



# PRO TEEN

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## Articles

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ACOG Clarifies Recommendations on Cervical Cancer Screening in Adolescents (2004)

Increasing evidence points to link between youth smoking and exposure to smoking in movies

Parenting today's teens: a survey and review of resources

A new CAAH website for **Teens!**

## Publications

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Teen depression self help tools

The Center for Young Women's Health, Children's Hospital Boston Announces New PCOS Resources for School Nurses, Teens and Parents



[www.youngandhealthy.ca](http://www.youngandhealthy.ca)

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## News from the Association

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### Report of the President

We had 789 members in December 2005. 49% of our members have paid their dues in 2005. The members are mainly from Québec and Ontario (90%). 51% are in a group membership. 75% have their dues paid by their institution or organization. 78% of members are women; 59% of members receive their mailing in French, 33% in English and 8% in both language.

#### Scientific meetings

The 2004 annual national meeting was held November 1-2nd 2004 in Montreal with 410 participants. It was organized jointly by the Division of Adolescent Medicine of Ste-Justine Hospital and the Montreal Children's Hospital. The theme was Adolescence: body, mind and soul.

The 2005 annual national meeting was organized by the Division of Adolescent medicine of the hospital for Sick Children in Toronto with 200 participants (full capacity).

#### Web site

It is being redesigned with a portal for youth. The section where documents are posted for professionals is being expanded and access to the documents made easier. It should be functional in February 2006.

#### Journal

The journal is popular. Many of our new members become members to receive the journal. Publishing the Journal is time consuming and we have asked about 15 professionals across Canada, members of

CAAH, to provide articles and resources for the Journal. A few articles were submitted to the journal by members.

#### Projects:

Since July 2003, CAAH is the coordinator of the consortium who acts as youth affiliate of the Canadian Health Network. In 2004, CHN renewed the contract with CAAH for 2004-06. The contract has been renewed for 2006-07. The CHN special youth area should be functional by April 2006. It was developed with the help of McCreary Centre Society and other consortium members. A marketing strategy was also developed last summer when students in marketing were hired by McCreary to develop a plan.

Unrestricted funds in partnership with Merck Frosst Co. Since March 2005, CAAH has an unrestricted fund from Merck Frosst. CAAH has engaged in four projects: 1) an on-line survey of youth and mothers of youth on issues around sexuality. IPSOS INSIGHT is carrying the survey and the results will be presented in February 2006. 2) Redesign of the CAAH website and adding a youth portal to the website. The site will include resources on sexuality, communication with health care providers and professionals, and a section on body and mind. The new website should be ready in February 2006. 3) Survey of schools in Canada in order to better understand how to reach out to students and promote pertinent health info websites. 4) Press release around the 2005 CAAH Conference in Toronto with the first Canadian presentation of the GLAD-PC (guidelines for primary care on adolescent depression).

Status of membership		
Year of membership	Total: 789	Percentage
1999-01	123	16%
2002	74	9%
2003	40	5%
2004	145	18%
2005-06	407	52%

**Finances**

We have received funds due since 2000 for a contract with Health Canada (without interest). Membership dues account for only a small fraction of our income.

**Future actions**

We did not have the time to review the structure and some of the by-laws of CAAH and its development in other provinces than Québec and Ontario. It should be done in the next year.

Jean Yves Frappier  
President

**National Survey on Adolescent Sexuality**

An online National survey on Adolescent sexuality was carried out on behalf of CAAH by IPSOS, a known survey firm. A first group of 1100 mothers of teens aged 14 to 17 years old completed the online survey. Then in different households, 1100 teenagers from 14 to 17 years old completed the online questionnaire.

Online technology makes it possible to achieve a higher response rate (20% for a telephone survey versus 40-60% for an online survey).

Sampling was representative of Canadians from all the major regions. For teenagers, both sexes will be represented. The survey was bilingual.

The questionnaire included the following topics:

- Use of the health services, perception of healthcare professionals, access to health services adapted to teenagers...
- Resources on information regarding sexuality: type of resources, most valuable resources, gaps in information, topics discussed with parents, doctors, friends...
- Sexually transmitted infections: knowledge, consequences, risk perception
- Sexual activities: definition of sex, status, reasons to be active sexually or not, contraception, protection against STI...
- Attitudes and perceptions: a series of questions were asked regarding attitudes and perceptions on STI and sexuality.
- Communication with parents and friends around sexuality and sexual health issues

This survey was carried out with an unrestricted funds obtained from Merck Frosst Company Canada. The preliminary results are presented on CAAH website: [acsa-caah.ca](http://acsa-caah.ca), (go to home page, news). More results will be presented in near future in PRO-TEEN.

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## Scientific Events

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### Challenges of Transition: Moving into Adulthood

McCreary Youth Foundation's annual conference  
Vancouver. April 28-29th 2006

The McCreary Youth Foundation's annual conference will be held this year at the Wosk Centre for Dialogue here in Vancouver. April 28-29th. This year's theme "Challenges of Transition: Moving into Adulthood" is designed to stimulate our thinking about the opportunities and challenges that becoming adult represents. The focus will be on adolescents in transition from school to work, from being in care to independent living, from paediatric to adult models of health care, and from high risk, street involved lifestyles to re-entering more mainstream community life. The program will foster links between evidence and policy, celebrate our progress and draw attention to emerging issues for our youth. The program is intended for a multidisciplinary audience of academics, youth serving professionals and youth leaders. The majority of the presenters will be from BC and there will be some posters and displays set up for browsers. Local experts will address transition challenges of

provincial concern: exiting the streets, current approaches to commercial sexual exploitation of youth, successful models in support of Youth in Care, adolescents with chronic medical conditions, and youth engagement. Research presentations by the McCreary-based Graduate Student Group and Aboriginal youth health projects will be featured. The conference will be closed with a special Youth Panel presentation.

