and involved in pleasant interactions before they are asked sensitive questions or threatened with examinations. Young children can be engaged in conversation on the parent's lap, which provides security and places the child at the eye level of the examiner.

With adolescents emphasis should be placed on building a physician-patient relationship that is distinct from the relationship with the parents. The parents should not be excluded; however the adolescent should have the opportunity to express concerns to and ask questions of the physician in confidence. Two intertwined issues must be taken into consideration—consent and confidentiality. Although laws vary from state to state, in general, adolescents who are able to give informed consent (i.e., mature minors) may consent to visits and care related to high-risk behaviors (i.e., substance abuse; sexual health, including prevention, detection, and treatment of sexually transmitted infections; and pregnancy). Most states support the physician who wishes the visit to be confidential. Physicians should become familiar with the governing law in the state where they practice (see www.guttmacher.org/statecenter/updates/index.html). Providing confidentiality is crucial, allowing for optimal care (especially for obtaining a history of risk behaviors). When assessing development and behavior, confidentiality can be achieved by meeting with the adolescent alone for at least part of each visit. However parents must be informed when the clinician has significant and immediate concerns about the health and safety of the child. Often the clinician can convince the adolescent to inform the parents directly about a problem or can reach an agreement with the adolescent about how the parents will be informed by the physician (see Chapter 67).

EVALUATING DEVELOPMENTAL AND BEHAVIORAL ISSUES

Responses to open-ended questions often provide clues to underlying, unstated problems and identify the appropriate direction for further, more directed questions. Histories about developmental and behavioral problems are often vague and confusing; to reconcile apparent contradictions, the interviewer frequently must request clarification, more detail, or mere repetition. By summarizing an understanding of the information at frequent intervals and by recapitulating at the close of the visit, the interviewer and patient and family can ensure that they understand each other.

If the clinician's impression of the child differs markedly from the parent's description, there may be a crucial parental concern or issue that has not yet been expressed, either because it may be difficult to talk about (e.g., marital problems), because it is unconscious, or because the parent overlooks its relevance to the child's behavior. Alternatively the physician's observations may be atypical, even with multiple visits. The observations of teachers, relatives, and other regular caregivers may be crucial in sorting out this possibility. The parent also may have a distorted image of the child, rooted in parental psychopathology. A sensitive, supportive, and noncritical approach to the parent is crucial to appropriate intervention. More information about referral and intervention for behavioral and developmental issues is covered in Chapter 10.

Chapter 9

EVALUATION OF THE WELL CHILD

Health maintenance or supervision visits should consist of a comprehensive assessment of the child's health and of the parent's/guardian's role in providing an environment for optimal growth, development, and health. Bright Futures standardizes each of the health maintenance visits and provides resources for working with the children and families of different ages (see www.brightfutures.aap.org). Elements of each visit include evaluation and management of parental concerns; inquiry about any interval illness since the last physical, growth, development, and nutrition; anticipatory guidance (including safety information and counseling); physical examination; screening tests; and immunizations (Table 9-1). The *Bright Futures*' "Recommendations for Preventive Pediatric Health Care," found at http://brightfutures.aap.org/clinical_practice.html, summarizes requirements and indicates the ages that specific prevention measures should be undertaken, including risk screening and performance items for specific measurements. Bright Futures is now the enforced standard for the Medicaid

Table 9-1 Topics for Health Supervision Visits

FOCUS ON THE CHILD
Concerns (parent's or child's)
Past problem follow-up
Immunization and screening test update
Routine care (e.g., eating, sleeping, elimination, and health habits)
Developmental progress
Behavioral style and problems
FOCUS ON THE CHILD'S ENVIRONMENT
Family
Caregiving schedule for caregiver who lives at home
Parent-child and sibling-child interactions
Extended family role
Family stresses (e.g., work, move, finances, illness, death, marital and other interpersonal relationships)
Family supports (relatives, friends, groups)
Community
Caregivers outside of the family
Peer interaction
School and work
Recreational activities
Physical environment
Appropriate stimulation
Safety