

行政院及所屬各機關出國報告

(出國類別：短期進修)

短期進修報告書

青少年精神衛生與健康議題

服務機關：國防醫學院護理學系

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出國地區：美國舊金山

出國期間：91/08/26-92/01/09

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行政院及所屬各機關出國報告提要

出國報告名稱：短期進修回國報告書

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內容摘要

職於 91 年 8 月赴美國舊金山的美國加州大學舊金山分校 (University California San Francisco; UCSF) 短期進修。主要目的為進修青少年的相關健康議題與精神衛生護理學。申請時即與該校的在青少年精神衛生這領域的大師 Dr. Susan Kools 取得聯繫並經該校同職可與她學習。進修期間除了參與相關課程的上課外(青少年身心發展, 青少年問題與健康), 並每星期到該校的教學醫院進行 2 小時的臨床個案(青少年)討論會。同時定期與 Dr. Susan Kools 個別討論。並於進修結束時獲得該校所給予的認證書。同時回國前利用參訪的機會, 特別安排參訪相關醫院精神科病房與學校。

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壹、目的：

美國加州大學舊金山分校(University California San Francisco; UCSF)在美國護理學院中排名第一，其所提供的課程多達一百多種且皆為碩士以上的課程。包括學士後護理碩士學位、護理碩士學位、臨床專科護理師碩士學位、護理博士學位及短期進修課程(Special study program)等。其中短期進修課程的設計可根據學生的需要選擇指導老師與課程上課。並可配合學生的進修期限可長可短，故非常適合在職的老師或臨床護理人員。

此次短期進修因應職之教學任務需要，並鑒於目前台灣青少年問題日益增加，尤其青少年精神衛生護理之需求與資訊仍顯不足，故在此期間主要以青少年心理衛生議題為主要學習目標。

貳、過程

申請進入 UCSF 的 Special study program，需要符合該校的入學條件如外文成績及推薦信一封，並需清楚說明學習目標、進修期限及需求。則學校會推薦符合學生進修目標及專長的老師作為指導老師。在正式進入課程前，職即與該校在青少年心理衛生護理方面的專家 Dr. Susan Kools 進行聯絡，討論此次短期進修的課程。

Dr. Susan Kools 是一位精神衛生及小兒科護理專家，她有許

多青少年問題相關的研究經驗。尤其近幾年她針對中國大陸，香港等地區的青少年健康相關議題進行研究，也因此她對中國文化有深入的了解。

職正式於2002年八月進入UCSF的Special study program，每週除了固定和指導老師Dr. Susan Kools 討論外，並選修她所建議的一門課程--青少年發展及健康議題。並參予每週在該校附設醫院的小兒科病房所舉行的臨床個案（青少年）討論會。職也選修該校其他的課程如質性研究、量性研究以增進對護理研究方法學的認識。

最後回國的參訪行程中，職安排了舊金山近郊有名醫院和學校參訪。包括加州舊金山分校醫院、史丹佛醫院、凱社醫學學中心、精神科病房等。

參、心得

在將近五個月的進修期間，能在全美排名前一、二名的學校實獲益良多。尤其深感該校的資源豐富，例如除了在護理學院大樓有專門提供護理學院師生及醫院護理人員使用的小型圖書館外，該校的大圖書館更是館藏豐富，提供該校與醫院的所有人員使用。而且在護理學院大樓中的小型圖書館中，提供的是與護理相關的圖書雜誌及每學期授課老師的指定參考書和授課大綱，同時有專門的老師協助查詢

各種有關的問題，還包括協助護理學系所學生撰寫文章與修改投稿文章。因每個系所都有其不同的學生需求，有這樣的小型圖書館針對該系所的師生需求提供服務，是國內幾所醫學院或醫院較缺乏的服務項目。

在此短短的數個月中，職體認到我國醫療體系應開始重視並發展相關青少年的建康議題。因為在台灣青少年問題日益嚴重，青少年精神疾患也有增加的趨勢，如憂鬱症，自殺等事件時有所聞。歐美國家早已開始著手防範及發展青少年的身心衛生醫療團隊。在這個團隊中的醫療人員有小兒科醫師、精神科醫師、精神科護理人員、小兒專科護理人、臨床專科護理人員(CNS 或 NP)、心理師等人。並有專門的青少年醫院(Adolescent hospital)。反觀國內對青少年的健康議題仍多注重於青少年犯罪預防，而較少重視青少年發展及身心理衛生。醫療體系中也無青少年專業的醫療人員。目前國內的青少年若有醫療需求仍歸小兒科部門。

此次短修經過和指導老師的討論，參與臨床個案的討論和選修相關的課程，提昇對青少年心理衛生的認識與興趣。亦可有助於日後職之教學任務中應用。(因職所任教的課目中，主要負責精神衛生護理學科及人類發展學科——青少年發展)。同時也深感我國醫療界需要闢出一塊為青少年把脈的空間。好讓我國青少年有更優良的醫

療環境及促進青少年的健康。

肆、建議

因著此次短期進修的機會能在美國頂尖的護理學院學習並能個別和專家研討實感獲益良多。也希望透過這次所學所見的提出個人潛見。

在目前國內護理專業領域中應努力培養專業護理師資及擴展護理專業的觸角。例如在精神衛生護理領域中青少年心理衛生一直是未被開發的一環。

發展成立青少年健康醫療團隊，並在醫學或護理養成教育中加入有關青少年健康的議題。

鑒於學校體系的短期進修最長年限為半年，建議可依據申請人之需求增加為一年。

附 件 一

Leadership Education in Adolescent Health (LEAH)

