

Very Important Information Please Read!

13, 14 Year Visit

Date: _____

Length: _____ in.	Weight: _____ lbs. _____ oz.	Head Circumference: _____ in.	BP: _____
Percentile: _____ %	Percentile: _____ %	Percentile: _____ %	BMI: _____
			Percentile: _____ %

Check-up and Immunization Schedule

Age	Check-up*	Immunizations/Tests Due
2 wk.	within 3 days	Hep B #1 (if not given in hospital)
2 mo.	within 1 week	Pentacel #1; Hep B #2; Pevnar #1; Rotavirus #1 Maternal Depression Screen
4 mo.	within 2 weeks	Pentacel #2; Pevnar #2; Rotavirus #2 Maternal Depression Screen
6 mo.	within 3 weeks	Pentacel #3; Pevnar #3; Rotavirus #3 OAE Hearing & Spot Vision Screens Maternal Depression Screen
9 mo.	within 3 weeks	Hep B #3 Developmental Screen
12 mo.	MUST be after 1 yr. b'day	MMR #1; Varicella #1 OAE Hearing & Spot Vision Screens; CBC Lead Screen (if indicated)
15 mo.	within 3 weeks	Pevnar #4; Hep A #1
18 mo.	within 3 weeks	Pentacel #4 Developmental Screen
2 yr.	within 2 mo.	Hep A #2 Developmental Screen Anemia Screen w/CBC (if indicated)
30 mo.	within 2 mo.	Developmental Screen Anemia Screen w/CBC (if indicated)
3 yr.	within 2 mo.	OAE Hearing & Spot Vision Screens Anemia Screen w/CBC (if indicated)
4 yr.	MUST be after 4 yr. b'day	MMR #2; Varicella #2; Quadracel Hearing & Spot Vision Screens Anemia Screen w/CBC (if indicated)

*Time specified can either be before or after date of the specified age.

Vaccines

Hep A/B=Hepatitis A/B	Pevnar=Pneumococcal Vaccine
DTaP=Diphtheria, Tetanus, Pertussis	Td=Tetanus, Diphtheria
IPV=Inactivated Polio Vaccine	Tdap=Tetanus, Diphtheria, Pertussis
MMR=Measles, Mumps, Rubella	Quadracel=DTap, Polio
Pentacel=DTap, Polio, Hib	

Age	Check-up*	Immunizations/Tests Due
5 yr.	yearly	Hearing & Titmus Vision Screens Anemia Screen w/CBC (if indicated)
6 yr.	yearly	Hearing & Titmus Vision Screens Anemia Screen w/CBC (if indicated)
7 yr.	yearly	Complete Physical
8 yr.	yearly	Hearing & Vision Screens Anemia Screen w/CBC (if indicated)
9 yr.	yearly	Complete Physical
10 yr.	yearly	Hearing & Vision Screens Anemia Screen w/CBC (if indicated) Lipid Panel
11 yr.	yearly	Tdap; Meningococcal #1; HPV Series Anemia Screen w/CBC (if indicated) PHQ-4
12-21 yrs.	yearly	Anemia Screen w/CBC (if indicated) 12 yr. PHQ-4 12, 15, 18 yrs. Hearing & Vision Screens 13 & up Adolescent Confidential Questionnaire 16 yr. Meningococcal #2 17 yr. Lipid Panel 21 yr. Td HPV Series if not already completed
ALL		Flu vaccine yearly for all patients 6 mos. & older

Tests

CBC=Complete Blood Count
OAE=Otoacoustic Emissions

Notes:

**WE RECOMMEND A YEARLY CHECK-UP FOR YOUR CHILD.
PLEASE CALL THE OFFICE AT LEAST 2-3 MONTHS PRIOR TO THIS DATE
TO SCHEDULE YOUR APPOINTMENT.**

UPDATE: 1/12/2023

Welcome to the teenager years!

We probably don't need to tell you that this is an exciting time of life – filled with many new emotions, physical changes and countless stressors. As your medical providers, we want to make sure you get all your questions answered and help you to continue making healthy choices.

We want you to be aware of a few changes with well visits, now that you are a teenager:

1. During your teen well visits, we ask that parents have a seat outside of the room so that you and your provider can have a chance to discuss any confidential topics.
2. Every year you will complete a questionnaire covering all sorts of issues that teens like you might need to discuss. Your responses to this questionnaire are not reviewed with your parents, unless there is concern that you are putting yourself or someone else in danger. We encourage you to make every effort to be honest, as this lets us partner together to make the right medical decisions.
3. Don't be afraid to ask us questions during your visit – you certainly will not be the first teenager with whom we have discussed developmental concerns, family issues, career choices, drug problems, or sexual orientation.

Also, don't forget that you can continue your healthcare at Northside Pediatrics until your 22nd birthday. At that point, we can help you transition your care to an adult doctor. We view taking care of you as a privilege, and we look forward to working together towards a healthy and happy future.

Sincerely,
The Northside Pediatrics Team

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Frequently Asked Questions About Teenage Visits

Why are parents “kicked out” of the room for the 13 - 21 year old well visits?

At some point during the teen years, kids transition from parents taking care of them to taking care of themselves. We believe these semi-independent visits teach our teen patients to be responsible for their health and be active participants in the well visit. We also know some topics are hard to talk about with mom or dad in the room. We want to provide a safe and comfortable environment for open and honest discussions, so we can provide the best care at each visit.

How is a teen well child check different than other ages?

Teenagers undergo countless physical and emotional changes during puberty, all magnified through the microcosm of high school. It's no surprise that teens are at higher risk for depression, drug and alcohol use, and sexual health issues. Recent studies show *1 in 5* teens suffer from depressive symptoms annually, and *1 in 3* of 15 year olds drank alcohol in the last year. Parents are frequently surprised when screening identifies their teen as depressed, anxious or risk-taking. Oftentimes, there are no outward clues to alert parents of these potential issues.

Yikes! How do you identify teenagers at risk for depression and substance use?

In February of 2016, the US Preventive Services Task Force and the American Academy of Pediatrics (AAP) recommended all pediatricians use specific screening tools for depression and substance abuse. We use PHQ4, ASQ and CRAFFT screeners in addition to our regular teen questionnaire. Your clinician scores the screening questions during the visit. If there is a positive screen, there are follow up questionnaires asking even more important detailed questions about the degree of risk. While these screenings and conversations are confidential, if there are concerns about self-harm, suicide or hurting others, we will help the teen talk with his parent or guardian. Treatment of depression or substance abuse starts with identification, and the earlier treatment begins, the better the outcome.

A word on insurance coverage and screening tools...

Because the AAP highly recommends these screens, insurance allows us to bill for the tests. Under most circumstances, insurance plans pay for them. Unfortunately, with some insurance plans, these tools fall under family-responsible deductibles, and the small costs then fall on the family. We constantly talk to insurance plans about clinically-indicated testing, in attempts to get better coverage for our patients and less out-of-pocket expense. For example, thanks to the persistent feedback from parents and pediatricians, insurance now routinely covers vision screening in young children, which was a previously uncovered service. Interestingly, parents talking to their HR departments and/or insurance plans themselves are often more effective in getting plans to cover new items. As pediatricians, our job is to care for your teens to the best of our ability with the best available tools, regardless of insurance.

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Northside Pediatrics' Vaccine Policy

Northside Pediatrics firmly believes in the effectiveness of vaccines to prevent serious illnesses and save lives. We only follow the CDC schedule for vaccine administration which is the one schedule that has been tested as safe and effective for children.

We do not follow any alternative vaccination schedules, as the safety and efficacy of these schedules has not been verified. We require all patients to be vaccinated in accordance with the CDC schedule, unless there is a medical contraindication to vaccines, which is very rare and will be discussed on a case-by-case basis. Our doctors have seen serious and fatal infectious diseases eradicated by vaccines, and we believe vaccines are one of the most important public health improvements of the last century.

We also strongly believe in the safety of vaccines and provide the same vaccines on the same schedule to our own children.

Vitamin D

- Vitamin D plays a critical role in calcium absorption and bone growth. It prevents rickets (a serious bone disorder) and likely reduces the risk of adult osteoporosis.
- Vitamin D is involved in the immune system and may help prevent other serious disorders in adults.
- Vitamin D is synthesized via sunlight as well as absorbed in the gut; however, many people are deficient due to low sun exposure and the poor bioavailability of vitamin D.
- Infants are at risk for vitamin D deficiency. Breast milk contains little vitamin D, and formula volume does not usually meet daily requirements for vitamin D. Additionally infants have appropriately limited sun exposure, which reduces vitamin D synthesis.
- For these reasons, we recommend vitamin D supplementation in all age groups.

Recommended Vitamin D Supplementation

Age	Vitamin D Amount	Supplement options
Infant (breastmilk or formula fed)	400 IU	-D-vi-sol, Poly-vi-sol, Tri-vi-sol (or generic equivalent) - 1 ml daily -Vitamin D drops - 1 drop per day
1 yo - 2 yo	600 IU	-D-vi-sol, Poly-vi-sol, Tri-vi-sol (or generic equivalent) - 1 ml daily -Vitamin D drops - 1 drop per day + Dietary sources
3 yo and up	600 IU	-Chewable vitamin or swallowed tablet (age dependent) + Dietary sources

- **Dietary sources and other recommendations**
 - Vitamin D
 - Oily fish (i.e. salmon, sardines, tuna, mackerel, herring), egg yolks, fortified dairy
 - The recommended milk intake for children age 1-9 years old is 16 oz.
 - Calcium
 - Milk and dishes made with milk, cheeses, yogurt, canned fish (sardines, anchovies, salmon), dark-green leafy vegetables (kale, mustard greens, collard greens etc.), broccoli
 - Adolescents and teens need additional calcium and may need calcium supplements. The recommended daily intake is 1200-1500 mg calcium per day. If your teen has less than 4 servings of calcium daily, add a calcium supplement such as Viactiv, Oscal, or Caltrate.
 - Avoid excess salt as too much salt in the diet will increase the amount of calcium excreted out of the body through the kidneys.

Iron (Fe)

Iron helps with growth and brain development. A baby is born with iron stores that last until about 4 months old. After that, iron stores are depleted, and it is necessary to provide iron supplementation and/or iron rich foods.

Recommended Iron Supplementation

Age	Iron (Fe) Amount	Supplement options
4 mo - 12 mo <i>breastfed</i>	~6-11 mg/day	-Poly-vi-sol with Fe - 1 ml daily (10 mg Elemental Fe) + Dietary sources + Ok to stop Poly-vi-sol with Fe once dietary intake meets iron requirements
4 mo - 12 mo <i>formula fed</i>	~6-11 mg/day	-24-32 oz formula per day meets iron requirements + Dietary sources
1 yo -14 yo	7 -10 mg/day	+ Dietary sources
>14 yo boy	11 mg/day	+ Dietary sources
>14 yo girl	15 mg/day	-May require iron supplement due to heavy periods + Dietary sources

- **Dietary Sources and other recommendations**

- Infants: Iron-fortified infant cereal, pureed meats, green beans, peas, spinach
 - Infants taking Poly-vi-sol with Fe do not need a separate vitamin D supplement.
- Children and adolescents: Fortified breakfast cereal, fortified oatmeal, meat, tofu, spinach, beans. Three serving per day of iron-containing foods should meet daily iron requirements. Read the labels on packaging to check iron content on common foods.
- Foods high in vitamin C (citrus, strawberries, tomatoes, dark green veggies) enhance iron absorption.
- Limit cow's milk consumption to less than 20 oz per day as more than this can increase risk of iron deficiency. Infant's under one should primarily drink breast milk or formula.
- Menstruating females should also take folic acid, which can be found in most multivitamins. Folic acid is a B vitamin and recommended daily dosing is 400 mcg.
- An over-the-counter multivitamin is not recommended for a child who receives a normal, well-balanced diet.

Healthy Food Choices for Your Family

How can you ensure that your child is well nourished?

Here are some tips to keep in mind when planning and preparing meals for your family.



Variety

Your child should consume a variety of foods from the five major food groups. Each food group supplies important nutrients, including vitamins and minerals.

The five food groups and typical minimum servings:

- **Vegetables:** 3-5 servings per day. A serving may consist of 1 cup of raw leafy vegetables, 3/4 cup of vegetable juice, or 1/2 cup of other vegetables, chopped raw or cooked.
- **Fruits:** 2-4 servings per day. A serving may consist of 1/2 cup of sliced fruit, 3/4 cup of fruit juice, or a medium-size whole fruit, like an apple, banana, or pear.
- **Bread, cereal, or pasta:** 6-11 servings per day. Each serving should equal 1 slice of bread, 1/2 cup of rice or pasta, or 1 ounce of cereal.
- **Protein foods:** 2-3 servings of 2-3 ounces of cooked lean meat, poultry, or fish per day. A serving in this group may also consist of 1/2 cup of cooked dry beans, one egg, or 2 tablespoons of peanut butter for each ounce of lean meat.
- **Dairy products:** 2-3 servings per day of 1 cup of low-fat milk or yogurt, or 1 1/2 ounces of natural cheese.

Fiber

[Fiber](#) is a carbohydrate component of plant foods that is usually un-digestible. It is found in foods like [fruits](#), [vegetables](#), whole-grain breads, cereals, brown rice, beans, seeds, and nuts.

- **In adults:** Increased fiber has been linked with a reduction of chronic gastrointestinal problems, including colon cancer, irritable bowel syndrome, and diverticulitis.
- **In children:** Fiber's only proven benefit is its ability to ease [constipation](#)—providing bulk that can promote regular bowel movements, soften the stools, and decrease the time it takes food to travel through the intestines. But since food preferences and eating habits often get searly in life, and since high-fiber foods contain other nutrients, parents should include these foods in children's daily diets. See [Kids Need Fiber: Here's Why and How](#).

Protein

Your child needs protein so their body can grow and function properly. This includes building new tissues and producing antibodies that help fight infections. Without essential amino acids (the building blocks of [protein](#)), children would be much more susceptible to serious diseases.

Protein-rich [plants](#)—such as dried beans and peas (legumes), grains, seeds, and nuts—can be used as valuable sources of protein. Other protein-rich foods include meat, [fish](#), milk, yogurt, cheese, and eggs. These animal products contain high-quality protein and a full array of amino acids.

Keep in mind, however, that while red meat and shellfish are rich in protein and an important source of iron, they can also be high in fat and cholesterol as well. So, your child should consume them only in moderate amounts. Select lean cuts of meat and trim the fat before cooking. Likewise, remove skin from poultry before serving.

Fat

Humans cannot live without fats. They are a concentrated source of energy, providing essential fatty acids that are needed for a variety of bodily processes (metabolism, blood clotting, and vitamin absorption).

However, high fat intake—particularly a diet high in saturated fats—can cause problems. Saturated fats are usually solid at room temperatures and are found in fatty meats (such as beef, pork, ham, veal, and lamb) and many dairy products (whole milk, cheese, and ice cream). They can contribute to the buildup of plaque in blood vessels and lead to heart disease later in life. A diet rich in saturated fats also can increase blood cholesterol, particularly in people who have inherited a tendency toward [high cholesterol levels](#).

- **After age two:** Children should be served foods that are lower in fat and saturated fats. Chances are that your child's favorite foods are higher in fat than is desirable. Healthy eating means relying more on low-fat, low-cholesterol foods like poultry, fish, and lean meat (broiled, baked, or roasted; not fried), soft margarine (instead of butter), low-fat dairy products, and low-saturated-fat oils from vegetables, while limiting egg consumption.

As a general guideline, fats should make up less than 30% of the calories in your child's diet. No more than about 1/3 or less of those fat calories should come from saturated fat, with the rest coming from unsaturated (that is, polyunsaturated or monounsaturated) fats. These healthier fats are liquid at room temperature and include vegetable oils like corn, safflower, sunflower, soybean, and olive.

Some parents find the information about various types of fat confusing. In general, oils and fats that come from animals are saturated. The simplest place to start is just to reduce the amount of fatty foods of all types in your family's diet. See [How to Reduce Fat and Cholesterol in Your Child's Diet](#).

Sugar

Limit the amount of sugar in your child's diet to moderate levels. Sugar has plenty of calories, but dietitians often call them “empty calories” because they have very little additional nutritional value.

Even so, many children consume sugar in large amounts, usually at the expense of healthier foods.

When children drink [sodas](#), for example, they are usually leaving the milk in the refrigerator; when they eat a brownie, they may be overlooking the bowl of fruit, a good source of complex carbohydrates, on the kitchen table.

Salt

Table salt, or sodium chloride, may improve the taste of certain foods. However, researchers have found a relationship between salt in the diet and high blood pressure in some people.

- [High blood pressure](#) afflicts about 25% of adult Americans and contributes to heart attacks and strokes.

The habit of using extra salt is an learned one. So, as much as possible, serve your child foods low in salt. In the kitchen, minimize the amount of salt you add to food as you prepare it. Try using herbs, spices, or lemon juice instead. Take the salt shaker off the dinner table, or at least limit its use by your family.

Because salt acts as a preservative, processed foods often contain large amounts of it. Salt-rich foods may include processed cheese, instant puddings, canned vegetables, canned soups, hot dogs, cottage cheese, salad dressings, pickles, and potato chips and other snacks.

get fit, stay healthy



Being fit means you're in **good shape**, you have *energy*, you're active, and you don't get tired easily during the day. Most people who are fit also **feel pretty good** about themselves.

Any type of regular, physical activity can **improve your fitness and your health**—even walking, climbing up a flight of stairs, or mowing the lawn. The most important thing is that you **keep moving!**

Feel better, look better

There are a lot of **benefits** to being physically active. It can help

- **Keep you at a healthy weight.** This doesn't necessarily mean being thin. Everybody's ideal weight is different—it depends on your **height and body size**. Ask your pediatrician what the right weight is for you.
- **Prevent heart disease.** Heart disease is the **leading cause of death** in the United States. Research has shown that the risk factors for heart disease start during childhood. A lack of physical activity is one of the major risk factors of heart disease.
- **Strengthen your bones. Regular exercise keeps bones healthy** and can help prevent a bone disease called osteoporosis. This disease is common in older people and causes bones to break easily.
- **Reduce stress.** We all have stress, but learning to **cope** with it is an important way to stay healthy. Many things can cause stress like problems with parents or friends or the pressures of school. Major things like moving to a new home or breaking up with someone can also cause stress. **Exercise can help you relax** and helps your body handle stress.

Total fitness

To **be fit**, you might find it helpful to work on all aspects of fitness, including the following:

Aerobic endurance—This is how well your heart, lungs, and blood vessels provide oxygen and nutrients throughout your body. When you exercise, you **breathe harder** and your **heart beats faster**. This helps your body get the oxygen it needs. If you are not fit, your heart and lungs have to work extra hard, even to do everyday things like walking up the stairs.

Body fat—How much you weigh is not the only way to tell if you are overweight. It's actually determined by your body mass index (BMI), which includes **your weight and height** and gives an idea of **how much of your body weight comes from fat**. People who are overweight have more body fat in relation to the amount of bone and muscle in their bodies. Eating too much and not exercising enough can cause you to have too much body fat. Your risk of health problems like diabetes, cancer, high blood pressure, knee and back pain, and heart attacks is increased when you're overweight.

Muscle strength and endurance—This is the amount of work and the amount of time that your muscles are able to do a certain activity before they get tired. **The more fit you are, the longer you are able to play a sport**, work out, or do other activities before you have to stop.

Flexibility—This is how well you can **move and stretch** your joints, ligaments, and muscles through a full range of motion. For example, people with good flexibility can bend over and touch the floor easily. Poor flexibility may increase the risk of getting hurt during athletic and everyday activities.

What can I do to become more fit?

Just do it! Make the commitment and **stick to it**. Exercise should be a regular part of your day, like brushing your teeth, eating, and sleeping. It can be in gym class, joining a sports team, or working out on your own.

Stay positive and have fun. A good mental attitude is important. Find an activity that you think is fun. You are more likely to keep with it if you choose something you like. A lot of people find it's more fun to **exercise with someone else**, so see if you can find a friend or family member to be active with you.

Take it one step at a time. Small changes can add up to better fitness. For example, walk or *ride your bike to school* or to a friend's house instead of getting a ride. Get on or off the bus several blocks away and walk the rest of the way. Use the **stairs** instead of taking the elevator or escalator.

Get your heart pumping. Whatever you choose, make sure it includes aerobic activity that makes you breathe harder and increases your heart rate. This is the **best type of exercise** because **it increases your fitness level** and makes your heart and lungs work better. It also **burns off body fat**. Examples of aerobic activities are basketball, running, or swimming. (See the Fitness Activity Chart at the end of this brochure for more ideas.)

Don't forget to warm up with some easy exercises or mild stretching before you do any physical activity. This warms your muscles up and may help **protect against injury**. Stretching makes your muscles and joints **more flexible** too. It is also important to stretch out *after* you exercise to cool down your muscles.

How often should I exercise?

Your goal should be to do some type of exercise **every day**. It is best to do some kind of aerobic activity without stopping for at least **20 to 30 minutes** each time. Do the activity as often as possible, but don't exercise to the point of pain.

Like all things, **exercise can be overdone**. You may be exercising too much if

Is it safe to train with weights?

Strength training, also called “weight training” or “resistance training,” is an activity in which you use free weights, weight machines, resistance bands, or even your own weight to increase **muscle strength** and muscle endurance. The goal is **not to bulk up**, but to build strength and coordination. Do not focus on how much weight you are lifting, but rather on doing the exercises slowly and safely. When done correctly, this can be a great way to increase your strength and fitness.

Start with light weights and use smooth, controlled motions. Increase the number of times you lift the weight (repetitions) gradually. Avoid strength training more than 3 times per week and make sure you have **a day of rest in between** each workout. Too much weight training can be harmful and there are no extra benefits to strength training more often.

Safety measures should be taken during strength training. Most strength training injuries happen when exercises are not done correctly, when too much weight is lifted, or when there is no adult supervision.

Weight training isn't the same as weight lifting, power lifting, and body building. Avoid these activities until your body has reached full adult development (usually after the age of 18) because these sports can result in serious injury. Ask your pediatrician when it is a good time for you to start.

- Your **weight falls** below what is normal for your age, height, and build.
- It starts to **get in the way** of school and your other activities.
- You start to have bone, joint, or muscle **pain** that affects your daily activities.
- You are a **girl** and your periods become irregular, sporadic, or stop completely.

If you notice any of these signs, **talk with your parents or pediatrician** before health problems occur.

A healthy lifestyle

In addition to exercise, making **just a few other changes** in your life can help keep you healthy, such as

- **Watch less TV** or spend less time playing computer or video games. (Use this time to exercise instead!) Or exercise while watching TV (for example, sit on the floor and do sit-ups and stretches; use hand weights; or use a stationary bike, treadmill, or stair climber).

- Eat 3 **healthy meals** a day, including at least 4 servings of **fruits**, 5 servings of **vegetables**, and 4 servings of **dairy products**.
- Make sure you **drink plenty of fluids** before, during, and after any exercise (water is best but flavored sports drinks can be used if they do not contain a lot of sugar). This will help replace what you lose when you sweat.
- Stop drinking or drink fewer regular soft drinks.
- **Eat less junk food** and fast food. (They're often full of fat, cholesterol, salt, and sugar.)
- Get 9 to 10 hours of **sleep** every night.
- **Don't smoke** cigarettes, **drink** alcohol, or **do** drugs.

Fitness Activity Chart

Activity	Calories Burned During 10 Minutes of Continuous Activity	
	77-lb Person	132-lb Person
Basketball (game)	60	102
Cross Country Skiing	23	72
Biking (9.3 mph)	36	60
Judo	69	118
Running (5 mph)	60	90
Sitting (complete rest)	9	12
Soccer (game)	63	108
Swimming (33 yd)		
Breaststroke	34	58
Freestyle	43	74
Tennis	39	66
Volleyball (game)	35	60
Walking		
2.5 mph	23	34
3.7 mph	30	43

Modified from Bar-Or O. *Pediatric Sports Medicine for the Practitioner*. New York, NY: Springer-Verlag; 1983: 349–350

Ferguson JM. *Habits, Not Diets*. Palo Alto, CA: Bull Publishing Co; 1988

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional.

From your doctor

American Academy
of Pediatrics



The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.aap.org

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DEDICATED TO THE HEALTH OF ALL CHILDREN™

Teens and Sun: Keeping Them Safe Without Ruining Their Fun

Encourage your teen to avoid solar radiation between 10 A.M. and 4 P.M.