For more information and to register visit our website [www.myfoundation.ca/transitions.html](http://www.myfoundation.ca/transitions.html)

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### Sexual Health for All

Promotion, Prevention, Advocacy  
28th Annual Guelph Sexuality Conference June 12-13, 2006

The 28th Annual Guelph Sexuality Conference will focus on strategies to improve and promote the sexual health and sexual rights of all Canadians. The 2006 conference will provide a forum to explore innovative sexual health promotion, harm reduction and sexual & relationship enrichment interventions; examine sexual health research; and to engage in sexual health advocacy with colleagues from coast to coast, and beyond. We will present initiatives in communities from different regions across the country and those which are challenged by issues of isolation, poverty or lack of resources. Programs and projects cover chil-

dren, adolescents, adults and seniors, recognizing that there are unique sexual health issues and challenges in each of these populations. Since it was founded in 1979, the Guelph Sexuality Conference quickly became recognized as Canada's leading annual training and education forum for sexual health professionals. Bringing together delegates from public health, community health, education, counselling, medical, clergy and research perspectives, about 500 individuals attend the conference each year. We look forward to welcoming you to Guelph in June 2006. For more information: [www.uoguelph.ca/sexconf/](http://www.uoguelph.ca/sexconf/)

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## Articles

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### ACOG Clarifies Recommendations on Cervical Cancer Screening in Adolescents (2004)

The American College of Obstetricians and Gynecologists (ACOG) today issued a committee opinion to help clear up confusion over when adolescent girls should receive their first Pap test vs. when they should have their first gynecologic visit. Because of recent changes in cervical cancer screening guidelines that have pushed the baseline Pap test back three years, there is concern that teens will delay important preventive care and STD testing until they come in for their first Pap screening, conceivably as late as age 21. The new opinion also stresses the need to avoid over treatment of abnormal cervical cytology in adolescents.

Previous cervical cancer screening recommendations advised an initial Pap screen shortly after first intercourse or by age 18, whichever occurred first. New guidelines recommend that a baseline Pap be performed approximately three years after intercourse or by age 21, which ever occurs first. The concern is that many adolescents will receive less health care if they interpret the new recommendations as indicating that they can delay their first ob-gyn visit until they turn 21. The opinion points out that teens and their parents may not realize that there is a difference between a Pap test and a routine annual exam.

“It’s very important that parents and adolescents understand that just because new guidelines say that you can wait about three years after having first intercourse to have your first Pap, doesn’t mean you should wait until that time to make your first visit to an ob-gyn,” says S. Paige Hertweck, MD, immediate past chair of ACOG’s Committee on Adolescent Health Care. “The earlier we can see young women, the better chance we have of providing preventive care, screening for other STDs, and guiding them to make healthy behavioral choices.”

ACOG strongly recommends that an adolescent girl’s first visit to an ob-gyn for health guidance, screening, and preventive health occur between ages 13 and 15, ideally before sexual activity has occurred. Data show that over 60% of adolescent girls have had intercourse by age 18, which puts them at risk of acquiring STDs, including human papillomavirus (HPV), the virus that can cause cervical cancer. Both parents and adolescents need to understand that an adolescent’s initial visit does not necessarily include a pelvic examination or a Pap test. Annual visits, whether they include a Pap or not, are strongly recommended.

“We need to consider more than just age at first intercourse when considering Pap screening,” says Dr. Hertweck. “Certain behaviors, including having a history of other STDs or having multiple sexual partners, put girls at a higher risk of HPV infection or cervical intraepithelial neoplasia [a noncancerous condition that, if severe, can develop into cancer if left untreated], or both.”

ACOG points out that adolescents may be more susceptible than adults to HPV infection due to biologic or physical factors. They also have a higher prevalence of abnormal Pap test results compared with adult women, but the severity of their cervical lesions is generally lower. According to ACOG, adolescents with abnormal Pap screen results should be counseled and monitored closely to avoid aggressive treatment of benign lesions because most lesions regress on their own without treatment and do not result in cervical cancer. More importantly, surgical excision or destruction of cervical tissue in the adolescent female may affect future fertility.

Cervical Cancer Screening in Adolescents, Committee Opinion #300, October 2003

## Increasing evidence points to link between youth smoking and exposure to smoking in movies

U.S. Department of Health and Human Services NATIONAL INSTITUTES OF HEALTH, National Cancer Institute (NCI) [www.cancer.gov/](http://www.cancer.gov/)

Adolescents who see smoking depicted in movies are more likely to try smoking, according to a study funded by the National Cancer Institute (NCI), part of the National Institutes of Health. The study, which could have broad implications for efforts to reduce smoking among youth, appears today in the November 2005 issue of the journal "Pediatrics"\*. James Sargent, M.D., of Dartmouth-Hitchcock Medical Center in Lebanon, N.H., and colleagues are the first to utilize a nationally representative sample of youth in the United States to examine the influence of adolescents' exposure to movie smoking on their smoking behavior.

Prior research has established that social influences, such as family and peer smoking and tobacco advertising, are important determinants of smoking in adolescents. More recently, research has focused on the impact of smoking in entertainment -- including the effect of celebrities who smoke -- on youth smoking.

Sargent and his team studied adolescents ages 10 to 14 and found that youth had a higher risk of smoking initiation as their exposure to movie smoking increased, with those youth most exposed to movie smoking being most at risk. Adolescents with the greatest exposure to movie smoking were 2.6 times more likely to try smoking than their peers in the least exposed group, after controlling for other factors. The increased risk of smoking initiation associated with exposure to smoking in the movies is similar to that of other well-known risk factors, such as having a parent or sibling who smokes. This increased risk was seen across youth of all racial and ethnic groups, in all geographic regions of the country.

This study highlights the significant association between smoking in the movies and youth smoking," said Cathy Backinger, Ph.D., acting chief of NCI's Tobacco Control Research Branch. "The study reaffirms

the need to continue to address the full range of influences on adolescent smoking."

According to the Centers for Disease Control and Prevention, the majority of adult smokers started smoking before the age of 18, and, each day, nearly 4,000 young people try their first cigarette. "More than 6.4 million children living today will die prematurely because they started smoking as an adolescent," said Backinger. "These statistics demonstrate how crucial it is to address the issue of adolescent smoking."

