDF)
- 7 Year (PDF)
- 8 Year (PDF)
- 9 Year (PDF)
- 10 Year (PDF)

Visit Documentation Form

- 5-6 Year (PDF)
- 7-8 Year (PDF)
- 9-10 Year (PDF)

Parent/Patient Education Handout

- 5-6 Year Parent (PDF)
- 7-8 Year Parent (PDF)
- 7-8 Year Patient (PDF)
- 9-10 Year Parent (PDF)
- 9-10 Year Patient (PDF)

Supplemental Questionnaire

- 5-6 Year (PDF)
- 7-8 Year (PDF)
- 9-10 Year (PDF)

Medical Screening Questionnaire

- 5 Year (PDF)
- 6 Year (PDF)
- 7 Year (PDF)
- 8 Year (PDF)
- 9 Year (PDF)
- 10 Year (PDF)

Medical Screening Reference Table

- 5 Year (PDF)
- 6 Year (PDF)
- 7 Year (PDF)
- 8 Year (PDF)
- 9 Year (PDF)
- 10 Year (PDF)

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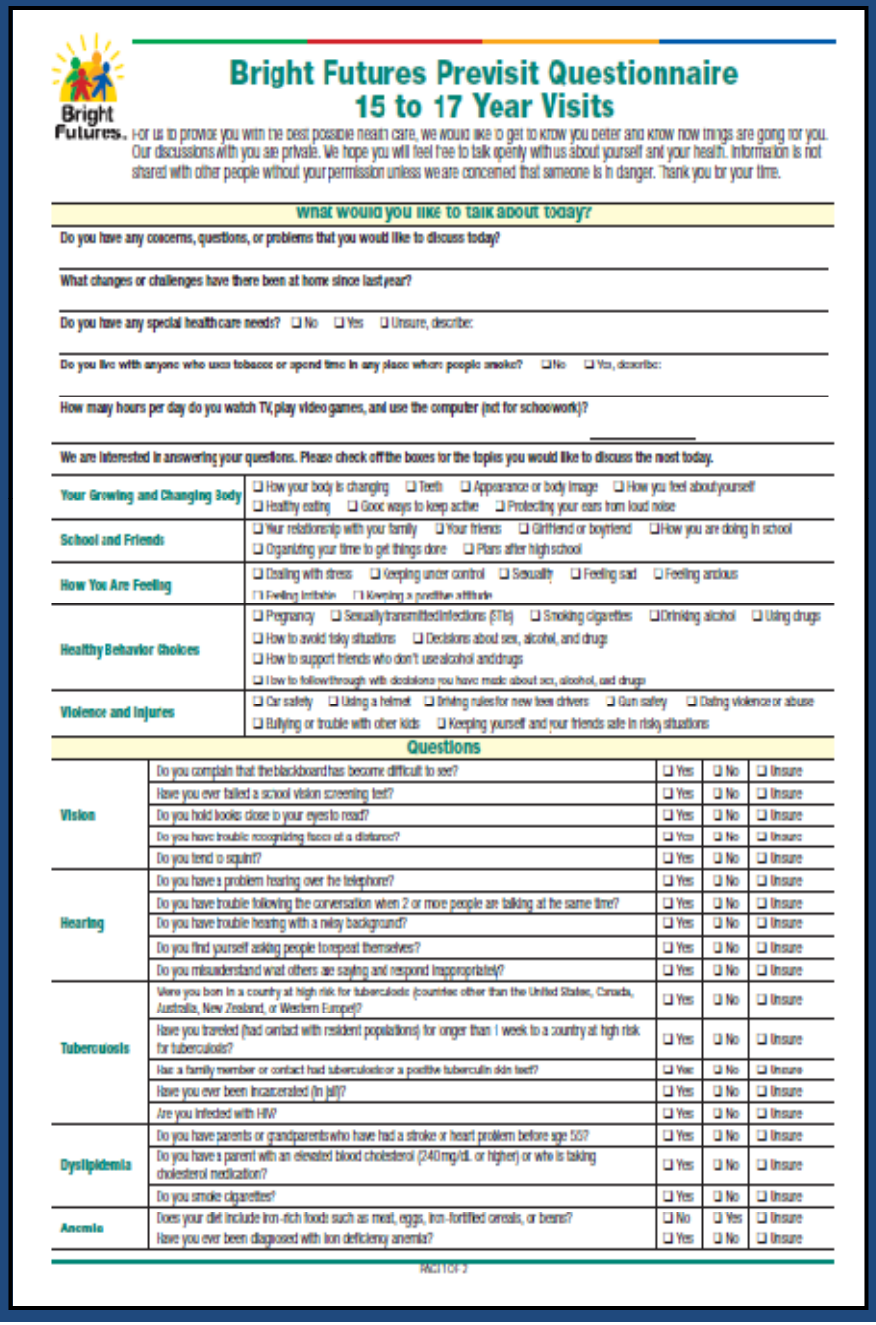
Previsit Questionnaires

Parent/adolescent patient fills out before seeing practitioner

The questionnaires:

- ask risk-assessment questions, thereby triggering recommended medical screening
- ask about Bright Futures 5 priority topics for that age-based visit
- allow parent/patient to note any special concerns
- gather developmental surveillance information



Bright Futures.