TRAINING OVERVIEW

September 2002 – June 2003

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Division of Adolescent Medicine
Department of Pediatrics
University of California, San Francisco

Leadership Education in Adolescent Health (LEAH) ORIENTATION

September 26, 2002

- 10:00 am** **Reception for all LEAH Trainees and all Faculty**
Laurel Height Campus, Suite 245
Large Conference Room
- 10:30-Noon** **Orientation**
Laurel Heights Campus, Suite 245
Large Conference Room
1. LEAH MCH Overview *Mary-Ann Shafer, MD*
 2. Interdisciplinary Competencies *Erica Monasterio, MSN, FNP*
 3. Resources and Activities
 - A. Faculty & Staff *Mary-Ann Shafer, MD*
 - B. Clinical Training *Mary-Ann Shafer, MD*
 - C. Community Leadership Training *David Knopf, LCSW, MSW, MPH*
 - D. Treasure Island *Barbara Long, MD*
 - E. Policy Centers *Jane Park, MPH*
 - F. Research Training *Shana Millstein, PhD*
 4. CORE Training Program Activities *Cherrie Boyer, PhD*
- 12-1:30 pm** **First Session, CORE Seminar Series**
Introduction to Adolescent Health
Mary-Ann Shafer, MD
Laurel Heights Campus, Suite 245
Large Conference Room
- 2:00 pm** **Ward Rounds, Rm M666**
Moffitt Hospital/UCSF Medical Center
505 Parnassus, UCSF
- 3-3:30pm** **Teen Clinic Tour**
Ambulatory Care Center (ACC), 2nd Floor
400 Parnassus, UCSF

MISSION STATEMENT
DIVISION OF ADOLESCENT MEDICINE
Department of Pediatrics
School of Medicine
University of California, San Francisco
San Francisco, California

The primary mission of the Division of Adolescent Medicine is to advance knowledge about the biopsychosocial interactions that occur during the course of adolescence and the factors that help or impair these processes, particularly the impact on the health and well-being of adolescents.

Specially, the aims are to:

- 1) provide exemplary and innovative delivery of health care services (ranging from direct primary care to consultative tertiary care) to adolescents and their families which draws upon and extends our current knowledge base;
- 2) train future health care professionals and scholars from a variety of disciplines at the graduate and postgraduate education level to advance knowledge while providing exemplary care in interdisciplinary and interdisciplinatory settings, providing consultations and continuing education to professional;
- 3) develop and conduct research that explores biopsychosocial interactions, giving attention to the biological bases of behavior and to the social forces that shape both behavior and biology throughout adolescence;
- 4) to inform local, state and national level public and private sectors about the changing needs of youth, contributing to the development and constructive critiques of health policies, and demonstrating that we value the youth of our country and are committed to maximizing their potential.

Training Project Abstract
MCH Renewal

Project Title: Leadership Education in Adolescent Health Training Project
MCJ Number: MC0003
Project Director: Charles E. Irwin, Jr., M.D.
Grantee Organization: University of California, San Francisco
Address: Division of Adolescent Medicine
Department of Pediatrics
LH 245, Box 0503
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E-mail address: cirwin@itsa.ucsf.edu
Project Period: 07/01/02-06/30/07

NARRATIVE

Problem: Adolescents and young adults remain our nation's greatest natural resource and our critical link to the second millennium. Yet these 10-24 year olds continue to represent a segment of the American population in which the mortality rate remains high in spite of a downward trend throughout the 1990s. Many adolescents meet failure in the classroom, live in poverty, and have decreasing access to the workplace with the recent economic downturn. In addition, substance use rates remain static, injury rates remain unacceptably high, and poor nutrition and exercise habits result in significant increases in obesity in adolescence and chronic health conditions in adulthood. Risky sexual behaviors during adolescence result in STDs and unplanned pregnancies. Mental health disorders place the adolescent at economic and social disadvantage as they enter the work force. The increasing socioeconomic and demographic diversity of the adolescent population and the inability of educational, social and economic institutions to respond to these changes create additional burdens on youth as they traverse the second decade of life. Every major current and emerging adolescent health problem requires addressing the biological, psychological, social, environmental and policy areas for effective health intervention and prevention. Such challenging problems cut across all health disciplines requiring unifying approaches to treatment, prevention, and training of a new cohort of interdisciplinary health professionals. Our Project based in California is in a unique position to be responsive to training this new cohort for the nation in the twenty first century. California has the largest and most diverse group of adolescents. Our project based at UCSF continues to be an innovator in responding to changes in service delivery, consultation, continuing education, public policy and research which remains the critical component for leadership development and training.

Goal and Specific Objectives: The major goal is to educate interdisciplinary leaders in adolescent health who will be capable of assuming roles as faculty in health professional schools, clinician-educators, administrators, researchers and health policy makers at the community, university, state, regional and national levels.

Specific Objectives include:

- A. To provide interdisciplinary leadership training in adolescent health for the five core MCH disciplines that reflects the goals of Healthy People 2010 and Bright Futures.

- B. To implement and evaluate culturally sensitive, family-centered interdisciplinary exemplary models of accessible, coordinated comprehensive longitudinal health care services for youth that reflect the goals of Healthy People 2010 and Bright Futures.
- C. To assist community, state, regional and national health care and policy organizations in developing and addressing the core public health functions for adolescent health.
- D. To continue the development of a knowledge base in adolescent health through the pursuit of research and evaluation.
- E. To prepare adolescent health specialists to play key roles in the formulation of health policies shaping the system of care for adolescents at the local, regional/state, and national level.

