

Very Important Information Please Read!

15, 16, 17 Year Visit (circle the appropriate age)

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; Prevnar #1; Rotavirus #1 Maternal Depression Screen
4 mo.	within 2 weeks	Pentacel #2; Prevnar #2; Rotavirus #2 Maternal Depression Screen
6 mo.	within 3 weeks	Pentacel #3; Prevnar #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	Prevnar #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
DTaP=Diphtheria, Tetanus, Pertussis
IPV = Injectable Polio Vaccine
MMR=Measles, Mumps, Rubella

Pentacel=DTaP, Polio, Hib
Prevnar=Pneumococcal Vaccine
Tdap=Tetanus, Diphtheria, Pertussis
Quadracel=DTaP, Polio

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	-----
8 yr.	yearly	Hearing & Vision Screens Anemia Screen w/CBC (if indicated)
9 yr.	yearly	-----
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)
12-21 yrs.	yearly	Anemia Screen w/CBC (if indicated) 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
OAC=Otoacoustic Emissions
Td=Tetanus, Diphtheria

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: 1/21/2023

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.

Dr. Allison B. Hill
Dr. Amy J. Hardin
Dr. Natalie M. Metzsig
Dr. Tiji M. Philip
Dr. Adele H. Goodloe
Dr. Reshmi Basu
Dr. Katherine H. McGlamry
Dr. Brandon M. Estroff
Dr. Mary S. Thompson
Sara D. Dorsey, MSN, CPNP
Kathryn R. Hart, MSN, CPNP
Meredith M. Gillig, MSN, CPNP
Dr. Michael K. Levine, Emeritus
Dr. Ruth C. Brown, Emeritus
Dr. Jonathan D. Winner, Emeritus

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

Sandy Springs

6095 Barfield Road
Suite 200
Sandy Springs, GA 30328
Tel: 404-256-2688
Fax: 770-685-7114

Woodstock

250 Parkbrooke Place
Suite 200
Woodstock, GA 30189
Tel: 770-928-0016
Fax: 770-685-7114

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.

TABLE OF CONTENTS

GENERAL

Northside Pediatrics' Vaccine Policy

HEALTHY HABITS

Vitamin D!

Iron

A Teenager's Nutritional Needs

How Teens Can Stay Fit

Teens and Sleep

YOUR FEELINGS/MENTAL HEALTH

Teen Suicide, Mood Disorder and Depression

Stressed: Read This

Expect Respect: Healthy Relationships

SAFETY AND HEALTHY BEHAVIOR CHOICES

Teens and Sun: Keeping Them Safe Without
Ruining Their Fun

Performing-Enhancing Supplements
(Care of the Young Athlete)

Alcohol and Your Child: What Parents
Need to Know

Substance Abuse Prevention

Marijuana: What Parents Need to Know

Vaping: Dangerous, Available & Addicting

Tobacco: Straight Talk for Teens

Information for Teens: Staying Healthy
& Preventing STDs

Managing Money

GENERAL PARENTING

A Message to Parents of Teen Drivers

Parent Teen Driving Agreement

A Parent's Guide to Teen Parties

Your Family's Mental Health: 10 Ways to
Improve Mood Naturally

Kids, Social Media, and Mental Health

Tips to Support Your Teen Graduating
From High School

Helping Your Teen Find the Right College

Healthy Tips for College Freshman

Acne – How to Treat and Control it

CHOA RESILIENCE AND COPING SKILLS

Teen Crisis Help Numbers

Raising Resilience in High Schoolers

Going Back to School (High School)

Managing Academic Anxiety (High School)

Navigating School Breaks (High School)

Building Resilience Over Summer
Break (High School)

VACCINES

Vaccine Schedule and Flu Reminder

Flu VIS

The Children's Hospital of Philadelphia:

Facts About Vaccines

Vaccine Safety: The Facts

Meningococcal VIS

Meningitis B Vaccine

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.

A Teenager's Nutritional Needs

Calories

A surge in appetite around the age of ten in girls and twelve in boys foreshadows the growth spurt of puberty. How much of a surge? Let's just say that Mom and Dad might want to oil the hinges on the refrigerator door and start stockpiling a small cache of their own favorite snacks underneath the bed.

Calories are the measurement used to express the energy delivered by food. The body demands more calories during early adolescence than at any other time of life.

- **Boys require an average of 2,800 calories per day.**
- **Girls require an average of 2,200 calories per day.**



Typically, the ravenous hunger starts to wane once a child has stopped growing, though not always. Kids who are big and tall or who participate in physical activity will still need increased amounts of energy into late adolescence. During middle and late adolescence, girls eat roughly 25% fewer calories per day than boys do; consequently, they are more likely to be deficient in vitamins and minerals.

Nutrients

The nutrients *protein*, *carbohydrates*, and *fats* in food serve as the body's energy sources.

- Each gram of protein and carbohydrate supplies 4 calories, or units of energy.
- Fat contributes more than twice as much: 9 calories per gram.

Protein

Of the three nutrients, we're least concerned about protein. Not because it isn't important—50% of our body weight is made up of protein—but because adolescents in the United States get twice as much protein as they need.

The densest sources of protein include teenage favorites such as:

- | | | | |
|-------|----------|---------|---------|
| ▪Beef | ▪Chicken | ▪Turkey | ▪Cheese |
| ▪Pork | ▪Fish | ▪Eggs | |

Carbohydrates

Carbohydrates, found in starches and sugars, get converted into the body's main fuel: the simple sugar glucose. Not all carbs are created equal, however. In planning meals, we want to push *complex-carbohydrate foods* and go easy on *simple carbohydrates*. Complex carbs provide sustained energy; that's why you often see marathon runners and other athletes downing big bowls of pasta before competing. As a bonus, many starches deliver fiber and assorted nutrients too. They are truly foods of substance: filling yet low in fat.

- Most nutritionists recommend that complex carbohydrates make up 50% to 60% of a teenager's caloric intake.
- Simple carbs, on the other hand, seduce us with their sweet taste and a brief burst of energy but have little else to offer and should be minimized in the diet.

Dietary Fat

Fat should make up no more than 30% of the diet. Fat supplies energy and assists the body in absorbing the **fat-soluble vitamins: A, D, E, and K**. But these benefits must be considered next to its many adverse effects on health. A teenager who indulges in a fat-heavy diet is going to put on weight, even if he's active. It would take a workout befitting an Olympic athlete to burn off excess fat calories day after day.

Fatty foods contain **cholesterol**, a waxy substance that can clog an artery and eventually cause it to harden. The danger of *atherosclerosis* is that the blockage will affect one of the blood vessels leading to the heart or the brain, setting off a heart attack or a stroke. Although these life-threatening events usually don't strike until later in adult life, the time to start practicing prevention is now, by reducing the amount of fat in your family's diet.

Dietary fat contains varying proportions of three types:

- **Monounsaturated fat** —the healthiest kind; found in olives and olive oil; peanuts, peanut oil and peanut butter; cashews; walnuts and walnut oil, and canola oil.
- **Polyunsaturated fat** —found in corn oil, safflower oil, sunflower oil, soybean oil, cottonseed oil, and sesame-seed oil.
- **Saturated fat** —is the most cholesterol laden of the three; found in meat and dairy products like beef, pork, lamb, butter, cheese, cream, egg yolks, coconut oil, and palm oil.

You want to limit your family's intake of saturated fat to no more than 10% of your total daily calories. The other 20% of daily calories from dietary fat should come equally from the two unsaturated kinds of fat, both of which are contained mainly in plant oils.

If your family eats a lot of packaged and processed foods: Make a habit of reading the food labels. You may be surprised to see how much fat, sugar, and salt (sodium), is in the foods you eat every day. And almost all packaged goods that contain fat are likely to have partially hydrogenated fat, because it has a longer shelf life.

Vitamins and Minerals

A well-rounded diet based on the USDA guidelines should deliver sufficient amounts of all the essential vitamins and minerals. Adolescents tend to most often fall short of their daily quotas of calcium, iron, zinc, and vitamin D.

Unless blood tests and a pediatrician's evaluation reveal a specific deficiency, it's preferable to obtain nutrients from food instead of from dietary supplements.

Additional Information from HealthyChildren.org:

- Protein for the Teen Athlete
- Carbohydrates for Energy
- Kids Need Fiber: Here's Why and How
- How to Reduce Fat and Cholesterol in Your Child's Diet

Last Updated: 3/1/2016

Source: Committee on Nutrition (Copyright © 2016 American Academy of Pediatrics)

How Teens Can Stay Fit

What can I do to get more fit?

Any type of regular, physical activity can improve your fitness and your health. The most important thing is that you keep moving!

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. Keep the following tips in mind:

- **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.
- **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.



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.

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

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."



Teen Suicide, Mood Disorder, and Depression

Thousands of teens commit suicide each year in the United States. In fact, suicide is the second leading cause of death for 15- to 24-year-olds.

Suicide does not just happen. Studies show that at least 90% of teens who kill themselves have some type of mental health problem, such as depression, anxiety, drug or alcohol abuse, or a behavior problem. They may also have problems at school or with friends or family, or a combination of all these things. Some teens may have been victims of sexual or physical abuse, or bullied via social media. Others may struggle with issues related to gender and sexual identity. Usually they have had problems for some time.

Most teens do not spend a long time planning to kill themselves. They may have thought about it but only decide to do it after an event that produces feelings of failure or loss, such as getting in trouble, having an argument, breaking up with a partner, or receiving a bad grade on a test.

Why do teens kill themselves?

Most teens who kill themselves have a **mood disorder** (bipolar disorder or depression). A mood disorder is an illness of the brain. It can come on suddenly or be present on and off for most of a teen's life. A teen with a mood disorder may be in one mood for weeks or months or switch quickly from one feeling to another.

Teens with **bipolar disorder**, also called **manic depression**, may change between *mania* (angry or very happy), *depression* (sad or crabby), and *euthymia* (normal mood). Some teens are more manic, some are more depressed, and some seem normal much of the time. Mania and depression can happen at the same time. This is called a *mixed* state.

Teens in a manic or a mixed state may

- Strongly overreact when things do not go their way
- Become hyper, agitated, or aggressive
- Be overwhelmed with thoughts or feelings
- Sleep less
- Talk a lot more
- Act in impulsive or dangerous ways
- Feel they can do things they really can't
- Spend money they do not have or give things away
- Insist on unrealistic plans for themselves or others

Teens with depression may

- Feel sad, down, or irritable, or not feel like doing things
- Have a change in sleeping or eating habits
- Feel guilty, worthless, or hopeless
- Have less energy, or more trouble paying attention
- Feel lonely, get easily upset, or talk about wanting to die
- Lose interest in things they used to enjoy

Mood disorders can be treated. Ask your teen's doctor about treatment options. Recent declines in teen suicide may be due to

an increase in early detection, evaluation, and effective treatment of mood disorders.

What are the warning signs of depression, mood disorder, or suicide?