Bright Futures Previsit Questionnaire
15 to 17 Year Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since last year?

Do you have any special health care needs? ❑ No ❑ Yes ❑ Unsure, describe:

Do you live with anyone who uses tobacco or spend time in any place where people smoke? ❑ No ❑ Yes, describe:

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body	❑ How your body is changing ❑ Teeth ❑ Appearance or body image ❑ How you feel about yourself ❑ Healthy eating ❑ Good ways to keep active ❑ Protecting your ears from loud noise
School and Friends	❑ Your relationship with you family ❑ Your friends ❑ Girlfriend or boyfriend ❑ How you are doing in school ❑ Organizing your time to get things done ❑ Plans after high school
How You Are Feeling	❑ Dealing with stress ❑ Keeping under control ❑ Sexuality ❑ Feeling sad ❑ Feeling anxious ❑ Feeling irritable ❑ Keeping a positive attitude
Healthy Behavior Choices	❑ Pregnancy ❑ Sexually transmitted infections (STIs) ❑ Smoking cigarettes ❑ Drinking alcohol ❑ Using drugs ❑ How to avoid risky situations ❑ Decisions about sex, alcohol, and drugs ❑ How to support friends who don't use alcohol and drugs ❑ How to follow through with decisions you have made about sex, alcohol, and drugs
Violence and Injuries	❑ Car safety ❑ Using a helmet ❑ Driving rules for new teen drivers ❑ Gun safety ❑ Dating violence or abuse ❑ Bullying or trouble with other kids ❑ Keeping yourself and your friends safe in risky situations

Questions

Vision	Do you complain that the blackboard has become difficult to see?	❑ Yes	❑ No	❑ Unsure
	Have you ever failed a school vision screening test?	❑ Yes	❑ No	❑ Unsure
	Do you hold books close to your eyes to read?	❑ Yes	❑ No	❑ Unsure
	Do you have trouble recognizing faces at a distance?	❑ Yes	❑ No	❑ Unsure
	Do you tend to squint?	❑ Yes	❑ No	❑ Unsure
Hearing	Do you have a problem hearing over the telephone?	❑ Yes	❑ No	❑ Unsure
	Do you have trouble following the conversation when 2 or more people are talking at the same time?	❑ Yes	❑ No	❑ Unsure
	Do you have trouble hearing with a noisy background?	❑ Yes	❑ No	❑ Unsure
	Do you find yourself asking people to repeat themselves?	❑ Yes	❑ No	❑ Unsure
	Do you misunderstand what others are saying and respond inappropriately?	❑ Yes	❑ No	❑ Unsure
Tuberculosis	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	❑ Yes	❑ No	❑ Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	❑ Yes	❑ No	❑ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	❑ Yes	❑ No	❑ Unsure
	Have you ever been incarcerated (in jail)?	❑ Yes	❑ No	❑ Unsure
	Are you infected with HIV	❑ Yes	❑ No	❑ Unsure
Dyslipidemia	Do you have parents or grandparents who have had a stroke or heart problem before age 55?	❑ Yes	❑ No	❑ Unsure
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	❑ Yes	❑ No	❑ Unsure
	Do you smoke cigarettes?	❑ Yes	❑ No	❑ Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	❑ No	❑ Yes	❑ Unsure
	Have you ever been diagnosed with iron deficiency anemia?	❑ Yes	❑ No	❑ Unsure

PAGE 1 OF 2

Patient Handout

Bright Futures.

Bright Futures Patient Handout
Early Adolescent Visits

PHYSICAL GROWTH AND DEVELOPMENT

Your Growing and Changing Body

- Brush your teeth twice a day and floss once a day
- Visit the dentist twice a year.
- Wear your mouth guard when playing sports.
- Eat 3 healthy meals a day
- Eating breakfast is very important.
- Consider choosing water instead of soda.
- Limit high-fat foods and drinks such as candy, chips, and soft drinks.
- Try to eat healthy foods.
  - 5 fruits and vegetables a day
  - 3 cups of low-fat milk, yogurt, or cheese
- Eat with your family often.
- Aim for 1 hour of moderately vigorous physical activity every day.
- Try to limit watching TV, playing video games, or playing on the computer to 2 hours a day (outside of homework time).
- Be proud of yourself when you do something good.

RISK REDUCTION

Healthy Behavior Choices

- Find fun, safe things to do.
- Talk to your parents about alcohol and drug use.
- Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.
- Talk about relationships, sex, and values with your parents.
- Talk about puberty and sexual pressures with someone you trust.
- Follow your family's rules.

EMOTIONAL WELLBEING

How You Are Feeling

- Figure out healthy ways to deal with stress.
- Spend time with your family.
- Always talk through problems and never use violence.
- Look for ways to help out at home
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings. Please consider asking me if you have any questions.

SOCIAL AND ACADEMIC COMPETENCE

School and Friends

- Try your best to be responsible for your schoolwork.
- If you need help organizing your time, ask your parents or teachers.
- Read often.
- Find activities you are really interested in, such as sports or theater.
- Find activities that help others.
- Spend time with your family and help at home.
- Stay connected with your parents.