For this research, Sargent and colleagues first analyzed the amount of smoking depicted in the 500 most popular movies released between 1998 and 2002, as well as 32 high-grossing movies released in the first four months of 2003. A "smoking occurrence" was noted when tobacco use was depicted, either by a major or minor character or in the background. By this standard, smoking occurred in 74 percent of the movies studied. Researchers then conducted a random telephone survey of 6,522 U.S. adolescents ages 10 to 14. Participants were asked whether they had seen a random selection of 50 of the 532 analyzed films. The study participants were also asked, "Have you ever tried smoking a cigarette, even just a puff?" and those who answered "yes" were classified as having tried smoking. The adolescents who participated in the study reported having seen an average of 13 movies, leading to an average exposure to 61 smoking occurrences. Exposure to smoking in movies was significantly higher among Hispanic and black adolescents than among whites.

"Our findings indicate that all U.S. adolescents, regardless of race or place of residence, have a higher risk of trying smoking as their exposure to movie smoking increases," said Sargent. Sargent and his coauthors suggest various approaches to curbing adolescent exposure to movie smoking, including persuading the movie industry to voluntarily reduce depic-

tions of smoking and cigarette brands; incorporating smoking into the movie ratings system to make parents aware of the risks a movie with smoking poses to the adolescent viewer; and encouraging parents to more strongly enforce restrictions on youths' viewing of R-rated movies, which contain the highest amounts of smoking.

"The findings from this national survey complement other studies that showed that exposure to smoking in the movies predicts later youth smoking," said Robert T. Croyle, Ph.D., director of NCI's Division of Cancer Control and Population Sciences. "Now we need to consider effective ways to reduce youths' exposure to this preventable risk factor."

To learn more about tobacco control programs at NCI, please visit NCI's Tobacco Control Research Branch Web site at <http://cancercontrol.cancer.gov/tcrb/>.

For more information about cancer, visit the NCI Web site at <http://www.cancer.gov> or call NCI's Cancer Information Service at 1-800-4 CANCEER (1-800-422-6237).

The National Institutes of Health (NIH) -- "The Nation's Medical Research Agency" -- includes 27 Institutes and Centers and is a component of the U. S. Department of Health and Human Services. It is the primary Federal agency for conducting and supporting basic, clinical, and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <http://www.nih.gov>.

Sargent JD, Beach ML, et al. "Exposure to Movie Smoking: Its Relation to Smoking Initiation among U.S. Adolescents." "Pediatrics" 2005; 116: 1183-1191.

# Parenting today's teens: a survey and review of resources

Excerpts from a booklet by Health Canada

## Introduction

Parents and teens face tremendous pressures in today's world. Families are asking: how can we strengthen the parent-teen relationship? They turn to parent educators, other professionals and community organizations for support, but information on currently available programs and materials is often difficult to find. This document will help professionals who work with parents of teens to identify and locate resources specifically designed to help families at this stage of parenting. It will also assist parents themselves when they look for an appropriate parenting course or if they wish to organize one in their community.

## Differing dynamics

Parents who seek out extra support and resources when their children are teens could be divided into three groups, according to their needs:

Parents whose issues centre on the typical challenges of adolescence:

- defining a new status in the family
- peer group influences
- dating, schoolwork
- participating in chores at home
- drug awareness
- sexuality, etc.

Parents whose concerns include an added dimension because of some special situation:

- newcomers from another culture
- single parents
- blended families
- children with special needs, etc.

Parents who have acting-out teens:

- in trouble with the law
- serious problems with drugs or alcohol
- runaways
- gang members, etc.

## A general and preventive focus

This booklet will list programs aimed primarily at the first group of parents — programs whose focus is preventive and general in nature. Several good general parenting programs, which could be useful to these parents, do not appear in the list starting on page 13. The list includes only resources with a section particularly directed to parents of teens. In practice, many parents become proactive and start looking for help when their children are just 10 or 11 years old. They've heard about the challenges of raising teenagers and want to be prepared!

The principles on which these programs are based can usually be adapted to special situations. In this way, with slight modifications and the addition of more targeted material, they could also be used with parents in the second category mentioned on the previous page. Some organizations across the country have developed entire programs tailored specifically to the particular needs of certain groups; however, a listing of such programs is beyond the scope of this publication.

The third category of parents, those who are encountering serious difficulties, may have waited until their teens are in crisis before coming for help. General and preventive programs do not adequately respond to the very different nature of their needs. This publication does not address the intervention strategies that are required in these cases; however, some self-help resources are listed.

### Teens and Their Parents

*The world is passing through troublesome times. The young people of today think of nothing but themselves. They have no reverence for parents or old age. They are impatient of all restraint: they talk as if they alone know everything.*

- Matthew Paris, 13th century

As Matthew Paris observed in the 13th century, most teens will challenge the authority structures in their immediate environment, especially parental authority. We can expect such behaviour since their primary developmental task is to become independent and to assume an adult role in society. For parents, the challenge becomes knowing how much or how little to let go as they guide their adolescent along that road.

### Finding a balance

The adolescent's progress toward autonomy is uneven; parents frequently complain that their teens act like responsible adults one day and two-year-olds in a tantrum the next. This unpredictability makes it hard for parents to set reasonable limits that also recognize the need for adolescents to spread their wings and fly on their own.

As a result, professionals often observe that many parents are either too lax or too rigid. On the one hand, there are those who provide too little structure. In these families, the parents' expectations are not clear and there are no consequences that allow teens to take responsibility for their own choices. On the other hand, some parents don't tolerate any challenge to their authority and refuse to let go of their parental control. Parents need to find another way, one that strikes a balance and provides opportunities for teens to learn the lessons of maturity within a safe framework.

### A scary environment

Risk taking is a normal part of learning to be independent. but in the process of developing their own wings, adolescents often take risks that frighten their parents. Although parents probably took a few risks themselves when they were younger, now the TV news paints a picture of a world that looks much scarier than the one they grew up in. They know their chil-

dren may face situations that are potentially more dangerous, often with more serious long-term consequences, than they themselves had to handle. They read about the signs of teen distress — depression, eating disorders, violent behaviour, self-mutilation, drug and alcohol abuse — and feel the weight of responsibility for their children's health and safety.

In Canada, the national Kids Help Phone (1-800-668-6868) handles an average of 1400 calls every day, mostly from teens who feel the need to talk to someone about relationship problems, abusive behaviours, health issues or sexual problems. Suicidal calls account for about 4% of all calls.