Methodology: The following methods are used to implement the Projects major goal and five specific objectives:

I. Training

- A. Long term trainees at UCSF and UCB in 5 disciplines (Medicine, Nursing, Nutrition, Psychology and Social Work) are trained using 28 major interdisciplinary training components developed around six Core Competency Areas: (1) Adolescent biopsychosocial development; (2) Contextual factors in adolescent health and youth development; (3) Health People 2010 Health objectives for Adolescent and Preventive health Guidelines (Bright Futures); (4) Cultural Competency; (5) Core public health knowledge and skills and (6) Interdisciplinary Leadership Training.
- B. Short term trainees from MCH-affiliated programs at UCSF and UC Berkeley receive additional training in adolescent health to supplement their discipline specific public health training.
- C. Clinician, Clinician Investigator, and Health Care/Policy/Community Health Care Administrator traineeships have been developed to meet specific needs of senior level professionals who are incorporating adolescent issues into their professional work settings.

II. Services

A full complement of primary, secondary, tertiary and community-based clinical programs have been developed to meet the needs of the adolescent population and the training project. The major focus is to develop services that maximize resources of public and private partnerships through a coordinated strategy to decrease duplication of services and increase integration and access of care for adolescents in our Region.

III. Consultation, Continuing Education and Technical Assistance

The project provides consultation, continuing education and technical assistance to MCH-related projects at the community, state, regional and national level. At the community level, we work closely with the regional Adolescent Health Working Group to develop appropriate, coordinated health care services to youth and to provide CE programs to train health professionals to provide clinical services to adolescents within primary care settings. At the state level, we are participating in the development and implementation of a 5 year Statewide Strategic Adolescent Health Plan as convenors of the California Adolescent Health Collaborative and provide consultation to the State Adolescent Health Coordinator. At the national level we continue to work with MCHB within the Office of Adolescent Health to develop and implement national adolescent health priorities, analyze and synthesize research priorities in adolescent health, act as advisor to MCHB strategic planning for adolescent health and sit on numerous federal, national professional organizations, and foundations regarding adolescent health issues. Specifically, National Adolescent Health Information Center (MCH supported policy center) continues to work with MCHB, SAM, AAP and other national health organizations to implement the National Initiative for the 2010 Adolescent Health Objectives.

IV. Research

We will continue the development of a knowledge base in adolescent health guided by a conceptual model that incorporates the objectives of Healthy People 2010 and is consistent with recent NIH and IOM reports that recommend a multidisciplinary, youth development approach to adolescent health. Beyond this we will develop mechanisms to utilize extant databases in California for research and policy development.

V. Policy Development

We will continue to prepare adolescent health specialists to play key roles in the formulation of health policies shaping the system of care for adolescents at the local, regional/state, and national level.

Coordination: The faculty have developed collaborative relationships with the community, state, regional and national organizations focused on MCH populations in the development of this project including such professional organizations as AAP, ABA, AMA, APA, NASW and the NCYL. These organizations will play an advisory role in the ongoing operation of the project through the Professional Advisory Committee.

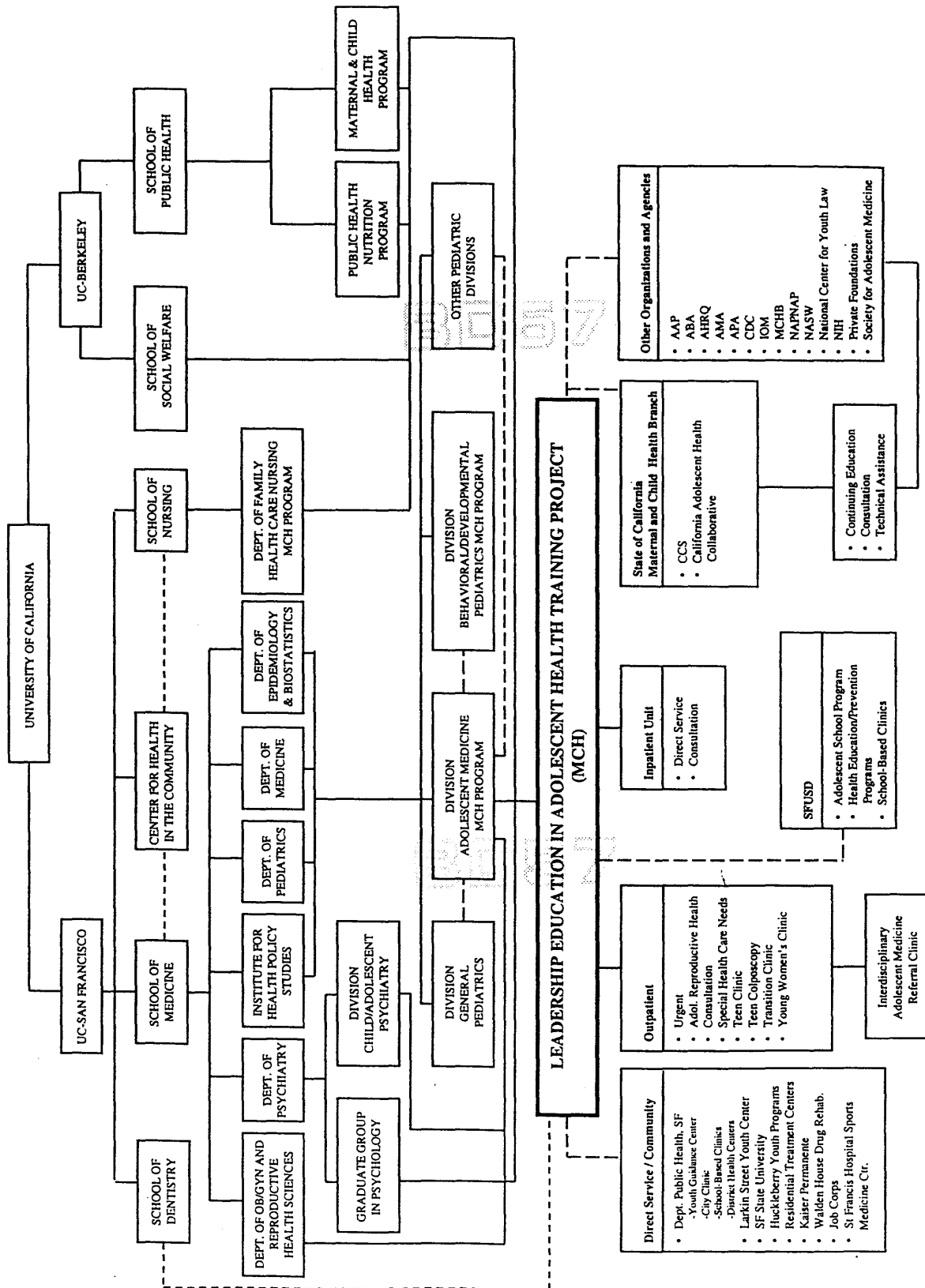
Evaluation: The most important outcome of this training project is the success of our past trainees in providing leadership in Adolescent Health. To measure this outcome, we conduct an annual survey of all former trainees assessing current job, professional activities in the field, publications, etc. We also measure the intermediate outcomes of our Training Project through a carefully designed self-assessment instrument that measures the success at meeting the 6 Core Competency Objectives of our Training Project at the onset of traineeship and annually. In the area of clinical services, we monitor the volume and number of patients seen including the number of agency referrals and the number of consolidated service programs that develop during the course of the project. Health outcomes are monitored in the clinical settings where preventive service guidelines are being implemented through HEDIS measurement tools. In the area of consultation, continuing education and technical assistance, we evaluate the effectiveness of our educational programs through pre and post measurement instruments. In the area of research, we measure the outcomes through publication and dissemination of findings and new extramural awards.