VIOLENCE AND INJURY PREVENTION

Violence and Injuries

- Always wear your seatbelt.
- Do not ride ATVs.
- Wear protective gear including helmets for playing sports, biking, skating, and skateboarding.
- Make sure you know how to get help if you are feeling unsafe.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.
- Figure out nonviolent ways to handle anger or fear. Fighting and carrying weapons can be dangerous. You can talk to me about how to avoid these situations.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.

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Parent Handout

Bright Futures.

Bright Futures Parent Handout
Early Adolescent Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

Your Growing and Changing Child

- Talk with your child about how her body is changing with puberty.
- Encourage your child to brush his teeth twice a day and floss once a day.
- Help your child get to the dentist twice a year.
- Serve healthy food and eat together as a family often.
- Encourage your child to get 1 hour of vigorous physical activity every day.
- Help your child limit screen time (TV, video games, or computer) to 2 hours a day, not including homework time.
- Praise your child when she does something well, not just when she looks good.

Healthy Behavior Choices

- Help your child find fun, safe things to do.
- Make sure your child knows how you feel about alcohol and drug use.
- Consider a plan to make sure your child or his friends cannot get alcohol or prescription drugs in your home.
- Talk about relationships, sex, and values.
- Encourage your child not to have sex.
- If you are uncomfortable talking about puberty or sexual pressures with your child, please ask me or others you trust for reliable information that can help you.
- Use clear and consistent rules and discipline with your child.
- Be a role model for healthy behavior choices.

Feeling Happy

- Encourage your child to think through problems herself with your support.
- Help your child figure out healthy ways to deal with stress.
- Spend time with your child.
- Know your child's friends and their parents, where your child is, and what he is doing at all times.
- Show your child how to use talk to share feelings and handle disputes.
- If you are concerned that your child is sad, depressed, nervous, irritable, hopeless, or angry, talk with me.

School and Friends

- Check in with your child's teacher about her grades on tests and attend back-to-school events and parent-teacher conferences if possible.
- Talk with your child as she takes over responsibility for schoolwork.
- Help your child with organizing time, if he needs it.
- Encourage reading.
- Help your child find activities she is really interested in, besides schoolwork.
- Help your child find and try activities that help others.
- Give your child the chance to make more of his own decisions as he grows older.

Violence and Injuries

- Make sure everyone always wears a seat belt in the car.
- Do not allow your child to ride ATVs.
- Make sure your child knows how to get help if he is feeling unsafe.
- Remove guns from your home. If you must keep a gun in your home, make sure it is unloaded and locked with ammunition locked in a separate place.
- Help your child figure out nonviolent ways to handle anger or fear.

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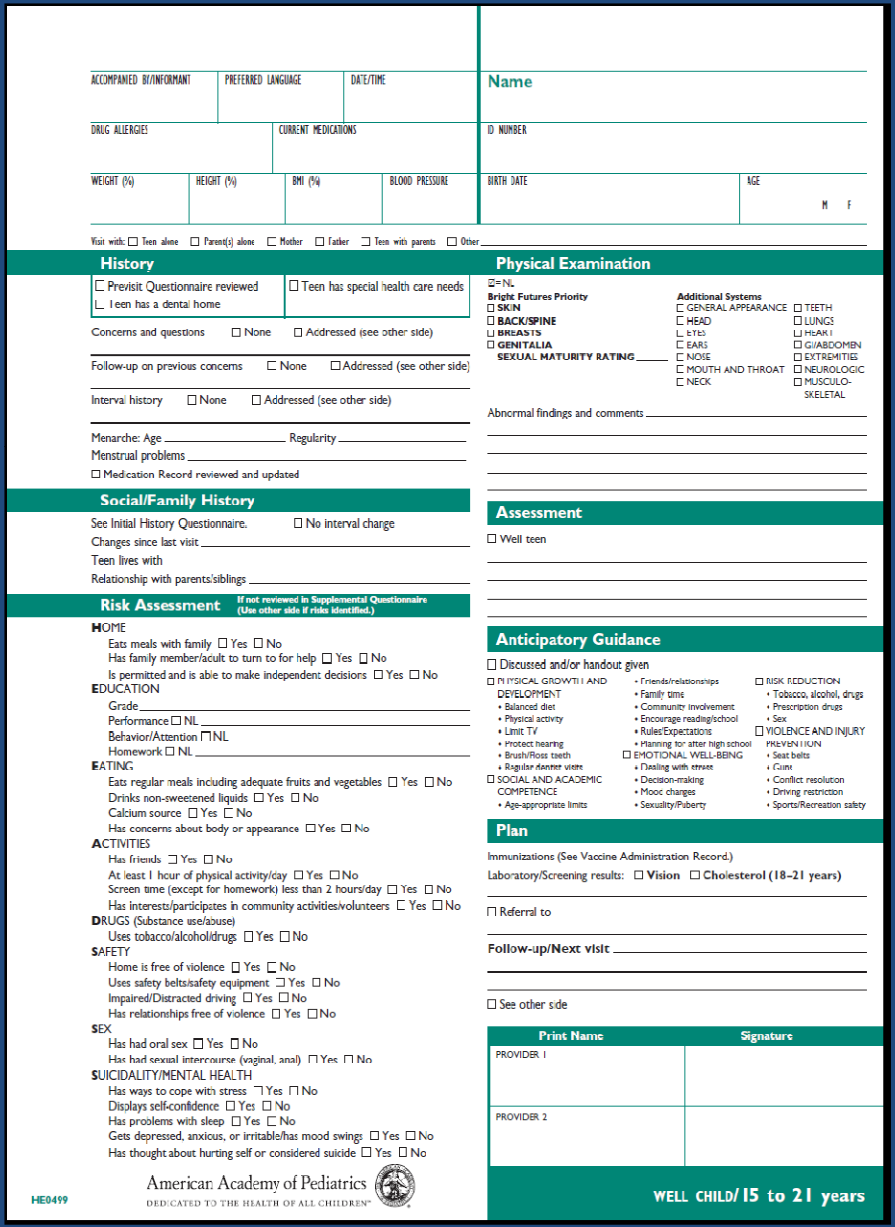
Documentation Form