Signs of a mental health problem, such as a mood disorder, or suicidal thoughts or behavior may include

Changes in activities, such as

- A drop in grades or school performance
- Neglecting personal appearance
- Neglecting responsibilities

Changes in emotions, such as

- Appearing or talking about feeling sad, hopeless, bored, or overwhelmed
- Having outbursts, severe anger, or irritability
- Appearing or talking about feeling more anxious or worried

Changes in behavior, such as

- Getting in trouble or being rebellious, aggressive, or impulsive
- Running away or threatening to run away
- Withdrawing from friends or family or changing friends
- Eating or sleeping less or more
- Losing interest in activities
- Using drugs or alcohol
- Hurting oneself, such as cutting or severe dieting
- Talking, writing, or posting information on social media about suicide or death
- Any suicidal behavior, even if it could not have been lethal, such as taking a small amount of pills

Myths and Facts

Myth: Teens who kill themselves are obviously depressed.

Fact: It's not always obvious. Parents are sometimes "the last to know" their teens are so depressed and desperate. Teens are often good at hiding their problems. While depressed adults sometimes seem deeply sad and hopeless for quite a while, depressed teens may seem "OK" some of the time as they swing in and out of depression. Some teens don't ever seem extremely depressed, but they are never OK—these teens are also at increased risk of suicide.

Myth: People who talk about suicide or post messages on social media about suicide do not do it.

Fact: Teens who talk about suicide or wanting to "run away," "get away," "disappear," "end it," or "die" are more likely to kill themselves than those who do not. It's important to respond right away, if your teen talks about suicide or death.

Myth: Low-lethality suicide attempts don't need to be taken seriously.

Fact: A low-lethality attempt, such as taking a small number of pills or cutting the wrists, may be followed by behavior that is more lethal. It can be the first obvious sign of deep emotional problems. No suicide attempt should be dismissed, and steps should be taken to prevent future attempts.

Myth: Asking for or seeking help about suicidal thoughts increases the risk of suicide.

Fact: Research shows that asking about suicide and talking about it with a professional does not increase risk and likely reduces it.

Myth: Teens don't really want to kill themselves; they just want attention.

Fact: Sometimes this may be true; however, the behavior can still be lethal. Teens not intending to die may still take too many pills or miscalculate when someone will rescue them.

What You Can Do

- **Respond quickly if anyone is in danger.** Bring your teen to a hospital emergency department if you are worried he or she may hurt himself or herself or others.
- **Listen to your teen.** This is harder than it sounds. Focus on what your teen is saying and try not to suggest how to "fix" his or her problems. Here are questions you could ask: What is bothering you? Have you been sad or feeling down? Do you ever feel like you want to end it all or wish you could go to sleep and never wake up? Do you ever feel like hurting yourself, like cutting yourself?
- **Be understanding and supportive.** It's often easier to point out faults. Try to be understanding if your teen is "in trouble" or feels very negative about himself or herself. Let him know that however he feels now, you have an overall positive view of who he is and his future. Showing you care and saying "I love you" can go a long way.

- **Get professional help.** Talk with your teen's doctor about treatment, including an evaluation by a child and adolescent psychiatrist or other mental health professional.

- **Remove firearms from the home.** Studies show that even when firearms in the home are locked up, teens there are more likely to kill themselves than those in homes without firearms. A home is safest without firearms. If you must have a gun, make sure the gun is stored unloaded and locked in a safe or with a trigger lock, and bullets are locked in another place.

Remember

Family support and professional treatment can help teens who are at risk of suicide deal with their difficulties and feel better. Current treatments for mood disorders and other mental health problems, such as individual and family counseling, medications, and other therapies, along with long-term follow-up, can be very helpful.

From Your Doctor



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org
Powered by pediatricians. Trusted by parents.
In the American Academy of Pediatrics.

The American Academy of Pediatrics (AAP) is an organization of 66,000 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.

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.

© 2017 American Academy of Pediatrics. All rights reserved.

2 of 2

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

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



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
Copyright © 2007
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Illustration by
Billy Nuñez, age 16

EXPECT RESPECT: HEALTHY RELATIONSHIPS

SIGNS OF A HEALTHY RELATIONSHIP

- Respecting each other
- Knowing that you make each other better people
- Sharing common interests, but having outside friends and activities too
- Settling disagreements peacefully and with respect

Relationships are supposed to make both people feel happy. People should feel good about what happens when they are together.

Check (✓) the signs of a healthy relationship that apply to you.

Respect

- ☐ You ask each other what you want to do.
- ☐ No one tries to control the other person.

Common interests

- ☐ You enjoy doing things together, but no one feels forced to do anything.
- ☐ If you do have a disagreement—and it's OK to disagree—you both get to say what you want, talk until you're both happy, and then go out and enjoy what you've planned.

Being with each other or being apart

- ☐ You enjoy each other's company and feel happy when together.
- ☐ You each feel free enough to have your own friends and interests outside the relationship.

If you think your relationship is unhealthy, there are things you can do to make it better.

WAYS TO MAKE YOUR RELATIONSHIP HEALTHY

Respect each other.

Show you really care by sharing your thoughts and feelings. Listen to what your partner has to say.

Ask about the other person's interests.

Talk about sports, music, or movies—whatever helps you get past any awkward feelings and get to know each other better.

Have a life outside the relationship.

People are more attractive to each other if they have other interests. Keep up with your schoolwork, friends, and the activities you enjoy that do not involve your partner.

Resolve disagreements with love and respect.

People don't always have to agree on movies, music, or favorite sports, or even on how often to call or see each other. It is only natural for people to disagree. The important thing is how you reach an agreement. With a good attitude, you can have a healthy disagreement.

Can't agree on a movie?

Talk calmly until you both figure out what you are going to do. Two possible solutions are:

- Go to one kind of movie this week and a different kind next week.
- One of you can choose the movie and the other can choose where to eat.

It's also OK to agree to do things separately with your own friends.



SIGNS OF AN UNHEALTHY RELATIONSHIP

Feelings of fear, stress, and sadness are not part of a healthy relationship.

Check (✓) if any of the following signs of an unhealthy relationship apply to you.

☐ **Lack of respect**

You “go along” with something even if you think it is not right. You feel bad about what happens when you are together.

☐ **Being held back**

Your partner does not let you succeed in school, or you are made to feel guilty about doing things that interest you.

☐ **Controlling behavior**

You may hear, “If you love me, I need to know where you are.” Your partner does not care about your friends.

☐ **Feeling “crazy in love”**

One or both of you calls the other all the time. You feel your partner is possessive and smothering.

☐ **Getting blamed for your partner’s problems**

You hear, “This is all your fault.”

☐ **Feeling jealous most of the time**

A little bit of jealousy is normal. A lot of jealousy, or allowing jealousy to control what goes on between the two of you, will hurt the relationship.

☐ **Trying to change the other person’s behavior**

One of you tells the other, “My way or no way.”

When you can talk about a problem, an unhealthy relationship can become a healthy one. But, if you can’t find ways to enjoy the time that you spend together, it may mean that it is time to end the relationship.

CROSSING THE LINE

There are some things that should never happen in a relationship. Your relationship has serious problems if any of the following things are happening.



Verbal abuse

Screaming, swearing, bullying, or calling each other names is never all right.

Pushing, shoving, hitting, or kicking in anger

Trying to control the other person’s behavior

Forced sex

You always have the right to refuse attention or affection.

Threats

If one of you does not get your way, a threat is made to hurt either the other person or yourself.

Breaking or hitting objects during an argument

If your relationship is crossing the line, the behavior needs to stop right away or the relationship needs to end. If you are having trouble ending a relationship, seek the help of an adult who cares about your well-being.

Talk with an adult you trust about how to end an abusive relationship safely. Use what you have learned to help make your next relationship better.

In a healthy relationship, after you settle a disagreement, you both feel respected.

NO EXCUSE FOR ABUSE

Nothing you say or do is a reason to be abused.

When things have calmed down, try saying:

- “I hated it when you swore at me. Don’t do that again.”
- “Don’t treat me that way. I have done nothing to deserve being _____.”
- “If you are upset, tell me. I can try to help, but yelling, screaming, and swearing at me does not help.”
- “If you treat me like that again, it’s over.”

OBEDIENCE IS NOT RESPECT

Nothing anyone says or does is a reason for you to be abusive.

You deserve to be liked and respected. Using force, power, or control only gets “your way.” This is not how to get respect.

If you push your partner around, you may get your way, but you lose your partner’s respect, support, and love.

If you are crossing the line, STOP.

If you can’t stop, get help.

■ A teacher, coach, or counselor at school can help you learn how to treat your partner with respect.

■ A spiritual leader or an adult at an after-school activity or club can help you learn how to control emotions, like anger or jealousy, and avoid abusive behavior.

By changing your behavior, you can get the true respect, support, and love that you deserve.

If there is no change in your partner’s behavior, talk with friends or a trusted adult and figure out how to end the relationship safely.

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.

The American Academy of Pediatrics is an organization of 66,000 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.

This project was supported by Grant No. 2001-JN-FX-0011 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

HE50399

Graphic design and illustrations by Artists For Humanity,
a non profit arts and entrepreneurship program for Boston teens.

**American Academy
of Pediatrics**



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)

Performance-Enhancing Supplements

Young athletes can improve their sports performance by focusing on the basics: fluids, calories, training, conditioning, and rest. Shortcuts, such as the use of performance-enhancing substances and supplements, are of little benefit and can be dangerous.

Here is information from the American Academy of Pediatrics about nutrition and performance-enhancing substances and supplements for athletes.

Nutrition basics

Athletes should

- **Start with breakfast.** Breakfast is especially important before events.
- **Eat carbohydrates.** Athletes should consume carbohydrate-rich foods every several hours on the day of competition. Carbohydrates are an important source of fuel during exercise.
- **Stay hydrated.** Sports performance can be enhanced when athletes get the right amount of fluid and electrolytes. Proper hydration is especially important during practices or games that last more than 60 minutes. Here are a few guidelines to keep the body hydrated and performing at its best level.
 - 2 hours prior to the event: Drink about 16 ounces of water or sports drinks.
 - 30 minutes prior to the event: Drink at least 8 ounces of water or sports drinks.
 - During practice and competition: Drink 4 to 8 ounces of water or sports drinks every 15 minutes throughout the practice or competition.
- **Reload.** Athletes should reload their bodies with fluids and food as soon as possible after a practice or game. Reloading is especially important when athletes are playing in multiple games in a short time frame, such as during a basketball or soccer tournament.
- **Eat well.** A well-balanced meal with the right kinds of proteins and carbohydrates will help the muscles recover between practices and games. Well-balanced meals are especially important if athletes are recovering from an injury and want to return to practice and competition.

For more information about sports nutrition, visit the US Department of Agriculture Web site at <https://fnic.nal.usda.gov/lifecycle-nutrition/fitness-and-sports-nutrition/nutrition-athletes>.

Performance-enhancing supplements

Parents and athletes need to be aware that dietary supplements are not regulated by the US Food and Drug Administration (FDA). Studies looking at the purity of supplements find high rates of contamination with possibly harmful substances. Also, many products do not contain the ingredients listed on the label.