Text of Annotation: The major purpose of the LEAH Training Project in Adolescent Health is to train interdisciplinary leaders who will be capable of assuming roles as faculty in health professional schools, clinician/educators, administrators, researchers and health policymakers at the community, university, state/regional and national levels in adolescent health. Five core MCH disciplines including Medicine, Nursing, Nutrition, Psychology and Social Work receive advanced leadership training within our Project which is based within the University of California, San Francisco and Berkeley, San Francisco State University, the local Bay Area community and state/regional and national public health agencies and professional organizations. The leadership training is accomplished through formal course work at UCSF and UCB, clinical training in University-based and community-based clinical setting, development and implementation of research projects, policy analysis of key areas affecting health care delivery systems and participation in continuing education, consultation and technical assistance with faculty at a local, community, state/regional and national level. The project plays a critical role in providing consultation to Title V programs based within UCSF and UCB, San Francisco County, California, the Region and the Office of Adolescent Health of MCHB.

Key Words:

Adolescent Health	Nutrition
Adolescent Medicine	Pediatrics
Interdisciplinary Training Project	Psychology
Maternal and Child Health	Public Health
Nursing	Social Work

Figure 1.



2. INTERDISCIPLINARY COMPETENCIES

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**CORE INTERDISCIPLINARY COMPETENCIES
FOR THE ADOLESCENT HEALTH SPECIALIST**

CORE METHOD OF APPROACH

All topics should be framed using the following approaches:

1. Epidemiology: defining the problem, impact on adolescents
2. Clinical relevance: how do you assess or screen for the problem
3. Developmental transitions for adolescents
4. Adolescent health in context of the entire developmental lifespan
5. What works (individual to group)
 - A. Interventions/resources
 - B. Supporting evidence or data
 - C. Policy implications

I. Biopsychosocial Factors in Adolescent Health

- A. Normal Adolescent Physical Development
- B. Developmental Theories
- C. Psychological Theories of Health Behaviors and Behavior Change
- D. Psychosexual Development
- E. Resiliency and Protective Factors
- F. Risk Taking Theories

II. Contextual Factors that Influence Adolescent Health

- A. Sociodemographic and Contextual Factors
- B. Family
- C. School
- D. Peers

III. Legal and Ethical Considerations in Adolescent Health

IV. Common Adolescent Issues

- A. Sexuality
- B. Chronic Illness and Acute Illness
- C. Youth with Disability
- D. Nutrition
- E. Mental Health
- F. Injury Prevention
- G. Substance Use
- H. School Issues
- I. Physical Activity
- J. Family Issues

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V. Policy Considerations in Adolescent Health

- A. Political/Historical Context
- B. Core Public Health Functions
- C. Public Health Skills
- D. Healthy People 2010 Health Objectives for Adolescents and other related problems
- E. Community leadership skills
- F. State, Local and Federal Maternal and Child Health Programs

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**CORE COMPETENCIES
OVERVIEW**