- Practitioner uses during visit to document activities
- Forms guide practitioner on what questions to ask/issues to address based on child's age and visit priorities
- Forms include sections for each component of visit:
  - History
  - Surveillance
  - Physical exam
  - Screening
  - Immunizations
  - Anticipatory guidance



ACCOMPANIED BY/INFORMANT | PREFERRED LANGUAGE | DATE/TIME | Name

DRUG ALLERGIES | CURRENT MEDICATIONS | ID NUMBER

WEIGHT (%) | HEIGHT (%) | BMI (%) | BLOOD PRESSURE | BIRTH DATE | AGE M F

Visit with: ☐ Teen alone ☐ Parent(s) alone ☐ Mother ☐ Father ☐ Teen with parents ☐ Other

History

☐ Previsit Questionnaire reviewed ☐ Teen has special health care needs
☐ Teen has a dental home

Concerns and questions ☐ None ☐ Addressed (see other side)

Follow-up on previous concerns ☐ None ☐ Addressed (see other side)

Interval history ☐ None ☐ Addressed (see other side)

Menarche: Age _____ Regularity _____
Menstrual problems _____
☐ Medication Record reviewed and updated

Social/Family History

See Initial History Questionnaire. ☐ No interval change
Changes since last visit _____
Teen lives with
Relationship with parents/siblings _____

Risk Assessment If not reviewed in Supplemental Questionnaire (Use other side if risks identified.)

HOME
Eats meals with family ☐ Yes ☐ No
Has family member/adult to turn to for help ☐ Yes ☐ No
Is permitted and is able to make independent decisions ☐ Yes ☐ No
EDUCATION
Grade _____
Performance ☐ NL _____
Behavior/Attention ☐ NL
Homework ☐ NL _____
EATING
Eats regular meals including adequate fruits and vegetables ☐ Yes ☐ No
Drinks non-sweetened liquids ☐ Yes ☐ No
Calcium source ☐ Yes ☐ No
Has concerns about body or appearance ☐ Yes ☐ No
ACTIVITIES
Has friends ☐ Yes ☐ No
At least 1 hour of physical activity/day ☐ Yes ☐ No
Screen time (except for homework) less than 2 hours/day ☐ Yes ☐ No
Has interests/participates in community activities/volunteers ☐ Yes ☐ No
DRUGS (Substance use/abuse)
Uses tobacco/alcohol/drugs ☐ Yes ☐ No
SAFETY
Home is free of violence ☐ Yes ☐ No
Uses safety belts/safety equipment ☐ Yes ☐ No
Impaired/Distracted driving ☐ Yes ☐ No
Has relationships free of violence ☐ Yes ☐ No
SEX
Has had oral sex ☐ Yes ☐ No
Has had sexual intercourse (vaginal, anal) ☐ Yes ☐ No
SUICIDALITY/MENTAL HEALTH
Has ways to cope with stress ☐ Yes ☐ No
Displays self-confidence ☐ Yes ☐ No
Has problems with sleep ☐ Yes ☐ No
Gets depressed, anxious, or irritable/has mood swings ☐ Yes ☐ No
Has thought about hurting self or considered suicide ☐ Yes ☐ No

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Physical Examination

☑ = NL

Bright Futures Priority
☐ SKIN
☐ BACK/SPINE
☐ BREASTS
☐ GENITALIA
SEXUAL MATURITY RATING _____

Additional Systems
☐ GENERAL APPEARANCE
☐ HEAD
☐ EYES
☐ EARS
☐ NOSE
☐ MOUTH AND THROAT
☐ NECK
☐ TEETH
☐ LUNGS
☐ HEART
☐ GI/ABDOMEN
☐ EXTREMITIES
☐ NEUROLOGIC
☐ MUSCULO-SKELETAL

Abnormal findings and comments _____

Assessment

☐ Well teen

Anticipatory Guidance

☐ Discussed and/or handout given

☐ PHYSICAL GROWTH AND DEVELOPMENT
- Balanced diet
- Physical activity
- Limit TV
- Protect hearing
- Brush/floss teeth
- Register/Monitor vision

☐ SOCIAL AND ACADEMIC COMPETENCE
- Age-appropriate limits
- Friends/relationships
- Family time
- Community involvement
- Encourage reading/school
- Rules/Expectations
- Planning for after high school