This is when the ultraviolet rays are the harshest. The safest measure—stay indoors or seek shade—isn't always practical. Next best? Protect that skin by wearing the proper clothing and sunscreen.

Light-colored, tightly woven clothing

Light-colored, tightly woven clothing reflects sunlight rather than absorbs it. A hat with a brim at least three inches wide also affords protection.

Get your teen into the habit of applying sunscreen

And not just when she goes to the beach and not just on bright, sunny days. Even when clouds obscure the sun, 80 percent of its UV light reaches the earth. You can singe your skin during the winter, too, since snow reflects 80 percent of the sun's rays.



Sunscreens used to be classified according to their sun protection strength, which was expressed as a Sun Protection Factor (SPF) ranging from 2 to 50. The higher the number, the longer the user can stay in the sun without burning. So let's say that your youngster typically burns in about fifteen minutes. A sunblock with an SPF of 15 would afford him 225 minutes (just under four hours) of safe exposure. If he is dark-complexioned and generally doesn't burn for, say, forty minutes, the same product would enable him to spend six hundred worry-free minutes outdoors.

Having said that, *no one* should bake in the sun for that long, regardless of how much sunscreen he slathers on his skin. The U.S. Food and Drug Administration has since pared down the categories to just three strengths: minimum (which corresponds to 2 SPF to 12 SPF), moderate (12 SPF to 30 SPF) and high (30 SPF or greater). Moderate strength is the sensible choice for most people.

Memo to Mom and Dad: Before purchasing sunscreen, look for the words "broad-spectrum" on the label; this assures you that the product screens out both types of ultraviolet light: *UVA* and *UVB*. *UVA* radiation doesn't burn skin as readily as *UVB*—and the jury is still out on whether or not it contributes to skin cancer—but we do know that *UVA* rays penetrate tissue more deeply and age the skin.

Buying sunscreen is the first step; using it correctly is the second

Studies show that most sun worshipers use only about one-fifth to one-half as much sunscreen as they should. To thoroughly cover the entire body—including the ears and hands, which most people neglect—the general rule of thumb is to apply about one ounce of water-resistant lotion or cream fifteen to thirty minutes before going outdoors. Then generously reapply every two hours and immediately after swimming or strenuous activities.

Protect the eyes too

According to the American Optometric Association, sunglasses should block out 99 to 100 percent of both *UVA* and *UVB* radiation and screen out 75 to 90 percent of visible light. Gray, green or brown lenses work best.

The American Academy of Dermatology recommends that teens periodically inspect their bodies for suspicious-looking moles

To do this, they'll need a full-length mirror, a hand mirror, and a well-lit room.

1. Standing in front of the full-length mirror, examine the front and back of the body. Then, with arms raised, do the same for the left side and the right side.
2. Bend both elbows and carefully inspect the forearms, the back of the upper arms, and the palms of the hands.
3. Next, look at the backs of the legs and the feet, the spaces between toes, and the soles of the feet.
4. Hold up the hand mirror and examine the back of the neck and the scalp. Part hair to lift.
5. Finally, check the back and the buttocks with the hand mirror.
6. If you spot any unusual-looking moles, immediately make an appointment with your pediatrician. Skin cancers are eminently treatable when caught early.

Last Updated: 11/21/2015

Source: Caring for Your Teenager (Copyright © 2003 American Academy of Pediatrics)

Keeping Your Teen or Tween Safe Online

Technology can be a wonderful thing, but sometimes the benefits come at a cost. [Social media](#), online gaming, chat rooms—you name it—the internet can expose children to some scary stuff, including [bullying](#), inappropriate content, identity theft and online predators.

Keeping your teen safe online is critical, and we want to help take out some of the guesswork.

Talking with your teen about being online

“As kids get older and begin getting mobile devices, they are more and more active online,” says Angie Boy, DrPH, program manager at the [Stephanie V. Blank Center for Safe and Healthy Children](#). “Setting boundaries is important, but we’ve found the most effective way to protect against online dangers is having open conversations about what your teen may find online and making them comfortable telling you if they comes across something suspicious.”



Tips for having open conversations about being online:

- Ask your child what websites and apps they use. Ask your child what kinds of things they typically see and talk about online. The answers will continually change, so keep asking.
- Tell your child about the different things they may find on the internet. Let your child know that not everyone online can be trusted.
- Ask your child who they talk to online and if they know all of those people in real life.
- Let your child know they can always come to you if they find something questionable online. Let them know that a gut feeling is a good enough reason to share with a parent or a trusted adult.
- Share stories of how people have been lied to or mistreated online. Hearing about a news story or a friend’s experience may let your teen know it’s OK to open up.

Setting expectations for online activity

“Make sure your teen knows that being online is an earned privilege—not a right. Set expectations for the whole family,” says Boy. “Be honest and clear about what you consider appropriate online activity, and be specific about boundaries.”

Setting boundaries for your teen:

- Make sure they know that not everything they finds online is true and that people online are not always who they say they are.
- Know that kids are savvy, and your teen probably knows ways to hide his activity from you. Continue talking openly about being online so they know what you consider acceptable.
- Limit the time your teen spends on the internet. Determine the times it’s OK to be online. If necessary, you can download software to help you enforce the time limits.
- Discuss access and limits. This is trickier with older children as they become more independent. Use your best judgment.
- Install parental controls or monitoring software that doesn’t block access but may record activity or send a warning message if your child accesses inappropriate content. Be honest about what you’re doing upfront, and explain why you’re monitoring them (for their safety).
- Keep up with trendy teen internet behavior. For example, creating fake social media accounts to post on for their parents to see when they have another secret profile.



Kids find loopholes to get what they shouldn't have. Teens purchase gift cards (that act like debit cards) to order e-cigarettes online, or they download an app that looks like a calculator but is really a secret hiding place for photos. The more you can inform yourself on what is really happening online, the better.

Cyberbullying

According to the National Crime Prevention Council, more than 40% of teens fall victim to cyberbullying, and only 11% of victims talk with a parent or trusted adult about the incident. Talking openly about cyberbullying can develop trust so your child is comfortable coming to you after an incident.

Tips for talking about cyberbullying:

- Ask your teen about how they feel when they're online. Does anything online make you sad, scared or angry? Does anything or anyone online make you feel bad about yourself? Are your friends nice to you online? Has anyone ever been mean to you online?
- If your teen does tell you about a cyberbullying incident, try to manage your reaction (and not overreact) so they trust they can go to you in the future. Get as many details as you can, and block or report the bully.



- Help your teen remember that real people with real feelings are behind profile pictures and usernames.
- Model polite, thoughtful and kind behavior in your own online activity. If your teen sees you treat people kindly and with respect, they're more likely to follow suit.

Being the “internet police”

The internet can be both a wonderful resource and a dark, dangerous place. “We don’t want to scare kids away from enjoying the benefits of online tools and communities. We just want them to think about how what they share and how they behave online can impact their safety and security,” says Boy. “The sad reality is that we live in a world where it can be dangerous to be too trusting of others. If you don’t know the person on the other end of the chat in real life, how could you possibly know they are who they say they are?”



It can be tricky to balance your child’s safety and privacy, but safety should be your main concern. “Have an open conversation with your child about monitoring their activity—especially with older children and teens. Let your child know you respect their privacy and independence but that their safety is your main concern,” says Children’s Healthcare of Atlanta Strong4Life licensed therapist, Jody Baumstein, LCSW.

Water Safety Tips for Older Kids and Teens

When summer arrives, we're all looking for ways to cool off. Being outdoors is a great way to be active and enjoy quality family time. But it's important to remember that the risk of drowning is very serious, even for older children and teens.

Drowning is the [5th leading cause of death](#) in children ages 10 to 14 and 7th in children 15 and older. And drowning is often quick and silent.

The good news? Drownings are preventable. Here are some ways to keep your child safe.

General water safety tips for kids and teens

Children who have finished a swim program and are strong swimmers are still at risk for drowning. The risk for drowning decreases after age 4 but increases again during the teenage years as children become more confident.

"Teens are more likely to drown because of risk-taking behavior, and we know that peer pressure plays a role in that," says Sarah Lazarus, DO, pediatric emergency department physician at Children's Healthcare of Atlanta. She says teens may feel pressured into swimming or boating at night—or under the influence of alcohol and drugs.



With that said, it's always a good idea to enroll your child in a swim program with a certified instructor from a young age. "By the time children reach school age (around age 6), they should be capable swimmers," says Dr. Lazarus. "There's no reason that any child, even those with developmental disabilities, can't learn to swim," she adds. She notes that kids with an underlying medical disorder, such as autism or epilepsy, are at a higher risk of drowning, so it's even more important for them to take swim lessons.

Here are some more safety rules to keep in mind:

- Choose safe areas to swim, like places with a lifeguard on duty.
- Keep an eye on your child or teen. Dr. Lazarus suggests this rule of thumb: Once a child can swim 50 meters or more without stopping, it's OK to be within eye's reach of your child. You should stay within arm's reach of children who aren't strong swimmers.
- Get your [teen trained in CPR](#)—they could save a life.
- Do not make older kids responsible for younger siblings around water. (Even if they are a strong swimmer.)
- Let your teen know to never go into the water after drinking alcohol or using drugs.
- Talk to your child about the importance of being open about their swimming skills. There's no shame in not knowing how to swim, and honesty could be lifesaving information.
- Educate your child on what to do if there are storms. They should get out of the water immediately, especially if there is thunder or lightning.

Pool safety tips for kids and teens

While general water safety tips apply to all types of water, the following tips are helpful for when you head to the pool.

- Make sure your child checks the depth of the water before entering.
- Tell kids and teens to always enter water feet first.
- Encourage your child to swim with a buddy and to never swim alone.
- Keep a watchful eye on teens and how they play in the water. It only takes a second for a teen to be injured or hit their head, and it could be dangerous if no one notices.



Water safety tips for the beach, lake, river or creek

According to the American Academy of Pediatrics, teens are 3 times more likely to drown in natural bodies of water than children ages 5 to 9. So in addition to general water safety, there are some extra things to keep in mind when swimming in natural bodies of water.

Here's how to keep your child safe:

- Avoid beaches and rivers with large waves or dangerous undertows. Keep an eye out for any swim warnings posted near the entrance of public beaches.
- Tell kids and teens to enter the water feet first to help prevent spinal injuries.
- Make sure your child is aware of rip currents and other obstacles like tree stumps and debris that may be in the water.
- Set a "checkpoint" and check-in times for meeting in case you get separated.



Boating guidelines for older kids and teens

As your child gets older, you may not always be with them every time they're out and about. So it's important to encourage them to adhere to proper safety rules and regulations, especially when out on a boat or other watercraft. Here are some crucial things to keep in mind:

- Don't let teens boat alone. Even if your teen has taken [boater education](#) (required by Georgia law), a parent should always be present while boating.
- Wear a life jacket. Every boat passenger should always wear a U.S. Coast Guard–approved life jacket. In fact, it's the U.S. Coast Guard's guideline that children under age 13 always have a life jacket on when in a moving boat. The life jacket should not ride up above their ears. If it does, it's too big. When they're on the boat, fasten all straps and zippers.
- Wear helmets during motorized water sports like wakeboarding, water skiing or tubing. And designate a spotter (not the driver) to keep an eye on the person in the water.
- Do not participate in water sports at night. Make sure visibility is good before wakeboarding or participating in other water sports.
- Refrain from using alcohol or other substances. Nearly one-third of all recreational boating fatalities involve alcohol, according to the U.S. Coast Guard. Using alcohol or drugs affects your judgment, vision, balance and coordination. Make sure you have a conversation with your child about these risks.



Following water safety rules may save your child's life

As parents and caretakers, you are your child's best protection. Always supervise your child or encourage them to use the buddy system when they're not with you.

Remind your child that they should never drink alcohol or use drugs while swimming. And make sure to have a conversation about their comfort level with swimming.



"There's no shame in not knowing how to swim," says Dr. Lazarus.

"But it's never too late to learn. If you are a parent who doesn't know how to swim, consider enrolling in swim lessons with your child."

If your child does not know how to swim, give them the courage and confidence to be open about their skills when they're away from home. Honesty could be a lifesaver when your child is visiting a friend's home, attending a party or going on a trip.

Stages of Adolescence

Adolescence is the period of transition between childhood and adulthood. It includes some big changes—to the body, and to the way a young person relates to the world.

The many physical, sexual, cognitive, social, and emotional changes that happen during this time can bring anticipation and anxiety for both children and their families. Understanding what to expect at different stages can promote healthy development throughout adolescence and into early adulthood.



Early Adolescence (Ages 10 to 13)

- **During this stage, children often start to grow more quickly.** They also begin notice other body changes, including hair growth under the arms and near the genitals, breast development in [females](#) and enlargement of the testicles in [males](#). They usually start a year or two earlier in girls than boys, and it can be normal for some changes to start as early as age 8 for females and age 9 for males. Many girls may start their period at around age 12, on average 2-3 years after the onset of breast development.
- **These body changes can inspire curiosity and anxiety in some—especially if they do not know what to expect or what is normal.** Some children may also question their [gender identity](#) at this time, and the onset of puberty can be a difficult time for [transgender children](#).
- **Early adolescents have concrete, black-and-white thinking.** Things are either right or wrong, great or terrible, without much room in between. It is normal at this stage for young people to center their thinking on themselves (called "egocentrism"). As part of this, preteens and early teens are often self-conscious about their appearance and feel as though they are always being judged by their [peers](#).
- **Pre-teens feel an increased need for privacy.** They may start to explore ways of being independent from their family. In this process, they may push boundaries and may react strongly if parents or guardians [reinforce limits](#).

Middle Adolescence (Ages 14 to 17)

- **Physical changes from puberty continue during middle adolescence.** Most males will have started their growth spurt, and puberty-related changes continue. They may have some voice cracking, for example, as their [voices lower](#). Some develop acne. Physical changes may be nearly complete for females, and most girls now have regular periods.
- **At this age, many teens become interested in romantic and sexual relationships.** They may question and explore their sexual identity—which may be stressful if they do not have support from peers, family, or community. Another typical way of exploring [sex and sexuality](#) for teens of all genders is self-stimulation, also called [masturbation](#).

- **Many middle adolescents have more arguments with their parents as they struggle for more independence.** They may spend less time with family and more time with friends. They are very concerned about their [appearance](#), and peer pressure may peak at this age.
- **The brain continues to change and mature in this stage, but there are still many differences in how a normal middle adolescent thinks compared to an adult.** Much of this is because the frontal lobes are the last areas of the brain to mature—development is not complete until a person is well into their 20s! The frontal lobes play a big role in coordinating complex decision making, impulse control, and being able to consider multiple options and consequences. Middle adolescents are more able to think abstractly and consider "the big picture," but they still may lack the ability to apply it in the moment. For example, in certain situations, kids in middle adolescence may find themselves thinking things like:
 - *"I'm doing well enough in math and I really want to see this movie... one night of skipping studying won't matter."*
 - *"Do I really have to wear a condom during sex if my girlfriend takes the pill?"*
 - *"Marijuana is legal now, so it can't be that bad."*

While they may be able to walk through the logic of avoiding risks outside of these situations, strong emotions often continue to drive their decisions when impulses come into play.

Late Adolescents (18-21... and beyond!)

Late adolescents generally have completed physical development and grown to their full adult height. They usually have more impulse control by now and **may** be better able to gauge risks and rewards accurately. In comparison to middle adolescents, youth in late adolescence might find themselves thinking:

- *"While I do love Paul Rudd movies, I need to study for my final."*
- *"I should wear a condom...even though my girlfriend is on birth control, that's not 100% in preventing pregnancy."*
- *"Even though marijuana is legal, I'm worried about how it might affect my mood and work/school performance."*

Teens entering early adulthood have a stronger sense of their own individuality now and can identify their own [values](#). They may become more focused on the future and base decisions on their hopes and ideals. Friendships and romantic relationships become more stable. They become more emotionally and physically separated from their family. However, many reestablish an "adult" relationship with their parents, considering them more an equal from whom to ask advice and discuss mature topics with, rather than an authority figure.

Parents: How To Help Your Children Navigate Adolescence

Children and their parents often struggle with changing dynamics of family relationships during adolescence. But parents are still a critical support throughout this time.

Here are some things you can do:

- **Help your child anticipate changes in his or her body.** Learn about [puberty](#) and explain what's ahead. Reassure them that [physical changes](#) and emerging [sexuality](#) is part of normal, healthy development. Leave room for questions and allow children to ask them at their own pace. Talk to your pediatrician when needed!
- **Start early conversations about other important topics.** Maintain open [communication](#) about [healthy relationships](#), [sex](#), sexuality, consent, and safety (such as how to prevent [sexually transmitted infection](#) and [pregnancy](#), and [substance use](#)). Starting these conversations during early adolescence will help build a good framework for discussions later.
- **Keep conversations with your child positive.** Point out strengths. Celebrate successes.
- **Be supportive and set clear limits with high (but reasonable) expectations.** Communicate clear, reasonable expectations for curfews, school engagement, [media use](#), and behavior, for example. At the same time, gradually expanding opportunities for more independence over time as your child takes on responsibility. Youth with parents that aim for this balance have been shown to have lower rates of depression and drug use.
- **Discuss risky behaviors (such as sexual activity and substance use) and their consequences.** Be sure to set a positive example yourself. This can help teens consider or rehearse decision-making ahead of time and prepare for when situations arise.
- **Honor independence and individuality.** This is all part of moving into early adulthood. Always remind your child you are there to help when needed.

The adolescent years can feel like riding a roller coaster. By maintaining positive and respectful parent-child relationships during this period, your family can (try to) enjoy the ride!

Additional Information:

- [Ages and Stages: Teen](#)
- [Ages and Stages: Puberty](#)
- [What is an Adolescent Health Specialist?](#)
- [Concerns Girls Have About Puberty](#)
- [Concerns Boys Have About Puberty](#)

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Source: American Academy of Pediatrics (Copyright © 2019); by, Dr. Brittany Allen & Dr. Helen Waterman



Illustration by
Damon Butler and
Billy Nuñez, age 16

TALKING WITH YOUR TEEN: TIPS FOR PARENTS

BE AN INVOLVED PARENT

- Show interest in your teenager's activities and friends.
- Talk openly, honestly, and respectfully with your teenager.
- Set clear limits and expectations.
- Know what's going on at school and after school.
- Teach your teenager how to safely avoid violence.

Teenagers are no longer children, but they are not yet adults. While teenagers are developing more independent thoughts, feelings, and values, it is only natural for them to question their parents' rules, beliefs, and expectations. During this time of change, parents often worry about their teenager's safety.

Encourage independence while teaching safety.

As teenagers are testing their new independent roles, it's not an easy time for parents. But if teens don't get love, security, and a feeling of safety from their family, they might look elsewhere, even toward friends who are a bad influence, such as gang members. One of the best ways parents can help their teenagers stay safe is to teach them how to avoid violence.

Talking with your teen is one of the most important things you can do to help keep your child safe.

KNOW WHAT'S GOING ON

It's important to understand some of the typical behaviors and feelings of teenagers, even if your teenager thinks you don't!

Teens are very interested in:

- New ways of doing things.
- The present, with little interest in the future. With maturity, the future becomes more important.

Teens often:

- Feel awkward and believe they don't fit in.
- Behave childishly when stressed.

Teens want:

- Role models for themselves.
- To be capable and needed.

SET CLEAR LIMITS AND EXPECTATIONS

Talk about limits to which you can both agree:

- Homework completion and school progress
- How many nights out each week, and how late
- After-school activities or jobs
- Allowance or money
- Safety in and around motor vehicles

Clearly communicate any change in the original limits.

You have specific reasons for deciding to change what was agreed to. You aren't simply giving up because your teen didn't follow the rules.

POSITIVE COMMUNICATION

Good communication—talking and listening—with your teenager may be the most important part of your relationship.

Since teens are forming their own identity and testing limits, some conversations may lead to



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disagreements and become uncomfortable. Your goal is to have open, respectful, and honest conversations. Teens need to feel loved and that their point of view is respected, even when you disagree.

Positive communication gives teenagers a chance to:

- Learn how to talk honestly and respectfully with others, even when they disagree.
- Feel more confident in discussing their needs and feelings.
- Know that a positive attitude can keep them safe and out of fights.

Make a habit of talking about whatever makes your teen happy.

No matter what your teen's interest—sports, music, clothing, TV, video games, friends, school—ask questions and learn what's going on.

Try to eat together whenever possible.

Mealtimes are good times to talk and listen.

Answer questions directly and honestly.

If you have made a mistake, admit it.

"I'm sorry" are very powerful words for a teenager to hear from parents.

Notice your teen's feelings.

"You seem upset about your relationship with _____."

Be aware of your own reactions and emotions.

Teenagers are great at saying or doing things that annoy their parents. Take time to think about your responses and decisions to your teen's requests.

Offer your opinion without lecturing or judging.

Know that you may hear something with which you disagree. Avoid statements like, "That's stupid." or "You're wrong." Try saying, "I hear you, but this is how I see it..."

Give all of your attention.

If the phone rings, don't answer it. It also is difficult to talk while doing other things, like watching TV.

Offer assistance.

"Is there something I can do to help?"

WHEN TALKING IS DIFFICULT

Yelling, threatening, blaming, and name-calling can only make matters worse. Sometimes teens just don't want to talk with their parents.

Consider helping your teen find other caring adults who share your values. It may be easier to hear advice from one of these other adults.

KEEPING YOUR TEEN SAFE

Know where your child is after school.

The most common time for teenagers to get into trouble is between 2:00 and 6:00 PM. If not supervised, this is often when teens fight, use drugs, and have sex.

Talk with your child about carrying a weapon.

Carrying a weapon makes people feel bold, leading to foolish behaviors. Carrying a weapon gives a false sense of protection and makes your teen less safe.

Teach your child that it takes more courage to walk away from a fight than to fight.

Most young people hurt in fights have been fighting with someone they know. Teach your child how to resolve problems without fighting. Your example is the best way for your child to learn this.

Let your teen know that it is more important to know how to walk away from a fight than how to win one, and that it is possible to stand up for yourself without fighting.

IF YOUR TEEN GETS INTO A FIGHT

Often teenagers who get into a fight are just in the wrong place at the wrong time. Sometimes fighting is the only choice they know.

Talk about what happened:

- Find out what caused the fight. This helps avoid future fights. Did it start with an argument? An insult? Was it revenge? Did it result from being robbed? Getting jumped?
- Listen to the whole story. Try not to interrupt, scold, judge, or problem solve. Just listen.

- Being hurt in a fight can be scary and embarrassing. It's important to pay attention to your teen's feelings.

Find out if the fight is over:

- Help resolve the problem. "Are you still afraid? Are you thinking of getting even? Do you think the other person is looking for revenge?"
- Involve your teen in finding a solution. "What else could you have done besides fight? Is there someone else who can help you and _____ find a solution to this problem?"

Develop a safety plan for the future:

- Change routes to avoid known threats. "Is there another way that you can get home? Can you leave home or school at a different time? Try not to travel alone."
- Guard against robbery. "Always know what's going on around you, especially if you are wearing new clothes or flashy jewelry. It may be better to just hand it over. Things can be replaced; you can't."

- Seek a safe place when being followed. "Walk or run into a store, police or fire station, or any other public building. Tell them it's an emergency and ask to use the phone to call for a ride. Or, go to a friend's home and get inside quickly."

WHEN YOUR TEEN MAY NEED HELP

Your teen may need help if you notice any of the following warning signs:

- Not talking, or a change in communication style
- Feeling down most of the time—losing interest in friends or activities
- Change in school performance, skipping school, or maybe even dropping out
- Trouble with the law

If you or your teenager needs help, please contact your pediatrician.

Connected Kids are Safe, Strong, and Secure

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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A Parent's Guide to Teen Parties

As a parent, you know the importance of your teen's social life and that parties are a way to socialize and relax. But an unsupervised or poorly planned party can result in unwanted or even tragic consequences. However, parental responsibility is the key to a fun and safe party.

The following is important information from the American Academy of Pediatrics about teen parties.

Facts about teen parties

- **Guest list.** When a teen plans a party, news spreads very quickly via social networking sites like Facebook or Twitter. Because of these new media, teen parties can grow too large for parents to control.
- **Time and place.** Teen parties often start late at night and move from house to house.