<http://kidshelp.sympatico.ca/>

Parents need to hear that, in fact, most teens are healthy, happy, living in nurturing environments and do not engage in excessive risk taking. They need reassurance that while their job of supporting and guiding a child through adolescence can be confusing and sometimes frightening, most teens cope admirably with the Pressures of adolescence.

In Order to cope with changing times, today's young people need to have confidence, flexibility and resiliency, all qualities that parents can help them develop. But how to go about it? One learns how to parent from how one was parented; however, the model provided a generation ago may not supply the framework and skills parents need now to help their teens survive and succeed. Parents are looking for new tools. Parents under stress

As they struggle to help their teens, parents are experiencing tremendous stress themselves. Many are doing the job without a partner According to a recent survey in British Columbia, for instance, about 30% of teens have experienced the loss of the relationship between their biological parents through separation, divorce or death.1(1. The McCreary Centre Society (1993) Adolescent Health Survey; Province of British Columbia, Burnaby, BC. p. 10.)

Full-time employment leaves parents little time and energy to cope with challenging teen behaviour. Nearly three out of four women participate in the paid labour force by the time their children are teenagers.2 (2. Canadian Institute of Childhood Health (1994) The Health of Canada's Children, 2nd Edition, Ottawa, p.7.)The brief time that family members can spend to-

gether is reduced even more because most older teens who attend high school are also employed part time.<sup>3</sup> (3. The McCreary Centre Society op cit.p.11.)

Unemployment and economic insecurity also complicate family life. Many parents have trouble paying for the basic necessities of food and shelter. They feel pressure when they are asked to pay for the expensive clothing that advertisers promote heavily to teens who want to be part of a peer group. Beyond these immediate problems, parents worry about the future: how they will pay for their children's education and whether their children will get a job.

For newcomers to Canada, stress and parent-child conflict is increased by the parents' desire to pass traditional family and cultural values on to their children. Teens in immigrant families are caught between two worlds, and the tension between those worlds often causes a great deal of family discord. Teens and parents alike may have a false impression of growing up in Canada, based on what they see in magazines, TV and movies.

Some parents are living with acting-out or out-of-control teens. They may need information about the systems of justice, education, welfare and health. As they struggle with feelings of guilt, powerlessness and loss, they may require professional counseling to help them establish new boundaries within their families. In some communities, parents of acting-out teens can attend self-help or support groups.

### What parents need

To meet the challenges of adolescence with confidence, parents require clear information, practical strategies and support from those around them.

- **Information** - Parents need current information, presented in a clear and accessible format, about the normal developmental tasks of adolescence, along with facts concerning tobacco, drug and alcohol use; depression; suicide; sexuality and other particular topics of concern. They also need to know where to find specialized services directed to their particular needs, or to those of their teens, and how to gain access to such services.

- **Strategies** - Parents need to learn strategies and techniques for handling common problems (schoolwork, household chores, peer relationships, family relationships). The types of skills that prove useful are effective communication, setting limits, defining responsibilities, enforcing consequences, negotiating, problem solving and managing anger.
- **Support** - To put the information and strategies they learn into practice, parents need support and encouragement. Their confidence may be shaken if their teen becomes argumentative and uncooperative; they may even feel embarrassed by their teen's rebellious behaviour. When parents feel inadequate, their authority is undermined and they are less effective. Parenting courses provide a support group. Even reading a good parenting book or watching a video can reduce feelings of isolation. The programs and other resources found in the following sections all provide information that parents need, as well as opportunities to practice effective strategies. As for support, participants in parenting groups regularly report "It helped to hear that other families are dealing with the same issues. I don't feel so alone."

### Family Attachment and Strong Parent-Child Relationship: Key Indicators of Health for Teens

The following studies examining adolescent health determinants in Canada and other countries were summarized in a report entitled *Critical Issues in Health for Saskatchewan Youth 10-19 Years of Age, 1989-1994?*

- Resnick, M.D. et al. "Protecting Adolescents from Harm. Findings from the National Longitudinal Study on Adolescent Health. *JAMA* 1997; 278:823-832. The purpose of the study was to identify risk and protective factors at the family, school and individual levels as they relate to four domains of adolescent health and morbidity: emotional health, violence, substance use, and sexuality. The main finding of the study was

that **parent/family connectedness and perceived school connectedness were protective against every health risk behaviour except pregnancy.**

- King, Alan J.C. and Beverly Coles. *The Health of Canada's Youth: views and behaviours of 13- and 15-year-olds from 11 countries*. Minister of Supply and Services Canada, 1992. Canadian data were compared with data from an international study that looked at views and behaviours of 11-, 13- and 15-year-olds from 11 countries in 1989-90. The study found ample evidence that Canadian youth engaged in health-related behaviours that put them at risk. The most significant finding was that, compared with young people in European countries, young Canadians are experiencing more strain in their relationships with their parents and with each other. **Health-risk behaviours are linked with each other and also tied to self-esteem, adjustment to school and relationships with parents.**
- Schissel, Bernard. *The Roots of Disadvantage: The differential effects of poverty on rural and urban youth*. Centre for Rural Studies and Enrichment, St. Peter's College, Muenster, Sask., 1997; and Schissel, Bernard and Lauren Eisler. "Youth Poverty, Crime and Victimization: The Gestalt of Danger in the Lives of Marginalized Youth" for *Crime in Canadian Society*. R. Silverman, J. Teevan and V. Sacco (eds.). Toronto: Harcourt Brace (in submission). A 1996 Saskatchewan Youth Attitude Survey was administered to 2600 school-age youths in Saskatchewan and dealt with attitudes and behaviours toward issues of high-risk behaviour and well-being. The study found that **high-risk sexual activity among youth is negatively correlated with their attachments to family, school and friends.**

The National Crime Prevention Council mentions several protective factors that reduce the effects of risk and thus lower the chances that a youth will develop

serious anti-social or other behaviour problems or that he or she will become a victim. Some examples of protective factors mentioned<sup>2</sup> are: possession of problem-solving, life and communications skills; sociability; resilient personality or temperament; a sense of belonging; secure attachments to positive parent(s) or family; positive relations with "prosocial" peers; access to other caring and supportive adults; appropriate discipline, limit setting and structure from parents; and opportunities to experience success and build self-esteem. Many of these protective factors are nurtured in the family, beginning in infancy. Parents play a key role in preparing their children for the challenges of adolescence.