☐ EMOTIONAL WELL-BEING
- Dealing with stress
- Decision-making
- Mood changes
- Sexuality/Puberty

☐ RISK REDUCTION
- Tobacco, alcohol, drugs
- Prescription drugs
- Sex

☐ VIOLENCE AND INJURY PREVENTION
- Seat belts
- Guns
- Conflict resolution
- Driving restriction
- Sports/Recreation safety

Plan

Immunizations (See Vaccine Administration Record.)
Laboratory/Screening results: ☐ Vision ☐ Cholesterol (18–21 years)

☐ Referral to

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

WELL CHILD/15 to 21 years

BRIGHT FUTURES TOOL FOR PROFESSIONALS

INSTRUCTIONS FOR USE

Cultural Competence Assessment—Primary Care

The Cultural Competence Assessment—Primary Care (CCA-PC) can be administered to families to elicit feedback about their experiences with their children's health care. Knowledge of a family's experiences and perceptions is a critical factor in improving cultural competence in the practice setting.

The CCA-PC was developed through focus groups and cognitive interviews with a diverse group of families. Psychometric data are not available at this time. Individuals who wish to use the instrument for research purposes should contact Sarah Hudson Scholle, Pediatrics and Health Services Administration, University of Pittsburgh, in advance and should be willing to provide descriptive data on the sample and psychometric analyses (or to provide a dataset with such information so that psychometric analyses can be conducted).

CONTACT INFORMATION

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Fax: (412) 624-2360
E-mail: schollesh@msx.upmc.edu

BRIGHT FUTURES TOOL FOR PROFESSIONALS

Cultural Competence Assessment—Primary Care

Thinking about your child's health services, please circle the response that describes how often each of these statements is true for you and your child.

	Never	Rarely	Sometimes	Most of the time	Always
1. My child's health professional understands how I see my child's problems.	1	2	3	4	5
2. My child's health professional respects our family's values and customs.	1	2	3	4	5
3. My child's health professional treats other parents better than me.	1	2	3	4	5
4. When I speak with my child's health professional, I feel respected.	1	2	3	4	5
5. My child's health professional helps us get services that we need from other agencies or health care providers.	1	2	3	4	5
6. My child's health professional accepts my family as important members of the team that helps my child.	1	2	3	4	5
7. I feel comfortable discussing with my child's health professional any alternative therapies that my child is using or that we are considering using (e.g., herbal medicine, chiropracty, religious healing).	1	2	3	4	5
8. My child's health professional includes me in making decisions about my child's care.	1	2	3	4	5
9. My child's health professional encourages me to help evaluate my child's progress.	1	2	3	4	5
10. Other children get better services than my child.	1	2	3	4	5
11. My child's health professional seems to be comfortable interacting with my child.	1	2	3	4	5
12. The location of services works for my child and our family.	1	2	3	4	5

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BF Mental Health Manual Table of Contents (page 1 of 14)

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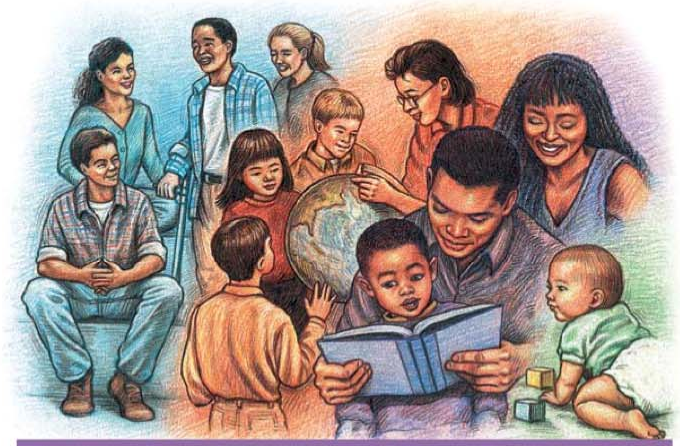
Health Resources and Services Administration
Maternal and Child Health Bureau

NCEMCH National Center for Education in Maternal and Child Health
Georgetown University

Bright Futures in Practice



SELF • FAMILY • FRIENDS • COMMUNITY

MENTAL HEALTH

VOLUME I

PRACTICE GUIDE

BF Mental Healt...

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Search in Presentation

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Strength Based Approach

"The young people will be more resilient if the important people in their lives believe in them unconditionally and hold them to high expectations. Young people live up or down to the expectations we set for them."