Protein and Creatine

Young athletes sometimes take protein supplements or nucleic acid supplements (*creatine*) to help their sports performance. However, studies have not shown these supplements help improve sports performance in younger athletes.

During puberty athletes grow and become stronger and their performance often improves very quickly. Creatine does not appear to offer any additional benefit in this age group. Most young athletes who eat a healthy, well-balanced diet do not need and would not benefit from protein supplements. However, vegetarians may be at risk of not eating enough protein and may benefit from meal planning with a registered dietitian.

Energy drinks and stimulants

Caffeine is found in a variety of foods and drinks. About 3 out of 4 children consume caffeine on any given day.

The FDA regulates the amount of caffeine in items sold as foods and drinks; however, it does not have control over items sold as supplements, such as energy drinks. It is very difficult to know how much caffeine is in many of these products. Consuming too much caffeine, such as that found in powders, pills, and multiple energy drinks, can be dangerous.

Although caffeine appears to improve some parts of sports performance in adults, the effects vary a lot. The effects of caffeine are not as well studied in children.

Young athletes who take medicine for attention-deficit/hyperactivity disorder need to be very careful when using energy drinks that contain stimulants. They also need to keep track of their fluid intake and how they respond to severe heat and humid conditions when exercising or competing.

Vitamins and minerals

Athletes do not need vitamins and mineral supplements if they are eating healthy, well-balanced meals. Low iron levels are associated with decreases in athletic performance, but high doses of iron, or of any other vitamin or mineral, have not been shown to improve sports performance in otherwise healthy athletes.

Anabolic steroids

Anabolic steroids are drugs that are illegal without a doctor's prescription. Athletes sometimes use anabolic steroids to enhance muscle strength and size. Nonathletes may use anabolic steroids because they want to look more

muscular. However, there are side effects. Anabolic steroids stop growth in children and teens who are still gaining height. They may also cause long-term problems with the heart, skin, and other organs that can be severe and may be irreversible.

Note: Anti-inflammatory steroids, such as prednisone, that are used for asthma and other conditions are safe and often needed for young athletes when prescribed by a doctor.

Visit www.HealthyChildren.org for more information about performance-enhancing substances, other dietary supplements, and athlete development.

NOTES

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

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.

© 2012 American Academy of Pediatrics, Updated 10/2016.

All rights reserved.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

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.

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics (AAP) is an organization of 64,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults.

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

© 2015 American Academy of Pediatrics.
All rights reserved.

Substance Abuse Prevention



The use of tobacco, alcohol, and other drugs is one of the biggest temptations facing young people today. As a parent, you are your child's best protection against drug use. You can start by telling your children that you expect them not to use drugs and become informed yourself about drug use. This publication was written by the American Academy of Pediatrics to help you identify the warning signs of drug use and provides tips on how to help your child (especially during the preteen and teen years) say no to drugs.

Stages of drug use

Both casual drug use and addiction impact health, but it is important for parents to know the difference. The same pattern of use and abuse exists for alcohol as with other drugs, such as marijuana or cocaine. The following is how experts explain the stages of alcohol or drug use:

Stage	Description
Abstinence	No use.
Experimentation	The first 1 or 2 times your child drinks alcohol or uses drugs. Children at this stage are curious about what it feels like to be drunk or high.
Non-problematic use	Repeated drug use in social situations without associated problems. Children at this stage are using in order to have fun with friends.
Problem use	Drug use for purposes other than recreation or drug use associated with a single problem, such as to deal with tension with parents or a school suspension. Children at this stage have begun to use in order to help them manage their emotions.
Abuse	Drug use that has a negative impact on daily functioning <i>or</i> that is associated with recurrent and significant risks and problems. Children at this stage have experienced problems because of their drug use but continue to use anyway.
Dependence	Loss of control over use. Children at this stage have developed a compulsion to use and no longer can simply decide to "just say no" or "stop using any time they wish."

How can I tell if my child or teen is using drugs?

Certain symptoms and behaviors are warning signs for drug use. But keep in mind they may also indicate other problems, such as depression. Look for

- Alcohol, smoke, or other chemical odors on your child's or their friends' breath or clothing
- Obvious intoxication, dizziness, or bizarre behavior
- Changes in dress and grooming
- Changes in choice of friends
- Frequent arguments, sudden mood changes, and unexplained violent actions
- Changes in eating and sleeping patterns
- Sudden weight gain or loss
- Loss of interest in usual activities or hobbies
- School problems like declining or failing grades, poor attendance, and recent discipline problems
- Trauma or frequent injuries
- Runaway and delinquent behavior
- Depressed mood or talk about depression or suicide; suicide attempts

Teens will try to hide, disguise, or downplay alcohol or other drug use, so you must learn to recognize the signs of abuse and stay on top of things. Also, trust your instincts. If you suspect a problem, talk with your teen, ask questions, and speak with a health professional about your concerns.

Remember that your child's doctor has the knowledge and experience to help you find out if your child has a drug or alcohol problem and how to help your child.

What you can do

The following is what you can do to help your child say no to drugs:

- **Talk with your children about drugs.** Young people who do not know the facts about drugs may try them just to see what they are like. After you become informed, talk with your children about drugs and their harmful effects. Use current magazine articles or news reports, as well as TV or movie scenes, to bring up the topic and make a quick point. Try to get your children to share any questions and concerns they have. Be sure to really listen; do not lecture or do all the talking. Ask your children what they think about drug use and its consequences.
- **Help your children handle peer pressure.** Peers and friends can strongly influence teens to try drugs. As a parent, your influence can be just as strong in helping them be independent and resist unhealthy peer pressure. Tell them that it is OK to say no and mean it. They can try saying, "I need all the brain cells I have to make it through this school year," or "I would get in a lot of trouble if my parents ever found out," or they can try saying, "No, that's not for me," and leave to do something else. Practice these and other responses with your children. If a friend is

offering drugs, it may be harder to say no. Encourage your child to suggest other things to do with that friend. This shows that they are rejecting the drug, not the friend.

- **Help your children deal with emotions.** During the teen years, many young people face strong emotions for the first time. These new feelings can be hard to cope with, and your child may sometimes get depressed or anxious and possibly turn to drugs to try to escape such feelings and forget problems. It is important to talk with your children about any concerns and problems they are facing. Explain that everyone has these feelings at times. Everyone must learn how to cope with feelings and face their stressors in ways that are healthy and help them get through their problems. Assure them that everything has an upside, and things often do not stay “bad” for very long. Point out that even after using drugs, the same problems and hassles are still going to be there.
- **Boost their self-confidence.** It is often overlooked how important it is to notice and frequently praise others' positive qualities. Encourage your child to set goals, make personal decisions to achieve them, and actively work toward these goals. With each success, your children will gain more confidence. Applaud effort as well as success. As your children become more responsible, you should still provide guidance, emotional support, and security when needed. Becoming responsible also means facing the results of one's actions—good or bad. Making mistakes is a normal part of growing up, so try not to be too critical when your child makes a mistake.
- **Instill strong values in your children.** Teach your children the values that are important to your family. Also teach them to think of these values when deciding what is right and wrong. Explain that these are the standards your family lives by, despite what other people are doing.
- **Be a good role model.** As a parent, your actions often speak louder than words. You should use alcohol only in moderation and avoid using tobacco and drugs. You should not drink and drive or ride with a driver who has been drinking. Have a safety plan to pick up a teen in an unsafe situation, like if they end up at a party where drugs are being used. Make a stand against drug issues—your children will listen. You are the best role model for your family, so show them how to have fun without using drugs.
- **Encourage healthy ways to have fun.** Young people are always looking for ways to have fun. They can also get bored easily. Drugs offer what seems to be a carefree high with little or no effort or consequences. Help your child understand this myth. Encourage interests in different hobbies, clubs, sports, or other activities. Look for healthy ways to reduce boredom and too much free time. Take an active interest in what is important to your children. Plan interesting activities together as a family, and have fun!

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 in order to get honest answers. If your child does report 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 (meaning stay between the patient and the doctor), but most doctors will protect a teen's confidentiality if they believe that 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 in order to encourage your child to have an open and honest discussion with the doctor.

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.

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

Copyright © 2009
American Academy of Pediatrics
All rights reserved.

Marijuana: What Parents Need to Know

Teens say that marijuana (cannabis) is easy to get, and it tends to be the first illegal drug they try. Marijuana use is often portrayed as harmless, but the truth is that marijuana can be an addictive drug, especially for teens, that can cause serious risks and consequences.

Many people today learn about drugs while they are very young and might be tempted to try them. As a parent, you are your child's first and best protection against drug use. Here is information from the American Academy of Pediatrics about marijuana and how to help your child say "No" to drug use. (*Child* refers to child or teen in this publication.)

Note: In most medical marijuana states, doctors can recommend medical marijuana for almost any condition. Though there may be some benefit of cannabinoids (the active ingredients in marijuana) use in adults with specific diagnoses, there have been no studies of cannabinoids use in children and adolescents. Also, all patients need to be aware that there can be side effects.

How Marijuana Is Used

Dried marijuana plant material is usually rolled with tobacco into cigarette *joints* or cigar *blunts* and smoked. Some users mix it in food or brew a tea. Other drugs, like PCP (phencyclidine) or crack cocaine, can also be added to the joint, increasing the dangers from use.

How Marijuana Use Affects Health and Well-being

School

Marijuana users often have a hard time thinking clearly, concentrating, remembering things, and solving problems. Frequent marijuana use often causes grades to drop. Regular and heavy users often lose interest in school and may quit.

Driving and Physical Activity

Marijuana impairs judgment, complex motor skills, and the ability to judge speed and time. Those who drive or take other risks after smoking marijuana are much more likely to be injured or killed.

Sexual Health

Teens who smoke marijuana are more likely to take sexual risks and have unwanted or unprotected sex.

Long-term Health

Teens' bodies and brains are still growing and maturing, so smoking anything, including marijuana, is not good for lung health. Marijuana use may also lead to addiction or mental health problems (ie, depression, anxiety, or schizophrenia). Regular marijuana use can alter normal brain development in adolescents.

Marijuana Is an Addictive Drug

Just like with alcohol, nicotine, and other illicit drug use, children who smoke marijuana can lose control over their use and become addicted. Many people overlook marijuana addiction because its withdrawal symptoms are not prominent or may not be

present at all. However, withdrawal is only one symptom of addiction.

Teens who are addicted to marijuana likely smoke several times a week or more. Although most believe they are in control and can quit at any time, most can't. Those using marijuana heavily often perform poorly in school or sports, lose interest in hobbies, and develop interpersonal problems with family and friends. Teens continuing to use marijuana into adulthood tend to have lower job achievement and less stable families than their siblings who don't use drugs. As with alcohol, the younger a person is when starting marijuana use, the more likely she will become addicted.