ADOLESCENT HEALTH SPECIALIST SKILLS

- I. Assessments and Screening
- II. Communication Skills
 - A. Relating to parents/adolescents
 - B. Rapport building
 - C. Relating to other discipline
 - D. Relating to policy makers
- III. Interdisciplinary Team Skills
 - A. Role clarity
 - B. Task function
- IV. Interventions (individual, family, community)
 - A. Counseling
 - B. Health education/promotion/brief interventions
 - C. Policy advocacy and policy development
 - D. Referral resource use
- V. Leadership
 - A. Consultation
 - B. Write proposals, articles, reports
 - C. Communication with CBOs, Public health, media, politicians (local, state, national)
 - D. Speaking/presentations
 - E. Fund-raising
 - F. Teaching skills
- VI. Research
 - A. Methods (clinical trials: medical, behavioral, health services, research)
 - B. Statistics
 - C. Data analysis
 - D. Program outcome
 - E. Critical analysis
 - F. Development and evaluation of clinical and behavioral trials
- VII. Discipline-specific skills

Normal Physical Development

OBJECTIVES

I. Normal Adolescence

1. Describe the stages of hormonal change preceding and during pubertal development (Gn-RH release, increases in LH & FSH)
2. Describe the stages/events of physical development during puberty (genital, pubic hair, growth), identify the ages when such events are expected to occur, and describe the differences in progression by gender
3. Identify uses of growth, height and BMI charts in assessing normal pubertal development
4. Demonstrate the application of pubertal staging to clinical and research practice (asynchronous physical-psychological development, matching for competitive sports, primary amenorrhea, short stature, impact of delayed or advanced physical development on behavior)
5. Describe examples of the cultural context of puberty (menarche)

II. Issues of Adolescence

1. Identify signs and possible causes of abnormal pubertal development (Klinefelters, Turner's, malnutrition, chronic illness, strenuous exercise)
2. Describe criteria for, method of, diagnosis of and treatment of both delayed and early puberty
3. Describe criteria for, method of, diagnosis of, and treatment of primary amenorrhea
4. Describe criteria for, method of, diagnosis of and treatment of short stature

Developmental Theories

OBJECTIVES:

I. Normative Adolescent Development

1. Describe neuropsychological development during adolescence.
2. Describe the stages of cognitive development during adolescence (e.g., concrete, abstract thinking).
3. Describe the stages of psychosocial development during adolescence.
 - A. Describe the stages of emotional development during adolescence (e.g., impulse control, management of affect and feelings).
 - B. Describe the developmental stages of moral (e.g., ethical reasoning) and social reasoning (e.g., interpersonal relationships) during adolescence.
 - C. Describe the stages of adolescent social development (e.g., peer affiliations, same-sex friendships)*.
 - D. Describe the stages of psychosexual development during adolescence (e.g., self-exploration, romantic fantasy)*.
4. Describe the association between adolescent development and family relationships, including the role of parenting, parental monitoring, and parent-adolescent communication*.
5. Describe the basic theories of societal influence on the psychological development of the adolescent (classical conditioning, operant conditioning, social learning).
6. Identify asynchronous cognitive and psychosocial development and its impact on adolescent health behavior including behaviors that contributes to intentional and unintentional injuries, substance use, sexual behaviors, unhealthy dietary behaviors, and physical inactivity.

* Only an overview of this topic will be discussed in the context of Adolescent Development. More detailed discussions will follow.

Psychological Theories of Health Behaviors and Behavior Change

OBJECTIVES:

1. Demonstrate familiarity with key psychological theories of health behavior and behavior change.
 - A. Cognitive and Decision-Making Theories
(Theory of Risk Communication, Health Belief Model, Theory of Reasoned Action, Theory of Planned Behavior)
 - B. Learning Theories
(Social Learning Theory, Stages of Behavior Change, Self-Regulation Theory, Efficacy Theory)
 - C. Theories of Motivation and Emotions, Arousal
(Theories of Fear, Learned Helplessness, Denial)
 - D. Theories of Interpersonal Relations
(Social Influence, Psychological Reactance, Group Process)
 - E. Theories of Communication and Persuasion
(Diffusion of Innovation, Social Marketing, Community Organization)
2. Demonstrate the ability to apply key psychological theories of health behavior and behavior change to common adolescent issues such as sexuality, chronic illness, nutrition, injury prevention, substance use and abuse, and physical activity.
3. Identify key psychological theories of health behavior and behavior change as a basis for developing basic research questions, psychosocial, and behavioral interventions for adolescents.

Psychosexual Development

OBJECTIVES:

I. Key Concepts in Theories of Psychosexual Development

1. Describe the normal process of sexual development, including:
 - a. The impact of physiologic factors regulating reproductive maturity
 - b. The impact of psychological, cultural and societal factors
2. Describe the range of behaviors associated with adolescent sexuality.
3. Discuss the dynamics of and influences on the sexual decision-making process of adolescents.
4. Demonstrate methods of integrating a risk assessment/sexual history into risk reduction planning with an adolescent.
5. Describe the differences between sexual orientation, sexual identity and sexual behaviors in adolescence.
6. Identify psychosocial issues associated with gay and lesbian identity development in adolescence.

Resiliency and Protective Factors

OBJECTIVES:

1. Identify the major concepts of adolescent resiliency from a historical perspective (give examples of youth development/assets-oriented programs from the early 1900's to the present).
2. Describe internal and external factors that have been found to foster resiliency in youth.
3. Compare a risk perspective to a resiliency perspective including interventions utilizing each point of view as pertains to a given case.
4. Demonstrate knowledge of interventions that have been found to foster resiliency/reduce risk.
5. Identify policy issues that foster or inhibit the development of resiliency-oriented prevention/intervention programs.
6. Identify some of the challenges encountered by programs/projects that utilize a youth empowerment framework.