Facts about alcohol and drugs

Teens often expect alcohol and marijuana at parties. Some parents believe that it is better to allow teens to drink in their home so they can keep them safe. While this idea may be well intentioned, it is simply misguided. Parents cannot keep impaired teens safe.

Alcohol and other drugs impair judgment. Teens are more likely to have sex, be involved in a violent incident, or suffer an injury after using drugs or alcohol. All too frequently teens die from violence, unintentional injuries, or overdoses related to alcohol and other drugs.

Alcohol effects teens differently than adults. For example, compared with adults, teens are more likely to remain awake, to wander about, or to drive a car while having a much greater degree of mental impairment.

What parents need to know

Communication and honesty are important to keep your teen safe. Teens whose parents talk with them regularly about drugs and alcohol are 42% less likely to use substances than those whose parents don't. Tell your teens that you expect them not to use alcohol or other drugs at parties.

Parent networking is the best prevention tool to combat underage drinking. Get to know your teen's friends and their parents. If your teen is planning on going to a party, call the parents to ensure that they will be home and that they will not allow drugs or alcohol. If this is not possible, don't let your teen go.

Parents are legally responsible for anything that happens to a minor who has been served alcohol or other drugs in their home. If anyone brings alcohol or other drugs to your home, be prepared to contact their parents. And if someone comes to your home already intoxicated, make sure that they get home safely. Help your teen feel responsible for this as well.

Parents may be criminally or civilly liable if...

- Alcohol is provided to a minor at a party they have organized.
- Someone's property is damaged.
- Someone is injured.
- Someone leaves and gets into a car accident and/or injures someone else.
- Someone dies.
- Understand the local laws about alcohol and other drugs. Laws about alcohol and drug use vary from state to state, so make sure you know what the laws are in your state.

If you are hosting a teen party...

- ☐ **Plan in advance.** Go over party plans with your teen. Encourage your teen to plan non-alcohol-related group activities or games.
- ☐ **Keep parties small.** Ten to 15 teens for each adult. Make sure at least one adult is present at all times. Ask other parents to come over to help you if you need it.
- ☐ **Set a guest list.** The party should be for invited guests only. No "crashers" allowed. This will help avoid the "open party" situation.
- ☐ **Set starting and ending times for the party.** Check local curfew laws to determine an ending time.
- ☐ **Set party "rules" and your expectations.** Discuss them with your teen before the party. Rules should include the following:
 - o No tobacco, alcohol, or other drugs.
 - o No one can leave the party and then return.
 - o Lights are left on at all times.
 - o Certain rooms of the house are off-limits.
- ☐ **Have plenty of food and non-alcoholic beverages available.** Also, put your alcohol and any prescription or over-the-counter medicines in a locked cabinet.
- ☐ **Be there, but not square.** Pick out a spot where you can see what is going on without being in the way. You can also help serve snacks and beverages.

If your teen is going to a party...

- ☐ **Know where your teen is going and how long he will be there.** Have the phone number and address of the party. Ask your teen to call you if the location of the party changes. Be sure to let your teen know where you will be during the party.
- ☐ **Call the parent of the party host** to make sure a parent will be home the entire time and supervising the party. Make sure that tobacco, alcohol, and other drugs will not be allowed.
- ☐ **Talk with your teen beforehand** about how to handle a situation where alcohol is available at a party.

- ☐ **Make sure your teen has a way to get to and from the party.** Make it easy for your teen to leave a party by making it clear that he can call at any time for a ride home. Discuss why he might need to make such a call. Remind your teen NEVER to ride home with a driver who has been drinking or using other drugs.
- ☐ **Be up to greet your teen when he comes home.** This can be a good way to check the time and talk about the evening.
- ☐ If your teen is **staying overnight** at a friend's house after the party, verify this arrangement with the friend's parents and that they will be home.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

The AAP Committee on Adolescence and AAP Section on Adolescent Health would like to thank the AAP Committee on Substance Abuse and AAP NY Chapter 2 Committee on Adolescence for their assistance in developing this publication.

From your doctor

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Alcohol and Your Child: What Parents Need to Know



One of the most abused drugs in the United States is alcohol. It's also a drug that many people start using at a very young age. Though it's illegal for people younger than 21 years to drink, many children are introduced to alcohol well before they reach that age. The earlier they begin using alcohol, the higher risk they will have for problems with it later in life. Here is information from the American Academy of Pediatrics to help parents understand the dangers of alcohol and how to prevent alcohol use.

Why parents should worry

- Between 36% and 50% of high school students drink alcohol, and 28% to 60% report binge drinking.
- In 2014, half of 12th graders and one in nine 8th graders reported having been drunk at least once in their life.
- More than 4,300 people younger than 21 years die each year as a result of underage drinking.
- Adolescents who start drinking before 15 years of age are at 4 times the risk of developing alcohol use disorder as those who start drinking after 20 years of age.
- 80% of adolescents say their parents are the biggest influence on their decision to drink or not.

Alcohol is often the first drug that young people try. Since alcohol is legal for those older than 21 years and found in most American homes, it's often easy for children to be around alcohol and its use. Some parents may feel relieved when they find out their teen is "only" drinking alcohol. They may even think it isn't dangerous. Not true! Alcohol can harm your child's normal brain growth and development. Also, if young people like the feeling they get from alcohol, they may be interested in trying other drugs as well.

Risks linked to alcohol use

Even if a person drinks alcohol only occasionally, it can play a part in a variety of risky behaviors. Just one drink can impair decision-making and slow down reaction time. Underage drinking is not legal and is also linked to

- Early sexual activity, multiple partners, unintended pregnancy, and sexually transmitted infections, including AIDS.
- Drunk driving. Among 15- to 20-year-olds, nearly a third of all fatal automobile crashes involve alcohol.
- Use of other drugs, such as marijuana or cocaine.
- Health concerns like stunting brain growth, liver damage, hormone imbalances, and addiction to alcohol.
- School problems, such as poor grades and dropping out.
- Injuries that can be deadly or cause long-term problems.
- Crime, violence, and safety concerns.

Why young people drink

Here are some reasons why young people drink.

- Out of curiosity. They have heard that getting drunk is fun, and they want to find out for themselves.

- As a rite of passage. They see drinking as "something everyone does on the way to adulthood."
- To get drunk. This explains why teens drink until they are out of control. Binge drinking (having at least 4–5 drinks within 2 hours) is alarmingly common.
- To "fit in" with friends who drink.
- To feel relaxed and more confident.
- To escape problems, such as depressed feelings, family conflicts, or trouble in school or with a boyfriend or girlfriend.

Stages of alcohol use

The same pattern of use exists for alcohol as with other drugs, such as marijuana or cocaine. The following table shows how experts explain the stages of alcohol use. Keep in mind that even if your child doesn't meet criteria for substance use disorder (SUD), all underage drinking is risky. For example, binge drinking, at any stage of use, is very dangerous and should not be condoned.

Stage	Description
Abstinence	The time before an individual has ever used alcohol more than a few sips.
Substance use without a disorder	Very limited use that does not meet the definition of an SUD. The most common problems associated with adolescent substance use (car crashes, unintentional injuries, sexual trauma) can all occur with limited use in teens without an alcohol use disorder.
Mild-moderate SUD	Use in high-risk situations, such as when driving or with strangers. Use associated with a problem such as a fight, arrest, or school suspension. Use for emotional coping, such as to relieve stress or depression. Defined as meeting 2–5 of the 11 criteria for an SUD in <i>DSM-5</i> .*
Severe SUD	Loss of control or compulsive drug use associated with neurologic changes in the reward system of the brain. Defined as meeting 6 or more of the 11 criteria for an SUD in <i>DSM-5</i> .*

*Doctors use the *DSM-5* (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*) to assist in diagnosing mental disorders, including SUD (substance use disorder).

How can I tell if my child is drinking?

Certain symptoms and behaviors are warning signs for alcohol use. Look for

- Alcohol odors on your child's breath or clothing
- Alcohol in your child's room or backpack

- Obvious intoxication, dizziness, or bizarre behavior
- Changes in dress and grooming
- Changes in choice of friends; alcohol use by your child's friends
- Frequent arguments, sudden mood changes, and unexplained violent actions
- Changes in eating and sleeping patterns
- Loss of interest in activities
- School problems, such as declining or failing grades, poor attendance, and recent discipline problems
- Runaway and delinquent behavior
- Talk about depression or suicide; suicide attempts

How to prevent alcohol use

Here are ways parents can help their children resist alcohol use.

- Boost confidence and self-worth by praising your child often for what she does well. Avoid constant criticism.
- Listen to what your child says. Pay attention and really listen. Be helpful during periods of loneliness or doubt.
- Know the facts and correct any wrong beliefs your child may have, such as "everybody drinks."
- Know who your child's friends are, and set clear limits. Do not support friendships with others whose parents do not set similar limits. Real friends do not urge their friends to break the rules, such as drinking alcohol, or reject them if they don't. Insist that a parent be at any party your child attends. Don't let your teen go to parties where alcohol is served.
- Make promises. Have your child promise never to get in a car when the driver has been drinking. You must promise your child that you will always be willing to pick him up, no questions asked, when a safe ride home is needed. Promise each other you will talk about it the next day.
- Help your child deal with emotions. Let her know that strong emotions are normal. She can express strong emotions in healthy ways. Talk about concerns and problems. Assure your child that everything has an upside, and things do not stay "bad" forever. Be a good role model in the ways you express, control, or relieve stress, pain, or tension.
- Talk about things that are temptations and those that are important to your child. Talk about school and your child's need for peer-group acceptance. Discuss life goals and desires. Talk about the risk of using alcohol and drugs and how that might prevent reaching those goals. Teach children exactly how you expect them to respond if someone offers them alcohol.
- Encourage healthy ways to have fun. Family activities, sports and physical activities, interests in the arts, and hobbies can all be good uses of leisure time.
- Use teachable moments. Discuss tragedies resulting from alcohol use that are reported in the news. Ask your child what he thinks happened in the story and how tragedy could have been prevented.
- Join your child in learning all you can about preventing alcohol abuse. Programs offered in schools, churches, and youth groups can help you both learn more about alcohol abuse.
- Your child's doctor understands that good communication between parents and children is one of the best ways to prevent alcohol use. If talking with your child about alcohol is difficult, your child's doctor may be able to help open the lines of communication. If you suspect your child is using alcohol or any other drug, ask your child's doctor for advice and help.

Alcohol and the media

No matter how often they hear how dangerous it is to drink alcohol, many young people today still think it's cool. A big reason for this is the media. Alcohol companies spend billions of dollars every year promoting their products on TV, in movies and magazines, on billboards, and at sporting events. In fact, alcohol products are among the most advertised products in the nation.

Alcohol ads never mention the dangers, such as alcoholism and drinking and driving, or how it affects an unborn infant (fetal alcohol syndrome). Most ads show drinkers as healthy, energetic, sexy, and successful. Ads are trying to boost sales of a product, so this product—alcohol—is made to look as appealing as possible!

Here are tips on how parents can address issues related to alcohol and the media.

- Talk about ads with your children. Help them understand the sales pitch—the real messages in these ads.
- Teach your children to be wary consumers and not to believe everything they see and hear on TV.
- Make sure the TV shows and movies your children watch do not show drinking alcohol as cool or glamorous.
- Don't let your children wear T-shirts, jackets, or hats that promote alcohol products.
- Talk with your children's school about starting a media education program.

Parents who drink alcohol

Parents who drink should be careful how alcohol is used at home. Having a drink should never be shown as a way to cope with problems. Don't drink in unsafe conditions—before or while driving a car, mowing the lawn, boating, etc. Don't encourage your child to drink or join you in having a drink. Parents who are problem drinkers or who use alcohol often and in large amounts place their children at increased risk of alcohol dependence. Studies show that alcoholism runs in the family, so children of alcoholic parents are more likely to become alcoholics.

About teen confidentiality

All teens should be screened for alcohol and other drug use as part of routine medical care. Your child's doctor will want to ask questions about alcohol in private to get honest answers. If your child reports alcohol use, the doctor will determine whether your child needs very brief advice, a return visit, or a referral to a specialist. Every doctor will have his or her own policy about what information must be shared with a parent and what will stay confidential (between the patient and the doctor), but most doctors will protect a teen's confidentiality if they believe the teen's drug use is not an immediate safety risk to the child or others. It is important for you to respect the doctor's decisions about confidentiality to encourage your child to have an open and honest discussion with the doctor.

The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Web site—www.HealthyChildren.org

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Helping Teens Resist Pressure to Try Drugs

The peer pressure to try drugs is no less intense than the sexual pressure that so many adolescents face. As with any situation that could conceivably lead to trouble, we need to prepare our kids to refuse offers of alcohol and other drugs—preferably without alienating their peers, although sometimes that isn't possible. The strategies below mirror those for rebuffing sexual advances.

Give Them The Words To Avoid Temptation

"Just say no"? It's a start, but few teens bent on enticing a peer to try drugs will let the matter rest there. In fact, substance abusers tend to view converting the "straight" kid as an irresistible challenge, if not their civic duty, and they can be exasperatingly persistent.



"C'mon, dude, you'll love the buzz from this stuff! It's kickin'."

Role-play this scene with your youngster. The repertoire of possible replies includes:

- A firm but friendly "No thanks!" There's no need for self-righteousness, along the lines of "Getting drunk? That's for losers." Let's encourage teens not to label other people as good or bad, only their behavior. Using drugs is wrong, but that doesn't necessarily make the drug abuser a bad person.
- Change the subject. "No thanks. Hey, what did you think of that test yesterday in social studies?"
- Suggest a change of plan. "I was hoping to get you guys to shoot some hoops down at the school. How about it?"
- Say no repeatedly:
"Wanna party with us? This weed rocks!"
"No thanks."
"Aw, c'mon, man! It's killer stuff!"
"Sorry, not interested."
"Not even one toke?"
"Not even one."
- Teach your child respect for her body. "No thanks, I don't drink. Besides, the girls' swim team has a meet tomorrow, and I need to be in top shape."
- Then there's always this standby: "My parents would kill me if they found out that I got high, and they *always* manage to find out!"

Warn Your Child About The Dangers of "Date-Rape" Drugs

In particular, the odorless, colorless drug benzodiazepine flunitrazepam (Rohypnol) has been linked to thousands of rapes in which youngsters secretly drop it into their unsuspecting dates' drinks, alcoholic or otherwise. It quickly causes them to be dizzy, disoriented and to black out.

Share the following tips with your daughter. Reading them could spare her from having to experience one of the most traumatic events of her life, and maybe even save her life.

- Never leave your drink unattended at a party, dance club, restaurant or other gathering. If you have to use the rest room, take it with you or ask a trusted friend to keep an eye on it until you return.
- Don't accept open-container drinks from anyone you don't know well (excluding servers and bartenders).

- Although these substances are difficult to detect in a beverage, be aware of the taste, texture and appearance of your drink. For instance, GHB has a salty taste, while Rohypnol has been described as slightly bitter when sprinkled into alcohol. The new green tablets make light-colored liquids assume a bluish hue; darker liquids turn cloudy.
- Friends look out for friends. If you suspect that another girl has ingested any drug—including *alcohol, the most abused depressant of all*—that could leave her defenseless against a possible rape attempt, get her out of the situation.

A young woman who believes she may have been drugged and sexually abused should go to a rape crisis center or hospital at once and alert the staff. Among other tests, a urine sample will be analyzed for evidence of any of these substances, which usually remain detectable for about three days.

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Source: Caring for Your Teenager (Copyright © 2003 American Academy of Pediatrics)

tobacco:

straight talk for teens



Most teens don't smoke

Did you know that about 80% of teens in the United States don't smoke? They've made a healthy choice.

Think about this.

- One-third of all new smokers will eventually die younger than normal, because of smoking-related diseases.
- Nearly 90% of all smokers started when they were teens.

This is what smoking does to your body

- Carbon monoxide in tobacco smoke takes oxygen from your body while many cancer-causing chemicals go in.
- Your teeth and nails turn yellow and disgusting and your breath stinks.
- You cannot taste or smell things very well.
- Nicotine, the main drug in tobacco, causes your heart to beat faster and work less effectively. Nicotine is highly addictive.



Athletes who smoke can never reach the peak of their natural ability or do as well as nonsmoking athletes because their bodies get less oxygen. This is why coaches tell athletes never to smoke.

Think about this before you start smoking or as a reason to quit

Tobacco can kill

Each time you take a puff on a cigarette, you inhale 400 toxic chemicals like

- Nicotine (A drop of pure nicotine can kill.)
- Cyanide (a deadly poison)
- Benzene (used in making paints, dyes, and plastics)
- Formaldehyde (used to preserve dead bodies)
- Acetylene (fuel used in torches)
- Ammonia (used in fertilizers)
- Carbon monoxide (a poisonous gas)

Smoking causes diseases

It's a proven fact that the earlier people start smoking, the greater their risk of

- Cancer—many different types
- Heart attacks or strokes
- Chronic bronchitis—a serious disease of the lung airways
- Emphysema—a crippling lung disease that makes it hard to breathe

Secondhand smoke can kill others

Even if you don't smoke, breathing in someone else's smoke can be deadly too. Secondhand smoke causes about 3,000 deaths from lung cancer and tens of thousands of deaths from heart disease to nonsmoking adults in the United States each year. Secondhand smoke (also known as environmental tobacco smoke) is the smoke a smoker breathes out and that comes from the tip of burning cigarettes, pipes, and cigars.

Thirdhand smoke is dangerous, too!

Thirdhand smoke is the smoke left behind—the harmful toxins that stay in places where people have smoked previously. Thirdhand smoke can be found in walls, on the seats of cars, and even in someone's hair.

Smoking is ugly

- Some teens have said that kissing someone who smokes is like kissing an ashtray.
- Smoking often makes other people not want to be around you.
- Smoking stinks. If you smoke you may not smell smoke on you, but other people do. Your car will stink too.
- Most teens would rather date someone who doesn't smoke.

Smoking costs a lot of money

Do the math.

One pack of cigarettes per day:	\$6.25
Multiplied by the days in a year:	× 365
Yearly cost for cigarettes:	\$2,281.25

That's almost \$2,300 a year that could be saved or spent on other things like clothes or concert tickets.

Nicotine makes tobacco use addictive

Nicotine in tobacco causes people to become addicted much sooner than they expect after they start using. This happens to teens too. You're addicted if

- You crave your cigarettes or other tobacco.
- You feel nervous without your cigarettes.
- You try to quit using and have trouble doing it.

If you're already addicted, you can successfully quit smoking with help and support. Just ask your doctor or call 1-800-QUIT-NOW (800/784-8669).

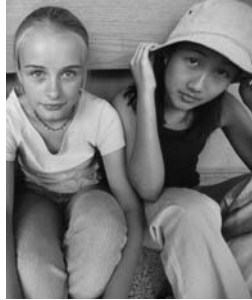
Other tobacco products

Many people believe other forms of tobacco, such as e-cigarettes or chewing tobacco, are safer than smoking because they are not inhaling smoke. However, this is not true. These products still contain many dangerous chemicals and ingredients that can cause harm to the body.

If you use smokeless tobacco you are at increased risk for illnesses harming your mouth, such as cancer and gum disease. You could lose some teeth, part of your face, or your life. Also, you probably won't be able to taste or smell things very well.

Tobacco companies want you to smoke

When tobacco companies were sued in the 1990s, part of the trial's verdict made the companies turn over their secret, internal documents. One thing we learned from those documents was that tobacco companies marketed cigarettes to teens to get them to start smoking. They called teen smokers "replacement smokers" because they took the place of, or replaced, older people who died from smoking. Tobacco companies manipulate their ads and product flavors to appeal to teens.



Quitting is possible

If you smoke, quitting is the best thing you can do for yourself, your friends, and your family. It is the best decision for your life!

Myth—Many teens think they are not at risk from smoking. They tell themselves, "I won't smoke forever," or "I can quit any time."

Fact—Most people find it is not easy to quit.

As you continue to smoke, your body will change. It will get used to the smoke. You won't cough or feel sick every time you puff on a cigarette, yet the damage to your body will continue to worsen, and you won't even notice...for a while.

Deciding to stop using tobacco is up to you. It takes real courage to quit! Once you make the commitment to stop, get support from friends and family. Ask your pediatrician or school health office for help.

If you don't succeed at quitting the first time, you are not a failure. Keep trying! Most people need more than one quit attempt to succeed. Practice makes perfect!

Remember, for help quitting ask your doctor or call 1-800-QUIT-NOW (800/784-8669). 1-800-QUIT NOW is a national toll-free telephone counseling resource.

For more information

American Academy of Pediatrics Julius B. Richmond Center of Excellence

www2.aap.org/richmondcenter/ForKids_Teens.html

Campaign for Tobacco-Free Kids

202/296-5469

www.tobaccofreekids.org

truth (a campaign developed by teens)

www.thetruth.com

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Vaping: Dangerous, Available & Addicting

Would you recognize an e-cigarette if you saw it? Not all e-cigarettes look alike, and vaping is easy to hide.

Electronic nicotine devices can look like a pen, a computer memory stick, a car key fob or even an asthma inhaler. Instead of inhaling tobacco smoke from a cigarette, e-cigarette users inhale vapor from liquid “e-juice” that has been heated with a battery-powered coil. This is called vaping. The juice is flavored and usually contains nicotine and other chemicals.



E-cigarettes are unhealthy and addictive

They're also wildly popular among kids. Pediatricians have been hearing from patients that they and their friends use e-cigarettes, according to Susanne E. Tanski, M.D., M.P.H., FAAP, a tobacco prevention expert from the American Academy of Pediatrics (AAP). E-cigarettes are the most commonly used tobacco product among youths. New research estimates that about 3 million adolescents vape.

Here's what you should know about teen vaping trends:

- Kids might use different words to talk about e-cigarettes and vaping. For example, “Juuling” is a popular word among Dr. Tanski’s patients to describe using a brand of e-cigarette. About one in four kids who use e-cigarettes also tries “dripping.” Instead of using a mouthpiece to vape, they drip the liquid directly onto a heat coil. This makes the vapor thicker and stronger.
- Kids can order “e-juice” on the Internet. The legal age to buy e-cigarettes is 18 years, but online stores don’t always ask for proof of age.
- E-cigarette juices are sold in flavors like fruit, candy, coffee and chocolate. Most have the addictive ingredient nicotine. The more kids vape, the more hooked they become. “This is potent stuff,” Dr. Tanski said.
- Kids who vape just once are more likely to try other types of tobacco. Their developing brains make it easier for them to get hooked, according to a recent study.
- E-cigarettes may not help people quit using tobacco. Some adults use e-cigarettes when they want to stop smoking tobacco cigarettes. While a recent report found e-cigarettes are “less toxic” than cigarettes, most people who use e-cigarettes do not quit using cigarettes.

The healthiest option is for parents and their children to quit.

Additional Information:

- [Liquid Nicotine Used in E-Cigarettes Can Kill Children](#)
- [Facts For Parents About E-Cigarettes & Electronic Nicotine Delivery Systems](#)
- [Raise the Tobacco-Buying Age to 21: AAP Explains Why](#)
- [How Cigarette Advertisements Influence Teens](#)

Author: Trisha Koriath

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Talking to Your Child About Sex

Our children live in a highly sexualized society where they are exposed to sexual language, images, and behaviors before they are developmentally prepared to handle them. Kids didn't "ask" for [hormones](#) at age 12, but they are stuck learning how to handle their changing bodies and urges in a society that shows them "yes" but tells them "not now."