Dr Ken Ginsburg

Percentage of 6th- to 12th-Grade Youth Reporting Selected High-Risk Behavior Patterns, by Level of Developmental Assets

(Data based on aggregate Search Institute sample of 148,189 students across the United States surveyed in 2003)

High risk behavior pattern	0-10 Assets	11-20 Assets	21-30 Assets	31-40 Assets
Problem alcohol use—Has used alcohol three or more times in the past month or got drunk once in the past two weeks.	45%	26%	11%	3%
Violence—Has engaged in three or more acts of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the past year.	62%	38%	18%	6%
School Problems—Has skipped school two or more days in the past month and/or has below a C average.	44%	23%	10%	4%

Circle of Courage

Generosity

Independence

Belonging

Mastery

Search Institute Assets

- Support
- Empowerment
- Boundaries and Expectations
- Constructive use of Time
- Commitment to Learning
- Positive Values
- Social Competencies
- Positive Identity

Strengths (EPIC)

- Family Support
- Achieving developmental milestones
- Positive self esteem & sense of accomplishment
- Healthy weight, nutrition and activity
- Healthy sexuality
- Self Protection
- Community involvement

Using a strength based approach

- Identify/ask about youth strengths
- Comment on youth strengths to youth and parents or teachers when appropriate
- Use a strength-based framework drawn from the literature
- If a behavior change is needed, use a shared decision-making strategy
- Ask for feedback from youth to establish a youth friendly practice environment

Visit Outline

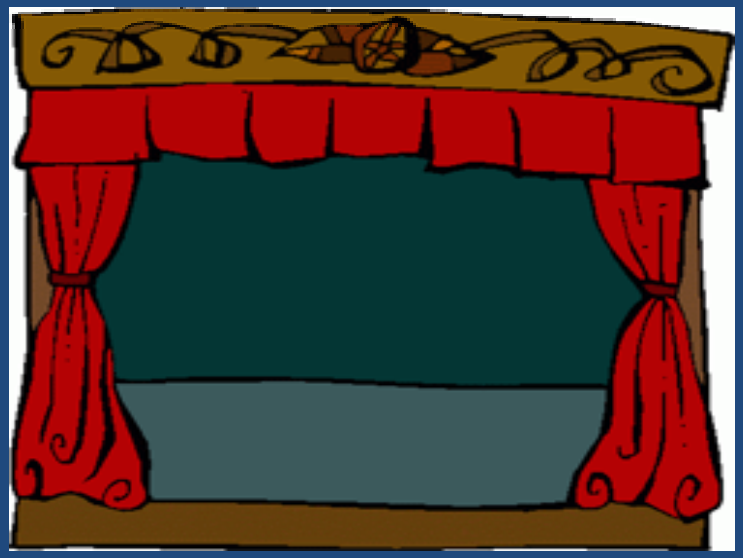
Using a strength based approach

- Context
- Priorities for the visit
- Health Supervision
- Anticipatory Guidance

Context

Setting the stage

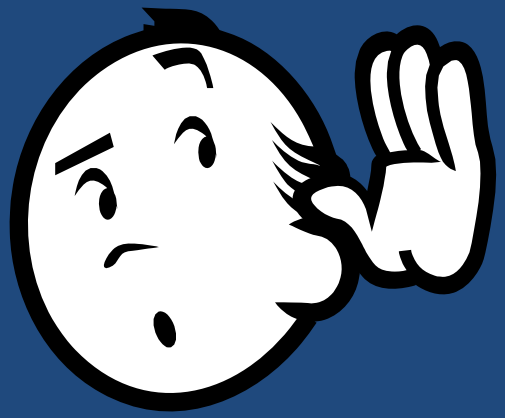
- Age of the child/adolescent
- Environment
- Developmental milieu
- Family development



Priorities for the visit

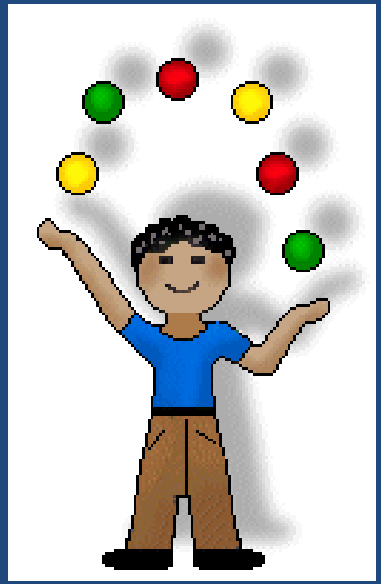
What are the concerns?

Start with the parent and client



Bright Futures Adolescent Priorities

- Patient/Family Concerns and Questions
- Physical Growth and Development
- Social/Academic Competence
- Emotional Well-being
- Risk Reduction
- Violence and Injury Prevention



Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

11-14 Year Visit

Priorities for the Visit

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

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

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

SBHC Priorities

- Physical Health, Nutrition and Activity
- Oral Health
- Emotional Well-Being
- School and Friends
- Safety
- Risk Reduction
- Strength's Review

Home Schedules In Basket Chart Encounter Telephone Call Refill Enc Patient Lists Appts Secure Print Log Ou

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zmchdonly, Careol*	Age	Sex	DOB	MRN	Allergies	Type	PCP	Alerts	INS	MyChart
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SCHOOL AGE HEALTH ASSESSMENT AND STRE

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SCHOOL AGE HEALTH ASSESSMENT AND STRENGTHS	11/10/2011
******SCHOOL AGE HEALTH ASSESSMENT******	--
Physical Health, Nutrition & Activity	Preventive Message
Oral Health	Problem ID
Emotional Well-Being	Referral & F/U
School & Friends	Preventive Message
Safety & Injury Prevention	Problem ID
Risk Reduction	Referral & F/U
******STRENGTHS******	--
Family Support	No
Achieving Developmental Milestons	Yes
Positive Self-Esteem & Sense of Accomplishment	No
Healthy Weight, Nutrition & Activity	Yes
Healthy Sexuality	No
Self-Protection	Yes
Community Involvement	No
******PARENT/GUARDIAN CONTACT******	--

Abnormal/Panic

Dates in: Columns Rows

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STIN C Patient Call Results Staff Message - EMR Addendum Notification Canceled Ord CC'd Charts CE Outside Events 3:41 F

Health Supervision

- History
- Observation of parent-child interaction
- Surveillance of development
- Physical examination
- Screening
- Immunizations
- Other practice based interventions

History

"History sets the stage for the visit. It allows health care professionals to assess strengths, accomplish surveillance,
and enhance understanding of the child and family."