II. Contextual Factors that Influence Adolescent Health
A. Sociodemographic and Contextual Factors

Sociodemographic and Contextual Factors

OBJECTIVES:

1. Define culture and give some examples of ways cultural factors affect the health of adolescents
2. Describe the influence of contextual and sociodemographic factors (i.e. ethnicity, race, social class, neighborhood, and community) on adolescent development and health behaviors.
3. Describe the role of contextual and sociodemographic factors in clinical practice, service delivery, and research.
4. Demonstrate cultural competency in clinical practice in working with diverse populations.
5. Describe ways to increase cultural competency within an interdisciplinary health care team.

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II. Contextual Factors that Influence Adolescent Health
B. Family

Family

OBJECTIVES:

1. Identify the impact of the family on development in areas such as:
 - A. autonomy, individuation, and interdependence
 - B. resilience
 - C. normal risk behaviors
 - D. chronic illness management

2. Discuss the impact on adolescent development of issues related to family structure and process such as:
 - A. family life span
 - B. different parenting style types (e.g., authoritative/authoritarian)
 - C. various family structures (e.g., single, blended, multi generational)
 - D. normal and problematic family conflict
 - E. family communication patterns and alternatives
 - F. cultural variations of family structures and process

School

OBJECTIVES:

1. Describe the impact of school structure on the education of adolescents
 - A. Pre-school, elementary, middle school, high school, post high school, alternative schools
 - B. Funding source: public, private, home-based
 - C. Curriculum: mainstream, special education, gifted, among others
 - D. Goals: equal universal education vs. specialized/individual-based (e.g. vocational vs. academic, mainstream vs. "pull-out")
2. The adolescent in the school context
 - A. adolescent psychosocial development and academic performance/learning
 - B. individual learning styles and academic performance
3. Impact of the community on school performance
 - A. school as vehicle for social change (e.g. mandated non-academic social programs incorporated into curriculum as sexual education, substance abuse, etc.)
 - B. role of local/state school boards and other elected officials, PTAs, CBOs in determining curriculum and policy
 - C. impact of school-based after hours programs on adolescent school performance
4. Post high school education
 - A. Academic 4 year college/universities, public and private
 - B. Vocational/semi-professional 2-4 year colleges/schools
 - C. Special job/school related skills programs (e.g. Job Corps, conservation corps, military careers, apprenticeship-type entry job training).

Peers

OBJECTIVES:

1. Describe changing nature of peer relationships at different stages of adolescent development.
2. Distinguish differences among various types of adolescent peer relationships, including close friendships, cliques, and crowds and the role that each type of relationship plays in adolescents' health decision-making.
3. Describe the role that peer relationships plays in adolescent psychosocial development such as intimacy, trust, and future relationships.
4. Determine the role that peer relationships plays in adolescents' perceptions of health and health behaviors such as:
 - A. perceived peer norms for health behaviors
 - B. perceived risk for negative health outcomes
 - C. perceived self-efficacy for engaging in protective health behaviors
 - D. perceived intentions to engage in protective health behaviors.
5. Explain the role that peer relationships has on adolescent health and health behaviors such as:
 - A. behaviors that contribute to unintentional (e.g., seat belt use, motor/bicycle helmet use, riding with a driver who has been drinking alcohol, driving after drinking alcohol) and intentional injuries (e.g., weapon carrying, fighting, forced sexual intercourse)
 - B. tobacco use
 - C. alcohol and other drug use
 - D. sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus [HIV] infection
 - E. healthy/unhealthy dietary behaviors
 - F. physical activity/inactivity
6. Describe the impact that peer relationships have on adolescent' mental health such as depression, loneliness, self-esteem, and achievement.

III. Legal and Ethical Considerations in Adolescent Health

Legal and Ethical Considerations in Adolescent Health

OBJECTIVES:

1. Discuss the purposes, limits, and problems of consent and confidentiality in health care delivery for adolescents.
2. Describe laws regarding minor consent and confidentiality particularly regarding access to health care services for various types of health care concerns.
3. Outline mandated reporting requirements for adolescent abuse, neglect, and unlawful sexual activity.
4. Describe ethical dilemmas involved in caring for acutely, chronically, and terminally ill adolescents.
5. Discuss the concept of "best interest of the adolescent" when there may be conflict with parents and/or systems of care.
6. Describe legal and ethical issues involved in conducting research with adolescents.

Sexuality

OBJECTIVES:

- I. Consequences of Adolescent Sexual Behavior
 1. Describe the multiple factors that determine adolescent's risk for unintended pregnancies and STDs.
 2. Discuss cultural, historical, and developmental perspectives on adolescent pregnancy.
 3. Discuss the impact of pregnancy, abortion, and relinquishment on the adolescent (male and female).
 4. Identify common sexually transmitted diseases and discuss the epidemiology of STD's in adolescent populations.
 5. Identify the major contraceptive methods and their risks, benefits and appropriateness for specific adolescent clients.

- II. Professional Skills Related to Sexuality
 1. Demonstrate appropriate approaches to obtaining a sexual history from an adolescent.
 2. Demonstrate the ability to formulate "sex positive" messages in counseling adolescents on issues related to sexuality.
 3. Discuss the interplay between adult professionals' feelings about adolescent sexuality and the provision of appropriate care to the adolescent.

B. Chronic and Acute Illness

OBJECTIVES:

I. Chronic Illness

1. Identify the major chronic illnesses in adolescence (e.g., asthma, cancer, cystic fibrosis, diabetes, HIV/AIDS, inflammatory bowel disease, organ transplant, physical disabilities, sickle cell anemia).
2. Describe the impact of chronic illness on the specific developmental tasks of adolescence (e.g. body image, interpersonal relationships, self-identity, sexuality, risk taking behavior, academic and vocational plans)
3. Describe individual adolescent and family transitions in the management of chronic illness (e.g. self-care, adherence, transition to adult care).