Signs of Marijuana Use

Recognizing the signs of drug use is the first step in getting help for your child, but some signs are vague. Consider marijuana or other drug use if your child

- Spends less time with family and friends and more time alone or away from home
- Often seems moody or irritable
- Begins to skip classes, often shows up late for school, or has a drop in grades
- Buys things like T-shirts with pro-marijuana messages or symbols
- Loses interest in hobbies
- Comes home *high* (talkative, giggly, red or glassy eyes) or goes straight to his room
- Smells of marijuana
- Possesses drugs or drug paraphernalia

What You Can Do

Take these steps to help prevent your child from becoming interested in using marijuana or other drugs.

- **Set high expectations and clear limits.** Instill strong values. Let your child know that you expect her *not* to use drugs. Teach her healthy values that are important to your family and to use these values when deciding what is right and wrong.
- **Talk with your child about the dangers of drug use, including marijuana.** Young people who do not know the facts may try drugs just to see what they are like. Start talking with your child at an early age about the dangers of drug use. Encourage him to ask questions and tell you about his concerns. Be sure to really listen. Do not lecture or do all the talking. Ask what he thinks about drug use and its risks.
- **Use teachable moments.** Discuss car crashes and other tragedies that are caused by drug use and are in the news or your child's life.
- **Help your child handle peer pressure.** Peers and others can strongly influence young people to try drugs. As a parent, your

influence can be even stronger in helping your child learn to be confident, make healthy choices, and resist unhealthy peer pressure. Tell her that it is OK to say "No!" to risky behaviors and mean what she says. Help her find and spend time enjoying positive interests that build self-esteem.

From Your Doctor



- **Help your child deal with emotions.** Especially during the teen years, many young people face strong emotions for the first time. Teens sometimes get depressed or anxious and might consider drug use to try to escape these feelings and forget problems. Explain that everyone has these feelings at times, so it is important for each person to learn how to express his feelings, cope with them, and face stressors in healthy ways that can help prevent or resolve problems.
- **Set a good example.** Avoid using tobacco and illicit drugs. Minimize alcohol use, and always avoid drinking and driving. Be a good role model in the ways you express, control, and relieve stress, pain, or tension. Actions do speak louder than words!
- **Get a professional evaluation.** If you think your child is using drugs, tell your child's doctor your exact concerns. Your child's doctor can help.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org

Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

The American Academy of Pediatrics is an organization of 66,000 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.

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.

© 2017 American Academy of Pediatrics. All rights reserved.

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

Last Updated: 1/29/2018

Source: Adapted from AAP News (Copyright © 2018 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

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.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

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 (AAP) is an organization of 64,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults.

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

© 2010 American Academy of Pediatrics, Updated 02/2016.
All rights reserved.

Information for Teens: Staying Healthy and Preventing STDs

If you choose to have sex, know how to protect yourself against sexually transmitted diseases (STDs).



What are sexually transmitted diseases (STDs)?

STDs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV. Many of these STDs do not show symptoms for a long time. Even without symptoms, they can still be harmful and passed on during sex.

How are STDs spread?

You can get an STD by having vaginal, anal or oral sex with someone who has an STD. Anyone who is sexually active can get an STD. You don't even have to "go all the way" (have anal or vaginal sex) to get an STD. This is because some STDs, like herpes and HPV, are spread by skin-to-skin contact.

How common are STDs?

STDs are common, especially among young people. There are about 20 million new cases of STDs each year in the United States. About half of these infections are in people between the ages of 15 and 24. Young people are at greater risk of getting an STD for several reasons:

- Young women's bodies are biologically more prone to STDs.
- Some young people do not get the recommended STD tests.
- Many young people are hesitant to talk openly and honestly with a doctor or nurse about their sex lives.
- Not having insurance or transportation can make it more difficult for young people to access STD testing.
- Some young people have more than one sex partner

What can I do to protect myself?

- The surest way to protect yourself against STDs is to not have sex. That means not having any vaginal, anal, or oral sex ("abstinence"). There are many things to consider before having sex. It's okay to say "no" if you don't want to have sex.

- If you do decide to have sex, you and your partner should get tested for STDs beforehand. Make sure that you and your partner use a condom from start to finish every time you have oral, anal, or vaginal sex. Know where to get condoms and how to use them correctly. It is not safe to stop using condoms unless you've both been tested for STDs, know your results, and are in a mutually monogamous relationship.
- Mutual monogamy means that you and your partner both agree to only have sexual contact with each other. This can help protect against STDs, as long as you've both been tested and know you're STD-free.
- Before you have sex, talk with your partner about how you will prevent STDs and pregnancy. If you think you're ready to have sex, you need to be ready to protect your body. You should also talk to your partner ahead of time about what you will and will not do sexually. Your partner should always respect your right to say no to anything that doesn't feel right.
- Make sure you get the health care you need. Ask a doctor or nurse about STD testing and about vaccines against HPV and hepatitis B.
- Girls and young women may have extra needs to protect their reproductive health. Talk to your doctor or nurse about regular cervical cancer screening, and chlamydia and gonorrhea testing. You may also want to discuss unintended pregnancy and birth control.
- Avoid mixing alcohol and/or recreational drugs with sex. If you use alcohol and drugs, you are more likely to take risks, like not using a condom or having sex with someone you normally wouldn't have sex with.



Centers for Disease
Control and Prevention
National Center for HIV/AIDS
Viral Hepatitis, STD, and
TB Prevention

If I get an STD, how will I know?

Many STDs don't cause any symptoms that you would notice. The only way to know for sure if you have an STD is to get tested. You can get an STD from having sex with someone who has no symptoms. Just like you, that person might not even know he or she has an STD.

Where can I get tested?

There are places that offer teen-friendly, confidential, and free STD tests. This means that no one has to find out you've been tested. Visit gettested.cdc.gov to find an STD testing location near you.

Can STDs be treated?

Your doctor can prescribe medicine to cure some STDs, like chlamydia and gonorrhea. Other STDs, like herpes, can't be cured, but you can take medicine to help with the symptoms.

If you are ever treated for an STD, be sure to finish all of your medicine, even if you feel better before you finish it all. Ask the doctor or nurse about testing and treatment for your partner, too. You and your partner should avoid having sex until you've both been treated. Otherwise, you may continue to pass the STD back and forth. It is possible to get an STD again (after you've been treated), if you have sex with someone who has an STD.

What happens if I don't treat an STD?

Some curable STDs can be dangerous if they aren't treated. For example, if left untreated, chlamydia and gonorrhea can make it difficult—or even impossible—for a woman to get pregnant. You also increase your chances of getting HIV if you have an untreated STD. Some STDs, like HIV, can be fatal if left untreated.

What if my partner or I have an incurable STD?

Some STDs, like herpes and HIV, aren't curable, but a doctor can prescribe medicine to treat the symptoms.

If you are living with an STD, it's important to tell your partner before you have sex. Although it may be uncomfortable to talk about your STD, open and honest conversation can help your partner make informed decisions to protect his or her health.

If I have questions, who can answer them?

If you have questions, talk to a parent or other trusted adult. Don't be afraid to be open and honest with them about your concerns. If you're ever confused or need advice, they're the first place to start. After all, they were young once, too.

Talking about sex with a parent or another adult doesn't need to be a one-time conversation. It's best to leave the door open for conversations in the future.

It's also important to talk honestly with a doctor or nurse. Ask which STD tests and vaccines they recommend for you.

Where can I get more information?

CDC

How You Can Prevent Sexually Transmitted Diseases

www.cdc.gov/std/prevention/

Teen Pregnancy

[https://www.cdc.gov/](https://www.cdc.gov/teenpregnancy/teens/index.htm)

[teenpregnancy/teens/index.htm](https://www.cdc.gov/teenpregnancy/teens/index.htm)

CDC-INFO Contact Center

1-800-CDC-INFO

(1-800-232-4636)

Contact www.cdc.gov/dcs/

[ContactUs/Form](http://www.cdc.gov/dcs/)

HealthFinder.gov

STD Testing: Conversation Starters

[https://healthfinder.gov/](https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters)

[HealthTopics/Category/health-](https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters)

[conditions-and-diseases/](https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters)

[hiv-and-other-stds/std-testing-](https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters)

[conversation-starters](https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters)

American Sexual Health Association

Sexual Health and You

[http://www.iwannaknow.org/](http://www.iwannaknow.org/teens/sexualhealth.html)

[teens/sexualhealth.html](http://www.iwannaknow.org/teens/sexualhealth.html)



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

A Message to Parents of Teen Drivers

Traffic crashes are the leading cause of death for teens and young adults. More than 5,500 young people die every year in car crashes and thousands more are injured. Parents can play an important role in reducing these numbers and keeping their teens alive.

The following are ways you can help keep teens safe on the road:

- **Be a role model.** If you expect your teen to drive safely, you need to drive safely, too.
 - Always wear your seat belt.
 - Don't drink and drive. Never allow any alcohol or illegal drugs in the car.
 - Don't eat, drink, talk or text on your cell phone, or do anything else that could distract you from your driving.
 - Stay within the speed limit and obey all traffic signals.
- **Know the laws in your state.** It is important that you know and understand the graduated driver licensing (GDL) laws where you live. Specifically, you need to know the restrictions and limitations on teen drivers who have permits and provisional licenses. You must also learn about your own legal responsibilities for providing a good supervised driving experience for your teen.
- **Set specific rules.** Before you let your teen drive, set specific rules that must be followed (see Parent-Teen Driving Agreement handout).
 - At first, the restrictions you set should be strict. You can gradually relax the rules after your teen has demonstrated safe driving. And the rules you set should depend on the maturity level of your teen.
 - Because so many crashes occur in the first 6 months of unsupervised driving, your teen shouldn't drive teen passengers or drive after 9:00 pm at first. And don't ask your teen to give rides to younger siblings until he or she has had extensive driving experience.
 - After your teen has demonstrated safe driving for 6 months, you might allow 1 passenger and a later curfew (for example, 10:00 pm). Before allowing more passengers, keep in mind that more passengers may make it more likely that your teen will have a crash. Studies show that 1 passenger increases the risk of a crash by 40%, 2 passengers doubles the risk, and 3 passengers almost quadruples the risk.
- **Enforce strict penalties.** Generally, penalties for breaking the contract should match the seriousness of the rule broken. Punishments for reckless driving, such as speeding or drunk driving, should be strict and may involve loss of driving privileges.

- **Take your teen on the road.** The 6 hours of driving practice in many driver education programs is not enough. Your teen needs a lot more supervised driving practice, and some nighttime driving is important, too. Some states require 50 hours of supervised practice. There are books, videos, and classes for parents on how to teach teen drivers. Remember that you'll probably need a lot of patience.
- **Contact the doctor if your teen is taking medicine** for attention-deficit/hyperactivity disorder (ADHD). The doctor can discuss with you and your teen the possible benefits of taking a short-acting medicine prior to driving at night. Evidence shows that medicine helps the teen driver with ADHD stay better focused and less distracted.
- **Check out the car.** Make sure the car your teen is driving is safe and in good condition. If your teen is buying a car, help your teen research safety ratings and find a mechanic to inspect the car. Air bags and lap-shoulder belts in the rear seat are important safety features.
- **Make a tough decision.** If you're concerned that your teen may not be ready to drive, you can prevent your teen from getting a license. All states allow parents to block their teen from getting a license if the teen is thought to be immature or reckless.