- **Don't discredit [love](#).** Understand the importance of romantic attachments in a teenager's life and the intensely strong feelings that they generate, even if your definition and perspective of love differ from your child's.
- **Don't abstain from educating your own children.** If you don't educate them, someone else will. They learn from behaviors and attitudes modeled by other adults, from the media and popular culture, and certainly from peers. Stand up and let your own views be counted as part of their sex education.
- **Talk about sex early and often.** They don't always hear you. They may not always believe you. They often don't remember, especially if they weren't ready to hear you. *(But they are often listening when they are pretending not to be.)*
- **Avoid sexuality conversations that are all "don'ts."** Parents often recount that they speak to their teens often about sex. Yet generally those conversations are all about the "don'ts."
 - Don't have sex.
 - Don't get [pregnant](#).
 - Don't get a [disease](#).
- **It's don't, don't, don't.** But what gets left out are the "do's." What can they *do* to be [sexually healthy](#) with a partner that they care about? How can they decide whether a partner is interested in them as a person or just as a potential sex partner? What ways can they address peer or [partner pressure to be sexual](#) when they don't feel they are ready? These topics need to be part and parcel of any discussion of healthy sexuality. Give them some things they can do!
- **Right time, right place.** Provide accurate information in developmental context. Meet them where they are. A young child asking, "What does sex mean?" may wonder what the teacher meant when she said, "line up by sex" for recess. Find out exactly what the question is, then try to give an honest answer that meets that need.
- **Be real.** Dispel myths and rumors. Provide accurate information. Use simple language, but respect their intelligence and curiosity. Above all, avoid talking down to children and teens about sex.
- **Empower your children.** Let them know they deserve to feel honored in their relationships, to have their own space, to keep their friends, to include their family, and to feel good about who they are. Teach them to expect a give-and-take, but that, in the end, a good relationship helps you to be more of who you already are and feel even better about it.
- **Set positive expectations.** Let your children know they deserve to have great sex. Discussing what's good about sex will help them to have positive standards by which to judge sexual experiences. Help your kids know [why sex is worth waiting for](#) and give them some realistic guidance about how they will know when it might be worth moving forward.



- **Use the media (the good, bad, and the ugly).** Use topics presented in daily media sources and popular teen culture as springboards for theoretical conversations about sex and relationships. Avoid proclamations and judgments, even about fictional characters; your children will anticipate your reacting to them in the same way should they ever be in that situation. Consider role-playing through a situation presented on TV as collaborative, nonjudgmental thought processing; it will provide insight into your child's view of the world and give you the opportunity to offer your ideas for them to reflect on.
- **Live by example.** If you have a good relationship, let your children know it. Let them witness you and your partner having a disagreement and working it out; let them see you kiss and make up.
- **Teaching kids about sex doesn't mean parenting without values.** Acknowledging sexuality is not the same as condoning or giving permission to have sex. Helping their children understand that sexual thoughts and feelings are normal gives parents the opportunity to follow up with conversations about *how* (and from *what*) to be abstinent as well as how to regulate their impulses and urges. It opens the door to continued conversation about how to be safe and responsible when their adolescents begin to engage in intimate physical or sexual activities.
- **You have 2 ears and 1 mouth.** Listen more than you talk. Be the sounding board that helps developing teens come to their own good decision about their sexual behaviors. Engaging kids in conversation about sexuality goes much further toward developing independent decision-making than lecturing about [what they "should" and "shouldn't" do](#).
- **Ask, don't tell.** Find out what your child is thinking when talking about their relationships or sexual experiences. What does it mean to have a boyfriend or girlfriend at what age? Listen to what it means to the teen at that time. The teen's level of understanding and participation may actually be appropriate for her developmental level. Understand, don't judge. It is also helpful to talk about her friends and her relationships. Teens can be more chatty about their friends than about themselves, but listening to what their friends are doing will offer insight into how your teen herself feels.
- **Don't ask too many questions, or you won't get any information at all.** Provide a respectful place for sharing what she is willing to share (excitement of first love, feeling valued, wanted, desired by someone else in a very different, intensely intimate way).
- **Keep it generic.** Being willing to speak in generalities allows conversations about difficult subjects like sex to move forward without getting anyone too uncomfortable. Let your children know that you know of people that had certain experiences when they were younger, that you have been in difficult situations or know others who have been, and that you're not afraid to discuss those things on some level. Avoid interrogating your teen about what exactly they did or didn't do sexually; you don't want them to demand details about your love life, either. Keeping things on a surface level gives permission to continue the discussion over a greater breadth (and possibly depth) of topics and allow you to communicate more honestly about sex in ways that may very well be helpful one day.
- **Adolescence is for practice.** The teenage years are great for learning about relationships. What is the difference between a crush and real love? Between a "boyfriend" or "girlfriend" and a friend who is a boy or a girl? [What belongs on Facebook and what doesn't?](#) How does he treat you when you're alone compared to when your friends or parents are around? Does she keep a confidence or tell all her friends about it the next day? Without a few battle scars, how will we know a good relationship when we see it? On the other hand, major mistakes that change our lives (like disease or unintended pregnancy) are best avoided.

- **Things that are hard are not without value.** Help your teen learn from his or her mistakes. The goal is to learn to develop and maintain healthy relationship skills. Protecting your children from every trauma may not bring the message home, as well as the lessons learned from experiencing a broken heart themselves.
- **Beware of the “D” word.** Children fear *disappointing* their parents more than just about anything else in the world. While you should let children know when their behavior is dangerous or wrong, be very clear that there is nothing they could ever do that would make you stop loving them. Reassure them that after your blood pressure comes down, you still want what’s best for them and you will see they find help when they need it. Avoid getting into situations where their fear of your disappointment or anger keeps them from coming to you when they need you the most.
- **Be clear that safety is nonnegotiable.** Think about your bottom-line priorities for your children. Chances are nothing matters more to you than their safety. Be very clear, and repeat often, that nothing matters more than knowing they are going to be okay. Establish a code word they can use to get your attention and help when they need to get out of a potentially dangerous or uncomfortable situation. Set a standard for protecting themselves from disease and unwanted pregnancy regardless of whether you agree with their decision-making about sex. Make sure that they know they can come to you for help if something goes wrong.
- **Find a surrogate.** Talking about sex is difficult. When necessary, identify and encourage them to ask for help from other trusted adults; it doesn’t always have to be you.
- **Build your own toolkit.** Create a list of Web resources about sexuality that you believe offer sound information and advice. Consider keeping books at home that support your values about sexuality while providing accurate information. Find resources in your community, such as clinics, hotlines, therapeutic specialists, and support groups, in case you or your children need more help.

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Source: Reaching Teens: Strength-based Communication Strategies to Build Resilience and Support Healthy Adolescent Development (Copyright © 2014 American Academy of Pediatrics)

Mental Health and Teens: Watch for Danger Signs

Adolescence isn't an easy time for parents, either. As children move through the various tumultuous transitions that accompany adolescence — physical, emotional, hormonal, sexual, social, intellectual — the pressures and problems they encounter can all too easily seem overwhelming. For many teenagers, these and other pressures can lead to one or more of a variety of mental health disorders; all are matters of concern, and some are life-threatening.



Key Tips for Parents:

- **Keep communication constant, open, and honest:** Your children should not only know that they can talk to you about anything, you have to be committed to broaching topics of concern and do so openly. Talk about your own experiences and fears when you were an adolescent. Let them know that they are not alone; nor are their anxieties unique.
- **Understand that mental health disorders are treatable:** Arm yourself with information about the most common mental health disorders among adolescents; speak with your child's pediatrician, your local health department, your religious leader, and your child's school representatives about what sorts of information are available from them.
- **Be attentive to your teen's behavior:** Adolescence is, indeed, a time of transition and change, but severe, dramatic, or abrupt changes in behavior can be strong indicators of serious mental health issues.

Mental Health "Red Flags" Parents Should Be Alert For:

- Excessive sleeping, beyond usual teenage fatigue, which could indicate depression or substance abuse; difficulty in sleeping, insomnia, and other sleep disorders
- Loss of self-esteem
- Abandonment or loss of interest in favorite pastimes
- Unexpected and dramatic decline in academic performance
- Weight loss and loss of appetite, which could indicate an eating disorder
- Personality shifts and changes, such as aggressiveness and excess anger that are sharply out of character and could indicate psychological, drug, or sexual problems

Key Mental Health Issues:

Depression

While all of us are subject to "the blues," clinical depression is a serious medical condition requiring immediate treatment. Watch for:

- Changes in sleep patterns
- Unexpected weeping or excessive moodiness
- Eating habits that result in noticeable weight loss or gain
- Expressions of hopelessness or worthlessness
- Paranoia and excessive secrecy
- Self-mutilation, or mention of hurting himself or herself
- Obsessive body-image concerns
- Excessive isolation
- Abandonment of friends and social groups

Eating disorders

Body image concerns can become obsessions, resulting in startling weight loss, severely affecting the adolescent's health:

- Anorexia: Avoidance of food and noticeable changes in eating habits should trigger concern.
- Bulimia: Purging (forced vomiting) after eating — be alert for both dramatic weight loss without changes in eating habits (which could, of course, indicate other health issues that require a doctor's attention) and also for immediate trips to the bathroom or other private spot after a meal.

Drug abuse

In addition to peer pressure, mental health issues can lead adolescents not just to experiment with alcohol and drugs, but also to use substances for "self-medication." And in addition to being aware of the behavioral and physical signs of alcohol and drug abuse — drug and alcohol paraphernalia or evidence, hangovers, slurred speech, etc. — parents should also:

- Be alert for prescription drug misuse and abuse: According to the AAP, prescription drug misuse by adolescents is second only to marijuana and alcohol misuse. The most commonly abused prescription drugs include Vicodin and Xanax.
- Know that over-the-counter-medications can be abused as well: Teenagers also frequently abuse OTC cough and cold medications.

Concern about your adolescent's mental health should first be addressed with your child — fostering open communication goes a long way toward fostering sound adolescent mental health habits.

If your concerns are serious, discuss them with your pediatrician. Because so many mental health issues display physical manifestations — weight loss being the most dramatic but not the only one — your pediatrician can offer both initial medical assessment and also refer you to appropriate mental health organizations and professionals for counseling and treatment if called for.

Additional Information from HealthyChildren.org:

- Inheriting Mental Disorders
- Is Your Child Vulnerable to Substance Abuse?
- Help Stop Teen Suicide
- Childhood Depression: What Parents Can Do To Help
- ADHD and Substance Abuse: The Link Parents Need to Know

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stressed? read this.



Even though **stress** makes us feel uncomfortable, it's not always a bad thing. Sometimes stress can really help us deal with tough situations. A lot of stress changes our bodies quickly and helps us react to an emergency. A little stress keeps us alert and helps us work harder.

What is stress?

Stress is the **uncomfortable** feeling you get when you're worried, scared, angry, frustrated, or overwhelmed. It is caused by emotions, but it affects your mood and body. Many **adults think that kids don't have stress** because they don't have to work and support a family. **They are wrong!** Stress can come from things that happen to you and people in your life like your parents, friends, and even yourself.

How does the body handle stress?

The body is a finely tuned machine that can change quickly to do what we need it to do—like react to stress. The body actually has 2 different sets of nerves. **One works while we're relaxed, and the other works when we're stressed or there's an emergency.** These 2 systems can't work together at the same time. It's important to know this because we can **shut off** the emergency system by turning on the relaxed system. **That helps us feel better!**

Ways you can deal with stress

Nobody can avoid all stress, but **you can learn ways to deal with it.** When you're stressed, it is normal to want to feel better. Some people turn to drugs, cigarettes, alcohol, bullying, or fighting. These harmful choices might feel good for a short time, but they can be dangerous. They end up messing up your life, and then you end up a lot more stressed. *They're especially dangerous if they are the only way you manage stress.* This is one of the ways addictions start.

There are many **healthy ways** of dealing with stress. They are safe, help you feel better, and end up making you happy. **Here is a 10-point plan to help you manage stress.** All of these ideas can lower stress safely. None of them are quick fixes, but they will lead you toward a healthy and successful life. The plan is divided into 4 parts.

1. Tackling the problem
2. Taking care of my body
3. Managing my emotions
4. Making the world a better place

When you read over the plan, you'll notice that you can come up with a bunch of ideas for each point. **Please do not think you should try them all. This plan is supposed to help you manage stress, not give you more.** Try out some ideas and then stick to one or two ideas for each point. *Don't choose an idea just to impress someone else.*

Part 1

Tackling the problem

Point 1: Figure out what the problem is and make it manageable.

A lot of people deal with problems by ignoring them. **This does not make them go away; usually they just get worse.** People who try to fix their problems tend to be **emotionally healthier.**

What you can try

- ☐ **Break the work into small pieces.** Then just do one small piece at a time, rather than look at the whole huge mess. As you finish each piece, the work *becomes less overwhelming.*
- ☐ **Make lists of what you need to do.** This will **help you sleep** because your head won't spin with worry about whether you can do everything. At the end of the day, you will have **less to worry about** as you check off the things you have finished. You will look at the same huge amount of homework and say to yourself, "I CAN do this!"
- ☐ **Get your work done first.** When it comes to work (studying, chores), the *best way to enjoy yourself is to get the work done first.* Sometimes people say they will do fun things first and do their work later. But the problem is they're having less fun because they're worrying about the work they're ignoring. And of course the longer they put it off, the more they worry.

Point 2: Avoid things that bring me down.

Sometimes we know **exactly** when we are headed for trouble. Avoiding trouble from a distance **is easier** than avoiding it up close. You know the people who might be a bad influence on you. You know the places where you're likely to get in trouble. You know the things that upset you. **Choose not to be around those people, places, and things that mess you up.**

What you can try

- ☐ Avoid certain people, like _____
- ☐ Avoid certain places, like _____
- ☐ Avoid certain things, like _____

Point 3: Let some things go.

It's important to try to fix problems, but *sometimes there is nothing you can do to change them.* For example, you can't change the weather, so don't waste your energy worrying about it. You can't change the fact that teachers give tests, so just start studying instead of complaining about how unfair they are. You can't change the fact that your parents need to know where you go, so prove to them that you are responsible and deserve more freedom. **People who waste their energy worrying about things they can't change don't have enough energy left over to fix the things they can.**

What you can try

- ☐ Instead of worrying about things I can't change, I will _____
- ☐ Instead of complaining that things are not fair, I will _____
- ☐ Instead of fighting with my parents about where I go, I will _____

Part 2

Taking care of my body

Point 4: Exercise.

Exercise every day to control stress and build a strong, healthy body. **Exercise is the most important part of a plan to manage stress.** You may think you don't have time to exercise when you're most stressed, but that is exactly when you need it the most. If you are stressed about a test but too nervous to sit down and study...*exercise!* **You will be able to think better** after you have used up that stress energy.

What you can try

Regular exercise builds a strong body that better deals with stress. I will work my body hard at least 20 minutes every other day. The kinds of exercises I like to do routinely include

- ☐ _____
- ☐ _____
- ☐ _____

When I am feeling most worried, nervous, or fearful, a really hard physical workout will help me calm down. During these most stressful times, the kinds of things I might do include

- ☐ _____
- ☐ _____
- ☐ _____

Point 5: Learn to relax my body.

You can fool your body into being calmer by turning on the relaxed nervous system.

What you can try

- ☐ **Breathe deeply and slowly.** Slow, deep breathing turns on your relaxed nervous system and turns off your emergency response. Take a big, deep breath until your chest and belly feel full of air, then let it out slowly as if you're blowing bubbles. **Do this 10 times and you will feel more relaxed.** Yoga and meditation also teach great breathing skills.
- ☐ **Put your body in a relaxed position.**
 - Your body knows when you're nervous. If you sit down to take a test and your legs are shaking, your body is saying, "I want to run!" Remember, you can't think well and run away at the same time, so you are making it harder to take the test. Instead, take deep breaths and lean back—tell your body there is no emergency.

- When you're angry, the natural thing to do is stand up and face someone shoulder-to-shoulder, chest-to-chest. You do this without even thinking, but this tells the other person that you're angry and ready to fight. It also may prevent you from thinking clearly. Do the **opposite** of what you would do if you were really going to fight. **Sit down; take deep, slow breaths; and tell your body there is no danger.** Then use your brain to get out of the situation.

Point 6: Eat well.

Everyone knows good nutrition makes you healthier. But only some people know that **it also keeps you alert and your mood steady.** People who eat mostly junk food have highs and lows in their energy levels. This hurts their ability to manage stress.

What you can try

- ☐ Eat a good breakfast.
- ☐ Skip fewer meals.
- ☐ Drink fewer sodas and sugary drinks.
- ☐ Drink more water.
- ☐ Eat smaller portions.
- ☐ Eat less greasy meals or snacks.
- ☐ Eat more fruits and vegetables.
- ☐ _____
- ☐ _____

Point 7: Sleep well.

Most kids don't get the sleep they need to grow and think clearly. **Tired people can't learn as well and can be much crankier.**

What you can try

- ☐ **Go to sleep about the same time every night.**
- ☐ **Exercise (but finish exercising at least 4 hours before bed).** Your body falls asleep most easily when it has cooled down. If you exercise right before bed, you will be overheated and won't sleep well.
- ☐ **A hot shower 1 hour before bedtime** also helps your body relax to fall asleep.
- ☐ **Use your bed only to sleep.** Don't solve your problems in bed. Instead, have another spot to think, like a "worry chair." Give yourself plenty of time to think things through, make a list if you need to, **and then set it aside!** Go to bed to sleep.
- ☐ **Don't do homework, watch TV, read, or use the phone while in bed.**

Part 3

Managing my emotions

Point 8: Take instant vacations.

Sometimes the best way to de-stress is to imagine yourself in a more relaxing place.

What you can try

- ☐ **Visualize.** When you're stressed, sit down, lean back, take deep breaths, close your eyes, and imagine yourself in a beautiful and calm place.

- ☐ **Take time out for yourself.** Everyone deserves time for himself or herself. Enjoy a walk, a relaxing bath, or something special every day. Try a warm bath with your ears just under water; listen to yourself take deep, slow breaths. Take your pulse and count as your heart rate goes down.
- ☐ **Enjoy hobbies** or creative art as an instant vacation.
- ☐ **Look at the beauty around you** and get pleasure from the small things you may have stopped noticing.
- ☐ **Read** a good book and escape from reality. You have to imagine the sights, sounds, and smells—you are somewhere else for a while.

Point 9: Release emotions.

Feelings sometimes get so strong and scary that we cram them all in an imaginary box and **think we'll deal with them later**. But later, there's so much stuff in the box that there is too much to deal with. Sometimes it's good to **pick just one problem** to work on and forget the rest for a while. When you decide to deal with only one problem at a time, it seems much less scary.

What you can try

- ☐ **Be creative.** People who have a way to express themselves don't need to hold it all inside. Art, music, poetry, singing, dance, and rap are all powerful ways to let your feelings out.
- ☐ **Talk it out.** Every young person deserves an adult to talk to and some friends to trust. Hopefully, you can talk to your parents. But if you do not want to tell your parents everything, make sure to find an adult you can ask for advice.
- ☐ **Journal.** Write it out!
- ☐ **Pray.** Many young people find prayer or meditation helpful.
- ☐ **Laugh or cry.** Let yourself really feel your emotions.

Part 4

Making the world a better place

Point 10: Make the world a better place.

Young people who work to make the world better feel good about themselves. They have a **sense of purpose and handle their own problems better**. They learn that they can **make a difference** in other people's lives. **We need young people to build a better world.**

What you can try

- ☐ Help a member of my family by _____
- ☐ Volunteer in my community by _____
- ☐ Help the environment (or animals) by _____

When to get help

Even if you are great at dealing with problems, there may be times when stress feels like it is getting to you. **You are not alone.** This does not mean you are crazy, weak, or a failure. **Strong people turn to others** for support when they have too much to handle. **It's okay** to turn to wise friends for advice, but it is also important to turn to your parents or another adult to help you. **You deserve to feel good!**

The following signs suggest that you should seek some extra guidance:

- ☐ Your grades are dropping.
- ☐ You worry a lot.
- ☐ You easily get moody or angry.
- ☐ You feel tired all the time.
- ☐ You get a lot of headaches, dizziness, chest pain, or stomach pain.
- ☐ You feel sad or hopeless.
- ☐ You feel bored all the time and are less interested in being with friends.
- ☐ You are thinking about using alcohol or drugs to try to feel better.
- ☐ You ever think about hurting yourself.

Visit the AAP Web site at www.aap.org/stress for more information.

Remember that one of the best ways to be happy and successful is to manage stress well.

You CAN do it!

Adapted from Ginsburg KR, Jablow MM. *A Parent's Guide to Building Resilience in Children and Teens: Giving Your Child Roots and Wings*. Elk Grove Village, IL: American Academy of Pediatrics; 2006

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From your doctor

American Academy
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Helping Your Teen Succeed In School

Helping a teenager get ready for school is not unlike training a boxer, only this bout takes place five times a week from September through June. It's our job to make sure that he is mentally prepared and alert, and takes good care of himself physically. The following strategies will help your child to be at his best come the morning bell.

Creature Comforts

Feeling groggy lessens our ability to absorb and retain information. Contrary to what many parents believe, older adolescents need *more* sleep than younger teens, not less. But even a full night's slumber may not prevent a boy or girl from nodding off during first or second period.

As with so many other idiosyncrasies of adolescence, biology is to blame. Sleep researchers at the E. P. Bradley Hospital Sleep Research Laboratory in Providence, Rhode Island, discovered that older teenagers' brains secrete the sleep-inducing hormone *melatonin* an hour later than when they were in their early teens. Not only does this forestall the onset of sleep, it robs them of an hour or so of REM (rapid eye movement) sleep, the final and most restful phase of the sleep cycle.

If your child is well organized and willing to prepare for school the night before, consider allowing some extra sleep in the A.M.

Developing Good Homework and Study Habits

The children who endure the rockiest adjustment from elementary school to middle school tend to believe that basic intelligence is unalterable: Either you're born with smarts or you're not. Success or failure is seen as being all but predestined, not a product of hard work.

Teenagers who appreciate the importance of applying themselves have a far easier time, even if they're low on self-confidence. They're more willing to tackle the subjects that give them the most trouble. Parents can help in this regard by pointing out how a diligent effort often spells the difference between success and failure. "An eighty-nine on your geometry test? Way to go! See what you're capable of when you put your mind to it? We're really proud of you."

Create An Environment That Is Conducive To Doing Homework

Youngsters need a permanent work space in their bedroom or another part of the home that offers privacy. Think mini-office. Buy a desk with drawers for storage and enough space for spreading out homework materials comfortably. Be sure that the entire room is well lit, not just the workstation, that your youngster has a comfortable chair and that all the supplies he needs are right there—a dictionary, thesaurus and any other essential reference books should also be within reach.

When the lure of the TV keeps overpowering the will to work, establish a household rule that the set stays off during homework time. (At least one study has found that the sound of a television, even from another room, interferes with retention of information and skills.) If a member of the family has a particular program she wants to watch, it can always be videotaped for viewing later. There are youngsters who claim they can study to music without losing their concentration. The quality of the work will tell you whether or not to let this practice continue.



Although a private area for homework is best for your teen, make sure that any work that needs to be done on a computer is done in a common area of your home. This way, you can monitor his Internet usage.

Set Aside Ample Time For Homework

In high school, the late-afternoon hours often fill up with extracurricular activities, sports, part-time jobs and so on. Most days, homework now takes place after dinner. Usually this works out fine since the older teen's changing sleep rhythm allows him to stay alert relatively late at night.

But if there aren't enough hours in the night for homework, then you might want to ask the school to include a study hall in your child's day, or, failing that, suggest that he cut back on extracurricular activities or hours spent on a job.

Be Available To Answer Questions and offer Assistance. But Never Do A Child's Homework For Him Asking for help isn't a sign of laziness, it's one of the ways that adolescents learn. They have a broad range of subjects to master—a fact that adults don't always appreciate. Dr. Lia Gaggino, a pediatrician from Kalamazoo, Michigan, says sympathetically, "We expect kids to be good at everything: reading, language, composition, math, spelling, memorization. It's comforting for them to know that they're not totally on their own and that parents are there to assist them.

Let's face it: Very few adults get through their day without somebody helping them."

How Much Homework Is Too Much?

It's one thing when a child's procrastinating stretches one hour of homework into three. But if a teenager is burning the midnight oil night after night, the workload being assigned may be excessive. Homework aids comprehension by reinforcing concepts learned in school and imprinting information in the brain. One guideline sometimes used is ten minutes of homework per day per grade level: an hour for sixth graders, an hour and a half for ninth graders, two hours for high-school seniors and so on. A ten-year study found that anything more than that does not result in significantly higher test scores.

Show That You Value Learning

From an early age, children receive a stream of negative messages about school. How many movies, TV shows and commercials geared toward young people depict classrooms as penitentiaries run by sadistic teachers who delight in tormenting their terminally bored students?

We need to impart to youngsters a love of knowledge. Learning shouldn't be a chore, but an adventure that enriches our lives. Mothers and fathers are in the best position to seize everyday opportunities for opening children's minds to new ideas and experiences. To hear a teenager speak excitedly about something he's just learned or had never considered before is one of the pleasures of parenting.