1. Saskatchewan Institute on Prevention of Handicaps (1998). *Critical Issues in Health for Saskatchewan Youth 10-19 Years of Age, 1989-1994*. Saskatoon. pp. 5,6.

2. National Crime Prevention Council (1997). *Preventing Crime by Investing in Families and Communities: Promoting Positive Outcomes in Youth Twelve to Eighteen Years Old*. Ottawa, p. 3.

#### **Finding and Choosing Resources for Parents of Teens**

The programs and resource materials listed in section IV are currently being used in Canada with parents of teens. They were identified with help from representatives of various national, regional and community organizations; federal, provincial and territorial departments of health; and authors, distribution houses and professionals with expertise in the area. Staff in family resource programs and family service agencies filled in surveys, and researchers interviewed many of the survey's respondents. These informants reported on programs that they used themselves or of which they were aware. They also recommended books and videos.

The nature of the search process means that this review is not exhaustive. No doubt, some very good community programs were missed. Often, professionals working with parents in community-based organizations develop their own programs, combining several approaches to suit their clientele. They put their time and energy into helping parents directly; marketing their materials is low on their list of priorities. This means that outside their immediate area, their work

goes unknown, and even if it were publicized, it is not available in a format that makes it easily reproducible elsewhere.

The majority of widely used programs in Canada originate in the United States, where there seems to be more interest in publishing and marketing parent education products. (This explains why most of the programs and videos are not offered in French.) The three programs most frequently mentioned by informants were all commercial programs from the United States: Systematic Training for Effective Parenting of Teens (STEP/Teen), Active Parenting of Teens and Developing Capable People. This last program has been adapted to the Canadian context and funding is being sought for a French translation. Most U.S.-based programs have Canadian distributors and some have Canadian trainers. Several informants raised questions about this borrowing of U.S. materials without adaptation to the Canadian setting.

Inclusion in this list does not imply an official stamp of approval. Neither the order of presentation nor the length of the entry is meant to suggest any ranking. While all of the materials were recommended by professionals in the field, they represent a range of philosophies and appeal to a variety of learning styles. Certain approaches will suit some families better than others. Parents need to choose what best suits their own situation.

Parent educators and other professionals must also make choices based on their preferences. Some like to follow a very well-structured program with clear guidelines, while others prefer maximum flexibility and want to pull together parts from several programs into one course. Some are enthusiastic about video-based programs and some are not. Some prefer to keep on a theoretical level and move quickly through the material; others lean to in-depth discussions or experiential exercises. Some serve middle-class parents who can pay for classes and materials; others have clients from "at-risk" populations who cannot. No one program has the magic recipe that will work for all families and all professionals.

### **Programs and Resources for Parents of Teens: Parenting courses and programs**

Please note: The following lists are provided for in-

formation purposes only. Mention here does not imply either approval or recommendation of any program or other resource. Comments drawn from the interviews reflect the experience of the professionals who responded to the original survey. Please contact the sources for more details before deciding on any training or purchase. All costs are subject to change.

#### Active Parenting of Teens

*Origins.* United States, developed by Michael H. Popkin 1990, revised 1997

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E-mail: [cservice@activeparenting.com](mailto:cservice@activeparenting.com)

Website: [www.activeparenting.com](http://www.activeparenting.com)

*Program goals.* To help parents of teens understand developmental changes in teens; communicate effectively; build courage and self-esteem in their teens; address issues of drug and alcohol use, sexuality and violence; discipline while teaching responsibility; explore and encourage non-violent conflict resolution

*Target audience.* Parents of children in Grade 5 and older from a range of economic and educational backgrounds. The videos depict a good mixture of two-parent families and single-parent families, as well as a cross-section of the U.S. population: African-American, Asian, Caucasian and Hispanic families are represented.

*Course duration.* Six two-hour sessions

#### Can We Talk?

*Origins.* Nova Scotia, developed by Ruthie Patriquin, Cumberland County Family Planning in 1993, revised in 1995

*Contact information.* Cumberland County Family Planning P.O. Box 661, Amherst, NS B4H 4B8

Tel: (902) 667-7500; Fax: (902) 667-0585

E-mail: [famplan@auracom.com](mailto:famplan@auracom.com)

*Program goals.* Deals with dating pressures with an emphasis on communication and postponing sexual

involvement

*Target audience.* Aimed at parents, and teens between 12 and 14 years of age

*Course duration.* Topics for four sessions are provided. The program is easily adapted to address other topics such as drug abuse or dating violence.

*Common Sense Parenting*

*Origins.* United States, developed by Boys Town, based on book by Ray Burke and Ron Herron, second edition published in 1996

*Contact information.* Boys Town Press, 14100 Crawford Street; Boys Town, Nebraska 68010  
Tel: (402) 498-1320 1-800-282-6657; Fax: (402) 498-1310  
Website: [www.ffbh.boystown.org](http://www.ffbh.boystown.org)  
Canadian distributor: Insight Media Centre Ltd., 10501 -1256 Street Surrey, BC V3V 5A8 Tel: (604) 581-2420  
Fax: (604) 581-2430 E-mail: [insight@netcom.ca](mailto:insight@netcom.ca)

Topics include setting clear expectations and consequences, using effective praise, helping children make decisions and solve problems, teaching social skills. For parents of pre-teens and teens

*Course duration.* Six sessions. It was rated "outstanding" by the Parent Council and won the National Parenting Center's 1997 Seal of Approval.

*Developing Capable People!*

*Origins.* United States, developed by H. Stephen Glenn in 1988. In 1994, Chris B. Rush of Vernon, British Columbia substantially modified the parent's workbook and leader's guide to reflect the Canadian context; he made further revisions in 1997.