For more information

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

AAA Foundation for Traffic Safety

www.aaafoundation.org

National Highway Traffic Safety Administration

www.nhtsa.gov

National Safety Council

www.nsc.org

Network of Employers for Traffic Safety

www.trafficsafety.org

Inclusion on this list does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Web site addresses are as current as possible, but may change at any time.

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 physician may recommend based on individual facts and circumstances.

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.

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

Copyright © 2007
American Academy of Pediatrics, Updated 9/11
All rights reserved.

Parent-Teen Driving Agreement

I, _____, will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times.

I promise that I will obey all the rules of the road.

- Always wear a seat belt and make all my passengers buckle up.
- Obey all traffic lights, stop signs, other street signs, and road markings.
- Stay within the speed limit and drive safely.
- Never use the car to race or to try to impress others.
- Never give rides to hitchhikers.

I promise that I will make sure I can stay focused on driving.

- Drive with both hands on the wheel.
- Never eat, drink, or use a cell phone to talk or text while I drive.
- Drive only when I am alert and in emotional control.
- Call my parents for a ride home if I am impaired in any way that interferes with my ability to drive safely.
- Always take my medicine on time (if I am taking medicine for ADHD) and not drive if I am unable to focus my attention completely on driving.

I promise that I will respect laws about drugs and alcohol.

- Drive only when I am alcohol and drug free.
- Never allow any alcohol or illegal drugs in the car.
- Be a passenger only with drivers who are alcohol and drug free.

I promise that I will be a responsible driver.

- Drive only when I have permission to use the car and I will not let anyone else drive the car unless I have permission.
- Drive someone else's car only if I have parental permission.
- Pay for all traffic citations or parking tickets.
- Complete my family responsibilities and maintain good grades at school as listed here: _____
- Contribute to the costs of gasoline, maintenance, and insurance as listed here: _____

I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experience and demonstrate that I am a responsible driver.

For the next _____ months, I will not drive after _____ pm.

For the next _____ months, I will not transport more than _____ teen passengers (unless I am supervised by a responsible adult).

For the next _____ months, I won't adjust the stereo or air conditioning/heater while the car is moving.

For the next _____ months, I will not drive in bad weather.

I understand that I am not permitted to drive to off-limit locations or on roads and highways as listed here: _____

I agree to follow all the rules and restrictions in this contract. I understand that my parents will impose penalties (see below), including removal of my driving privileges, if I violate the contract. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.

Penalties for contract violations

Drove after drinking alcohol or using drugs

No driving for _____ months.

Got ticket for speeding or moving violation

No driving for _____ months.

Drove after night driving curfew

No driving for _____ weeks/months.

Drove too many passengers

No driving for _____ weeks/months.

Broke promise about seat belts (self and others)

No driving for _____ weeks/months.

Drove on a road or to an area that is off-limits

No driving for _____ weeks/months.

Signatures

Driver _____ Date _____

Parent promise: I also agree to drive safely and to be an excellent role model.

Parent (or guardian) _____ Date _____

Parent (or guardian) _____ Date _____

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.

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

Copyright © 2007
American Academy of Pediatrics, Updated 9/11
All rights reserved.

Parent-Teen Driving Agreement



I, _____, will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times.

I Promise:

I promise that I will obey all the rules of the road.

- ☒ Always wear a seat belt and make all my passengers buckle up.
- ☒ Obey all traffic lights, stop signs, other street signs, and road markings.
- ☒ Stay within the speed limit and drive safely.
- ☒ Never use the car to race or to try to impress others.
- ☒ Never give rides to hitchhikers.

I promise that I will make sure I can stay focused on driving.

- ☒ Never text while driving (writing, reading or sending messages).
- ☒ Never talk on the cell phone---including handsfree devices or speakerphone---while driving.
- ☒ Drive with both hands on the wheel.
- ☒ Never eat or drink while driving.
- ☒ Drive only when I am alert and in emotional control.
- ☒ Call my parents for a ride home if I am impaired in any way that interferes with my ability to drive safely, or if my driver is impaired in any way.
- ☒ Never use headphones or earbuds to listen to music while I drive.

I promise that I will respect laws about drugs and alcohol.

- ☒ Drive only when I am alcohol and drug free.
- ☒ Never allow any alcohol or illegal drugs in the car.
- ☒ Be a passenger only with drivers who are alcohol and drug free.






I promise that I will be a responsible driver.


- ☒ Drive only when I have permission to use the car and I will not let anyone else drive the car unless I have permission.
- ☒ Drive someone else's car only if I have permission.
- ☒ Pay for all traffic citations or parking tickets.
- ☒ Complete my family responsibilities and maintain good grades at school as listed here:

- ☒ Contribute to the costs of gasoline, maintenance, and insurance as listed here:








Restrictions:

I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experience and demonstrate that I am a responsible driver.

-  For the next _____ months, I will not drive after _____ pm.
-  For the next _____ months, I will not transport more than _____ teen passengers (unless I am supervised by a responsible adult).
-  For the next _____ months, I won't adjust the stereo, electronic devices, or air conditioning/heater while the car is moving.
-  For the next _____ months, I will not drive in bad weather.
-  I understand that I am not permitted to drive to off-limit locations or on roads and highways as listed here:

 Additional restrictions: _____

Penalties for Agreement Violations:

- | | |
|--|-----------------------------|
|  Drove while texting (composed, read or sent message or email with phone). | NO DRIVING FOR _____ MONTHS |
|  Drove while talking on the cell phone (including handsfree or speakerphone). | NO DRIVING FOR _____ MONTHS |
|  Drove after drinking alcohol or using drugs. | NO DRIVING FOR _____ MONTHS |
|  Got ticket for speeding or moving violation. | NO DRIVING FOR _____ MONTHS |
|  Drove after night driving curfew. | NO DRIVING FOR _____ MONTHS |
|  Broke promise about seat belts (self and others). | NO DRIVING FOR _____ MONTHS |
|  Drove on a road or to an area that is off limits. | NO DRIVING FOR _____ MONTHS |

Signatures:



Driver Pledge

I agree to follow all the rules and restrictions in this agreement. I understand that my parents will impose penalties, including removal of my driving privileges, if I violate the agreement. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.

Driver: _____

Date: _____



Parent Promise

I also agree to drive safely and to be an excellent role model.

Parent (or guardian): _____

Date: _____

Parent (or guardian): _____

Date: _____

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

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.

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

Copyright © 2010
American Academy of Pediatrics
All rights reserved.

your family's mental health: 10 ways to improve mood naturally



Great physical health

is characterized by strength, flexibility, comfort, energy, endurance, and coordination. Similarly, great mental health includes feeling cheerful, hopeful, confident, resilient, adaptable, and connected to the people and world around us. Developing and maintaining a healthy lifestyle is the foundation for physical *and* mental health.

The information in this brochure focuses on natural approaches to helping individuals and families improve mental health through living a healthy lifestyle. It provides tips that can fit every budget. Keep in mind that well-being is affected by genetics, physical health, and the environment, including relationships. Remember that your doctor can help you track your success and suggest ideas that are best for you and your family.

1. Lighten up

Sunshine boosts mood. Try to spend 30 to 60 minutes outdoors daily. Bright lights, especially in the early morning, can also help. Light can work as well as medicine to help with depression.

2. Get plenty of sleep

Aim for at least 7 to 8 hours of sleep each night. For teens, 9 to 10 hours of sleep each night is even better. The following are things you can try to help you relax and get a good night's sleep:

- A hot shower or bath before bed
- A back, hand, or foot rub
- Relaxing music
- A cool, dark room
- Using the bed just for sleep (not homework, TV, or phone calls)

3. Connect with someone

Talk it out. Find a friend, teacher, coach, spiritual leader, or counselor who is a good listener. Ask this person to listen to you as you talk it out.

Combine sunshine, exercise, and social connections. Go for a 30-minute walk each day with a pet or a supportive relative or friend.

4. Eat wisely

- Eat protein-rich foods at breakfast and lunch. Protein helps keep your blood sugar stable and gives your brain the fuel it needs. (And try not to skip breakfast.)
- Eat fish rich in omega-3 fatty acids twice a week. Fish rich in omega-3 fatty acids include salmon, sardines, mackerel, and herring. Omega-3 fatty acids help improve mood and heart health.
- Choose colorful fruits and vegetables, beans, brown rice, oatmeal, and whole-wheat bread. They contain vitamins, fiber, and minerals your brain needs.
- Limit junk food and fast food. They're often full of fat, cholesterol, salt, and sugar.

5. Go for gratitude

Focus on the positive. For what do you feel gratitude or appreciation? In a journal, write down at least 3 to 5 people, places, events, or things each day for which you feel grateful.

6. Step it up!

Exercise or play so hard you break a sweat for at least 30 minutes a day. When we exercise, our bodies release chemicals that can help boost mood. These natural chemicals can be as effective as many medicines.

7. Be kind

Helping other people makes us feel better about ourselves. It can be as simple as saying thank you or holding the door open for someone. Or look for ways you can volunteer your time, like reading to children at a shelter or visiting a senior citizens' home. Try to do at least one kind thing each day. Keep a journal of all the things you do for others—even the little things.

8. Turn off the TV

Free yourself from TV ads trying to convince you to buy things to be happy. They are usually more interested in making money than your happiness. Move the TV out of the bedroom, and try to watch less than 2 hours a day. This will help limit your exposure to messages about happiness that are false or unrealistic.

9. Address stress

Try yoga, meditation, or another relaxation technique to help you de-stress and improve your mood. Time away in nature, like watching a sunset, may help too.

10. Ask your doctor about supplements

- Folate, B and D vitamins, calcium, and magnesium are essential for healthy moods. Ask your doctor to recommend a multivitamin/mineral daily.
- Fish oil supplements (omega-3 fatty acids, EPA, and DHA) help the brain and have less mercury than many fish.
- Talk with your doctor before starting St Johns wort, Sam-E, 5-HTP, L-tryptophan, or other herbs or supplements. The quality and costs can vary greatly.

When extra help is needed

Call the doctor if...

- You are concerned that your child or teen might hurt himself or others.
- You want an accurate diagnosis and to rule out other conditions.
- You want to try medications or to find out if medications might be causing mood problems.
- You would like a referral to another health professional such as a psychologist, psychiatrist, licensed acupuncturist, massage therapist, or social worker.
- Natural therapies are not enough.
- You have any other questions.

Written by Kathi Kemper, MD, on behalf of the Section on Complementary, Holistic, and Integrative Medicine.

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

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

Copyright © 2008
American Academy of Pediatrics, Reaffirmed 2/10
All rights reserved

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

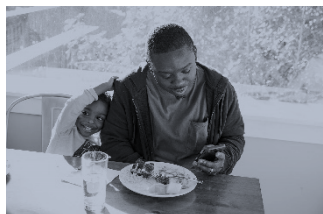
There's no one-size-fits-all set of guidelines for social media use, and the internet is constantly changing. Keep the following points in mind when deciding what is right for your family:

- 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.