Let's also instill in our youngsters an appreciation of the value of hard work and the pride that comes with a job well done, whether it's pulling an A on a chemistry test or stocking the shelves at the local minimart. One recurrent complaint of employers and managers is that too many young people feel it's "degrading" to start at the bottom and work their way up. Adolescents need to hear that every job, no matter how menial, benefits society in some way and deserves a full effort. A diligent work ethic coupled with the right skills will make your teenager an attractive applicant when it comes time for him to enter the job market.

Encourage Reading

According to a study of approximately thirty-five hundred children and their families, children who read more do better on verbal and math tests. Each week the average boy or girl spends about twelve hours watching television and seventy-five minutes reading. Researchers at the University of Michigan Institute for Social Research found that each additional hour spent reading translated into half a point higher test scores. In contrast, each additional five hours of TV viewing were reflected in math and verbal test scores half a point *lower*.

Consider Buying or Leasing a Computer

Between 1993 and 1997, the percentage of high-school students who had access to a computer at home rose from 29 percent to 49 percent. The computer has become an indispensable tool in our society and a ubiquitous presence both in schools and in the workplace. As youngsters grow older, they play fewer games on the computer and turn to the technology more for learning and word-processing. If you can't afford a computer, schools and public libraries almost always have systems available for use at no charge.

If Your Teenager Has a Part-Time Job, Set A Limit On How Many Hours She Can Work

About half of all high-school students and college students work part time. Conventional wisdom says that after-school employment teaches responsibility and builds character. While that may be so, the number of hours worked can be a problem. Psychologist Laurence Steinberg of Pennsylvania's Temple University and Elizabeth Cauffman analyzed dozens of studies, including several of Dr. Steinberg's own, and concluded that twenty hours per week appears to be the border line. Cross it, and adolescents are more likely to exhibit emotional distress, school misconduct and alcohol and other drug use.

Academic performance, too, is affected. Students who put in long hours tend to have lower grades, miss more days of school, have difficulty staying awake in class, participate in fewer extracurricular activities and derive less enjoyment from school and less satisfaction in general. Yet one out of every two high-school seniors and one out of every three full-time college students works more than twenty hours per week.

The Child Labor Coalition of the National Consumers League, a private, nonprofit consumer-advocacy organization, suggests the following guidelines for hours, late-night hours and supervision:

Fourteen- and fifteen-year-olds:

- No more than three hours per day and fifteen hours per week during the school year
- No more than eight hours per day and forty hours per week during the Summer

Sixteen- and seventeen-year-olds:

- No more than four hours per day and twenty hours per week during the school year
- No more than eight hours per day and forty hours per week during the summer
- No working before 7 A.M. or after 10 P.M.

To register a complaint regarding wages, work hours or illegal work by youngsters under eighteen, contact your local wage and hour office. You'll find its telephone number under the "Department of Labor" in the "State Offices" section of the White Pages' Government Listings. Each state's department of labor also maintains a Web site.

Get Involved In Your Teenager's School

When children leave the security of elementary school, parents may assume that their involvement is no longer needed. But it is more important than ever to attend parent-teacher conferences and to contact individual instructors, even if there are no apparent problems.

Youngsters perform better in school when their families are kept apprised of their progress. In addition, parents can gain information about their teens' strengths, which can be important in encouraging their adolescents.

Nowadays much of the interaction between parents and teachers takes place over the telephone.

"Teachers are harder to get a hold of than doctors," jokes Dr. Coleman, M.D., "because they don't wear beepers!" He suggests that when there's an urgent matter to take up with a teacher, send in a polite note asking her to call you at home in the evening.

Most will be agreeable; they understand that working parents may not have any other occasion to talk. (For that matter, a teacher's responsibilities leave them few breaks for lengthy conversations during the day.) Parents, in turn, shouldn't overlook the fact that many teachers are working moms and dads too. In your note, specify what you wish to discuss, then stick to your point, so that you're not taking up more time than you need to.

About half of all parents of school-age children belong to a parents' group such as the Parent-Teacher Association (PTA) or the smaller Parent-Teacher Organization (PTO). It's a wonderful idea, and not only because the meetings and other functions provide opportunities to help shape school policies. By attending, you get to know the teachers, some of whom may have your youngster in their class. As a recognizable face, and someone who is perhaps perceived as a cooperative, concerned parent, you may be privy to more information about your youngster's in-school performance and behavior than the parent who is rarely if ever seen.

Last Updated: 11/21/2015

Source: Caring for Your Teenager (Copyright © 2003 American Academy of Pediatrics)

Transitioning to Middle School and High School

New school, new schedule, new people, new anxiety. Going from elementary to middle school or from middle school to high school is a major transition for your children. Suddenly, there's a whole new set of challenges, from waking up at a different time to meeting new kids from other schools to new freedom and responsibility. Plus, they go from being the oldest at school to being the youngest.

Fortunately, there are a lot of things you can do as a parent to prepare your child for the big move. We asked our experts to give you insights on what to do before and throughout their new school experiences.

Transitioning to middle school

The transition from elementary school to middle school can be tough. Suddenly your kids have multiple teachers in multiple subjects in multiple classrooms, and there may be kids from other feeder schools they've never seen before. They have to carry all those books. And, of course, there's a lot of new hormones at play, too. It can be a lot to handle.

According to Erin Harlow-Parker, APRN, licensed therapist with Children's Healthcare of Atlanta Strong4Life, little things like finding a classroom or remembering the locker combination aren't little at all. "They're afraid they won't be able to open their locker, or that all their things will fall out and everybody will know. To a rising middle schooler, it's a really big deal."



Jody Baumstein, LCSW, also a licensed therapist with Strong4Life, says you should do whatever you can to help prepare them:

- Buy a lock and practice how to use it.
- Go to the middle school and take a tour.
- Check out the school's website with your child.
- Make a map of the school to attach it to the inside of a binder.
- Practice waking up at the time they'll need to get up for school.

Anything you can do to build familiarity and confidence before the first day will make a big difference.

Transitioning to high school

Just when your child has gotten used to the challenges and routines of [middle school](#), it's time to switch again. You'll find a lot of the same, common challenges and fears as kids move into high school. Fear of getting lost. Fear of not having a good lunch group or having to deal with [peer pressure](#). Your child may even need to wake up at a different time again.



High school also continues to create new [academic pressures](#). Group projects and speaking in front of the whole class may be new experiences for your child. And, like in middle school, athletics ramp up again. According to Harlow-Parker, "It might be the first time

they're playing a competitive-level sport.

So, there are tryouts associated with that. Will I make JV? Will I make the freshman team?"

Help your child set realistic expectations for his academic and athletic goals. Let him know he doesn't have to be an A student or a star athlete to get into a good college or to have a happy, successful adult life.

Along with a tour of the school and a week or so practicing the new wake-up time, help your child get a general idea of his class schedule and encourage him to socialize with his "friend group" as much as possible. All of that will help build confidence through the transition.

Developing better habits throughout high school

With so much more homework and after-school activities, your kids will be crunched for time like never before. So it's important to help them develop better habits to be ready for it all. And that starts with sleep. According to Kathleen Hill, LPC, licensed therapist with Strong4Life, there's a shift in a teen's circadian clock that makes it "naturally harder for them to fall asleep and wake up earlier." This is why Hill recommends enforcing a nighttime routine:

- Tell her to turn off her phone (and other screens) an hour before bed.
- Have her take a shower. Read a book.
- Get her to be in her room by a certain time to increase the chance she'll fall sleep earlier.
- Encourage her to go to bed at the same time on weekends and on school breaks.



If your child is still up until 2 a.m. texting her friends, take her phone away at night—even if she says her friends are still on social media. You're the parent. Remind her that a phone is a privilege, not a right, and reassure her that she'll have it back in the morning before she heads to school.

Creating downtime and unstructured time

Transitioning to middle school or high school typically means additional activities and more homework. Teens, like adults, need [downtime](#) (time without any structured activities or electronics) to let their minds rest and to help give them perspective. They also need regular family time. If this simply isn't possible, they may be overcommitted. Sometimes kids are in school all day, have 2 or 3 activities after school, then come home to dinner and another 3 hours of homework. That doesn't even leave enough



time to sleep! So, it's important to be aware of their schedules and to feel comfortable setting limits—even if that means only allowing a couple of activities per week. You can also try to build downtime into the family routine, like a family game or a walk before or after dinner.

This new journey can be scary for both you and your child, but remember that following healthy habits, establishing good routines and [staying close with your teens](#) will be foundational for their adjustment into their next stage in life.

If your child is having a more difficult time with the changes, or if you think she could benefit from seeing a mental health professional, don't hesitate to get help. You don't have to wait until something is going terribly wrong to get professional help.

Teens and Sleep

Sleep is food for the brain. During sleep, important body functions and brain activity occur. Skipping sleep can be harmful — even deadly, particularly if you are behind the wheel. You can look bad, you may feel moody, and you perform poorly. Sleepiness can make it hard to get along with your family and friends and hurt your scores on school exams, on the court or on the field. Remember: A brain that is hungry for sleep will get it, even when you don't expect it. For example, drowsiness and falling asleep at the wheel cause more than 100,000 car crashes every year. When you do not get enough sleep, you are more likely to have an accident, injury and/or illness.



FACTS:

- Sleep is vital to your well-being, as important as the air you breathe, the water you drink and the food you eat. It can even help you to eat better and manage the stress of being a teen.
- Biological sleep patterns shift toward later times for both sleeping and waking during adolescence -- meaning it is natural to not be able to fall asleep before 11:00 pm.
- Teens need about 8 to 10 hours of sleep each night to function best. Most teens do not get enough sleep — one study found that only 15% reported sleeping 8 1/2 hours on school nights.
- Teens tend to have irregular sleep patterns across the week — they typically stay up late and sleep in late on the weekends, which can affect their biological clocks and hurt the quality of their sleep.
- Many teens suffer from treatable sleep disorders, such as narcolepsy, insomnia, restless legs syndrome or sleep apnea.

CONSEQUENCES:

Not getting enough sleep or having sleep difficulties can:

- Limit your ability to learn, listen, concentrate and solve problems. You may even forget important information like names, numbers, your homework or a date with a special person in your life
- Make you more prone to pimples. Lack of sleep can contribute to acne and other skin problems
- Lead to aggressive or inappropriate behavior such as yelling at your friends or being impatient with your teachers or family members
- Cause you to eat too much or eat unhealthy foods like sweets and fried foods that lead to weight gain
- Heighten the effects of alcohol and possibly increase use of caffeine and nicotine
- Contribute to illness, not using equipment safely or driving drowsy

SOLUTIONS:

- Make sleep a priority. Review Teen Time in this toolkit and keep a sleep diary. Decide what you need to change to get enough sleep to stay healthy, happy, and smart!
- Naps can help pick you up and make you work more efficiently, if you plan them right. Naps that are too long or too close to bedtime can interfere with your regular sleep.
- Make your room a sleep haven. Keep it cool, quiet and dark. If you need to, get eyeshades or blackout curtains. Let in bright light in the morning to signal your body to wake up.

- No pills, vitamins or drinks can replace good sleep. Consuming caffeine close to bedtime can hurt your sleep, so avoid coffee, tea, soda/pop and chocolate late in the day so you can get to sleep at night. Nicotine and alcohol will also interfere with your sleep.
- When you are sleep deprived, you are as impaired as driving with a blood alcohol content of .08%, which is illegal for drivers in many states. Drowsy driving causes over 100,000 crashes each year. Recognize sleep deprivation and call someone else for a ride. Only sleep can save you!
- Establish a bed and wake-time and stick to it, coming as close as you can on the weekends. A consistent sleep schedule will help you feel less tired since it allows your body to get in sync with its natural patterns. You will find that it's easier to fall asleep at bedtime with this type of routine.
- Don't eat, drink, or exercise within a few hours of your bedtime. Don't leave your homework for the last minute. Try to avoid the TV, computer and telephone in the hour before you go to bed. Stick to quiet, calm activities, and you'll fall asleep much more easily!
- If you do the same things every night before you go to sleep, you teach your body the signals that it's time for bed. Try taking a bath or shower (this will leave you extra time in the morning), or reading a book.
- Try keeping a diary or to-do list. If you jot notes down before you go to sleep, you'll be less likely to stay awake worrying or stressing.
- When you hear your friends talking about their all-nighters, tell them how good you feel after getting enough sleep.
- Most teens experience changes in their sleep schedules. Their internal body clocks can cause them to fall asleep and wake up later. You can't change this, but you can participate in interactive activities and classes to help counteract your sleepiness. Make sure your activities at night are calming to counteract your already heightened alertness.

If teens need 8 to 10 hours of sleep to do their best and naturally go to sleep around 11:00 pm, one way to get more sleep is to start school later.

Teens' natural sleep cycle puts them in conflict with school start times. Most high school students need an alarm clock or a parent to wake them on school days. They are like zombies getting ready for school and find it hard to be alert and pay attention in class. Because they are sleep deprived, they are sleepy all day and cannot do their best.

Schools that have set later bell times find that students do not go to bed later, but get one hour more of sleep per school night, which means five hours more per week.

Enrollment and attendance improves and students are more likely to be on time when school starts. Parents and teachers report that teens are more alert in the morning and in better moods; they are less likely to feel depressed or need to visit the nurse or school counselor.

POLL DATA:

While everyone is accustomed to having a bad morning here and there – feeling irritable, unhappy or even sad, NSF's 2006 *Sleep in America* poll found that many adolescents exhibit symptoms of a depressive mood on a frequent if not daily basis, and these teens are more likely to have sleep problems.

The NSF poll calculated depressive mood scores for each of the 1,602 poll respondents by measuring adolescents' responses to four mood states (using a scale of "1" to "3" where 1 equals "not at all" and 3 equals "much"):

- Felt unhappy, sad or depressed
- Felt hopeless about the future
- Felt nervous or tense
- Worried too much about things

The results showed that about half (46%) of the adolescents surveyed had a depressive mood score of 10 to 14, 37% had a score of 15 to 19, and 17% had a score of 20 to 30; these scores are considered low, moderate and high respectively.

Most notably, those adolescents with high scores ranging from 20 to 30 were more likely than those with lower scores to take longer to fall asleep on school nights, get an insufficient amount of sleep and have sleep problems related to sleepiness. In fact, 73% of those adolescents who report feeling unhappy, sad, or depressed also report not getting enough sleep at night and being excessively sleepy during the day.

While many adults may think that adolescents have things easy or don't have much to worry about – the opposite seems true according to the NSF poll. Most adolescents were likely to say they worried about things too much (58%) and/or felt stressed out/anxious (56%). Many of the adolescents surveyed also reported feeling hopeless about the future, or feeling unhappy, sad or depressed much or somewhat within the past two weeks of surveying.

Research shows that lack of sleep affects mood, and a depressed mood can lead to lack of sleep. To combat this vicious cycle, sleep experts recommend that teens prioritize sleep and focus on healthy sleep habits. Teens can start by getting the 8 to 10 hours of sleep they need each night, keeping consistent sleep and wake schedules on school nights and weekends, and opting for relaxing activities such as reading or taking a warm shower or bath before bed instead of turning on the TV or computer.

"If parents and teens know what good sleep entails and the benefits of making and sticking to a plan that supports good sleep, then they might re-examine their choices about what truly are their 'essential' activities," says Mary Carskadon, Ph.D., Director of Chronobiology/Sleep Research at the E.P. Bradley Hospital and Professor of Psychiatry and Human Behavior at Brown Medical School in Providence, R.I. "The earlier parents can start helping their children with good sleep habits, the easier it will be to sustain them through the teen years."

Kids, Social Media and Mental Health

Like it or not, social media is part of our kids' lives. And that's not always a bad thing. Platforms like Facebook, Instagram, Twitter and Snapchat can help kids make friends and forge a sense of identity.

At the same time, sharply rising rates of depression, anxiety and suicide in adolescents have some experts concerned. More research is needed on how social media affects mental health, but here are some reasons why social media and kids can be a dangerous combination—and ways to keep your child safe.



Sharing on social media

Adolescence is already a time of shaky self-esteem. On social media, kids share a carefully edited version of their lives (the highlight reel, if you will), but they don't understand that everyone else does that too. "Kids are often putting a perfect version of themselves on social media, and their peers compare themselves to that," says Children's Healthcare of Atlanta Strong4Life licensed therapist Erin Harlow-Parker, APRN.



On the flip side, some kids use social media to put all their problems out there. They don't realize they are oversharing or understand privacy issues (i.e., the fact that what they post never really goes away—even if they delete it). "Kids may also look for support from strangers online and receive a lot of misinformation," says Harlow-Parker.

Interacting on social media

Social media can lead to confusion about the quality of a relationship. "There are some kids who will say, 'I had 400 likes on my last post,' but they still feel lonely. They don't actually have any friends to talk to," says licensed therapist Jody Baumstein, LCSW.

"While social media can be a great way to connect with friends you don't see every day, it is not a suitable replacement for face-to-face interaction," says Baumstein. "Kids learn a lot from interacting with other people. It's difficult to learn about body language and nonverbal cues, or how to survive awkward silence, if you're always communicating through a device."



Social media is also changing the way kids play or hang out. After all, it's a lot easier to start a group chat than to make the effort to meet at the mall after school.

Managing your child's social media activity

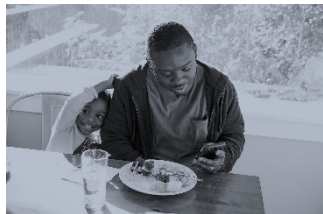
There's no one-size-fits-all set of guidelines for social media use, and the internet is constantly changing. Keep the following points in mind when deciding what is right for your family:

- Your child's use of digital devices is a privilege, not a right. (Say it out loud, mom and dad.) You can and will take it away if not used appropriately.
- Your child needs to be aware of the [potential dangers online](#) and to have [clear and consistent boundaries](#).
- You have a right to know what your child is doing and saying online. Let your child know from the beginning that you will be monitoring their online use. (Reading through your child's social media accounts is not the same thing as reading their diary.)
- You may want to consider monitoring your child's phone with one of the many apps available.

Social media is a new reality of childhood, and it's the modern parents' job to monitor their kids' use of it.

Modeling healthy social media habits as the parent

You may not be a social media “influencer,” but you absolutely influence your child. Are you glued to your phone at all hours? Do you have a tendency to overshare your own problems or post negative comments? No one is perfect (and we’ve all probably lost our cool on Facebook once or twice), but be mindful of your own social media habits if you expect your child to do the same.



It’s also important to respect your child’s privacy on your own account. Think twice before posting that embarrassing photo of your potty-training 2-year-old (anything you share online lasts forever), and don’t post pictures of your older kids without their consent.

Why we all need to unplug sometimes

Social media isn’t going anywhere anytime soon, and there is a lot of pressure for kids and teens to stay connected. But that doesn’t mean we can’t step away from it every once in a while.

If you aren’t willing to do a full digital detox, there are little things everyone can do that can make a big difference.

- **Limit push notifications.** Go into your phone settings and only allow the notifications you really need. That way, you’re not getting interrupted when a long-lost friend posts a new photo on Facebook.
- **Leave your phone in your pocket or purse.** Sometimes just having your phone on the table (even if you’re not using it) can be distracting.
- **Let yourself be bored.** Boredom can be a good thing, leading to creativity and inspiration. “It’s good to let our minds wander a little instead of always being entertained by a device,” says Baumstein.
- **Play outside instead of online.** The more time kids spend online, the less time they spend being active. It’s hard to be emotionally well if you’re not physically well.
- **Power-down 1 hour before bed.** The blue light from screens (smartphones, tablets and computers) can make it difficult to fall asleep. Plus, it’s really easy to get sucked into your news feed, causing you to stay up later than you planned.



The Internet and Your Family



The Internet can connect you and your family to all types of resources. At your computer, you and your family can read the latest news, look up information, listen to music, play games, buy things, or e-mail friends. The possibilities for learning and exploring on the Internet are endless. However, not all information and resources are safe and reliable. Read more about how to make sure you and your family's experience on the Internet is safe, educational, and fun.

About the Internet

The Internet (or the Net) is a vast network that connects people and information worldwide through computers. It's sometimes called the **information superhighway**. The **World Wide Web** (WWW or the Web) is a part of the Internet that includes pictures and sound as well as text. **Online** means being connected to the Internet. **Surfing the Web** means browsing or searching for information on the Internet.

When you and your family surf the Web it's important to keep the following in mind:

- Online information is usually not private.
- People online are not always who they say they are.
- Anyone can put information online.
- You can't trust everything you read online.
- You and your family may unexpectedly and unintentionally find material on the Web that is offensive, pornographic (including child pornography), obscene, violent, or racist.

Setting the rules

It's important to have a set of rules when your children use the Internet. Make sure your children understand what you consider appropriate and what areas are off limits. Let them know that the rules are for their safety.

Safety first

The following are tips you can teach your children about online safety:

- **NEVER give out personal information** unless a parent says it's OK. This includes your name, address, phone number, age, race, school name or location, or friends' names.
- **NEVER share passwords**, even with friends.
- **NEVER meet a friend you only know online in person** unless a parent says it's OK. It's best if a parent goes along and to meet in a public place. (Older teens that may choose not to tell a parent and go alone should at least go with a friend and meet in a public place.)
- **NEVER respond to messages that make you feel uncomfortable** or hurt your feelings. Ignore these messages, stop all communication, and tell a parent or another adult you trust right away.

Time limits

Surfing the Web should not take the place of other important activities, including homework, playing outside, or spending time with friends. The American Academy of Pediatrics recommends limiting total screen time in front of a TV or computer to no more than 1 to 2 hours a day for children older than 2 years. An alarm clock or timer can help you keep track of time.

Good behavior

The following is what you can teach your children about how they should act online:

- **NEVER send mean messages online.** NEVER say something online that you wouldn't say to someone in person. Bullying is wrong whether it's done in person or online.
- **NEVER use the Internet to make someone look bad.** For example, never send messages from another person's e-mail that could get that person into trouble.
- **NEVER plagiarize.** It's illegal to copy online information and say that you wrote it.

Other steps you can take

In addition to setting clear rules, you can do the following to create a safer online experience:

- Surf the Web with your children.
- Put the computer in a room where you can monitor your children. Computers should never be placed in a room where a door can be closed or a parent excluded.
- Use tracking software. It's a simple way to keep track of where your children have been on the Web. However, nothing can replace supervision.
- Install software or services that can filter or block offensive Web sites and material. Be aware, however, that many children are smart enough to find ways around the filters. Also, you may find that filters may be more restrictive than you want.
- Find out what the Internet use policies are at your child's school or at your library.

CyberTipline

If you or your children come across anything illegal or threatening, you should report it to the National Center for Missing & Exploited Children's CyberTipline. For more information, call 800/THE-LOST (800/843-5678) or visit the Web site at www.cybertipline.com.

AAP age-based guidelines for children's Internet use

Up to age 10

Children this age need supervision and monitoring to ensure they are not exposed to inappropriate materials. Parents should use Internet safety tools to limit access to content, Web sites, and activities, and be actively involved in their child's Internet use.

Ages 11 to 14

Children this age are savvier about their Internet experience; however, they still need supervision and monitoring to ensure they are not exposed to inappropriate materials. Internet safety tools are available that can limit access to content and Web sites and provide a report of Internet activities. Children this age also need to understand what personal information should not be given over the Internet.

Ages 15 to 18

Children this age should have almost no limitations on content, Web sites, or activities. Teens are savvier about their Internet experience; however, they still need parents to define appropriate safety guidelines. Parents should be available to help their teens understand inappropriate messages and avoid unsafe situations. Parents may need to remind teens what personal information should not be given over the Internet.

Communicating on the Net

The following are some ways people can communicate with one another on the Internet. Keep in mind that information that is shared may not always be appropriate for children. Also, information on the Internet is often not monitored.

Blog (or Web log). An online journal or diary that can include images. They can be found on social networking Web sites and are becoming more popular than chat rooms.

Chat rooms. Chat rooms are a way for a number of computer users to communicate with each other instantly in "real time." For example, if you type a message and send it, everyone else will see it instantly in the chat room and they can respond just as quickly.

E-mail (electronic mail). Messages sent and received electronically between computers.

Instant messaging (IM). Sending and receiving messaging instantly in "real time" over the Internet.