*Contact information.* Chris Rush, Developing Capable People! (Canada) Inc.,  
1510 Vernon, BC V1T 8C2  
Tel: (250) 545-7443 1-800-327-1090; Fax: (250) 545-1270  
E-mail: [crush@dcpworldwide.com](mailto:crush@dcpworldwide.com)

*Program goals.* To help parents and other adults learn how to empower children and teens with Seven Life Principles: strong perceptions of personal capabilities; strong perceptions of personal significance; strong perceptions of personal power; self-discipline;

communication; responsibility; values and principles

*Target audience.* Adults who raise, teach, or are in a position to influence the healthy development of children and teens. The program has been successfully adapted to participants from a wide variety of cultural and socio-economic backgrounds, in both rural and urban settings.

*Course duration.* Nine 2 1/2-hour sessions

*Evaluation of effectiveness.* Parents provide informal evaluations after the series. A formal evaluation carried out in Calgary used pre- and post-tests which indicated that after the nine sessions, parents felt greatly empowered in dealing with their children and teens. Developing Capable People has trained more than 1000 people to give the program in Canada, including more than 100 teachers, principals and parents in the Winnipeg School District.

*Hey! Who's In Control?*

*Origins.* Nova Scotia, developed by Nora Jessome from Department of Community Services, Truro and Carolyn d'Entremont from Cumberland County Family Support Centre. 1995

*Contact information.* Cumberland County Family Support Centre, 12 La Planche Street; P.O. Box 1149, Amherst, NS B4H 4L2  
Tel: (902) 667-7250; Fax: (902) 667-0585  
E-mail: [maggies@atcom.com](mailto:maggies@atcom.com)

*Program goals.* Develops specific parenting skills in communication, problem solving, discipline and anger management; and provides a safe environment for parents to discover their own parenting strengths and set goals to develop their potential

*Target audience.* Parents of teens, in particular teens who may be involved in high-risk activities; designed to be sensitive to various literacy levels

*Course duration.* 11 sessions. Program design allowed for serious problems to be discussed. Appropriate for participants with varying literacy skills.

*How to Talk So Kids Will Listen*

*Origins.* U.S., developed by Adele Faber and Elaine Mazlish, 1990

*Contact information.* Educational Media 60x91504; Georgetown, ON L7G 5M9 1-800-565-8437

*Program goals.* Helping children deal with their feelings, engaging cooperation, finding alternatives to punishment, promoting autonomy, praising, encouraging children to be themselves

*Target audience.* Generally offered to parents of pre-school and elementary school-aged children, it comes with a teen supplement to enable the facilitator to adapt each segment to the needs of parents of teens

*Course duration.* Six sessions. This course is widely offered in many community settings in Canada for parents of younger children.

*Parenting: A Balancing Act*

*Origins.* Ontario, developed by Tom Ranger and Heather Smith, copyright 1996

*Contact information.* P.A.B.A., 2797 Falconbridge Road  
Carson, ON P3L 1K4  
Tel/Fax: (705) 693-5454  
E-mail: tom@cyberbeach.net

*Program goals.* To teach that parenting has four functions: access, guidance, control and nurturing; to support healthy family function through increasing skills; to help families organize their family structure; to encourage parents to support each other by creating a climate that is accessible, playful learner-directed and non-judgmental

*Target audience.* Parents in single-parent, blended or two-parent family structures; suitable for high-risk families

*Course duration.* Six two-hour sessions  
This parenting program, based on a family systems approach, looks at the family structure, roles of family members and the effects family members have on one another. Anger management and resolving conflicts

are covered in the sessions, as well as the unique challenges of single-parent and blended family structures.

*Parenting for Prevention*

*Origins.* United States, developed by the Johnson Institute, Minneapolis, in 1997

*Contact information.* Kinetic (Video) Inc. 511 Bloor Street West Toronto, ON M5S 1Y4 Tel:(416) 538-6613 1-800-263-6910 Fax: (416) 538-9984

*Program goals.* To show parents how to take a positive approach to prevention by teaching their children life skills that will help them develop into mature, responsible, non-violent and drug-free adults. Topics include setting limits, enforcing consequences, communication, anger management, conflict resolution.

*Target audience.* Parents and other caregivers of school-aged children, 5 to 16, either in groups or as a self-help tool individually

*Course duration.* Program can be adjusted to the time parents have available. Program materials can be used to supplement other parenting programs or by parents on their own. Users like the program's flexibility, short videos and accompanying booklets. Using animated characters avoids some of the problems associated with identifiable ethnocultural, socio-economic and geographical backgrounds. Some facilitators in Aboriginal communities liked the program for this reason. Some informants have used the videos with the Ready or Not! program and have lent them one at a time to families during home visits.

*Raising Children in Troubled Times*

*Origins.* United States, 1992

*Contact information.* Kinetic (Video) Inc.  
511 Bloor Street West Toronto, ON M5S 1Y4 Tel:(416) 538-6613 1-800-263-6910 Fax: (416) 538-9984

*Program goals.* To provide skills to overcome the many obstacles to raising and supervising children. Topics covered by the program include sex, chores, arguing, parties and concerts, lying, peers, homework, temper tantrums, curfew, studying, fighting, school

behaviour, drugs, bedtimes and togetherness.

*Target audience.* Parents, parent-teacher associations and school administrators of children between the ages of 5 and 18

*Course duration.* Flexible. Seeing the panel of parents and expert solve the problems in the video vignettes may discourage group participants from finding their own solutions. In the end, this could diminish the parents' confidence in their own abilities. A skilled facilitator could give the group time for discussion and idea sharing before watching the panel discussion portion of each vignette.

*Systematic Training for Effective Parenting of Teens: STEP/Teen*

*Origins.* United States. The original STEP program was developed in 1976 by Don Dinkmeyer, Sr. and Gary D. McKay, based on the Adlerian tradition and the work of Rudolf Dreikurs. They developed STEP/Teen materials in 1991, which were revised in 1997.

