



Development & Behavior

Early Adolescence has begun with remarkable transitions and transformations in the physical, cognitive, emotional, and social aspects of your child. You will have noted increased capacity for logical, abstract, and idealistic thinking. Academic challenges are different, and these demands provide opportunities for children to explore their interests. This is an opportunity for self-esteem and a sense of achievement to blossom. Children who feel good about themselves are better equipped to withstand negative peer pressure.

Mood swings and attempts at independence can trigger arguments and challenges to the rules. Research shows authoritative parents who are accepting, firm, and democratic have adolescents who are less depressed, enter into risk-taking behaviors at later ages, and are more successful academically. Children with authoritarian parents, with strong control and low warmth and in which children have little input do not fare as well. The best recipe for a positive relationship is for authoritative parents to have a balanced approach, unconditional love, clear boundaries (family rules, limits, expectations), and consistent reinforcement of discipline. When possible, involve your child in the family decision-making process to give them experience with problem solving and decision-making. Encourage them to think through the solutions rather than giving them the answers. It is important to spend time with your child, to show affection, and to praise their efforts and accomplishments.

At this age your child should belong to a peer group and will desire to have the freedom to do what they want with whom they want. In attempts to keep up with friends, who may be at different stages of physical maturity, early adolescents will use clothing, accessories, and hairstyles as ways to fit in. This can be a difficult time for your child, and you should remain mindful to ensure they are included in their social networks. Parental monitoring remains critical to ensure this age group remains safe while gradually gaining independence. Teach your child conflict-resolution techniques and ensure your child knows that they can call you if they need help. Teach your child about bullying and if they see someone else being bullied to tell an adult. Provide opportunities for your child to engage in activities that truly interest them outside of academics.

Acknowledge your child's desire for independence by offering opportunities to mature with new responsibilities and to develop strong decision-making skills. For example, babysitting younger siblings or other children can be a next step. Be aware that the temptation to partake in risky behaviors is high and hard to resist if the child lacks insight into the consequences, has poor negotiation skills, or has ample opportunity to experiment due to lack of supervision. Studies demonstrate the brain functions that control impulses and making decisions are still maturing during adolescence. The early adolescent may shun caution, powered by their peer group to satisfy their curiosity. If your child is eager to impress, a naive youth may feel overly confident about engaging in

risky behavior.

Try getting to know your child's friends and friends' parents. Adequate adult supervision is still needed in this age group. Injury prevention should be emphasized at this age. Some children at this age are already engaging in dangerous risk-taking behaviors such as dares, drinking, smoking, and inhaling. Some families do not recognize that these behaviors can start this young, so discussing these possibilities with your child can help them deal with peer pressure. The amount of unsupervised time and the incidence of drug use are directly related. Be a positive, present, ethical and behavioral role model.

Understand and anticipate the early adolescent behaviors of this age such as peer influences, changes in communication between you and your child, challenges to parental rules and authority, conflicts over independence, refusal to participate in family activities, moodiness and desire to take risks. Encourage developmentally appropriate decision-making. Help your child follow rules, control their anger and help them learn to be respectful. If you make a mistake, admit to the mistake, ask for forgiveness and use it as a teachable moment. If you are concerned about your child's behavior, mood, mental health, or substance use please discuss this with your child's doctor.

Puberty & Sexuality

Puberty has usually already begun at this age. Puberty entails dramatic changes in physical, emotional, and cognitive aspects of development. For girls, it usually begins with either breast or pubic hair development. Breasts may be asymmetrical during the process and this is completely normal. This is followed by a growth spurt, with maximal growth 6–12 months before the start of periods (menarche). Menarche typically occurs 1.5 –2 years after the onset of puberty with an average age of 12–13 years. For boys, puberty usually begins with testicular enlargement followed by pubic hair development. Penile enlargement occurs with a rapid growth spurt with its peak 2 years after the onset of puberty. Both boys and girls will experience skin changes, becoming oilier and often developing acne. Changes in body fat and musculature are noted. A discussion of puberty and education within the family is appropriate at this age and developmental stage. Answer questions simply and honestly at the level of your child's understanding. Please let your doctor know any questions or concerns that may have come up during your discussions. Another resource to check out is: <https://www.healthychildren.org/English/agesstages/gradeschool/puberty/Pages/default.aspx>

Adolescents who identify themselves as lesbian, gay, bisexual, transgender, or who are questioning their sexuality face unique challenges with family and mainstream culture. This may cause significant stress. Be open to listening to and discussing your child's sexuality or gender identity. If your child's views differ from yours, your child's doctor as well as community support systems are available. Studies show that family acceptance has the strongest overall influence on positive outcomes for those youth facing these issues.