Surfing the Net

When you go to the Internet, you may have a specific address in mind or you may browse through the Web, just as you would a library or a catalog. This is often called "surfing the Net." Following are several ways to get information on the Web:

- **Web addresses.** Every Web site has its own unique address. By typing the address in the space provided, your Web browser will take you there. Make sure you type the exact Web address. Any missing or incorrect characters could create an error or bring you to a totally different Web site. The last 3 letters in a Web site address can tell you what type of organization or company set up the site, for example: .gov (government), .org (nonprofit organizations), .edu (academic or education), .com (commercial).
- **Links (or hyperlinks).** Many Web sites link to information on other sites. By clicking on the highlighted area, you can connect to another Web site without having to type its address.
- **Search engines.** Search engines are programs that can enable you to search the Internet using keywords or topics. For example, to find information about Abraham Lincoln, simply click on a search engine and type "Abraham Lincoln." A list of several Web sites will come up for you to select from.

Keep in mind—The Internet can be a helpful source of information and advice, but you and your children can't trust everything you read. Anyone can put information on the Internet, and not all of it is reliable. Some people and organizations are very careful about the accuracy of the information they post, others are not. Some give false information on purpose.

Begin your search for information with the most reliable, general information Web sites and expand from there. The Web site for the American Academy of Pediatrics (AAP), www.aap.org, is a good starting point.

Source: US Department of Education booklet "Parents Guide to the Internet."

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How to Prevent Overuse Injuries

Over the past 20 years more children are participating in organized and recreational athletics. With so many young athletes playing sports, it's no wonder injuries are common. Half of all sports medicine injuries in children and teens are from overuse. Here is information from the American Academy of Pediatrics about overuse injuries and injury prevention tips.

What is an overuse injury?

An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Shin splints are an example of an overuse injury.

Overuse injuries have 4 stages.

1. Pain in the affected area *after* physical activity
2. Pain *during* physical activity, not restricting performance
3. Pain *during* physical activity, restricting performance
4. Chronic, *persistent* pain, even at rest

Who is at risk?

Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse (for example, worsening shoulder pain in swimmers). If you think your child has an overuse injury, talk with your child's doctor. A treatment plan may include making changes in how often and when the athlete plays, controlling pain, and physical therapy.

How to prevent overuse injuries

Athletes should stay away from excessive training programs that could be harmful. Here are guidelines to help prevent overuse injuries by promoting a healthy balance of activities.

Prepare

- Athletes should have a preparticipation physical evaluation (PPE) to make sure they are ready to safely begin the sport. The PPE should be incorporated into the athlete's well-child visit in the medical home (www.medicalhomeinfo.org). However, it may need to be performed at a separate visit. The best time for a PPE is a minimum of 6 weeks before the beginning of the season to allow for any extra evaluation or rehabilitation.
- Athletes should maintain a good fitness level during the season and offseason. Preseason training should allow time for general and sport-specific conditioning. Also important are proper warm-up and cooldown exercises.

Play smart

- Athletes should avoid specializing in one sport before late adolescence. Child "superstars" are often injured or burn out prior to college. Children should be encouraged to try a variety of sports.
- Participation in a particular sport should be limited to 5 days per week.
- Athletes should sign up for one team and one sport per season.

Rest up

- Athletes should take at least 1 day off per week from organized activity to recover physically and mentally.
- Athletes should take a combined 3 months off per year from a specific sport (may be divided throughout the year in 1-month increments). The athlete should remain physically active during that time.

Training

- Increases in weekly training time, mileage, or repetitions should be no more than 10% per week. For example, if running 10 miles this week, increase to 11 miles the next week.
- Cross-train. Athletes should vary their endurance workouts to include multiple different activities, like swimming, biking, or elliptical trainers.
- Perform sport-specific drills in different ways. For example, run in a swimming pool instead of only running on the road.

How to prevent burnout

Burnout (overtraining syndrome) includes mental, physical, and hormonal changes that can affect performance. To help prevent burnout in your child, follow the guidelines in this handout. Other suggestions include

- Keep your child's practice fun and age appropriate.
- Focus on your child's overall wellness, and teach your child how to listen for problems with his or her body.

Remember

Your goal should be to promote a well-rounded athlete who can enjoy regular physical activity for a lifetime.

NOTES

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acne—how to treat and control it



Got ZITS? You're not alone.

Almost all teens get zits at one time or another. It's called *acne*. Whether your case is mild or severe, there are things you can do to keep it under control. Read on to find out how.

What causes acne?

During puberty, your skin gets oilier. This can cause pimples. There are many myths about what causes acne, but there are really only 3 main causes.

- 1. Hormones.** You get more of them during puberty. Certain hormones, called *androgens*, trigger the oil glands on the face, back, shoulders, and upper chest to begin producing more oil. This can cause acne in some people. Some girls get more pimples before and during their periods. This is caused by changes in the levels of hormones.
- 2. Heredity.** Acne can run in families. If your mom or dad had severe acne as a teen, there may be a chance that you'll get it too.
- 3. Plugged oil ducts.** Small whiteheads or blackheads can form when the oil ducts in your skin get plugged with oil and skin cells. They can turn into the hard and bumpy pimples of acne.

What doesn't cause acne?

Don't let people tell you it's your fault. It's not. Acne is not caused by

- **Dirt.** That black stuff in a blackhead is not dirt. A chemical reaction in the oil duct turns it black. No matter how much you wash your face, you can still get acne.
- **Contact with people.** You can't catch acne from or give acne to another person.
- **Your thoughts.** Thinking about sex won't cause acne.
- **Food.** Even though soft drinks, chocolate, and greasy foods aren't really good for you, they don't cause acne directly. There is some information suggesting a diet high in sugar and starch may worsen acne, however.

What you can do

- **Don't pop or pinch your zits.** All this does is break open the lining of the oil ducts and make them more red and swollen. This can also cause scars.
- **Don't scrub your skin too hard**—it irritates the skin. Other things that can irritate the skin are headbands, hats, chin straps, and other protective pads like football players use.
- **Don't use greasy makeup or oily hair products.** These can block oil ducts and make acne worse.
- **Do learn how to handle stress.** Sometimes stress and anxiety can cause pimples. Try to keep your stress down by getting enough sleep and having time to relax.

- **Do ask your doctor about medicines.** If you have to take a prescription medicine, ask your doctor if it can cause pimples. Also ask your doctor what medicines would be best to treat your acne.

Acne and birth control pills

Birth control pills can be useful for treating young women with acne. However, taking birth control pills and other medicines may make both less effective. If you are on the Pill, talk with your doctor about how it might affect your acne.

Types of treatments

The bad news—There's no cure for acne. The good news—It usually clears up as you get older. In the meantime, there are a few things you can do to help keep those zits under control.

Benzoyl peroxide

Benzoyl peroxide wash, lotion, or gel—the most effective acne treatment you can get without a prescription. It helps kill bacteria in the skin, unplug oil ducts, and heal pimples. There are a lot of different brands and different strengths (2.25% up to 10%). The gel may dry out your skin and make it redder than the wash or lotion, so try the wash or lotion first.

How to use benzoyl peroxide

- **Start slowly**—only once a day with a 5% wash or lotion. After a week, try using it twice a day (morning and night) if your skin isn't too red or isn't peeling.
- Don't just dab it on top of your pimples. Apply a thin layer to the entire area where pimples may occur. Avoid the skin around your eyes.
- If your acne isn't any better after 4 to 6 weeks, try a 10% lotion or gel. Use it once a day at first and then try twice a day if it doesn't irritate your skin.

Stronger treatments

- **Retinoid.** If benzoyl peroxide doesn't get your zits under control, your doctor may prescribe a retinoid to be used on the skin (like Retin A, Differin, and other brand names). This comes in a cream or gel and helps unplug oil ducts. It must be used *exactly* as directed. Try to stay out of the sun (including tanning salons) when taking this medicine. Retinoids can cause your skin to peel and turn red.
- **Antibiotics,** in cream, lotion, solution, or gel form, may be used for "inflammatory" acne (when you have red bumps or pus bumps). Antibiotics in pill form may be used if the treatments used on the skin don't help.

- **Isotretinoin** (brand names are Accutane, Amnesteem, Sotret, and Claravis) is a very strong medicine taken as a pill. It's only used for severe acne that hasn't responded adequately to other treatments. Because it's such a powerful drug, it must *never be taken just before or during pregnancy*. There is a danger of severe or even fatal deformities to unborn babies. Patients who take this medicine must be carefully supervised by a doctor knowledgeable about its usage, such as a pediatric dermatologist or other expert in treating acne. Isotretinoin should be used cautiously (and only with careful monitoring by a dermatologist and psychiatrist) in patients with a history of depression. Don't be surprised if your doctor requires a negative pregnancy test, some blood tests, and a signed consent form before prescribing isotretinoin.

Remember

The following are things to keep in mind no matter what treatment you use:

- **Be patient.** Give each treatment enough time to work. It may take 3 to 6 weeks or longer before you see a change and 12 weeks for maximum improvement.
- **Be faithful.** Follow your program every day. Don't stop and start each time your skin changes. Not using it regularly is the most common reason why treatments fail.
- **Follow directions.** Not using it correctly can result in treatment failure or troublesome side effects.
- **Only use your medicine.** Doctors prescribe medicine specifically for particular patients. What's good for a friend may not be good for you.
- **Don't overdo it.** Too much scrubbing makes skin worse. Too much benzoyl peroxide or topical retinoid creams can make your face red and scaly. Too much oral antibiotic may cause side effects.
- **Don't worry about what other people think.** It's no fun having acne, and some people may say hurtful things about it. Try not to let it bother you. Most teens get some acne at some point. Also remember that acne is temporary, and there are a lot of treatment options to keep it under control.

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Information for Teens: What You Need to Know About Privacy

Who do you talk with when you need advice about your health and personal life?

While it's best to talk with your parents (or guardians), they might not be your first choice.

If you are too embarrassed or worry about how your parents will react, it's important that you talk with an adult who can give you trusted advice, like your doctor.



Your doctor...

- Respects your privacy.
- Has answered all kinds of questions from other teens.
- Is an expert in health issues and will want to ask you private questions about your health to help you make healthy decisions.
- Can help you find a way to talk with your parents or other trusted adult(s) in your life.

The following are some questions teens have asked about providing privacy and their health concerns:

Questions about privacy

Q: How do I talk with my doctor in private?

A: Just ask. Time can be set aside by your doctor to talk privately during almost every visit.

Q: What can I talk about with my doctor?

A: You can and should talk with your doctor (or the office nurse) about ANYTHING and EVERYTHING.

Sometimes your doctor will ask questions about school, your friends, and family members. Sometimes your doctor will ask you personal things like how you're feeling or what you like to do in your free time.

The more your doctor knows about you, the better he or she is able to answer your questions or concerns.

Q: Will my doctor tell my parents what we talked about?

A: Your doctor will keep the details of what you talk about private, or confidential. The only times when your doctor cannot honor your privacy is when someone is hurting you or you are going to hurt yourself or someone else. There are state laws that require doctors to share information when there is a concern about someone possibly getting hurt.

If this happens, you and your doctor will talk about how to share any information necessary to keep everybody safe.

At your next visit be sure to...

- Ask your doctor about what things can be kept confidential where you live.
- Tell your doctor if some of the things you talk about can be shared with your parents.
- Ask your doctor who has access to your medical records (paper and electronic) and if your records are secure.
- Discuss any privacy concerns if you communicate with your doctor by e-mail or on the phone.

Q: If I see my doctor on my own, won't my parents find out when they get the bill?

A: You should ask your doctor, as it depends on the type of insurance that your family has.

Ask your doctor what steps are taken to protect your information when records need to be shared with insurance companies and other health care professionals outside your doctor's office.

Questions about sex and sexuality

Q: Why do I need to tell my doctor if I'm having sex?

A: Your doctor needs to know that you are having sex or plan to have sex to help you make safe and healthy decisions that are best for you.

If you don't have reliable information about condoms and other forms of birth control, you could get pregnant or sexually transmitted infections (STIs), also called sexually transmitted diseases (STDs), including HIV. Also, if you have any infection, it's important for you and your partner to know so that treatment can occur.

Q: Can I get tested for an STI without my parents knowing?

A: Every state allows for teens to be tested and treated for STIs without your parents knowing. Talk with your doctor about your concerns and how to receive this type of care.

Q: Can I get the pill (or other types of birth control) on my own?

A: In many states, you have the right to family planning services, including birth control and emergency contraception, without permission from your parents. If you feel you can't talk with your doctor, there are public clinics such as STI clinics, sometimes referred to as family planning clinics, in most every community. At these clinics teens can get tested for STIs and get birth control on their own. School health clinics might also be able to provide family planning services without parents' permission. Talk with your doctor to make sure this is true where you live.

Q: Will my doctor tell my parents if I'm gay, lesbian, or bisexual?

A: No, your doctor will not share this information with your parents unless there are serious concerns about your safety, such as if you were feeling so sad that you were thinking of hurting yourself. Even then, your doctor would tell your parents that you were depressed and need help but would not reveal your sexual orientation. Your doctor may be able to help you decide if and how to tell others.

Q: What if I was forced to have sex?

A: Getting raped is very traumatic. If you are forced to have sex by anyone, even someone you're in a relationship with or someone you know, it's a crime!

You have the right to have all care related to this issue delivered in a confidential manner. Specifically, you have the right to have evidence collected and to call the police to press charges. You also have the right to receive or refuse STI testing and treatment, including emergency contraception (the "morning after" pill) to prevent pregnancy, and rape crisis counseling. Remember that your doctor is available to help you get through this difficult event.

Questions about alcohol and drugs

Q: Do I have to take a drug test if my school or parents ask me to?

A: You have the right to refuse drug testing; however, be sure you understand what might happen if you refuse. For example, you might not be allowed to stay in school or play sports. Your parents are likely concerned about your safety or do not trust you, so they might take away privileges, such as driving and going out at night with your friends. Sometimes, the best idea is to consent to drug testing to prove to your parents that you are NOT using drugs.

Q: I have a drinking (or drug) problem and I want to stop before my parents find out. Where can I get help?

A: While it's best to talk honestly with your parents, you can usually start to get help without their permission by seeing a counselor to get help for alcohol or drug use problems. Your doctor can help you find a counselor or program. In most cases, parents are disappointed that their child is using alcohol or drugs, but when their teen has asked for help, most parents are relieved and support treatment. Your doctor can also help you tell your parents. It's important that they are part of your treatment.

Other questions

Q: What if I don't have parents caring for me and I am in foster care?

A: You have the same rights; however, any information in your foster agency file may be shared with your foster parents, those interested in adopting you, and the foster care agency staff.

Q: How do I tell my parents I'm failing some classes in school?

A: Your doctor can help you think through a plan so that you, or you and your doctor together, can tell your parents. They are likely to hear the news from the school, so hearing it from you first is usually better. If it's not possible to talk with your parents about this, confide in another trusted adult such as a school counselor, a relative, a friend, or someone from your place of worship. Help is available.

Q: Sometimes I can't stop feeling sad or worried and I think about hurting myself. Who can help me?

A: If you are thinking of hurting yourself or your life is in danger, your doctor will have to tell your parents. Your doctor also may refer you for an emergency evaluation to keep you safe. Tell your doctor or school counselor if you are feeling worried, very upset, or depressed. There are many ways to try to help you feel better. Your doctor or counselor will be able to help find the right treatment for you.

Health tips

The following are ways you can take charge of your health:

- **Be honest.** Your doctor needs to know *all* the facts to best help you. This includes if you are on any special diets, are taking any medicines, or have any health problems.
- **Ask questions.** It's important that you understand the health information and advice you are receiving and that you can trust the source. Sometimes medical terms can be confusing, so don't be afraid to ask questions. No question is stupid!
- **Talk with your parents.** If it's possible, try talking with your parents. Your doctor may have suggestions on what you can say.
- **Keep in touch with your doctor.** Check in with your doctor once a year, not only when you are sick. Make sure your doctor has your current address and phone number. Keep your doctor's contact information too.
- **Be responsible.** Seek help and advice when you need it. Don't miss your appointments; reschedule visits when needed; and follow up with your doctor when you have questions.

An important message for parents

Now that your son or daughter is a teenager, his or her body and feelings are changing. It's important to keep a close relationship with your teen, but this also means encouraging the ability to make healthy decisions and allowing your teen to talk alone with the doctor at each visit. This will help your teen learn about himself or herself, develop a trusting relationship, and make healthy decisions. The doctor will encourage your teen to share information with you, but there may be some things he or she would rather talk about initially with the doctor, and that's OK. The most important thing is that your teen is talking with a responsible adult about his or her health concerns.

For more information:

Centers for Disease Control and Prevention	Planned Parenthood
Center for Young Women's Health (Children's Hospital Boston)	Sex, etc. (sex education for teens by teens developed by Answer, Rutgers University)
The Medical Institute	STD Wizard
Parents, Families and Friends of Lesbians and Gays	Young Men's Health (Children's Hospital Boston)

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Source: American Academy of Pediatrics (Copyright © 2010)

for today's teens: a message from your pediatrician



Now that you are getting older, you have different health needs than you did when you were younger. However, your pediatrician is still there to help you stay healthy.

Just ask

Beginning when you are about 11 or 12 years old, your pediatrician might suggest that you spend some time alone with him or her during your health care visits. Why? While it's always important to talk with parents about some personal things in your life, it can be really hard. But you can always ask your pediatrician about personal stuff. They've heard it all! Plus, your pediatrician cares about your health and wants to help you in any way.

Talking with your pediatrician is a great way to get the answers about how your body works, how to take care of yourself, how to handle your emotions, how to stay healthy, and how to talk about these things with your parents.

Remember, your pediatrician will keep most of what you talk about private! This is called *confidentiality*. There may exceptions, like if your life or someone else's life is in danger. And in some states the law may require pediatricians to share certain information. At your next visit feel free to ask your pediatrician about what's confidential.

Take charge!

Some kids your age only see their pediatrician when they are sick or hurt. But staying healthy means more than just seeing a doctor when something is wrong. You're getting old enough to start taking charge of your own health. This means preventing problems before they start.

So, see your pediatrician once a year, just to make sure everything is OK.

Of course, you should also see your pediatrician when you are sick or hurt.

Important stuff

Hopefully you feel comfortable enough with your pediatrician to ask anything, even stuff that's a little embarrassing. But in case you're wondering what kinds of things pediatricians can help you with, check out the following list:

• Sports or school physicals

If you play sports, you probably need to get a physical before you can play. Some kids need a physical before the start of a new school year. This is a great time to talk with your pediatrician about your health and how to avoid injuries and stay healthy and fit.

• Treatment of illnesses or injuries

Have you been sick lately? Did you get hurt recently? These are important things to tell your pediatrician about, even if you think they're no big deal. Let your pediatrician know about any pain you have or anything that feels different.

• Growth and development

Your body is changing fast and you might want to talk about what's going on. Don't know where to start? You may want to ask

—Will I be as tall as my parents?

—What can I do about these pimples?

—Am I fat?

—Why are my breasts uneven? (Girls—The answer is often normal variation.)

—Why are my pajamas wet in the morning? (Guys—The answer is almost always nocturnal emission or "wet dream.")

• Personal and/or family problems

Having a hard time dealing with your friends or family? Feel like your parents just don't understand you? Maybe you're being teased at school, feeling pressure from some friends, or being bullied. All of these things can be pretty hard to deal with. If you don't know where to turn, remember that your pediatrician is there to help. Just ask.

• School problems

You may worry about your grades and your future. Maybe you're finding it hard to keep up with school, a job, sports, or other activities. Your pediatrician may be able to help you through this busy time of your life.

• Alcohol and drug use

You probably know kids who are using cigarettes, alcohol, or other drugs. Maybe you've been tempted to try these things too. But don't forget—what's right for them might not always be right for you.

Becoming an adult means more than just getting taller. It also means you have to make decisions about your life, not letting someone else make them for you. Your pediatrician can explain how smoking, drinking, or taking other drugs can affect you and why it's smart to stay away from them.

• Sex

During visits with your pediatrician, you'll have a chance to ask questions about dating, sex, and other personal stuff. It's important to make the right choices about sex now. The wrong choice could affect the rest of your life. The good news is, whatever you and your pediatrician talk about is private so go ahead and ask about sex, how to protect yourself against sexually transmitted infections (STIs) and pregnancy, or whatever else you want to know about.

- **Conflicts with parents**

Having any problems at home? Does it sometimes seem like no one understands you or respects your ideas? You're not alone. If you have a problem that your parents may not understand, talk with your pediatrician. Sometimes an outside person can give a better view of these difficult situations. Your pediatrician might also have some ideas on how to get through to your parents.

- **Referrals to other doctors for special health needs**

You may have a medical problem that will require you to see a different doctor or specialist. In that case, your pediatrician can refer you to another doctor who can help you. But even though you may need to see a specialist, your pediatrician still cares about your health and wants to see you for regular checkups or illnesses.

What you can do to stay healthy

To get a head start on taking charge of your own health, use the following list to keep yourself healthy:

- Eat right and get plenty of sleep (most teens need 9–10 hours a night).
- Know how to handle minor injuries like cuts and bruises, as well as minor illnesses like colds.
- Know how to get medical help for things like vomiting, headache, high fever, earache, sore throat, diarrhea, or stomach pain.
- Ask for help if you have sleep problems, sadness, family stress, school problems, problems with alcohol or other drugs, or trouble getting along with friends, family, or teachers.
- Don't use alcohol, cigarettes, smokeless tobacco (chew), and other drugs.
- Delay having sex or use protection if you choose to have sex.
- Exercise regularly.
- Always wear your seat belt when you are in a car or truck.

As you become an adult, you'll face many challenges. With help from your pediatrician, you'll learn how to make the right decisions that will help you grow up healthy.

The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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Effects of Puberty on Sports Performance: What Parents Need to Know

There appears to be increasing numbers of children who specialize in a single sport at an early age and train year-round for this sport. While the lure of a college scholarship or a professional career can motivate young athletes (and their parents) to commit to specialized training regimens at an early age, **the American Academy of Pediatrics (AAP) recommends avoiding specializing in one sport before puberty.**

The Growing & Maturing Skeleton

Puberty is a period of rapid growth.

- **Girls:** On average, rapid growth occurs around age eleven and a half, but it can begin as early as eight or as late as fourteen.
- **Boys:** Usually trail behind by about two years—this is why thirteen-year-old girls can, for a time, be a head taller than thirteen-year old boys.



Once puberty begins, both boys and girls go through their **adolescent growth spurt (AGS)**. Needless to say, these changes and the ages at which they occur *can* have an impact on a child's sports performance.

Changes in Athletic Performance during the Adolescent Growth Spurt

Going through puberty can have a significant impact on athletic performance in both positive and negative ways. While increases in body size, hormones, and muscle strength can improve athletic performance, there may be a temporary decline in balance skills and body control during the AGS. Quick increases in height and weight effect the body's center of gravity. Sometimes, the brain has to adjust to this higher observation point, and a teen may seem a bit "clumsy."

This phase especially noticeable in sports that require good balance and body control (e.g. figure skating, diving, gymnastics, basketball). In addition, longer arms and legs can affect throwing any type of ball, hitting with a bat or racquet, catching with a glove or lacrosse stick, swimming and jumping. Coaches and trainers that are aware of the AGS can help reduce athletic awkwardness by incorporating specific aspects of training into practices and training sessions.

Understanding Growth Plates

Children's bones differ from adults. Inside the ends of their bones is a section of cartilage that eventually turns into bone when they are finished growing. This section of cartilage, called the **growth plate**, is actually responsible for growth. It is much more delicate than the surrounding bone, muscle, tendons or ligaments. The growth plate is also weakest during periods of most rapid growth or AGS. Injury to the growth plate can limit the ability for the bone to grow properly.

What causes growth plate injuries?

Injuries to the growth plate are fractures. Some growth plate injuries are caused by an acute event, such as a fall or a blow to a limb, while others result from overuse or repetitive stress to the growth plate. For example, a gymnast who practices tumbling routines for many hours each week, a long-distance runner ramping up mileage in preparation for a race, or a baseball pitcher perfecting his fastball are all at risk for developing overuse injuries to a growth plate.

Prevent ACL Injuries

As pre-teens enter into puberty and grow taller and heavier, their risk of anterior cruciate ligament (ACL) injury increases. The ACL is one of the main ligaments providing stability to the knee.