*Contact information.* Available from a number of distributors, including: Kinetic (Video) Inc. 511 Bloor Street West Toronto ON M5S 1Y4 Tel: (416) 538-6613 1-800-263-6910 Fax: (416) 538-9984

*Program goals.* To help parents understand a practical theory of human behaviour that can be applied to parent-teen relationships; improve communication and conflict resolution skills; use natural and logical consequences; conduct family meetings; become aware of how parents can improve relationships with teens by building their own self-esteem, developing the courage to be imperfect, and being responsible for their own actions

*Target audience.* The program is aimed at middle-class parents, but the leader's guide has tips on how to adapt it to parents with lower income and education, parents mandated by the courts and multicultural groups.

*Course duration.* Seven two-hour sessions. Forty-two studies have been conducted on the STEP Program between 1976 and 1993 and are available from American Guidance Service, 4201 Woodland Road, Circle Pines, MN 55014-1796, 1-800-328-2560. The

STEP/Teen program has not been formally evaluated. The program materials include a questionnaire that parents complete before and after the series to allow for comparisons. The videos show a range of ethnicities and many scenarios with one parent and child — mostly with mothers, but some with fathers. Participants are supposed to do readings in preparation for each session; this could pose a problem for parents with low literacy skills or little free time. The program is primarily suitable for parents with high reading skills and formal education. STEP/Teen is widely used in Canada, as is the original Systematic Training for Effective Parenting (STEP). Informants were generally very positive about the program. Some commented that parents might find concepts like the "authoritarian" vs. "democratic" family too theoretical. Also, each session covers a good deal of material, leaving little time for in-depth discussion.

*Teaching Parenting the Positive Discipline Way*

*Origins.* United States. Developed by Jane Nelsen in the early 1990s. Jane Nelsen is the co-author of *Raising Self-Reliant Children in a Self-Indulgent World* (with H. Stephen Glenn), *Positive Discipline* and *Positive Discipline for Teenagers* (with Lynn Lott)

*Contact information.* Positive Discipline Associates. The Effective Living Centre 5777 Madison Ave., Suite 430 Sacramento, CA 95841 Tel: (916) 338-5551 Fax: (916) 338-6577

*Program goals.* To train parent educators how to start and lead experientially based parenting groups, particularly how to use activities designed to reach parents with cultural differences, limited reading skills and/or special problems with children. Topics include non-punitive methods to teach self-discipline, social interest and problem-solving skills and how to use a program with or without a parenting resource book.

*Target audience.* Parents, teachers, nurses and others who want to lead parenting groups; counsellors, psychologists, social workers, family therapists, school administrators, parent educators. All activities can be adapted to all age groups and levels of parents and/or professionals.

*Course duration.* Outlines are provided for seven classes, but the program is flexible. This program stands alone or offers enhancement to any program

through experiential activities. The experiential approach promoted by this training came highly recommended. This learning style particularly suits certain client groups that may not be comfortable with a parent's workbook. One organization in Calgary offers the program in 12 weekly sessions of 2 1/2 hours each.

### Where to Get More Information

Organizations, articles, pamphlets. B.C. Council for Families, Parenting Teens Series. Five booklets for parents: *Your New Role*; *Keeping Them Safe*; *Communication*; *The Homefront*; *Discipline That Teaches*. Cost: \$3.50 per set. Order from B.C. Council for Families, -204 - 2509 Granville Street, Vancouver, BC V6H 3H1, Tel: (604) 660-0675.

Canadian Mental Health Association, Ottawa-Carleton Branch Youth Series. Eight pamphlets dealing with common problems for youth, including resources for help. *Youth and Anger*, *Youth and Peer Pressure*, *Youth and Suicide*, *Youth and Loss*, *Youth and Coal Setting*, *Youth and Problem Solving*, *Youth and Self-Esteem*, *Youth and Stress*. Available in French and English. Cost: \$2.00 per set. Order from Canadian Mental Health Association, Ottawa-Carleton Branch, 1355 Bank Street, Suite 402, Ottawa, ON K1H 8K7, Tel: (613) 737-7791.

Family Information Services, 12565 Jefferson Street N.E., Suite 102, Minneapolis, Minnesota 55434, Tel: (612) 755-6233. Latest parent education material provided to annual subscribers. Information by theme: Parenting Education, Basic Parenting, Youth Development, etc. Articles, tapes, handouts, etc. Topics include "Adolescent Drug Problems", "Sexuality and Relationships: What Teens Want & Need to Know", "Understanding Adolescent Depression", "Empowering Parents to Resolve Conflicts with Their Teens." Family Service Canada, *Parenting Teens: Are We Having Fun Yet?* by Keith Pattinson. Article about the Parents Together support groups for parents of acting-out teens in British Columbia. Can be downloaded from Child and Family website: [www.cfc-efc.ca/docs/ooooo456.htm](http://www.cfc-efc.ca/docs/ooooo456.htm)

Family Service Canada, *Positive Peer Pressure: A Transition Perspective* by Rey A. Cart. Can be downloaded from Child and Family website: [www.cfc-efc.ca/](http://www.cfc-efc.ca/)

National Clearinghouse on Family Violence, Health Canada, *The Parent-Teen Relationship: Life Through a Teenager's Eyes* and *The Parent-Teen Relationship: How Parents Can Make the Most of It* (1993). To order, call 1-800-267-1291.

National Crime Prevention Centre, 5th Floor, 275 Sparks Street, Ottawa, ON K1A 0H8, publishers of *Preventing Crime by Investing in Families and Communities*, 1997, Tel: (613) 957-4640.

Wong, M. (1990) *For Parents of Teens*. (Chinese and English versions) S.U.C.C.E.S.S., 87 East Render Street, Vancouver, BC V6A 1S9, Tel: (604) 687-6969.