Observation of parent-child interaction

"Observation allows the professional to assess interactions between parent and child."

Surveillance

"Surveillance permits the professional to track the acquisition of developmental milestones and strengths over time."

Surveillance of Development

Surveillance of Development

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

- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Forms a caring, supportive relationship with family, other adults, and peers
- Engages in a positive way in the life of the community
- Displays a sense of self-confidence, hopefulness, and well-being
- Demonstrates resiliency when confronted with life stressors
- Demonstrates increasingly responsible and independent decision making[11]

Physical Examination

"Physical examination, including growth monitoring and developmental examination, traditionally has been considered an important part of the health supervision visit, perhaps the most basic procedure in health care."

Physical Examination

- Annual recommendations
- Helps us focus on the age specific components and concerns from medical history
- Reviewing BMI
- Ensuring privacy is critical

Screening

"Recommended screening occurs at every Bright Futures visit. Certain screening is universal and other screening is selective."

Screening

- Age specific
- Based on available evidence
- Selective screening based on risk assessment
  - Hemoglobin
  - PPD
  - Dyslipidemia screen

Screening

11-14 Year Visit

Screening

UNIVERSAL SCREENING	ACTION	
Vision (once in early adolescence)	Snellen test	
SELECTIVE SCREENING	**RISK ASSESSMENT***	**ACTION IF RA +**
Vision at other ages	+ on risk screening questions	Snellen test
Hearing	+ on risk screening questions	Audiometry
Anemia	+ on risk screening questions	Hemoglobin or hematocrit
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Dyslipidemia	+ on risk screening questions and not previously screened with normal results	Lipid screen
STIs	Sexually active	Screen for chlamydia and gonorrhea; use tests appropriate to the patient population and clinical setting
	Sexually active and + on risk questions	Syphilis blood test HIV†[12]
Pregnancy	Sexually active without contraception, late menses, or amenorrhea	Urine hCG
Cervical dysplasia	Sexually active, within 3 years of onset of sexual activity	Pap smear, conventional slide or liquid-based
Alcohol or drug use	+ on risk screening questions	Administer alcohol and drug screening tool

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.

†The CDC has recently recommended universal voluntary HIV screening for all sexually active people, beginning at age 13. At the time of publication, the AAP and other groups had not yet commented on the CDC recommendation, nor recommended screening criteria or techniques. The health care professional's attention is drawn to the voluntary nature of screening and that the CDC allows an opt out in communities where the HIV rate is <0.1%. The management of positives and false positives must be considered before testing.

Immunizations

"Assessing the completeness of a child's or adolescent's immunizations is a key element of preventive health services."

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼ Age ▶	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis[1]	*see footnote 1*	Tdap	Tdap
Human Papillomavirus[2]	*see footnote 2*	HPV (3 doses)	HPV Series
Meningococcal[3]	MCV	MCV	MCV
Influenza[4]	Influenza (Yearly)		
Pneumococcal[5]	PPSV		
Hepatitis A[6]	HepA Series		
Hepatitis B[7]	HepB Series		
Inactivated Poliovirus[8]	IPV Series		
Measles, Mumps, Rubella[9]	MMR Series		
Varicella[10]	Varicella Series		

Range of recommended ages

Catch-up immunization

Certain high-risk groups

Anticipatory Guidance

"The anticipatory guidance component

of every Bright Futures visit

gives the health care professional, parents, and the child or adolescent

a chance to ask questions and discuss issues of concern."

Anticipatory Guidance

- Presented in several ways
- Organized by the visit's key priorities and their component elements
- Brief overview with developmental context
- Highlights important aspects and topics
- Motivational interviewing

Ochin Release System - MC PARKROSE SBHC

School Age Health Assessment And Strengths

School Age Health Assessment

PHYSICAL HEALTH, NUTRITION & ACTIVITY (Assessment Findings) | **Preventive Message** | Problem ID | Referral & F/U

Topics Covered

- [x] **Healthy Weight**
- [ ] Well-Balanced Diet
- [ ] Increased fruit, vegetable & whole grain consumption
- [ ] Adequate calcium intake
- [ ] Water instead of Soda
- [ ] Adequate physical activity - sports, after school
- [ ] Limit on screen time
- [ ] Body Image
- [ ] Importance of Breakfast
- [ ] Limits on high fat foods
- [ ] Eating as family
- [ ] Physical Health

Comments:

ORAL HEALTH (Assessment Findings) | Preventive Message | **Problem ID** | Referral & F/U

Topics Covered

- [ ] Regular dental visits
- [ ] Daily brushing & flossing
- [ ] Adequate fluoride