According to the 2014 AAP clinical report, ACL injury risk begins to increase significantly at 12 to 13 years of age in girls and at 14 to 15 years of age in boys. Teenage girls are at higher risk of ACL injury, because they tend to use their muscles differently than boys during sports skills such as jumping and landing. During puberty, body size increases for both sexes, but boys also get a burst of testosterone which results in larger, stronger muscles to control their new body; girls do not get this same rapid growth in muscle power. Watch the video, *Preventing ACL Injuries in Young Athletes*, for more information.

Remember, Puberty is Temporary

It is important for parents to stay positive and seek out coaches who are well-versed in the nuances of puberty and AGS. Being constantly yelled at by a coach or put down by a disappointed parent can cause the child to quit the sport altogether.

Your job as a parent isn't to produce another Olympian—it's to make sure your kids fall in love with an activity in a lasting way so they become healthy adults. Support and encourage them to make fitness a way of life!

Additional Information:

- [Preventing Overuse Injuries](#)
- [Knee Pain: How to Choose the Right Knee Brace for Your Child](#)
- [Safe Weight Loss and Weight Gain for Young Athletes](#)
- [Intensive Training and Sports Specialization in Young Athletes](#) (AAP Policy Statement)
- [Anterior Cruciate Ligament Injuries: Diagnosis, Treatment, and Prevention](#) (AAP Clinical Report)

Author: Suanne Kowal-Connelly, MD, FAAP

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Source: American Academy of Pediatrics (Copyright © 2016)

Managing Money

Money management skills are acquired through trial and error, and the sooner the lessons begin the better. Waving kids off with “Money doesn’t grow on trees” doesn’t get them thinking critically about setting priorities and making tradeoffs. Neither does opening our wallets to hand over another twenty.

The goal should be to cultivate an attitude that values responsible spending, long-range planning, and generosity. A fundamental principal is that there’s a difference between what you want and what you need. When instant gratification is expected, nothing feels special and even abundance doesn’t seem like quite enough.



Tips For Building Money Management Savvy in Your Teen

- When children have their own money to manage — whether it’s a weekly allowance, a clothing budget or a set amount of spending money for vacation — they gain control over their financial destiny.
- Give an allowance to build money management skills rather than in exchange for chores. Instead, establish an expectation that everyone pitches in around the house. Then let your child earn “extra pay” for bigger jobs, such as washing the car or cleaning the basement.
- Once you set the expectations for your child’s allowance, step back. You want your child to experience both the pleasure of spending well, as well as the letdown from wasting money.
- Children learn about thriftiness and generosity when they see their parents forego something because they want to put money aside for vacation or make a donation in a friend’s memory.
- Because credit cards target young adults, it makes sense to introduce your adolescent to the pros and cons of plastic before he falls for a sign-up offer as a college student. A first step is to allow your child to have a debit card linked to a bank account because it reinforces that you can only spend what you have.
- Monitoring is key if you decide to give your adolescent a credit card. Review monthly statements as a basis for deciding whether the privilege should be extended. You want your teen to learn from poor choices, but you don’t want to have to bail your teen out of debt. A reasonable step is to give your child a pre-paid credit card, which puts a cap on spending. Make sure he knows about interest and the fees and penalties of late payment.
- **Let your child see your financial brain at work.** Show her how you come up with a household budget, write checks, pay bills on line, make payments to your mortgage or student loan, look for bargains, and use coupons.
- **Use the Internet to teach comparative shopping skills.** When your teen needs a big-ticket item, encourage him to look on line for pricing. After he’s narrowed the choices, then either go store shopping or order on line – teach him to consider travel expenses versus shipping costs.
- **Give a clothes budget.** Rather than debate every item, set an amount and tell her what she has to spend for back-to-school clothes. Your daughter can buy expensive jeans if she likes, but she’ll learn she won’t have much left over for other items.
- **Make lists.** When we go to the store without a list, we buy stuff we don’t really need, and come home without an item needed for dinner. Teaching kids to make lists helps them prioritize their spending.

- **Support causes as a family.** A home that commits to charity is a home that understands it has blessings. Encourage your child to identify a cause she'd like to support then find ways your family can make a donation. Perhaps you skip pizza night, or you can sacrifice something that is wanted but not needed.
- **Consider having older teens budget for a year.** Guarantee food and housing, but have him create a budget for transportation, clothing, entertainment, snacking, etc. Put money into a bank account for him to manage. If he runs out of money, he won't starve or be homeless, but he'll learn the lesson of savings. He'll also learn that if he wants extra money, he'll need to work.
- **Get a job?** Working can help a teen understand the value of money and develop practical and interpersonal skills. However, research demonstrates that teens who work more than 20 hours per week may be less likely to succeed in school.

Bottom Line: If a person has to wait until adulthood to learn to manage money, she likely never will.

Last Updated: 11/21/2015

Source: Excerpted and edited from "Letting Go with Love and Confidence: Raising Responsible, Resilient, Self-Sufficient Teens in the 21st Century." Kenneth Ginsburg and Susan FitzGerald. Avery Press, Penguin Books, 2011

Teen Crisis Help Numbers

National Suicide Hotline. Available 24/7 Helps individuals in suicidal crisis with support
Dial: 988
<https://988lifeline.org/talk-to-someone-now/>

Georgia Crisis & Access Line (GCAL) 1-800-715-4225

Crisis Textline. Available 24/7

Support to all individuals in crisis
Text "HELLO" to 741741
www.crisistextline.org

Trevor Project Lifeline. Available 24/7 Confidential suicide hotline for LGBT youth 866-488-7386;
<https://www.thetrevorproject.org>

National Human Trafficking Resource Center
Available 24/7
Confidential hotline 1-888-373-7888 24/7
Text "HELP" or "INFO" to 2333733
<https://humantraffickinghotline.org/>

Substance Abuse Mental Health Awareness National Helpline. 24/7, English and Spanish
Support & referral for drug and alcohol services
1-800-662-HELP (4357)
<https://www.samhsa.gov/find-help/national-helpline>

National Sexual Assault Hotline. Available 24/7 Supports victims of sexual assault, LGBT-inclusive
1-800-656-HOPE
24/7 or Online Counseling at www.rainn.org

National Eating Disorders Helpline
Available Mon.-Thurs. 9:00am – 9:00pm, Fri. from 9:00am-5:00pm (EST)

Support, resources and treatment options for people struggling with eating disorders
Hotline 1-800-931-2237
www.nationaleatingdisorders.org

RAISING RESILIENCE

in high schoolers

STRONG⁴LIFE™



Life can be difficult at times; there's no way around it. Even though we cannot protect our kids from all the challenges they'll face, we can help prepare them by building resilience. All kids are born with the capacity to become resilient, but they need our help along the way. Here are some things you can do to help.



Resilience:

The ability to handle life's ups and downs.

Sleep



Getting enough quality sleep can have a positive impact on mood, focus and behavior. Your teen should be getting 8 to 10 hours of sleep.

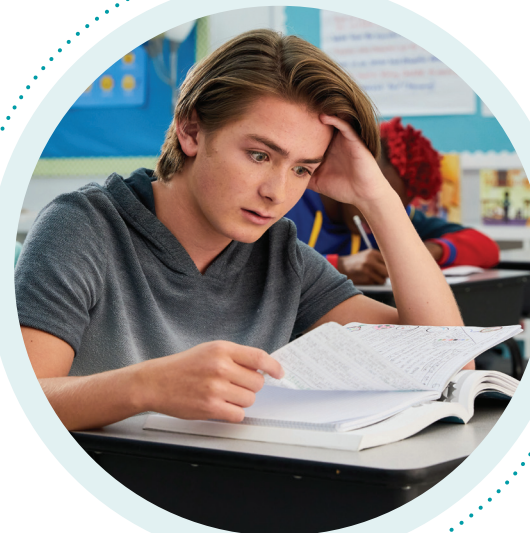


Your teen may struggle with planning, focus, organization, problem-solving and decision-making because the part of the brain responsible for these functions isn't fully developed until around age 25.

Managing academic pressure and anxiety

Here are some signs of school-related anxiety:

- Frequent physical complaints with no known medical cause (e.g., headaches or stomachaches)
- Trying to avoid school
- Constantly worrying about school
- Being "on edge," irritable or tearful



RESPOND BY	TRY SAYING	INSTEAD OF
Asking open-ended questions and allowing your teen to share their feelings	"How are you feeling about that class?"	"Have you studied enough? Are you worried you're going to fail?"
Validating your teen's feelings so they feel understood	"I can tell this is important to you and that you're feeling overwhelmed."	"Don't worry about it—you'll be fine!"
Helping your teen learn to manage their feelings , not avoid them	"It's normal to feel nervous. The more prepared you are, the better you will feel. Let's practice your presentation together after dinner."	"I get that you're nervous to present in front of your class. I'll ask your teacher if you can do something else."
Focusing on effort , not outcomes	"I'm really proud of how hard you've worked this year."	"I'm really proud of all of the A's on your report card."



Helping your teen manage feelings and stress

Taking care of both their bodies and minds is one of the best ways teens learn how to manage feelings and handle stress. Encouraging your teen to practice healthy habits can have a positive impact on their mood, focus and behavior.

- **Nutrition:** Drink water and eat three balanced meals, along with two to three snacks at consistent times each day.
- **Physical activity:** Encourage your teen to incorporate movement into the day by going on walks or runs, stretching, riding a bike or putting on music and dancing.
- **Sleep:** Turn off screens and electronics an hour before bedtime, and leave them out of the bedroom to get quality rest.
- **Balance:** Encourage your teen to explore a variety of interests. Having other hobbies or interests can help prevent them from feeling as though their identity is solely defined by their success in school, sports, etc.
- **Coping:** Whether it's journaling, listening to music or deep breathing, practicing healthy coping skills regularly can help reduce (and sometimes prevent) stress.
- **Downtime:** Leave plenty of free time to unwind, be creative and connect with family and friends.

Building independence

- **Let your teen try problem-solving on their own.** You may want to help fix things for your teen, but they need to practice solving their problems now to have the confidence to do it on their own later.
- **Offer support when needed.** When your teen asks for help, try asking them, "How do you think you can fix that problem?" and then offering support as needed.
- **Give your teen responsibilities.** Show your teen how to do a task, and be clear about your expectations. Some examples of age-appropriate responsibilities include doing laundry, helping in the kitchen, taking out the trash, doing yardwork, feeding the family pet(s), etc.
- **Understand that mistakes are OK.** Mistakes can be challenging, but learning from them builds confidence and helps teens learn how to do things differently in the future.

This is general information and not specific medical advice. Always consult with a doctor or healthcare provider if you have questions or concerns about the health of a child.

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For more expert advice on raising resilient kids,
visit **Strong4Life.com/resilience**.

Building resilient children at 12 to 14 years old

Resilient children
are better able to
handle life's ups
and downs.

What is happening at 12 to 14 years old?

- Your child may start having a lot of feelings about her appearance.
- You may notice a shift in your child's self-esteem. The sense of doubt and lowered self-esteem could lead to feeling intense levels of peer pressure.
- Your child should be getting 9 to 12 hours of sleep in a 24-hour period.

Your hormonal teenager

Your teen is experiencing intense hormonal changes and rapid brain development. This could cause your child to act emotionally, make questionable decisions, have a hard time understanding social cues and have conflicts with his peers. These changes do not mean your child is incapable of making good decisions or that your child should be excused from the results of his actions. They do, however, help you make sense of why your teen is acting a certain way.

As children grow older, they face more and more daily challenges. How they deal with those challenges depends on their resilience. Your child can develop, early in her life, tools to manage and cope with her emotions. By helping her develop these tools, you are helping mold her long-term physical and emotional wellness for the better. **Below are some tips to help your 12- to 14-year-old build resilience.**

Connecting with your teen (or pre-teen)

Now, more than ever, you may feel distant from your child. The most important thing to remember is to never stop trying to bond and communicate with your child.

Take 5 for quality time

Carve out time each day to connect with your child. Devote at least five minutes of uninterrupted, distraction-free time for your child (the longer the better!).

Trying new things

Encourage your child to become more independent by engaging in things she enjoys and trying new things! Get to know your child's interests, as well as her friends, her friends' parents and the other adults in her life (such as coaches and teachers). Allow your child time to have free play, reading and quiet time as well.

Listening

Listen and talk with your child without judgment. Even if you don't agree with her thoughts, let her know that you understand where she is coming from.

Being open and honest

Be open and honest with your child about difficult topics surrounding her. Also, be honest about things occurring within your own family, and tell your child important information.

Dealing with conflict

When there is conflict between you and your child, be open to compromise, validate her feelings, and be respectful, to make sure the conflict is settled in a helpful way. Encourage your child to handle conflicts the same way with friends. Help your child learn how to make her own mistakes and to apologize or make things better as needed.

Screen time

This is a critical time to closely monitor and set limits on your child's screen time, media and devices.

- Have conversations with your children about things he may be exposed to via media, such as violence, sex and other concepts your child may not be familiar with.
- Monitor your child's electronic usage via apps and other technology.
- Place parental monitoring and blocks on websites and media on all devices in the home.
- Do not allow devices to be used in privacy.
- Stop the use of electronics at least one hour before bedtime to ensure your child gets restful sleep. Sleep is very important for emotional and physical wellness during adolescence.

Helping your child express and manage feelings



Happy



Mad



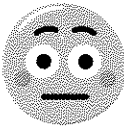
Sad



Hurt



Excited



Embarrassed



Disappointed



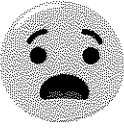
Worried



Lonely



Jealous



Scared



Frustrated



Guilt



Overwhelmed



Surprised

It's important to talk about feelings with your child so that she can express those feelings on her own. Use the short list of faces as a starting point, and use your own experiences and other examples to teach your child about different feelings.

Your child may not feel comfortable sharing all of her feelings with you. If that is the case, encourage your child to talk and share with other trusted adults.

Academic pressure and anxiety

Your child may be feeling more and more pressure to do well in school during this phase of life. Take time to talk with her about having realistic expectations and a healthy relationship with school. Praise her effort instead of just the end result. Model for her that it's OK to make mistakes and fail. Encourage her to use these opportunities to learn and grow, rather than thinking extreme thoughts, such as one bad grade means she won't get into college.

Raising a Resilient Middle Schooler

Resilient children
are better able to
handle life's ups
and downs.

Your child is adjusting to new teachers, a new classroom, a new schedule and new friends—which can be both exciting and overwhelming at the same time! How children deal with challenges depends on their resilience. With your help, your child can develop tools to manage and cope with her emotions. Here are some tips to help your middle schooler build resilience and get her school year off to a great start.

Staying close to your middle schooler

What might seem like a small problem to you may be overwhelming for your child. Here are some communication tips to help support your child.

Communication Strategy	Say This	Avoid This
Listen. Listen to and talk with your child without judgment. Make time each day (even 5 minutes) to have uninterrupted conversations.	"I would love to hear more about how your math test went. I know you were nervous!"	"I'm sure you did fine on the test."
Compromise. Your child may be seeking more independence. Find ways to help balance home and school life so your child feels like she has a voice.	"I know you really want to go to the basketball game. If you finish your assignment, you may go."	"No, you're not going to the game tonight. You have an assignment due Monday."
Resolve conflict. If you get into an argument, model how to make the situation better. That also means admitting when you are wrong and apologizing.	"I am sorry I snapped. I feel frustrated when you forget things, but I apologize for my tone of voice."	"I don't want to talk about it this morning. You should know better than to do that!"

Getting rest to be your best

Getting enough sleep helps your child's brain recharge and can improve his attention span, memory and mood.

- **Power down 1 hour before bed.** Bedrooms should be a screen-free zone (e.g., no TV, tablets, gaming systems or phones). The blue light from screens affects the ability to fall (and stay) asleep.
- **Stick to a bedtime and wake time.** The timing of your child's internal clock may begin to shift, causing him to want to go to bed later and sleep in. Sticking to a similar schedule (during the week, on the weekends and during breaks) will help promote more restful, high-quality sleep.

Testing

Creating strong routines and study habits can help build your child's test-taking skills.

- ✓ Boost your child's confidence by encouraging her to be well-prepared, well-rested and fueled with good nutrition.
- ✓ Have your child keep an agenda or calendar of all her tasks to stay organized and be on the lookout for upcoming deadlines and tests.

Setting and enforcing limits

- Be firm and clear, but not too rigid. Avoid setting extreme (or excessive) limits. Compromise with your child and remain calm when discussing the limits.
- Set expectations for each day. You and your child can determine his priorities, such as completing homework and projects in a timely manner.
- Be consistent. Letting your child know what to expect can help prevent future conflict. If he thinks he can get you to change your mind, he may continue to push back.
- Avoid overscheduling. Try to limit extracurricular activities and events. Unstructured time is a great opportunity for children to be creative, read, rest and spend quality time with family.

Letting your child fail

- ✓ Gently remind your child about the consequences of her actions, and then allow her to see how it plays out.
- ✓ Remember that everyone makes mistakes. Ask your child to reflect on what she learned from an experience she may not be proud of.
- ✓ Share your own failures. Let your child know that you aren't perfect either. Share stories of your own failures and the lessons you learned from those experiences.
- ✓ Teach self-compassion. Use active listening to help your child feel understood, and then help her learn how to be kind to herself when she makes a mistake.
- ✓ Get her out of her comfort zone. Most children like to play it safe and only do things they know they're good at, and they need help learning to try new things.



Preteens ages 11 to 12 typically need 9 to 12 hours of sleep in a 24-hour period. Teens 13 and up typically need 8 to 10 hours of sleep in a 24-hour period.

Coping Skill Idea

Progressive Muscle Relaxation

Stress causes our muscles to be tense and tight. Progressive muscle relaxation teaches you to relax your mind and to relieve stress by learning to slowly and progressively tense and then relax your muscles, one group at a time. This helps to improve focus and self-control, and it allows us to take charge of our emotions.

How to practice progressive muscle relaxation

- Take a deep breath by inhaling through your nose, holding it for a few seconds and exhaling slowly through your mouth. Notice your stomach rising and your lungs filling with air as you inhale. As you exhale, imagine the tension in your body being released and flowing out of your body. Do not hold your breath while doing this exercise.
 - After you tighten each muscle group, you will relax and allow the tension to flow out of your body. In between working on each muscle group, pause and breathe slowly.
1. Tighten the muscles in your face by scrunching up your nose and mouth. Hold for 5 seconds and then relax.
 2. Tighten your eye muscles by squinting your eyelids tightly shut. Hold for 5 seconds and then relax.
 3. Smile widely, feeling your mouth and cheeks tense. Hold for 5 seconds and then relax.
 4. Lift your shoulders up as if they can touch your ears. Hold for about 5 seconds and then relax.
 5. Clench your fists by pretending to squeeze an orange or lemon. Squeeze for 5 seconds, as if you are getting all of the juice out of the piece of fruit, then relax.
 6. Tense both arms. Hold for 5 seconds and then relax.
 7. Tighten the muscles in your stomach by sucking them in. Hold for 5 seconds and then relax.
 8. Tighten your legs and thighs. Hold for 5 seconds and then relax.
 9. Tighten your feet and toes. Imagine that your feet are in sand or mud. Hold for 5 seconds and then relax.
 10. Take several deep breaths as your entire body becomes loose and relaxed. As you exhale, allow any lingering tension to flow out of your body. Imagine you are a rag doll as your entire body (head to toe) feels warm, loose and relaxed.

Remind your child that this exercise can be done at any time throughout the day, wherever you are, such as when he is feeling anxious, angry or needs to calm down before bedtime.

Tips for making progressive muscle relaxation work for your child

- ✓ You can make the exercise simpler and shorter by selecting only a few muscle groups, such as your forehead, hands and feet. You can even pick one muscle group, such as focusing on clenching and relaxing the hands. Regardless of how many you focus on and how long you pause in between, make sure to go slowly and take deep breaths throughout the exercise.
- ✓ Keep in mind that you should be tensing your muscles, but not to the point of straining them. If you are uncomfortable or feel any pain, stop.
- ✓ Some people prefer to close their eyes so that they can visualize the muscles tensing and relaxing, but if that is not comfortable for your child, she can keep her eyes open.
- ✓ You can start from the top and work down your body, or start at your feet and work your way up. Do whatever feels most comfortable and helpful for you.

Helpful Hint

It's difficult to learn things when we are anxious, angry or too distracted, so it is important to try new coping skills during a time when your child is calm instead of during a time of stress. A skill that works one day might not work the next, so encourage your child to try different strategies to help build her coping skills toolbox. Keep in mind that your child is watching and listening to you, so it's important that you practice with your child and role model using healthy coping skills to manage your own stress and emotions.

Coping Skill Idea

Deep Belly Breathing

Remind your child that this coping skill can be used at any time, when she wants to calm down and refocus her mind and body. Ask your child when she thinks that this may be helpful for her; perhaps it is before a test or on the way to soccer practice.

We breathe all day long and almost never think about it! Taking deep breaths can improve your child's ability to focus and better handle his emotions by slowing down his heart rate, allowing his muscles to relax and calming his mind and body.

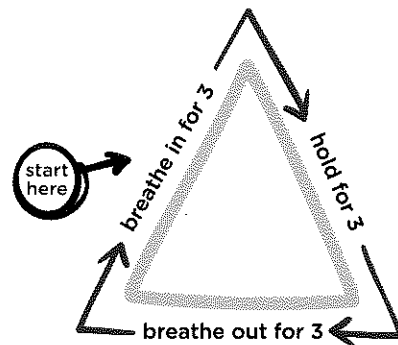
How to practice deep breathing

1. Put your hand on your stomach so that you can feel your stomach filling with air.
2. Inhale through your nose.
3. Feel your belly fill with air and hold it for a few seconds.
4. Exhale through your mouth.
5. Repeat several times.



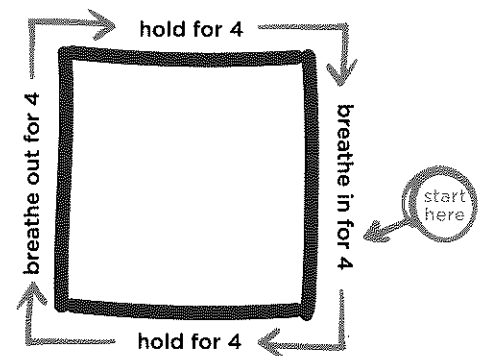
Make deep breathing fun

- ✓ Think of your belly as a balloon. As you breathe in, let the balloon fill with air, then breathe out and let the balloon deflate.
- ✓ Practice taking deep breaths by inhaling and then exhaling as you blow bubbles, or blow on feathers, dandelions or a pinwheel.
- ✓ Lie down and place a small object on your stomach so that you can see the object rising and falling with each breath.
- ✓ Inhale as if you are smelling a flower, and exhale as if you are blowing out birthday candles.
- ✓ You can trace shapes to help you focus on your breathing. Use the triangle and square shapes to practice.



Triangle breathing

- Start at the bottom left of the triangle.
- Breathe in for 3 counts as you trace the first side of the triangle.
- Hold your breath for 3 counts as you trace the second side of the triangle.
- Breathe out for 3 counts as you trace the final side of the triangle.
- You have just completed 1 deep breath!



Square breathing

- Start at the bottom right of the square. Breathe in for 4 counts as you trace the first side of the square.
- Hold your breath for 4 counts as you trace the second side of the square.
- Breathe out for 4 counts as you trace the third side of the square.
- Hold your breath for 4 counts as you trace the final side of the square.
- You just completed 1 deep breath!



Helpful hint: It's difficult to learn things when we are anxious, angry or too distracted, so it is important to try new coping skills during a time when your child is calm instead of during a time of stress. A skill that works one day might not work the next, so encourage your child to try different strategies to help build her coping skills toolbox. Keep in mind that your child is watching and listening to you, so it's important that you practice with your child and role model using healthy coping skills to manage your own stress and emotions.

Coping Skill Idea

Grounding Your Body and Mind

Grounding exercises can improve concentration, decrease anxiety and enhance decision-making and problem-solving skills. This is an exercise to help develop awareness and to focus the mind on the present moment. Use a gentle voice to prompt your child to pay attention to what's happening around her; this will allow her to stay in the present moment and stay calm.

How to practice grounding

- To help calm a busy mind, start by taking several slow, deep breaths in through your nose and out through your mouth.
- Next, use your 5 senses to notice the following:



5 things you can see around you. Maybe it's a book, a paintbrush or a chair. However near or far, big or small, name 5 things you can see right now.