### Internet resources

[www.bccf.bc.ca](http://www.bccf.bc.ca)  
B.C. Council for Families Information, articles on parenting issues, publication list  
[www.cfc-efc.ca](http://www.cfc-efc.ca)  
Child & Family Canada Enfants-famille Canada  
Information, articles on parenting issues  
[www.sparrowlake.org](http://www.sparrowlake.org)  
Sparrow Lake Alliance Ontario Information, articles, publications for lobbying governments and organizations  
[www.tnpc.com](http://www.tnpc.com)  
The National Parenting Centre (U.S.) Information, articles on parenting issues  
[www.netparents.org](http://www.netparents.org)  
Resources for Internet Parents (U.S.) B l o c k i n g software, kid-safe sites  
[www.positiveparenting.com](http://www.positiveparenting.com)  
Positive Parenting, Ventura, CA (U.S.) Resources & information, workshops, bulletin board, Live Chat  
[www.vpp.com/teenhelp](http://www.vpp.com/teenhelp)  
National hotline (U.S.) Information for parents, professionals  
<http://kidshelp.sympatico.ca/>  
Kids Help Phone website Advice for parents, children and teens  
[www.hc-sc.gc.ca.hppb/hpo](http://www.hc-sc.gc.ca.hppb/hpo)  
Health Canada health promotion website Information on a variety of health promotion topics

For copies, please contact: Publications Health Canada, Postal locator 0900C2, Ottawa, Ontario K1A 0K9  
Tel: (613) 954-5995; Fax: (613) 941-5366

This publication can be made available in/on computer diskette/large print/audiocassette/braille upon request. The opinions expressed in this publication are those of the author and contributors and do not necessarily reflect the official views of the department. Published by authority of the Minister of Health.

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## Publications

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### Teen Depression Self Help Tool

Dealing with Depression: Anti-Depressant Skills for Teens, a guide for teens and adults, is intended to assist youth age 13 to 17 who suffer from depression or who believe they have an early or mild form of depression.

Created by mental health experts and clinical psychologists from BC, the guide contains answers to many common questions about teen depression, interactive worksheets, and links to other sources of information.

It is important to understand that this guide is not a replacement for treatment where this is needed. In such cases, the services of a professional should be sought. If you think you might be depressed, talk to a family member, mental health professional, a doctor, or school counsellor.

2 ways to use this book

- Download it to your computer. You'll need the most recent version of Adobe Reader. If you don't have this program, download it free from <http://www.adobe.com/reader/>. This version will allow you to enter information in the worksheet section directly from your computer. The file can then be saved or bookmarked for future reference, or printed if needed. [http://www.mcf.gov.bc.ca/mental\\_health/pdf/dwd\\_writable.pdf](http://www.mcf.gov.bc.ca/mental_health/pdf/dwd_writable.pdf)
- Print manual. This version is best if you want to work from a hard copy. But notice that the book is pretty long, about 67 pages, so you might want to print it in sections, as you read each part.

[http://www.mcf.gov.bc.ca/mental\\_health/pdf/dwd\\_printable.pdf](http://www.mcf.gov.bc.ca/mental_health/pdf/dwd_printable.pdf)

#### Resource Lists for Child and Youth Mental Health

A major cornerstone of the Child and Youth Mental Health Plan is to build capacity by educating families and communities about children's mental illnesses and mental health. As a result, we have been working collaboratively with McMaster Children's Hospital, the Ministry of Community, Aboriginal and Women's Services and the BC Library Association to create booklists that target three common problems affecting many children, youth and families in BC - mood problems and depression, anxiety and behaviour problems. (PDF documents)

These booklists contain a number of books that have been through an extensive review process that has included parents, families and professional groups such as the Canadian Paediatric Society. There are also web sites listed that many families have found informative and helpful.

All of the books on the booklists have been purchased and made available to every main library branch in BC. To find information about the library closest to you, please visit the Public Libraries of BC's web site. <http://www.bcpl.gov.bc.ca/VRD/libraries/>

#### Web-based Tools

New web-based Knowledge Tools on depression, anxiety and psychosis in children and youth are now available at <http://www.knowledgenetwork.ca/takingcare/intro.html>. These new in-depth, on-line resources are accessible 24 hours per day and provide

direct access to related print, video, and web-based resources.

### TV documentaries now available

In the fall 2004, the Knowledge Network in partnership with the Ministry of Children and Family Development and the Mental Health and Community Consultation Unit (Children's Mental Health Policy Research Program) at the University of British Columbia produced three unique documentaries on child and youth mental health.

Through the personal stories of young people, and interviews with parents and experts, these compelling documentaries outline the early signs, symptoms and treatment of three mental disorders. The documentaries, aired on several occasions, are now available in DVD and VHS format from the National Film Board or can be viewed online.

Please note that copies of these documentaries have been made available to the main branches of all BC public libraries.

The following three documentaries were produced:

- Beyond the Blues: Child and Youth Depression
- Fighting Their Fears: Child and Youth Anxiety
- Map of Mind Fields: Managing Adolescent Psychosis

To view the documentaries online go to <http://www.knowledgenetwork.ca/takingcare/intro.html>  
To order copies of the documentaries go to <http://www2.nfb.ca/boutique/ibeCZzdMinisites.jsp?language=US>

## The Center for Young Women's Health, Children's Hospital Boston Announces New PCOS Resources for School Nurses, Teens and Parents

Polycystic Ovary Syndrome (PCOS) is the most common reproductive endocrine disease among women of childbearing age. Although this condition has not received much publicity, it impacts many young women. In fact 5-10% of teens and young women have this diagnosis. The most common symptoms are irregular periods, weight gain, acne, and excess facial and body hair. The severity of the symptoms varies from girl to girl. Most young women are generally distressed with how the symptoms impact their life and self esteem. Having an understanding of this disease, the etiology, current trends in medical treatment, and the important role of good nutrition and exercise will help you to support teen girls with PCOS.

All are downloadable- feel free to print and distribute resources to teens and parents

A Guide for School Nurses:  
<http://www.youngwomenshealth.org/pcosnurse.html>

A Guide for Parents:  
[http://www.youngwomenshealth.org/pcos\\_parent.html](http://www.youngwomenshealth.org/pcos_parent.html)

A Resource Guide for Teens with PCOS:  
[http://www.youngwomenshealth.org/pcos\\_resources.html](http://www.youngwomenshealth.org/pcos_resources.html)

A comprehensive approach to improving the health of teens with PCOS complete with meal planning ideas, recipes, and fitness worksheets! Teens will learn about positive ways to manage their weight, plan nutritious meals, and get fit!

For more information

Phaedra Thomas RN, BSN, Nurse Educator/Coordinator, Center for Young Women's Health, Children's Hospital Boston  
Tel. 617-355-7712  
[www.youngwomenshealth.org](http://www.youngwomenshealth.org)