II. Acute Illness, Injury & Hospitalization

1. Identify common adolescent illnesses and injuries that result in acute medical intervention including hospitalization.
2. Describe the psychosocial impact of hospitalization on adolescents and their families.
3. Identify interdisciplinary roles in adolescent hospitalization and strategies to promote developmentally appropriate care.

Youth with Disabilities

OBJECTIVES:

1. Identify the major disabling conditions that affect adolescents.
2. Discuss the impact of a lifelong physical disability and/or a lifelong developmental disability (cognitive impairment) on the physical, psychological, emotional, social and sexual development of a disabled adolescent.
3. Discuss the impact of a traumatic injury resulting in permanent disability on the physical, psychological, emotional, social and sexual development of a disabled adolescent.
4. Identify specific parenting issues typically encountered in the families of youth with disabilities. Distinguish between youth with physical and developmental disabilities.
5. Demonstrate the ability to provide appropriate anticipatory guidance/counseling to parents of a disabled youth. Distinguish between youth with physical and developmental disabilities.
6. Demonstrate the ability to provide appropriate anticipatory guidance/counseling to a disabled youth. Distinguish between youth with physical and developmental disabilities.
7. Identify approaches that facilitate transition of services from pediatric to adult care for youth with disabilities.
8. Demonstrate familiarity with the major financial support and service resources for youth with disabilities.
9. Demonstrate familiarity with approaches to counseling and services for youth and their families identified with genetically determined chronic and/or fatal conditions.

Nutrition

OBJECTIVES:

I. Normal adolescence

1. Describe the nutritional requirements of adolescence (e.g., nutrient/calorie needs for growth, development and physical activity).
2. Assess nutritional status (e.g., growth and BMI curves).
3. Perform a brief dietary assessment and demonstrate familiarity with nutrition teaching tools (e.g., food recall, food record, food guide pyramid).
4. Identify common nutrient deficiencies (e.g., iron, calcium) and excesses (e.g., fat, sodium) in American adolescents and common food sources of these nutrients.
5. Describe the psychosocial impact of adolescence on nutrition (e.g., body image, eating behaviors, family dynamics).
6. Demonstrate familiarity with common diets (e.g., vegetarian/vegan, weight loss, weight gain).

II. Issues of adolescence

1. Describe major nutritional problems of adolescence.
2. Describe causes, consequences and treatment of adolescent obesity.
3. Describe causes, consequences and treatment of eating disorders in adolescents (e.g., anorexia nervosa, bulimia nervosa, binge eating disorder).
4. Identify groups with special nutrition (e.g., anemia, pregnant, breastfeeding, athletes, Type 1 diabetes and malabsorptive disorders).
5. Identify the relationship between nutrition and risk for chronic disease (e.g., hyperlipidemia, hypertension, and Type II diabetes).
6. Identify patients in need of nutrition counseling.

Mental Health

OBJECTIVES:

I. Normal Adolescence

1. Describe impact of developmental transitions (entry into middle school) on the mental health of adolescents.
2. Identify the impact of normal behavioral changes occurring in adolescence (risk taking, independence seeking) on mental health.

II. Issues of Adolescence

1. Describe epidemiology of mental illness in adolescents
2. Identify major theories proposed for the etiology of mental illness (e.g., organic, Freudian, behavioral)
3. Recognize the signs and symptoms of mental illness in adolescents and know when to refer to mental health experts.
4. Describe the major (e.g., schizophrenia, depression, anxiety, bipolar disorder, eating disorders), moderate (e.g., OCD, Phobia) and minor (e.g., hyperactivity, school avoidance, somatization disorder, antisocial behavior) forms of mental illness exhibited in adolescence
5. Describe the epidemiology of suicide in adolescence and know how to identify adolescents at risk for suicide.
6. Demonstrate an understanding of dual diagnoses (e.g., mental illness coexisting with substance abuse and/or chronic disease)
7. Describe the major forms of psychosocial interventions (e.g., cognitive, behavioral, family, group therapy)
8. Describe common medical interventions for mental illness (e.g., medication, hospitalization)

Injury Prevention

OBJECTIVES:

I. Normal adolescence

1. Describe the epidemiology of accidents and violence (physical and sexual assault) in adolescents.
2. Describe risk factors for accidents (alcohol, drugs, suicidal ideation), and violence (physical/sexual assault and assaulters).
3. Identify clinical signs that indicate youth at risk for injury.
4. Demonstrate familiarity with evidence-based injury-prevention techniques from both a public health and individual, adolescent perspective.

II. Issues of adolescence

1. Demonstrate familiarity with legal options for adolescents who have been physically or sexually assaulted and legal requirements for providers.
2. Describe treatment options for adolescents who have been sexually assaulted (including ECP, PEP, and STI prevention).
3. Describe risk factors for and treatment of adolescent sexual assault perpetrators.
4. Describe issues pertaining to gang involvement.