Comments:

EMOTIONAL WELL-BEING (Assessment Findings) | **Preventive Message** | Problem ID | Referral & F/U

Topics Covered

- [ ] Family time
- [x] **Family Routines**
- [ ] Mood Regulation, Temper Problems & Managing or Resolving Conflicts
- [ ] Social Interactions
- [ ] Independence
- [ ] Emotional Security & Self-Esteem (verbal abuse or neglect)
- [ ] Establishing rules and consequences
- [ ] Puberty/pubertal development
- [ ] Family Communication & Family Time
- [ ] Friends
- [ ] School Performance
- [ ] Coping

Comments:

SCHOOL & FRIENDS (Assessment Findings) | Preventive Message | **Problem ID** | Referral & F/U

Topics Covered

- [ ] Established Routines

Comments:

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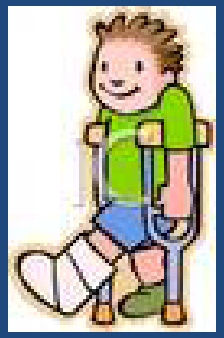
“Establishing mental health and emotional well being is arguably the core task for the developing child and those who care for the child.”

Promoting Mental Health Theme, BFG, 3rd.



Think “mental health” with every encounter.

Pre-screening Tool

↓

Comprehensive Screening Tool

PHQ-2 → PHQ-9

Pre-CRAFFT → CRAFFT

Screening tools

- Depression
  - PHQ 9
  - CESD
- Anxiety-SCARED
- ADHD-Vanderbilts
- Substance Abuse-CRAFFT
- General Psychosocial-PSC

PHQ 2

- Over the past two weeks, have you been bothered by the following problems?
  - Feeling down, depressed, irritable or hopeless?
    - Yes/No
  - Little interest or pleasure in doing things?
    - Yes/No

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	add columns:		+	+
	TOTAL:			

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	**Not difficult at all**	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at *http://www.pfizer.com*. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Why use standardized tools???

- It helps you provide individualized care
  - Forms allow parent/child priorities and concerns to surface to allow you to tailor care
- And it helps you provide standardized care
  - Forms and EPIC linked to priorities, making care and messages consistent throughout
  - Help you track care over time, ensuring all client receive recommended exams, screening, immunizations, etc

SBHC Questionnaires

- Parent Health Survey
- Older Child/Younger Adolescent Health Survey
- Adolescent Health Survey

EPIC updates

- Based on Bright Futures
- Movement away from “risk assessment”
- Comprehensive elements of health supervision visit incorporated
- Strength-based model
- Outcome measures

Meet Warren

Using Bright Futures

- 13 y.o. male is brought in by his mom to the SBHC for a well child exam in order to get clearance to play basketball. (You have 20 minutes to do the visit).
    1. How would you approach this exam?
    2. What areas would you want to cover?

Case Study and Discussion

- Some tools to help you get information
  - Bright Futures Pre-Visit parent questionnaire
  - Bright Futures Pre-visit youth (patient) questionnaire
  - MCHD examples of Health Survey forms

Case Study and Discussion

- What you learn about your patient:
  - Was a good student last school yr., but this yr grades are falling and he is less interested in school (states, “It’s boring.”)
  - Parents are pushing him to play basketball because they “don’t like the way his life is going”.
  - Pt is gaining weight and is often coming home after school and snacking, watching television or on the computer.
  - Pt is a really good artist and musician. Would like to play the drums.

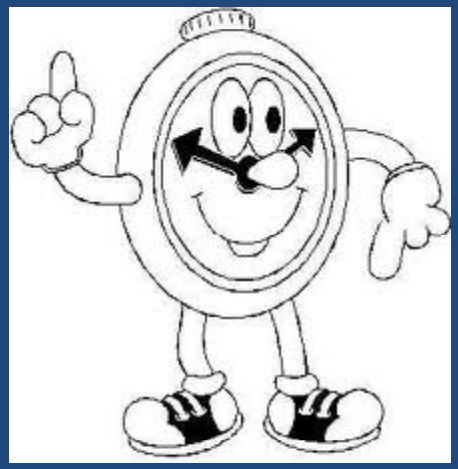
Case Study and Discussion

- What are some other screenings/tools you might want to consider?
- Thoughts about how to structure the visit w/ the pt and his parent
  - Together
  - Separate
  - Confidentiality

Case Study and Discussion

- Examples of tools that are included or "endorsed" in Bright Futures
  - PHQ or CES-D to screen for depression
  - CRAFFT
  - SCARED for anxiety disorders screen
  - Strengths/assets tool (Search, Circle of Courage, etc)

How do we do this in the time allotted?



In summary

- If you don’t ask, you’ll never know
- Tools/questionnaires can make it easier to gather information
- Involve all member of your team
- Don’t have to do it all in one visit (“staging care”)
- Importance of talking to the youth alone
- All need to know the “rules” around confidentiality
- Don’t forget STRENGTHS!

References

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Therapeutic relationship is still the key with respect, confidentiality, explanations and listening being the means to opening the door.

How beautiful is youth! How bright it gleams with its illusions, aspirations, dreams!

Henry Wadsworth Longfellow