Tips to Support Your Teen Graduating from High School

Graduating from high school is a time of excitement and adventure for many young people, but also a time filled with uncertainty. In addition, the end of high school means transitions to college, into jobs, into the military, or out of the foster care system. All of these situations bring up things to think about regarding general well-being, health concerns and diagnoses, and medications. Your child's pediatrician can be a wonderful source of advice on helping your teen to transition successfully.



Advice for Parents & Caregivers:

Is your child headed to college? Know what to do to support your teen emotionally as he ventures out into the world and away from home base.

- Make sure that your teen has medical coverage after high school and teach your teen how to access and use it. Many teens and young adults are covered under their parents' health insurance through age 25.
- If your teen is going to college, check into the health and mental health support services on campus, and make sure he is familiar with them.
- In addition to making sure that the graduating patient has all of the vaccines and other preventive health care recommended for this stage of life, pediatricians also can help families to ensure they are preparing the way for their young adult's continuing mental and emotional health.
- If your teen has mental health needs, develop a plan of care in advance of your teen moving away from home. For college, this can take several weeks or months to develop.
- Does your child have a mental health diagnosis, such as ADHD, depression, eating disorder, etc? Be sure to ask the health center staff what kind of medical information they will need related to your teen, and how to set up prescription refills if needed.
- With your teen, communicate with college or university staff about their accommodations for teens with ADHD and other diagnoses. In addition, consider contacting the college's Disabilities Office, Academic Advising Office, or Student Affairs Office to determine what accommodations are available for ADHD and other diagnoses.
- Once your teen is settled into the college routine, keep in close contact and try to get frequent readings about how he is doing academically and socially. This is especially important during the first month or so while teens are still trying to settle in and may not have made friends yet.
- Do you have a child in foster care who is "graduating" out of the system? Depending on state laws, children in foster care are covered under Medicaid until age 18 or 21 and may need to transition to a different provider. Some may need to transition even earlier to an adult or Transitional Aged Youth mental health provider. Young adults transitioning out of the foster care system need help in identifying caring adults—related or not—from whom they can seek advice, support, and reassurance. *See Health Insurance for Young Adults Previously in Foster Care for more information.*

- Is your teen going straight to work rather than college? Even though she may be remaining at home for a time, her life will change dramatically from when she was in the structured environment of high school, having daily contact with friends. Be sure to give her extra space as a young adult, but realize that she may need help navigating adult responsibilities like bill paying, taking on her own health care, etc. She may be missing her high school life and friends who have moved on. Encourage her to keep up her friendships and to form new ones through work or other interesting activities.
- Alcohol, drugs and sexual activity may become more accessible at this time. Be clear about your expectations regarding drug and alcohol use are even though your child may not be living at home. Be sure your teen knows where to go—whether on campus or locally—for reproductive health care. Continue to have conversations about peer pressure, good decisions, and consequences.
- Once your teen turns 18, you'll no longer have legal access to his academic or health records. After he moves on from high school to college or work, have frequent, one-on-one conversations with your teen as a means of staying in touch.
- It's normal for young people starting at college or moving to a new place to have days when they feel sad, homesick, or a bit lost. If these feelings persist or interfere with their ability to work, they should seek help and know that it is normal to do so. Watch for warning signs and be prepared to act.

Advice for Your Teen:

Graduating from high school is such an exciting time. For some, this may mean transitioning to a full time job. For others, it may mean heading off to college. Whatever this next stage in life brings, it's important to be in charge of your own health. Here are some tips for you to consider.

- Participate in activities to promote your overall health. Eating right, getting enough sleep (at least 8-10 hours), and being active will keep you feeling energized and can reduce stress.
- Talk with your pediatrician about when to start seeing an adult doctor. Many young adults see their pediatricians until they turn 21. Your pediatrician can provide you with guidance about choosing an adult health provider.
- If you have a health care problem, know the facts. When going to a new doctor or clinic, you will need to provide information about your diagnosis and how you treat it.
- If you are taking medication to treat a health care problem, know the name of the medication, how is it taken, side effects, and if you cannot have certain foods or drinks while taking the medication. Also know how and where you will go to refill prescriptions.
- If you will no longer be living at home, know where you will go if you are having a health problem. What hospitals or clinics are close by? Is there a student health center? Talk with your parents about how your family's health insurance works, and be sure you have a card from the health plan.

Tips for the New College Student:

- Be sure you are familiar with the local or campus health center and counseling center (hours of operation, services offered, fees, location) and what to do if the Center is closed (nights and weekends). Make sure you have your insurance card and know how to use it (For example, some insurance companies may only allow certain labs or may require pre-authorization for referrals.)
- If you have a chronic health condition, make sure roommates or someone close to you know about your health condition, signs of problems, and what to do in an emergency situation. Consider having your treating physician send a report with your current status and treatment report to the Health Center. If your problem is particularly complex or challenging, consider talking with or meeting with a health center staff member before the academic year starts.
- Studies have shown that the majority of students on campus don't use drugs and either don't drink or do so in moderation. So you don't need to do either one to fit in. Drinking excessively can open you up to significant health risks (accidents, fights, date rape/sexual assault).
- Find out what resources are available to support you. Often there are support groups and student services available to help address the transition to work or college. And don't forget about your family...they want to hear how you are doing!
- It's normal for someone starting at college or moving to a new place to have days when they feel sad, homesick, or a bit lost. If these feelings last for more than a week or so or are interfering with your ability to work or enjoy your college experience, seek help. The health center or counseling center is the best place to start.

Depression or Mental Health Warning Signs:

- 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, social groups, and favorite pastimes
- Unexpected and dramatic decline in academic performance
- Drinking excessively or using other drugs to feel better or help with sleep

Additional Information from HealthyChildren.org:

- [Next Stop Adulthood: Tips for Parents](#)
- [Raise the Tobacco-Buying Age to 21: AAP Explains Why](#)
- [Letting Go for College](#)
- [Healthy Tips for the College Freshman](#)
- [The Transition from High School to College](#)

Last Updated: 5/18/2017

Source: American Academy of Pediatrics (Copyright © 2013)

Helping Your Teen Find the Right College

Choosing the “right” college requires as much soul-searching as researching, because this is in large part a subjective decision. The right college is the one that seems most likely to enable a teenager to realize his professional and personal goals. And of course it must also be a school that he can have a reasonable hope of getting into. As you research the different institutions, find out the minimum achievement levels, or cutoff, for college entrance exam scores and grade point averages, if there are such cutoffs.



By the time eleventh grade rolls around, if not sooner, you and your child should be having regular discussions about his future. Many youngsters will not have made up their minds about pursuing further education, much less their career ambitions. They will need our advice and experience in reaching both answers.

Don't be surprised, though, if your teen seems to avoid the subject. He might have every intention of going to college, but you have to appreciate that adolescents often regard this pivotal transition with a combination of excitement and dread.

***Q:** Our son is entering his senior year in high school. He's upset because several of his friends know what they plan to study in college, and, as he puts it, "I don't have a clue." Michael is an intelligent, creative and very personable boy. He thinks he might like to teach elementary school, but then other times he talks about possibly becoming a newscaster on radio or television. Lately he's been leaning toward going into advertising. Should we be concerned about his indecision?*

A: Many students enter college unsure of what career they want to pursue; some don't even declare their in-depth area of study, or *major*, until they are sophomores or juniors. Until then, they take general education classes. A sensible plan for your son might be to attend a *liberal arts* college where he can major in both teaching and communications. Liberal arts programs expose students to a range of courses in the sciences, social sciences and humanities. A lot of growth takes place during the college years. You can rest reasonably assured that your son will find his direction long before he has to don a cap and gown again.

Picking Priorities: What Is Most Important to Your Youngster?

Many factors enter into selecting one college over another, not just which school has the superior academic reputation. What often sways the vote one way or another are seemingly secondary concerns such as cost, distance, location and size. Learning your youngster's preferences at the outset will help you to focus the search.

Cost

A family that cannot afford privately funded colleges, even if buoyed by financial aid, would want to investigate *public* institutions. Because these schools' budgets are funded mainly by state and local governments, they can charge, on average, less than one-fourth the tuition of *private* schools. At public colleges, state residents pay roughly 33 to 50 percent less in annual tuition than students from out of state. Cost may also be the deciding factor when two colleges are essentially neck and neck in all other respects, and one offers a scholarship and the other does not.

One money-saving option is for your teen to spend her first two years at a community college, then transfer to a four-year school. Savings are realized during the freshman and sophomore years because most young people attending community colleges live at home.

Distance and Location

Perhaps it's important to your youngster to attend a college that is within a few hours' drive from home, in which event your search has been narrowed significantly. Don't feel hurt, though, if she chooses a school far away. For many teenagers, going off to college is the biggest adventure of their lives. It also presents an opportunity to test their newfound independence.

Location considerations:

- Does your child want to experience urban life, or at least be within close proximity to the diverse culture, entertainment and nightlife that a city has to offer?
- Does a small-town environment better suit her personality and interests?

If she's interested in marine biology as a course of study, she should probably be near a large body of water.

College Size

Here, too, environment matters. Large universities may not be able to provide the personal attention that a smaller college can promise, but schools with greater student populations often boast a broader range of courses and superior libraries and other facilities.

Each youngster must determine how she learns best:

- In a cavernous lecture hall, or in small classes that encourage discussion?
- In a class where the structure is clearly defined, or in a freer setting?

Last Updated: 11/21/2015

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

Healthy Tips for the College Freshman

In thousands of households across the U.S., teens who are about to become [college freshmen](#) are preparing for the transition from home to campus. They are calling their new roommates to figure out who's bringing the futon or refrigerator, and hitting local stores with their shopping lists for bedding, sundries and supplies.

It's just as important to have a checklist for the college freshman's health and safety needs. Here are some tips from the American Academy of Pediatrics.



For Parents and Families:

1. Recognize that this is a time of excitement and adventure for many young people, but also a time filled with uncertainty. Planning ahead and offering support along the way can be helpful in making the transition easier for the student as well as for his family.
2. A trip to the pediatrician's office should be on the checklist for college-bound adolescents. Your pediatrician can be a wonderful source of advice on helping your teen to transition successfully. In addition to making sure that the entering freshman has all of the [vaccines](#) and other preventive health care recommended for this stage of life, pediatricians also can help families prepare the way for their young adult's continuing mental and emotional health.
3. Pediatricians and [adolescent medicine specialists](#) can talk with college-bound teens about the risky situations they may encounter once they are away from home—and how to avoid, prepare for and manage these situations.
4. Be sure that your college freshman knows where to go for emergency or urgent health care. Find the health center on campus with your teen on move-in day or sooner.
5. Make sure that your teen has [health insurance](#) and knows how to access and use it. Your teen's college most likely requires him to have health insurance, and many colleges offer plans for students who are not already covered. Many young adults can also be covered under their parents' health insurance until they turn 26. Be sure to review the specifics of all health insurance plans available to your teen, since some may only provide limited coverage or benefits. Next semester, additional health insurance options may also be available in the new health insurance marketplace launching Oct. 1. Visit www.healthcare.gov to learn more.
6. Work with your pediatrician's office to be sure that the college or university health center has all of the necessary information about your teen:
 - Health insurance information
 - Up-to-date immunization records
 - Information about chronic health conditions
 - Medication information including dosage
 - Contact information for the primary care provider back home.
7. If your teen requires prescription refills, ask the college health center how best to arrange for this. See "[Staying Healthy at College](#)." If your teen has specific mental health

needs, start working on developing a care plan with the college well before move-in day. Does your child have a mental health diagnosis, such as ADHD, depression, or an eating disorder? Be sure to ask the college health center staff what kind of medical information they will need related to your teen, and how to set up prescription refills if needed.