Substance Use

OBJECTIVES:

I. Normative Adolescence

1. Describe the epidemiology of adolescent substance use (e.g. EtOH, tobacco and others).
2. Describe stages of adolescent substance use, including experimentation
3. Describe correlates of adolescent substance use (e.g. family substance use, depression, poor academic performance, parental norms and attitudes regarding substance use)
4. Describe factors which are protective against adolescent substance use (e.g. religiosity, athletic participation)
5. Describe preventative strategies (e.g. legal consequences, health consequences)

II. Issues of Adolescence

1. Demonstrate an ability to screen for substance abuse.
2. Describe the effects of drug abuse; distinguish between use and abuse.
3. Describe different drugs of abuse including effects (acute & chronic)
4. Describe different treatment strategies for adolescents with substance abuse issues (e.g. outpatient, inpatient)
5. Identify the overlap between substance use and other disorders (mental illness, attention deficit disorder)
6. Identify behavioral indicators of substance abuse
7. Identify criteria for referral and local resources which are available

School Issues

OBJECTIVES:

I. Normal Adolescence

1. Discuss school related statistics and outcomes in the context of age/grade level, race/ethnicity, SES, and type of school attended.
2. Identify the range of roles/functions that the school environment is expected to fulfill for students as identified by students, parents, educators and policy makers.
3. Discuss the role of Special Education Programs in public school education for adolescents.
4. Identify issues related to placement in Special Education Programs for youth and families.

II. School Problems in Adolescence

1. Identify situations where school problems present as medical/mental health problems.
2. Identify situations where medical/mental health problems present as school problems.
3. Discuss familial, social, and community problems that may present as school problems.
4. Demonstrate familiarity with the laws governing the rights and students and their families to access services and support in the public school system.
5. Demonstrate familiarity with the processes available to assess and remediate school-related problems in the public school system.

Physical Activity

OBJECTIVES:

I. Normal Adolescence

1. Describe the epidemiology of physical activity within the adolescent population.
2. Describe the current recommendations for amount and quality of physical activity to promote and maintain health during adolescence including differences in specific forms by pubertal stage.
3. Identify techniques for assessing physical activity
4. Identify interventions for the promotion and maintenance of physical activity within the clinical setting, schools, communities, and families
5. Describe the relationship between physical activity, maintenance of physical and emotional well being and the prevention of chronic disease

II. Problems of Adolescence

1. Identify common musculoskeletal problems related to participation in physical activity
2. Identify and distinguish differences between macro-injuries (acute trauma) and micro-injuries (overuse injuries)
3. Describe the use of physical activity in the treatment of chronic disease (e.g. obesity, hypertension, diabetes, and mental health issues)
4. Describe the unique aspects of physical activity recommendations for adolescents with disabilities
5. Describe the relationship between physical activity and menstrual irregularities (i.e. Female Athlete Triad)
6. Identify the adolescent whose level of participation in physical activity or sport is adversely effecting their physical and emotional wellbeing (e.g. overtraining, increased injuries, "burn-out")

Family Issues

OBJECTIVES:

1. Common Family Issues
 - A. Distinguish normal developmental issues from problematic family processes
 - B. Identify links between problem behaviors and family issues particularly:
 - a. High risk behaviors (e.g. drug abuse, delinquency, early sexual activity)
 - b. Family conflict
 - c. School performance problems (e.g. truancy, school avoidance)
 - d. Mental health problems (e.g. depression, externalizing disorders)
 - C. Identify the impact of problem parenting on adolescents particularly:
 - a. Maltreating parents (e.g. neglectful, abusive)
 - b. Conflictual families
 - c. Parents with concurrent problems (e.g. mental health, substance abuse, financial)
 - D. Describe the impact of parental loss on adolescent development such as:
 - a. Parental death
 - b. Parental divorce and separation
2. Interventions
 - A. Demonstrate the role of appropriate anticipatory guidance interventions for normal developmental issues and problem behavior.
 - B. Describe ways to assist families in making links between adolescent problem behavior and family processes
 - C. Demonstrate ways to engage a family in problem solving processes, including health care management and decision-making
 - D. Identify strategies from reducing the impact of problem parenting
 - E. Describe legal child protective reporting requirements and issues in making referrals
3. Resources
 - A. Identify ways to help families access social resources for:
 - a. Basic needs (e.g. food, housing, welfare, disability income)
 - b. Family education resources (e.g. classes, readings, agencies)
 - c. Family therapies

IV. Common Adolescent Issues
J. Family Issues

- d. Multi-services family support services.
- B. Identify issues in successful and unsuccessful referral and resource use.

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E. POLICY CENTERS

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NAHIC

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (4H06 MC00002) under the auspices of the Division and the Institute for Health Policy Studies. NAHIC serves as a national resource for adolescent health research and information to assure the integration, synthesis, coordination and dissemination of adolescent health-related information. Major activities have focused on promotion of collaborative networks; information collection, analysis and dissemination including studies to synthesize research and policy trends; and technical assistance, consultation and continuing education. NAHIC has various products available on issues affecting adolescent health including a monograph on clinical preventive health services, a statewide plan to improve adolescent health in the state of California, as well as a monograph on adolescent health.

URL: <http://youth.ucsf.edu/nahic/>

POLICY CENTER

The Public Policy Analysis and Education Center for Middle Childhood and Adolescent Health (The Policy Center) is funded through a Cooperative Agreement with the Maternal and Child Health Bureau (2U93 MC00023). Established in 1996, it is located within the School of Medicine at the University of California, San Francisco, where it is operated jointly by the Divisions of Adolescent Medicine and General Pediatrics (both within the Department of Pediatrics) and the Institute for Health Policy Studies. The overall goal of the Policy Center is to assist MCHB in identifying, developing and analyzing information to assist practitioners and policymakers at the national, state and local levels to enhance the health status of the middle childhood and adolescent populations. Its efforts focus on four major areas affecting the health status of children and adolescents: the content of primary and preventive care services; the organization, staffing and financing of clinical services; quality of care; and the development of an early warning system to monitor emerging health problems.

URL: <http://youth.ucsf.edu/policycenter>