Media

Inappropriate or excessive media use has been associated with attention problems, impaired sleep, school difficulties, vision changes, and obesity. Any media exposure should be limited to 90 minutes per day and be of good quality. Check out www.common sense media.org for recommendations. Do not use a TV, phone or iPad as a substitute for interaction with your child. Turn off devices during meals. Children at this age are technologically savvy. Provide parental supervision and monitoring to ensure they are not exposed to inappropriate material. Be clear that

you will be monitoring the devices they use as well as any social media. Use internet safety tools and filtering to prevent access to inappropriate material. Talk to your child about internet safety and cyber-bullying. We embrace the "wait until 8th" campaign. More information can be found at <https://www.waituntil8th.org/>. Stress to your child that there are times in which it is inappropriate or dangerous to use smartphones or handheld devices, such as while walking. Current recommendations are for children this age to be physically active for 60 minutes per day.

Do not let your child sleep with any electronic device in their bedroom. To balance your child's sleep, physical activity, after school activities and unplugged time consider making a family media plan. Visit www.healthychildren.org/MediaUsePlan. Be a role model in your use of electronics as your children will model your behavior.

School

Give your child a healthy breakfast and establish bedtime routines to get at least 8 to 10 hours of sleep. Only a small percentage of adolescents get the recommended amount of sleep. Lack of appropriate sleep can lead to decreased school performance, increase in depression and other mental health disorders, and health risk behaviors.

Talk with your child about their school day, which may include asking more open-ended questions. Praise your child's efforts in school and show interest in their schoolwork. Monitor and guide your child as they assume more responsibility for schoolwork. Many youth need help with organizing & setting priorities as they transition from middle school to high school. After-school activities, sports, social activities, and clubs can place a big demand on your child's time. Be cautious not to over-schedule, allowing for some unstructured time. If your child has special needs, keep an active role in the IEP process. Stresses, changes in family, loss in families, family violence, or bullying can contribute to poor performance. If you are experiencing these kinds of stressors, please talk to your child's doctor.

Diet

Adolescents going through puberty often develop enhanced sensitivity to their physical appearance, how it is changing, how it compares to their friends, and how it compares to the unrealistic idealized body image portrayed in the media. Support a healthy weight in your child by emphasizing a balance between healthy eating and physical activity. As your child is becoming increasingly responsible for what they eat, be sure to provide healthy foods in the home. Provide opportunities for them to participate in shopping and meal preparation. Eating family meals provides the family with the opportunity to model healthy eating and promotes communication.

A child that arrives at school fed and rested is ready to learn and perform better. Give your child a healthy breakfast every day. Studies have shown that eating breakfast improves academic performance and children who eat breakfast have a lower BMI (healthy weight for height). Help your child recognize and respond to hunger and fullness cues appropriately. Do not let them snack in front of a TV or device. Have nutritious foods and drinks readily available and the expected options for meals and snacks in your house. Examples of nutritious foods include vegetables; fruits; whole grains; lean protein (lower fat meat, fish, poultry, eggs, legumes, nuts & seeds); and low-fat or non-fat dairy products. Limit food and drinks high in calories, fats, sugars and refined grains which are low in nutrients. Examples of low nutritious foods include ice cream; baked goods; salty snacks; fast food; pizza; soda; Gatorade/power-aide; and other sweetened beverages. As your child grows it is

very important, they get adequate calcium and Vitamin D. 20–24 oz of low-fat or fat-free milk a day plus an additional serving of low-fat yogurt or cheese is recommended. If your child does not drink milk or other dairy products then aim for foods and beverages fortified with calcium and Vitamin D. Encourage your child to drink water throughout the day. Encourage water or low-fat milk and try to avoid juice, fruit drinks, soda, vitamin water, sports and energy drinks or caffeinated beverages.