8. In addition, work with your teen to communicate with college or university staff about their [accommodations for teens with ADHD](#) and other diagnoses.
9. Alcohol, drugs and sexual activity may become more accessible once teens are away from home. Be clear about your expectations regarding drug and alcohol use even though your child may not be living at home. Be sure your teen knows where to go—whether on campus or locally—for reproductive health care. Continue to have conversations about peer pressure, good decisions, and consequences. See “[The Transition from High School to College](#).”
10. Once your teen is settled into the college routine, keep in close contact and try to get frequent readings about how he is doing academically and socially. This is especially important during the first month or so while teens are still trying to settle in and may not have made many friends yet.
11. It’s normal for young people starting at college to have days when they feel sad, homesick, or a bit lost. If these feelings persist or interfere with their ability to work, they should seek help and know that it is normal to do so. [Watch for warning signs](#) and be prepared to act. Students need to know that there are specially trained counselors on campus waiting to help and support them.

Advice for the Young Adult Headed for College:

Starting college is an exciting time. In addition to thinking about dorm furnishings, classes and clubs, it is also important to think about taking charge of your own [health](#). Here are some tips for you to consider.

Before you go:

1. Visit your pediatrician to be sure you have all of the recommended [vaccines](#) and other preventive healthcare needed at this time. Ask about shots for [meningococcal disease](#), [HPV](#), pertussis and [flu](#). Even if you’ve had these shots before, you may need another dose or a booster shot.
2. Talk with your pediatrician about coordinating your health care with your college. Many young adults continue to see their pediatrician until they turn 21. When the time comes to transition to an adult health provider, your pediatrician can help.
3. If you have a medical condition or health issue, know the facts. When going to a new doctor or clinic, such as the campus health center, you will need to provide information about your diagnosis and how you treat it.
4. If you are taking medication to treat a health or mental health condition, know the name of the medication, how is it taken, side effects, and if you cannot have certain foods or drinks while taking the medication. Also know how and where you will go to refill prescriptions.
5. Before moving into the dorms, know where you will go if you are having a health problem. What hospitals or clinics are nearby? Where is the student health center?

Where should you go if the center is closed, such as at night or on weekends? Talk with your parents about how your family's [health insurance](#) works, and be sure you have a card from the health plan.

6. Consider packing an [emergency kit](#) to keep under your bed in the dorm. A flashlight and batteries, non-perishable food and water (to be kept strictly for emergencies!), basic first aid supplies and extra medication can come in handy in the event of blizzards, storms or other scenarios in which you may be confined to your room or campus for a time.

Once you get to campus:

1. Participate in activities to promote your overall [health](#). Eating right, getting enough sleep (at least 8 or 9 hours a night), and being active will keep you feeling energized and can reduce stress.
2. Take advantage of [nutritious options](#) in the college dining hall or other eateries. Be conscious of the right number of calories for you to consume to be healthy (about 1,800 per day for an 18-year-old female, and about 2,200 a day for an 18-year-old male, though active teens and athletes may require more). Be sure to get enough protein, veggies, and other nutritious foods to fuel your busy life. And keep an eye on fats, sugars, and sodium. Finally, be aware that late-night eating can add calories you didn't plan on.
3. If you have a [chronic health condition](#), make sure roommates or someone close to you know about your health condition, signs of problems, and what to do in an emergency situation. If your problem is particularly complex or challenging, consider talking with or meeting with a health center staff member before the academic year starts.
4. Studies have shown that the majority of students on campus don't use drugs and either don't drink or do so in moderation. And surveys of college students show that most have zero or one sexual partner in a year. So you don't need to engage in these behaviors in order to fit in. Drinking excessively can open you up to significant health risks (accidents, fights, date rape/sexual assault). See "[The Transition from High School to College](#)."
5. Find out what resources are available to support you. Often there are support groups and student services available on campus to help address the transition to college. It's normal for someone starting at college to have days when they feel sad, homesick, or a bit lost. If these feelings last for more than a week or so, or are interfering with your ability to work or enjoy your college experience, seek help. The health center or counseling center is a good place to start.

Last Updated: 11/14/2016

Source: American Academy of Pediatrics (Copyright © 2013)

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.

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.

Products are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics.

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 62,000 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.HealthyChildren.org

Copyright © 2010
American Academy of Pediatrics, Updated 12/2013
All rights reserved.

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.

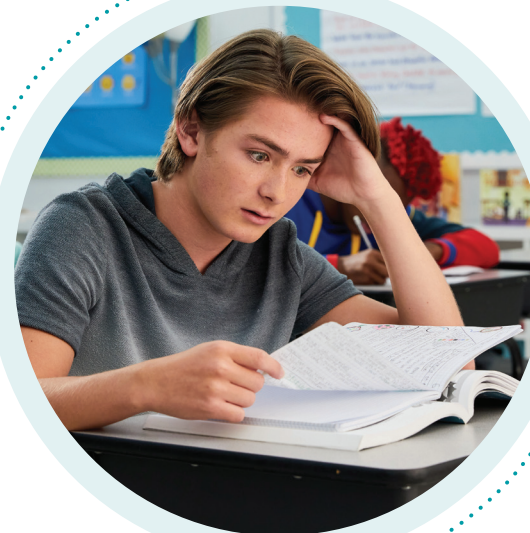


Your teen may struggle with planning, focus, organization, problem-solving and decision-making because the part of the brain responsible for these functions isn't fully developed until around age 25.

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.

©2022 Children's Healthcare of Atlanta Inc. All rights reserved.



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

Going Back to School

High School

STRONG⁴LIFE™



Children's
Healthcare of Atlanta

Communicating with your teen

Whether your teen is just starting as a freshman, entering their final year or somewhere in between, high school can be stressful. Here are some tips for staying connected and communicating with your teen.

Strategy	Try saying	Instead of
Ask open-ended questions, and listen to your teen without interrupting.	"How are you feeling about the start of the school year?"	"I bet you're feeling nervous going into this year."
Validate their feelings. Let your teen know that you understand what they said—by repeating back what you heard, without judgment—and that it's normal to feel that way.	"It sounds like you're feeling worried. It's completely normal to feel that way."	"There's nothing to worry about. You'll be fine!"
Normalize and model healthy coping skills. Help your teen understand that we all need to practice healthy coping skills by modeling positive ways you handle stress and encouraging them to practice as well.	"I'm feeling overwhelmed about work. I'd love to play basketball to let go of some stress. Want to play?"	"Life is stressful and busy, but there's nothing we can do about that."

Promoting academic success

Creating strong study and organizational habits can boost your teen's confidence.

- ✓ Encourage your teen to keep an agenda or calendar of their tasks to stay organized and to be aware of upcoming deadlines and tests.
- ✓ Help your teen find a quiet space to study, and remove distractions (such as the TV, phone, etc.).
- ✓ Encourage your teen to take regular breaks when studying. Sitting for too long can make them feel tired and impact their focus.



Teens 13 and up typically need 8 to 10 hours of sleep in a 24-hour period.

Practicing healthy habits

Practicing healthy habits helps support your teen's mind and body while positively impacting their mood, focus and behavior.



Nutrition. Drink water, and eat three balanced meals and two to three snacks at consistent times each day.



Sleep. Turn off digital screens and electronic devices an hour before bedtime, and keep devices out of the bedroom to get quality rest. (Have your teen use a traditional alarm clock.)



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.



Coping. Whether it's journaling, listening to music or deep breathing, regularly practicing healthy coping skills can help reduce (and sometimes prevent) stress.



Balance. Encourage your teen to explore a variety of interests, so they do not feel as though their identity is only defined by their success in school, sports, etc.



Coping skills are tools we can use to manage feelings and handle stress.



Downtime. Leave plenty of free time to unwind, be creative, and connect with family and friends.

Building independence

Let your teen try 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.

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.



Managing Academic Anxiety

High school

High school can be a particularly stressful and anxiety-filled time as kids get closer to transitioning into adulthood. Earning enough credits, taking more challenging classes and worrying about the future can all contribute to feelings of anxiety. While some anxiety can be helpful and motivating, anxiety can become an issue when it interferes with everyday functioning.



Anxiety is a normal feeling of nervousness, worry or uneasiness that everyone experiences throughout their lives.

Academic anxiety is a specific type of worry associated with school-related responsibilities and pressures.

Talking about academic anxiety

Signs of academic anxiety

While anxiety can look different in every teen, here are some general signs to watch out for:

- Complaining of frequent headaches, stomachaches or other physical pain with no known medical cause.
- Avoiding school or certain classes (e.g., refusing to get dressed or trying to miss the bus).
- Worrying about school and no longer making time for activities they used to enjoy, including social interactions.
- Showing changes in sleep or eating habits.
- Showing changes in mood, such as appearing to be "on edge," irritable or tearful.
- Acting out in class (e.g., being the class clown, getting in fights or talking back).
- Having an "I don't care" attitude about anything related to school.
- Sweating, shaking or fast breathing when thinking or talking about school.

Communication Tip Instead of saying ... Try saying ...

Ask open-ended questions and allow your teen to share their honest feelings.	"Are you working hard enough? Are you worried you're not going to pass?"	"How are you feeling about that class?"
Keep your cool. Try not to pass along any of your own anxiety.	"When I was in high school, I was always stressed about getting all A's."	"I know how much you've been studying."
Focus on the effort, not the score or outcome.	"I'm so proud of your high GPA."	"I'm really proud of how hard you have worked this year."

Maintaining healthy routines

Consistent routines help teens know what to expect, allowing them to feel more secure, calm and focused.

- **Nutrition:** Drinking water and eating balanced snacks and meals helps support your teen's physical growth, helps them pay better attention in school and helps them think more clearly.
- **Sleep:** It's much easier to retain and recall information after a good night's sleep. Keep digital screens out of the bedroom, and turn off screens and electronics an hour before bed to get better-quality rest.
- **Balance:** Encourage your teen to explore other interests and hobbies outside of school so that academics are not their only focus.
- **Physical activity:** Taking breaks and being active can improve your teen's ability to focus and do well in school.