4 things you can touch around you. Maybe it's your dog, your desk or your leg. However big or small, name 4 things you can touch and feel around you right now.



3 things you can hear around you. Maybe it's a ticking clock, a car alarm or a dog barking. Name 3 things you can hear right now.



2 things you can smell. Maybe it's the scent of soap or lotion on your hands, air freshener or freshly cut grass. Name 2 things you can smell right now.



1 thing you can taste. Maybe you taste the gum you are chewing or the snack you just ate. Name 1 thing you can taste.

- How does your body feel after completing this exercise? Are you relaxed? Is your mind calmer? Did your intense feelings decrease?

Remind your child that this coping skill can be used at any time, when she wants to calm down and refocus her mind and body. Ask your child when she thinks that this may be helpful for her; perhaps it is before a test or on the way to soccer practice.



PARENT TIP: *This exercise can be shortened depending on how much time you have. For example, if your child is nervous at the doctor's office, you may want to help him take a few deep breaths and then name 3 things he can see around him (but not address all 5 senses). Focusing his attention on that may make him less nervous about the doctor's appointment.*

How to make grounding fun!

- Take your child outside to try this exercise. Encourage her to pay attention to what is outside in the environment. What does she see? Hear? Feel? Smell?
- Remove 1 of the senses (sight). Ask her to close her eyes and pay attention to what she can hear, smell, taste and touch. Did things change once she had her eyes closed? Was it easier for her to hear noises that were quiet or farther away? Keep in mind that closing eyes can feel unsafe for some children. Never force them to close their eyes if they are uncomfortable.
- For those who need more specific instructions, ask her to look around and name 3 objects that are round, 2 things that are soft, 1 thing that makes noise, etc. You can come up with many options to help your child pay attention to the present moment!

Helpful Hint

It's difficult to learn things when we are anxious, angry or too distracted, so it is important to try new coping skills during a time when your child is calm instead of during a time of stress. A skill that works one day might not work the next, so encourage your child to try different strategies to help build her coping skills toolbox. Keep in mind that your child is watching and listening to you, so it's important that you practice with your child and role model using healthy coping skills to manage your own stress and emotions.

Coping Skills

for Older Children (ages 7 to 14)

Learning to manage our emotions begins when we are young and continues throughout our entire lives. Help support your child in developing healthy habits and skills to manage her emotions and to deal with stress with the following coping methods.

Practice coping skills regularly, not only when your child is upset. Practicing (and introducing) these skills when your child is calm helps her to be more prepared when the emotions or stress hit.

- Take deep belly breaths
- Listen to music
- Take a quiet break
- Go for a walk, run or hike
- Look at pictures from a happy memory
- Do 10 jumping jacks
- Play an instrument
- Tighten muscles, then relax them
- Bounce a ball
- Have a drink of cold water
- Play a board game
- Work on a puzzle
- Make a list of your strengths
- Journal or write someone a letter
- Squeeze a stress ball
- Stretch
- Close your eyes and think of a safe, happy place
- Jump rope or hula hoop
- Sing a song
- Build with Legos
- Draw, paint or color
- Clean or organize
- Count to 10 or count backward from 100
- Share your feelings with someone you trust
- Cuddle or play with your pet
- Write a song or poem
- Blow bubbles
- Think about something that makes you laugh
- Read a book or magazine
- Put on a favorite song and dance

Tips

- ✓ Help your child label his feelings, and encourage him to use coping skills. For example: "It seems like you feel disappointed when your team loses a game. What are some ways you can help yourself feel better when that happens? I know that listening to your favorite song usually helps you feel happy."
- ✓ Model coping skills for yourself and the whole family. Explain the connection between feelings and healthy coping strategies. For example: "I'm feeling stressed after a hard day at work. I am going to take the dog for a walk to help me calm down. Would you like to join me?"
- ✓ Help your child build a long list of coping skills so that she has lots of options to pick from (because what works one day may not work the next). The list should include things she can do inside or outside, things that don't cost any money and things you can do together. There is no age limit on coping skills, so let your child pick which ones work best for her.

Q & A THE FACTS ABOUT CHILDHOOD VACCINES: WHAT YOU SHOULD KNOW

Volume 11
Summer 2020

Q. How can parents sort out conflicting information about vaccines?

A. Decisions about vaccine safety must be based on well-controlled scientific studies.

Parents are often confronted with “scientific” information found on television, on the internet, in magazines and in books that conflicts with information provided by healthcare professionals. But few parents have the background in microbiology, immunology, epidemiology and statistics to separate good scientific studies from poor studies. Parents and physicians benefit from the expert guidance of specialists with experience and training in these disciplines.

Committees of these experts are composed of scientists, clinicians and other caregivers who are as passionately devoted to our children’s health as they are to their own children’s health. They serve the Centers for Disease Control and Prevention (cdc.gov/vaccines), the American Academy of Pediatrics (aap.org), the American Academy of Family Physicians (aafp.org), the American College of Obstetricians and Gynecologists (acog.org), and the National Foundation of Infectious Diseases (nfid.org), among other groups. These organizations provide excellent information to parents and healthcare professionals through their websites. Their task is to determine whether scientific studies are carefully performed, published in reputable journals and, most importantly, reproducible. Information that fails to meet these standards is viewed as unreliable.



When it comes to issues of vaccine safety, these groups have served us well. They were the first to figure out that intestinal blockage was a rare consequence of the first rotavirus vaccine, and the vaccine was quickly discontinued. And, they recommended a change from the oral polio vaccine, which was a rare cause of paralysis, to the polio shot when it was clear that the risks of the oral polio vaccine outweighed its benefits.

These groups have also investigated possible relationships between vaccines and asthma, diabetes, multiple sclerosis, SIDS and autism. No studies have reliably established a causal link between vaccines and these diseases — if they did, the questioned vaccines would be withdrawn from use.

Q. Are vaccines still necessary?

A. Although several of the diseases that vaccines prevent have been dramatically reduced or eliminated, vaccines are still necessary:

- To prevent common infections

Some diseases are so common that a choice not to get a vaccine is a choice to get infected. For example, choosing not to get the pertussis (whooping cough) vaccine is a choice to risk a serious and occasionally fatal infection.

- To prevent infections that could easily re-emerge

Some diseases can easily re-emerge with relatively small decreases in immunization rates (for example, measles, mumps and *Haemophilus influenzae* type b, or Hib). We have seen this with measles and mumps. Unvaccinated children are more likely to be infected.

- To prevent infections that are common in other parts of the world

Although some diseases have been completely eliminated (polio) or virtually eliminated (diphtheria) from this country, they still occur commonly in other parts of the world. Children are still paralyzed by polio and sickened by diphtheria in other areas of the world. Because there is a high rate of international travel, outbreaks of these diseases are only a plane ride away.

Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 13th Edition. Hamborsky J, Kroger A, and Wolfe S. eds. Washington, DC: Public Health Foundation; 2015 and Supplement, 2017.

Q. Do vaccines contain additives?

A. Many vaccines contain trace quantities of antibiotics or stabilizers.

Antibiotics are used during the manufacture of vaccines to prevent inadvertent contamination with bacteria or fungi. Trace quantities of antibiotics are present in some vaccines. However, the antibiotics contained in vaccines (neomycin, streptomycin or polymyxin B) are not those commonly given to children. Therefore, children with allergies to antibiotics such as penicillin, amoxicillin, sulfa or cephalosporins can still get vaccines.

Gelatin is used to stabilize live, “weakened” viral vaccines and is also contained in many food products. People with known allergies to gelatin contained in foods may have severe allergic reactions to the gelatin contained in vaccines. However, this reaction is extremely rare.

Offit PA, Jew RK. Addressing parents’ concerns: Do vaccines contain harmful preservatives, adjuvants, additives, or residuals? *Pediatrics*. 2003;112:1394-1401.

American Academy of Pediatrics. In Kimberlin DW, ed. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31st Edition. Elk Grove Village, IL.

Q. Are vaccines made using fetal cells?

A. Viruses require cells in which to reproduce. This means to make viral vaccines, the viruses must be grown in cells in the laboratory. In a few cases, the types of cells chosen were from pregnancies that were terminated electively. The scientists made this decision for two reasons. First, viruses that infect people reproduce best in cells from people. Second, cells isolated from a fetus are not likely to contain viruses because the womb is sterile.

The fetal cells used to grow vaccine viruses were isolated from two elective abortions that occurred in the early 1960s. The cells have been grown in the laboratory since then, and no additional abortions are needed to make the vaccines.

The vaccines made using these cell lines include the chickenpox, rubella (part of MMR), hepatitis A, and rabies (one version) vaccines.

Q. Are vaccines safe?

A. Because vaccines are given to people who are not sick, they are held to the highest standards of safety. As a result, they are among the safest things we put into our bodies.

How does one define the word safe? If safe is defined as “free from any negative effects,” then vaccines aren’t 100% safe. All vaccines have possible side effects. Most side effects are mild, such as fever, or tenderness and swelling where the shot is given. But some side effects from vaccines can be severe. For example, the pertussis vaccine is a very rare cause of persistent, inconsolable crying, high fever or seizures with fever. Although these reactions do not cause permanent harm to the child, they can be quite frightening.

If vaccines cause side effects, wouldn’t it be “safer” to just avoid them? Unfortunately, choosing to avoid vaccines is not a risk-free choice — it is a choice to take a different and much more serious risk. Discontinuing the pertussis vaccine in countries like Japan and England led to a tenfold increase in hospitalizations and deaths from pertussis. And declines in the number of children receiving measles vaccine in the United Kingdom and the United States have led to increases in cases of measles.

When you consider the risk of vaccines and the risk of diseases, vaccines are the safer choice.

Plotkin S, et al. *Vaccines*. 7th Edition. Philadelphia, PA: W.B. Elsevier, 2017.

Q. How can a “one-size-fits-all” approach to vaccines be OK for all children?

A. The recommended immunization schedule is not the same for all children.

In fact, recommendations for particular vaccines often vary based upon individual differences in current and long-term health status, allergies and age. Each vaccine recommendation, often characterized by a single line on the immunization schedule, is supported by about 25 to 40 additional pages of specific instructions for healthcare providers who administer vaccines. In addition, an approximately 190-page document titled “General Best Practice Guidelines for Immunization” serves as the basis for all vaccine administration. The recommendations are updated as needed by the CDC, and a comprehensive update is published every few years.

continued>

Q&A THE FACTS ABOUT CHILDHOOD VACCINES: WHAT YOU SHOULD KNOW

Q. Is the amount of aluminum in vaccines safe?

A. Yes. All of us have aluminum in our bodies and most of us are able to process it effectively. The two main groups of people who cannot process aluminum effectively are severely premature infants who receive large quantities of aluminum in intravenous fluids and people who have long-term kidney failure and receive large quantities of aluminum, primarily in antacids. In both cases, the kidneys are not working properly or at all and the people are exposed to large quantities of aluminum over a long period of time.

The amount of aluminum in vaccines given during the first six months of life is about 4 milligrams, or four-thousandths of a gram. A gram is about one-fifth of a teaspoon of water. In comparison, breast milk ingested during this period will contain about 10 milligrams of aluminum, and infant formulas will contain about 40 milligrams. Soy-based formulas contain about 120 milligrams of aluminum.

When studies were performed to look at the amount of aluminum injected in vaccines, the levels of aluminum in blood did not detectably change. This indicates that the quantity of aluminum in vaccines is minimal as compared with the quantities already found in the blood.

Baylor NW, Egan W, Richman P. Aluminum salts in vaccines – U.S. perspective. *Vaccine*. 2002;20:S18-S23.

Bishop NJ, Morley R, Day JP, Lucas A. Aluminum neurotoxicity in preterm infants receiving intravenous-feeding solutions. *New Engl J Med*. 1997;336:1557-1561.

Committee on Nutrition: Aluminum toxicity in infants and children. *Pediatrics*. 1996;97:413-416.

Ganrot PO. Metabolism and possible health effects of aluminum. *Env. Health Perspective*. 1986;65:363-441.

Keith LS, Jones DE, Chou C. Aluminum toxicokinetics regarding infant diet and vaccinations. *Vaccine*. 2002;20:S13-S17.

Pennington JA. Aluminum content of food and diets. *Food Additives and Contam*. 1987;5:164-232.

Simmer K, Fudge A, Teubner J, James SL. Aluminum concentrations in infant formula. *J Peds and Child Health*. 1990;26:9-11.

Q. Do vaccines cause autism?

A. Carefully performed studies clearly disprove the notion that vaccines cause autism.

Because the signs of autism may appear in the second year of life, at around the same time children receive certain vaccines, and because all causes of autism are unknown, some parents wondered whether vaccines might be at fault. These concerns focused on three hypotheses — autism is caused by the measles-mumps-rubella (MMR) vaccine; thimerosal, an ethylmercury-containing preservative used in vaccines; or receipt of too many vaccines too soon.

A large body of medical and scientific evidence strongly refutes these notions. Multiple studies have found that vaccines do not cause autism. These studies included hundreds of thousands of children, occurred in multiple countries, were conducted by multiple investigators, and were well controlled.

To see summaries of some of these studies and other studies related to vaccine safety concerns, visit vaccine.chop.edu/safety-references.

To find the most up-to-date information about the causes of autism, visit the Autism Science Foundation website, autismsciencefoundation.org.

Q. Does my child still need to get vaccines if I am breastfeeding?

A. Yes. The types of immunity conferred by breastfeeding and immunization are different. Specifically, the antibodies that develop after immunization are made by the baby's own immune system and, therefore, will remain in the form of immunologic memory; this is known as active immunity. In contrast, antibodies in breast milk were made by the maternal immune system, so they will provide short-term protection, but will not last more than a few weeks. These antibodies are usually not as diverse either, so the baby may be protected against some infections but remain susceptible to others. Immunity generated from breast milk is called passive immunity. Passive immunity was practiced historically when patients exposed to diphtheria were given antitoxin produced in horses; antitoxins to snake venoms are also an example of passive immunity.

Q. Do children get too many shots?

A. Newborns commonly manage many challenges to their immune systems at the same time.

Because some children could receive as many as 27 vaccine doses by the time they are 2 years old and as many as six shots in a single visit to the doctor, many parents wonder whether it is safe to give children so many vaccines.

Although the mother's womb is free from bacteria and viruses, newborns immediately face a host of different challenges to their immune systems. From the moment of birth, thousands of different bacteria start to live on the surface of the skin and intestines. By quickly making immune responses to these bacteria, babies keep them from invading the bloodstream and causing serious diseases.

In fact, babies are capable of responding to millions of different viruses and bacteria because they have billions of immunologic cells circulating in the bodies. Therefore, vaccines given in the first two years of life are a raindrop in the ocean of what an infant's immune system successfully encounters and manages every day.

Offit PA, et al. Addressing parents' concerns: Do vaccines weaken or overwhelm the infant's immune system? *Pediatrics*. 2002;109:124-129.

Q. What is the harm of separating, spacing out or withholding some vaccines?

A. Although the vaccine schedule can look intimidating, it is based upon the best scientific information available and is better tested for safety than any alternative schedules.

Experts review studies designed to determine whether the changes are safe in the context of the existing schedule. These are called concomitant use studies.

Separating, spacing out or withholding vaccines causes concern because infants will be susceptible to diseases for longer periods of time. When a child should receive a vaccine is determined by balancing when the recipient is at highest risk of contracting the disease and when the vaccine will generate the best immune response.

Finally, changing the vaccine schedule requires additional doctor's visits. Research measuring cortisol, a hormone associated with stress, has determined that children do not experience more stress when receiving two shots as compared with one shot. Therefore, an increased number of visits for individual shots will mean an increase in the number of stressful situations for the child without benefit. In addition, there is an increased potential for administration errors, more time and travel needed for appointments, potentially increased costs and the possibility that the child will never get some vaccines.

Cohn M, Langman RE. The protection: the unit of humoral immunity selected by evolution. *Immunol Rev*. 1990;115:9-147.

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Ramsay DS, Lewis M. Developmental changes in infant cortisol and behavioral response to inoculation. *Child Dev*. 1994;65:1491-1502.

Tonegawa S, Steinberg C, Dube S, Bernardini A. Evidence for somatic generation of antibody diversity. *Proc Natl Acad Sci USA*. 1974;71:4027-4031.



This information is provided by the Vaccine Education Center at Children's Hospital of Philadelphia. The Center is an educational resource for parents and healthcare professionals and is composed of scientists, physicians, mothers and fathers who are devoted to the study and prevention of infectious diseases. The Vaccine Education Center is funded by endowed chairs from Children's Hospital of Philadelphia. The Center does not receive support from pharmaceutical companies. © 2020 Children's Hospital of Philadelphia. All Rights Reserved. 20121-07-20

Vaccine Safety: The Facts

Some people have expressed concerns about vaccine safety. **The fact is vaccines save lives and protect against the spread of disease.** If you decide not to immunize, you're not only putting your child at risk to catch a disease that is dangerous or deadly but also putting others in contact with your child at risk. Getting vaccinated is much better than getting the disease.

Indeed, some of the most devastating diseases that affect children have been greatly reduced or eradicated completely thanks to vaccination.

Today, we protect children and teens from [16 diseases](#) that can have a terrible effect on their young victims if left unvaccinated.



Your pediatrician knows that you care about your child's health and safety. That's why you need to get all the scientific facts from a medical professional you can trust before making any decisions based on stories you may have seen or heard on TV, the Internet, or from other parents.

Your pediatrician cares about your child, too, and wants you to know that...

- **Vaccines work.** They have kept children healthy and have saved millions of lives for more than 50 years. Most childhood vaccines are 90% to 99% [effective in preventing disease](#). And if a vaccinated child does get the disease, the symptoms are usually less serious than in a child who hasn't been vaccinated. There may be mild side effects, like swelling where the shot was given, but they do not last long. And it is [rare for side effects to be serious](#).
- **Vaccines are safe.** Before a vaccine is licensed in the United States, the Food and Drug Administration (FDA) reviews all aspects of development, including where and how the vaccine is made and the studies that have been conducted in people who received the vaccine. The FDA will not license a vaccine unless it meets standards for effectiveness (how well the vaccine works) and safety. Results of studies get reviewed again by the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians before a licensed vaccine is officially recommended to be given to children. Every lot of vaccine is tested to ensure quality (including safety) before the vaccine reaches the public. In addition, FDA regularly inspects places where vaccines are made.

Watch the Journey of Your Child's Vaccine @ <https://youtu.be/Fcvgp6gNh6o>.

Learn about the three phases of clinical trials, vaccine licensing and manufacturing, how a vaccine is added to the U.S. Recommended Immunization Schedule, and how FDA and CDC monitor vaccine safety after the public begins using the vaccine.

- **Vaccines are necessary.** Your pediatrician believes that your children should receive [all recommended childhood vaccines](#). In the United States vaccines have protected children and continue to protect children from many diseases. However, in many parts of the world many vaccine-preventable diseases that are rarely seen in the United States are still common. Since some vaccine-preventable diseases still occur in the United States and others may be brought

into the United States by Americans who travel abroad or from people visiting areas with current disease outbreaks, it's important that your children are vaccinated.

- **Vaccines are studied.** To monitor the safety of vaccines after licensure, the FDA and the CDC created the Vaccine Adverse Event Reporting System (VAERS). All doctors must report certain side effects of vaccines to VAERS. Parents can also file reports with VAERS. For more information about VAERS, visit www.vaers.hhs.gov or call the toll-free VAERS information line at 800/822-7967. Other systems exist to further study vaccine safety concerns if they are identified in VAERS by FDA and CDC.

Protection for everyone

Just as important as the initial vaccinations are the booster shots. These are designed to continue immunity by building on the previous vaccines' effectiveness. Unfortunately, some parents forget or skip the boosters, which undercut the effectiveness of a very important concept in vaccination: *herd immunity*. Herd immunity is the benefit everyone receives from a vaccinated population once immunization reaches a critical level. When enough people are vaccinated, everyone—including those who are [too young](#) or too sick to be immunized—receives some protection from the spread of diseases. However, relying on herd immunity to keep your child safe is risky. The more parents that follow this way of thinking, the fewer vaccinated children we will have, and the more likely a serious disease will return and infect all of those unvaccinated.

In the rare case that a child has serious side effects to a vaccine, parents can contact the National Vaccine Injury Compensation Program (VICP) at 800/338-2382 or www.hrsa.gov/vaccinecompensation. This federal program was created to help pay for the care of people who have been harmed.

If you have any additional questions or concerns, feel free to ask your pediatrician.

Additional Information & Resources:

- [Vaccine Studies: Examine the Evidence](#)
- [Vaccines Your Child Needs](#)
- [Weighing the Risks and Benefits](#)
- www.fda.gov (Food and Drug Administration)
- www.cdc.gov/vaccines (Centers for Disease Control and Prevention)

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Vaccine Schedule and Flu Reminder

Age	Immunizations Due	Influenza Vaccine
2 wk	Hepatitis B (if not given at birth)	-
2 mo	Hep B #2, Pentacel #1, Prevnar #1, Rotavirus #1	-
4 mo	Pentacel #2, Prevnar #2, Rotavirus #2	-
6 mo	Pentacel #3, Prevnar #3, Rotavirus #3	First flu season: 2 doses of vaccine, given 28 days apart
9 mo	Hep B #3	
12 mo	MMR #1, Var #1	
15 mo	Prevnar #4, Hep A #1	Annually
18 mo	Pentacel #4	Annually
2 yo	Hep A #2	Annually
30 mo	-	Annually
3 yo	-	Annually
4 yo	MMR #2, Var #2, Quadracel	Annually
5-10 yo	-	Annually
11 yo	Tdap, MCV, HPV x 2	Annually
12-15 yo	-	Annually
16 yo	MCV	Annually
17-20 yo	-	Annually
21 yo	Td	Annually

Pentacel: *Diphtheria, Tetanus & acellular Pertussis* (DTaP), Hep: *Hepatitis, Haemophilus Influenza type B* (Hib), Inactivated poliovirus (IPV); Prevnar: *Pneumococcal conjugate*; MMR: *Measles, mumps, rubella*; VAR: *Varicella*; Quadracel: *DTaP, IPV*; Tdap: *Tetanus, diphtheria & acellular pertussis*; MCV: *Meningococcal*; HPV: *Human papillomavirus*; Td: *Tetanus-Diphtheria*

Don't forget your flu shot - every fall, give us a call!

The annual flu vaccine is an important part of your regularly scheduled vaccines. Every year, millions of people get sick with the flu. A subset of those infected end up hospitalized or even dying. The flu vaccine is your first line of defense in preventing flu. While the flu vaccine certainly reduces your risk of contracting flu, it does not guarantee that you will not catch the flu. However, children and teens with the flu vaccine on board prior to illness are less likely to end up hospitalized or dying from influenza. For those unlucky enough to get flu despite having the vaccine, their illness course is not as severe as those without the vaccine.

If you have questions about the annual flu vaccine, do not hesitate to ask! We strongly recommend the vaccine and want to make sure our patients are optimally protected during flu season.

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



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Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.



HPV (Human Papillomavirus) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

HPV (Human papillomavirus) vaccine can prevent infection with some types of human papillomavirus.

HPV infections can cause certain types of cancers including:

- cervical, vaginal and vulvar cancers in women,
- penile cancer in men, and
- anal cancers in both men and women.

HPV vaccine prevents infection from the HPV types that cause over 90% of these cancers.

HPV is spread through intimate skin-to-skin or sexual contact. HPV infections are so common that nearly all men and women will get at least one type of HPV at some time in their lives.

Most HPV infections go away by themselves within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life.

2 HPV vaccine

HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years, and as late as age 45 years.

Most people older than 26 years will not benefit from HPV vaccination. Talk with your health care provider if you want more information.

Most children who get the first dose before 15 years of age need 2 doses of HPV vaccine. Anyone who gets the first dose on or after 15 years of age, and younger people with certain immunocompromising conditions, need 3 doses. Your health care provider can give you more information.

HPV vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of HPV vaccine**, or has any **severe, life-threatening allergies**.
- Is **pregnant**.

In some cases, your health care provider may decide to postpone HPV vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting HPV vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given can happen after HPV vaccine.
- Fever or headache can happen after HPV vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



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The National Vaccine Injury Compensation Program

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7

How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