Oral health

Use a soft toothbrush with a pea-sized amount of fluoridated toothpaste twice a day. Aim for 2 minutes per day and flossing once a day. Your child should see a dentist and have fluoride applied every 6 months. Limit your child's consumption of sweetened beverages and snacks with sugar. Discuss the importance of dental care. If your child is playing contact sports, have them wear a mouthguard.

Safety

Keep firearms stored unloaded and locked in a safe, with ammunition separate. Do not show your child where you have stored the firearm, ammunition, or key. Firearms should be removed from the homes of adolescents who have a history of aggressive or violent behaviors, suicide attempts, or depression. The presence of a firearm in the home increases the risk of suicide and homicide.

Exposure to secondhand smoke greatly increases the risk of heart and lung diseases in your child. For your health as well as your child's health, please stop smoking. Vapor from e-cigarettes may also be harmful, so avoid secondhand exposure by not smoking or vaping around your child or in the car. If you are interested in quitting, speak with your child's or your own doctor or call a smoking helpline (1-800-QUIT-NOW). Discuss the dangers of nicotine, including e-cigarettes and chewing tobacco, with your child.

Children are exposed to drinking, smoking, and drug use through TV, movies, and other media. Tell your child in clear messages that substance use is substance misuse. If alcohol is in the home, your consumption around your child should be limited and it should be discussed that it is not appropriate for your child to drink. Lock and/or monitor your prescription medications and your liquor cabinet. Praise your child for not using tobacco, e-cigarettes, alcohol or other drugs.

While most children in this age group are not sexually active, some are. Many youths do not have the information they need to make healthy decisions, so parents should start this discussion now. Encourage abstinence from sexual activity. If your adolescent is already sexually active encourage a return to abstinence. Help your child make a plan to resist pressures to have sex and be there for them when they need support or help. Discuss sexually transmitted infections and how they are spread as well as prevention of pregnancy. Ensure that those who do not plan to return to abstinence are as well-informed about the prevention of infections and pregnancy as possible. Plan how to avoid risky situations and avoidance of drugs and alcohol as these can raise the risk of unwanted sex and other risky behaviors. Be open and non-judgmental but be honest about your personal views.

The CDC recommends avoiding or limiting exposure to excessively loud sounds to protect hearing. This includes turning down the volume of music systems, moving away from sources of loud sounds when possible, and using hearing protection devices. Encourage your adolescent to keep the volume at a reasonable level when using earbuds, low enough that they can hear conversations.

Your child should be using a belt-positioning booster seat or seat belt. The booster seat should be used, regardless of age, until your child is 4'9". This positions your child correctly with the seatbelt crossing their chest rather than their neck and their lap rather than their abdomen. The correct position of the seatbelt is important in prevention of serious injuries. Children should not ride in the front seat until 13 years old. Your own safe driving behaviors are important as well. Use a seat belt. Do not put the car in drive until everyone is buckled in. Do not drive under the influence of drugs or alcohol, and do not text or use mobile devices while driving. Teach your adolescent not to ride in a vehicle with someone who has been using drugs or alcohol. Children should use a properly fitted, approved helmet every time when riding a bike, scooter, and when skating. US Coast Guard-approved life jackets should be used if engaged in water sports.

What to expect at this visit

A depression and substance abuse screen should be completed by your child before this visit. We ask parents to complete a screening for social determinants of health form to provide the best care for your child. At this age we typically will ask parents to leave the room to have a private discussion.

Tdap, Meningococcal vaccination, and HPV vaccines are scheduled for 11 years old. The second HPV will be given 6 months after the first dose. The HPV vaccination has been associated with dizziness. Please ensure your child has eaten and is well hydrated before the visit. We will watch your child for 10 minutes after the vaccination to monitor for symptoms. Flu and COVID vaccines may be given if in season.

Tdap



Meningococcal ACWY



HPV



Influenza Injection



Nasal Influenza



COVID