Studying smarter

Knowing how to properly study, and be organized, can help reduce anxiety. Here are some strategies you can suggest:

- Break big assignments up into smaller, more manageable pieces.
- Find a quiet space and remove distractions (such as the TV, phone, etc.).
- Use a planner or to-do lists to help with time-management.

Journaling

Sometimes, we aren't ready to talk about our thoughts and feelings, and that's OK. Journaling can be a way for your teen to become more aware of their thoughts and feelings, and to de-stress. Below are some prompts they can use to help them start writing or drawing in a journal or notebook.



What is some advice you would give to a friend who is feeling anxious?



Who is the person who helps you most when you feel stressed? How do they help you?



What are three coping skills you already use to manage anxiety? What are three new skills you would like to try?



What type of music helps you feel calm and relaxed? When could listening to that music help you feel less anxious?



Journaling should be a safe way for your teen to privately explore their feelings. It may be tempting to try to find out what they are writing about, but it's important not to look at their journal unless they share it with you. Instead, have regular conversations with your child about their feelings, especially if you have any concerns about their safety or well-being.



If you are concerned your teen may be experiencing symptoms of anxiety that go beyond what is normal and tolerable, talk to your teen's pediatrician or school counselor about additional support that may be available.

Navigating school breaks

High school

STRONG⁴LIFE™



Children's
Healthcare of Atlanta

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

Stick to normal routines

To create a sense of normalcy during school breaks, try to maintain many of your teen's daily routines.

- Encourage your teen to try to keep bedtime and wake time consistent with school days. This will help them get back to their normal routine when the break is over.
- Maintain expectations for chores. A break from school shouldn't mean a break from responsibilities. Whether it's taking out the garbage, walking the dog or cleaning their room, try to be consistent.
- Limit screen time. It's common to ease up on screen-time limits during school breaks, but encourage your teen to prioritize daily activities, such as sleep, mealtimes, physical activity, and interacting with family and friends.

School breaks can be both an exciting and stressful time for families. Here are some tips to help your high schooler build resilience and enjoy school breaks.

Make the most of the break

Make time to unwind and relax. The school year can be stressful, and some kids may need a reminder that it's OK and helpful to take breaks and recharge. Encourage your teen to find ways to relax and unwind. Keep in mind, what's relaxing to one person may not be relaxing to another, so it's important to let your teen figure out what works best for them.

Build independence. Learning new skills can increase your child's confidence. Give your teen a chance to take the lead on planning and cooking a meal, coming up with a family activity, or working on a house project. Remember that part of learning involves making mistakes. Give them plenty of support and encouragement and help them learn throughout the process.

Spend time doing everyday activities together. Invite your child to help with holiday shopping or party planning. Cook a family meal together. Ask for your child's input, and let them problem solve with minimal help.

Practice giving back. Volunteering is a meaningful way to help your teen learn the importance of giving back and develop empathy for others.

- | | |
|---|--|
| ✓ Prepare or serve meals at a shelter. | ✓ Assist an organization with wrapping or delivering gifts. |
| ✓ Help a neighbor with a task or chore. | ✓ Ask your teen to donate clothes and items they no longer need. |



Empathy is the ability to understand someone else's feelings or experiences by imagining what it would be like to be in that person's situation.

Practice coping skills

School breaks can be a relief for some and stressful for others. Either way, it's a great opportunity to encourage your teen, and the entire family, to practice healthy coping skills. Practicing these skills can reduce stress and sometimes even prevent stress from occurring in the first place. Just be sure to practice coping skills before you need them, when everyone is calm.

Be in the moment. Encourage your family to be in the present moment by using your senses to notice what's happening around you (e.g., What do you see? Smell? Hear?).

Get active. Physical activity is a proven stress reducer, and it can be fun! Take a family walk or play a game of basketball together.

Practice gratitude. Showing thanks and gratitude toward others not only helps us feel happier, but it can also be beneficial to our physical wellness. Start simple by asking everyone at dinnertime to share one thing they're grateful for.



Gratitude is the act or feeling of being thankful or showing appreciation.

Getting back on track

After a break, it can be challenging to transition back into "real" life. No matter how hard you try, it's normal—and OK—to get off track during these times.

Help your teen adjust to going back to school:

- Support your teen in planning for the days and weeks ahead. Encourage them to try using a planner to help them stay organized as they get back to school.
- Encourage your teen to get their lunch and backpack ready the night before so that things go smoothly the first morning back.
- Help your teen make a plan to continue doing things they enjoyed over the break. Did they get quality sleep and feel more rested? Did they interact more with friends and family? Help them think through ways they can prioritize doing things they enjoy when school starts back.

Building Resilience Over Summer Break

High school

STRONG⁴LIFE™



Children's™
Healthcare of Atlanta

Resilient teens are better able to handle life's ups and downs. Summer breaks can bring up lots of feelings. Some teens may feel excited about the break, while others may feel disappointed to leave school and friends behind. As your teen enters summer vacation, you can help them cope with all their feelings, find balance, and build resilience by practicing healthy habits that take care of both their body and mind.

Following consistent routines

Even though summer break may be less structured than the school year, it's still important to maintain some routines so that teens know what to expect. Here are some ways to incorporate routines during summer break:



Communication

We can all benefit from continuing to learn how to express our emotions in healthy ways—even teenagers. One way you can help is by creating a daily routine for communication to help your teen learn that it's OK and normal to feel whatever they feel and share it with others.

- **Start the conversation by asking open-ended questions**, such as “How are you feeling today?” or “What’s something that’s been on your mind today?”
- **Actively listen.** Make eye contact, put away any distractions and listen to understand.
- **Normalize and validate their feelings.** Let your child know you understand by repeating back exactly what you hear, without dismissing, minimizing, judging or interpreting. Reassure them that their feelings are normal and OK.



Coping skills

Coping skills are things we can do to feel better and help us manage stress. Summer break is a great time to learn and practice a variety of coping skills with your teen, such as grounding your body and mind.

Grounding helps us improve concentration and decrease anxiety by using our senses to focus on the present moment. Encourage your teen to practice this regularly so it becomes familiar and comfortable. That way, they can use it whenever and wherever they need it.



Sleep

It's common for sleep routines to change over the summer with more relaxed schedules, but getting quality sleep is important for the body and mind all year long. And being consistent over the summer can make it easier to transition back to school. Support your teen in creating summer sleep habits that allow them to get enough rest, but also won't make it difficult to transition back once the school year begins. Encourage your teen to:

- Power down devices at least an hour before bed, and keep screens out of the bedroom.
- Keep consistent sleep and wake times.
- Practice calming activities before bed, such as reading, journaling or listening to music.

Grounding



5 things you can see. Maybe it's a book, a painting or a chair.



4 things you can touch. Maybe it's a dog, your desk or your leg.



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



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



1 thing you can taste. Maybe it's the drink or snack you just had.

Nutrition

When schedules and activities change, it's common for eating habits to change as well. To prepare, try to have healthy snacks available, such as fruit, nuts, string cheese and yogurt. It's also important to make sure your teen is drinking enough water to stay hydrated. Freezing fruit or herbs with water in ice trays is one way to make water more appealing (instead of caffeine or sugary drinks). Encourage your teen to try out different combinations to see what they like best.

Screen time

With less structure and more downtime, teens may spend more time on screens over the summer. Try to set limits on screen time and encourage balance so your teen is still getting plenty of physical activity, rest, and time to connect with friends and family. Although it may be challenging to limit screen time as much as you'd like, try to be consistent with expectations for mealtimes, family activities and before bed.

Summertime independence

Summer is a great time for your teen to develop independence, which is an important part of building resilience. *You know your teen best. Make suggestions based on your teen's skills and abilities, as well as your comfort.*

Planning and cooking a family meal

Whenever teens cook meals on their own, they're developing planning and organization skills and becoming more independent. From figuring out the ingredients for a recipe to what utensils or tools they need and when to start cooking, these skills will help them as they grow into adulthood.

Navigating curfew

As teens have more opportunities to spend time with friends over the summer, they may question their curfew. Work with your teen to determine a reasonable time you can both agree on, and make plans ahead of time to prepare for any challenges that could arise, such as if they're running late.

Finding a summer job

Whether it's a steady job or getting paid to help with babysitting, lawn work or helping a neighbor with tasks around their home, summer jobs offer teens a chance to gain a sense of responsibility.

Caretaking

Encourage your teen to take on tasks, such as watching younger siblings, taking the family pet for a walk or making sure the plants are watered.



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.



U.S. Department of Health and Human Services
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.



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.

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

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)

Last Updated: 10/10/2018

Source: Adapted from Healthy Children E-Magazine, Back to School 2012

Meningococcal ACWY 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?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2 Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 year of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a type of drug called a complement inhibitor, such as eculizumab (also called Soliris®) or ravulizumab (also called Ultomiris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls
- U.S. military recruits

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 meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies**.

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

Not much is known about the risks of this vaccine for a pregnant woman or breastfeeding mother. However, pregnancy or breastfeeding are not reasons to avoid meningococcal ACWY vaccination. A pregnant or breastfeeding woman should be vaccinated if otherwise indicated.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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 meningococcal ACWY vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccine.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle or joint pains.

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 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. 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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare 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 www.cdc.gov/vaccines



Meningitis B Vaccine

Meningitis is a serious, life threatening infection that can occur at any age. Several of your child's vaccines protect against many of the bacterial causes of meningitis - Pneumococcal (Prevnar), Haemophilus (Hib) and Meningococcal (Menactra). Another vaccine exists to protect against a rare bacterial form, Meningococcal type B infection. So why do we not recommend it as adamantly as the others?

About 50-60 cases of meningitis B occur in this country every year, and about 10 people die each year from this disease. Interestingly, the disease incidence is decreasing, even without the vaccine. The CDC and American Academy of Pediatrics examined the benefits and risks of the vaccine in depth to decide how it should be used. The conclusion- meningitis B vaccine should be offered as an option but not required. Why?

Studies estimate the vaccine can prevent 15-29 cases and 2-5 deaths a year if every adolescent received the vaccine. Recommending vaccination for everyone to prevent this small number of cases is difficult, especially since the number of cases is decreasing naturally. It is also unclear how long the vaccine lasts.

About 50% of patients no longer have antibodies after 5 years. However, antibody levels do not always predict immunity. Our bodies have "immune memory" to some infections and can mount a quick response to organisms we have met before, even when antibody levels appear low. Whether this is true for meningitis B is not known.

The meningitis B vaccine can also cause side effects. About 30% of people who receive the vaccine experience side effects that may include pain, swelling and redness at the injection site, fatigue, headache, muscle aches and chills. This is significantly more common than other routinely recommended vaccines.

There are two brands: Bexsero is given in two dosages one month apart and Trumenba is given in two dosages six months apart. If you decide it is right for your child, we are happy to provide it. Some colleges and universities have decided to require meningitis B vaccine for all entering students. Vaccination requires 2 doses one month apart. We recommend giving this the spring/summer before college or at 18 as this is the highest risk age group for disease.

Please feel free to discuss this with your provider if you have further questions.