

tips for parents of adolescents



Adolescence is the time between childhood and adulthood when your daughter or son will go through many physical and emotional changes. It begins with puberty which, for girls, usually starts between 8 and 13 years of age, and for boys, between 10 to 14 years of age.

Though these years can be difficult, it can also be a rewarding time watching your teen make the transition into an independent, caring, and responsible adult.

The American Academy of Pediatrics offers the following tips to help you and your teen navigate adolescence. *Teen* will be the term used in this publication when referring to adolescent, teenager, preteen, and tween.

- 1. Spend family time with your teen.** Although many teens may seem more interested in friends, this does not mean they are not interested in family.
- 2. Spend time alone with your teen.** Even if your teen does not want time alone with you, remind him or her often that you are always available to listen or talk. One way to make yourself available is to offer rides; a great opportunity to talk (if the radio isn't too loud).
- 3. When your teen talks**
 - Pay attention.
 - Watch, as well as listen.
 - Try not to interrupt.
 - Ask for further details if you don't understand.
 - If you don't have time to listen, set a time that will be good for both of you.
- 4. Respect your teen.** It's OK to disagree with your teen, but disagree respectfully, not insultingly. Don't dismiss his or her feelings or opinions as silly or senseless. You may not always be able to help when your teen is upset about something, but it is important to say, "I want to understand," or "Help me understand."
- 5. When rules are needed, set and enforce them.** Don't be afraid to be unpopular for a day or two. Believe it or not, teens see setting limits as a form of caring.
- 6. Try not to get upset if your teen makes mistakes.** This will help your teen take responsibility for his or her actions. Remember to offer guidance when necessary. Direct the discussion toward solutions. For example, saying, "I get upset when I find clothes all over the floor," is much better than, "You're a slob."
Be willing to negotiate and compromise. This will teach problem solving in a healthy way. Remember to choose your battles. Let go of the little things that may not be worth a big fight.
- 7. Criticize a behavior, not an attitude.** For example, instead of saying, "You're late. That's so irresponsible. And I don't like your attitude," try saying, "I worry about your safety when you're late. I trust you, but when I don't hear from you and don't know where you are, I wonder whether something bad has happened to you. What can we do together to help

you get home on time and make sure I know where you are or when you're going to be late?"

- 8. Mix criticism with praise.** Your teen needs to know how you feel when he or she is not doing what you want him or her to do. Be sure to mix in positive feedback with this criticism. For example, "I'm proud that you are able to hold a job and get your homework done. I would like to see you use some of that energy to help do the dishes after meals."
- 9. Let your teen be a teen.** Give your teen some leeway with regard to clothes, hairstyle, etc. Many teens go through a rebellious period in which they want to express themselves in ways that are different from their parents. However, be aware of the messages and ratings of the music, movies, and video games to which your teen is exposed.
- 10. Be a parent first, not a friend.** Your teen's separation from you as a parent is a normal part of development. Don't take it personally.
- 11. Don't be afraid to share mistakes you've made as a parent or as a teen.**
- 12. Talk with your teen's pediatrician** if you need advice on how to talk with or get along with your teen.

Common questions

The following are answers to questions from parents of teens.

Dieting and body image

"My daughter is always trying new diets. How can I help her lose weight safely?"

Many teens resort to extreme diet or exercise programs because they want their bodies to look like the models, singers, actors, or athletes they see in the media.

Tips for a healthy diet

- Limit fast-food meals. Discuss the options available at fast-food restaurants and help your teen find a healthy, balanced diet. Fat should not come from junk food but from healthier foods such as low-fat cheese or low-fat yogurt.
- Keep the household supply of junk food such as candy, cookies, and potato chips to a minimum.
- Stock up on low-fat healthy items for snacking such as fruit, raw vegetables, whole-grain crackers, and low-fat yogurt. Encourage eating fruits and vegetables as snacks.
- Check with your teen's doctor about the proper amounts of calories, fat, protein, and carbohydrates for your teen.
- As a parent, model good eating habits. Make mealtime family time (5 times per week or more)—eating meals together helps with communication and reduces teen risk-taking.

Be aware of any diet or exercise program your daughter is following. Be watchful of how much weight she loses and make sure the diet program is healthy. Eating disorders such as anorexia nervosa and bulimia nervosa can be very dangerous. If you suspect your daughter has an eating disorder, talk with her doctor right away. Also, if you have a son, it's important to be aware of his diet or exercise habits too.

Many diets are unhealthy for teens because they do not have the nutritional value that bodies need during puberty. If your daughter wants to lose weight, urge her to increase physical activity and to take weight off slowly. Let her eat according to her own appetite, but make sure she gets enough fats, carbohydrates, protein, and calcium.

If your daughter decides to become a vegetarian, make certain she follows a healthy vegetarian diet. She may need to see her doctor or a nutritionist to ensure that she is getting enough fat, calories, protein, and calcium.

If your teen (like many teens) is unhappy with the way she looks, encourage healthy exercise. Physical activity will help stop hunger pangs, create a positive self-image, and take away the "blahs." If she wants to train with weights, she should check with her doctor, as well as a trainer, coach, or physical education teacher.

Help create a positive self-image by praising her wonderful qualities and focusing less on her appearance. Set a good example by making exercise and eating right a part of your daily routine also.

Dating and sex education

"With all the sex on TV, how can I teach my son to wait until he is ready?"

Teens (females and males) are naturally curious about sex. This is completely normal and healthy. However, teens may be pressured

Talking with your teen about sex

Before your teen becomes sexually active, make sure you discuss the following topics:

- **Medical and physical risks.** Risks include unwanted pregnancy and sexually transmitted infections (STIs) such as gonorrhea, chlamydia, hepatitis B, syphilis, herpes, HIV (the virus that causes AIDS), and HPV (human papillomavirus—the virus that can cause cancers of the mouth and throat, cervix, and genitals in teens and adults).
- **Emotional risks.** Teens who have sex before they are emotionally ready may regret the decision when they are older or feel guilty, frightened, or ashamed from the experience. Your teen should ask himself or herself, "Am I ready to have sex?" or "What will happen after I have sex?"
- **Promoting safer sex.** Anyone who is sexually active needs to be aware of how to prevent unintended pregnancies, as well as how to protect against STIs. Condoms should always be used *along with* a second method of contraception to prevent pregnancy and reduce the risk of STIs.
- **Setting limits.** Make sure your teen has thought about what his or her sexual limits are *before* dating begins.

Most importantly, let your teen know that he or she can talk with you and his or her doctor about dating and relationships. Offer your guidance throughout this important stage in your teen's life.

into having sex too soon by their peers or the media. Talk with your son to understand his feelings and views about sex. Start early and provide him with access to information that is accurate and appropriate. Delaying sexual involvement could be the most important decision he makes.

Drugs

"I am afraid some of my daughter's friends have offered her drugs. How can I help her make the right decision?"

Teens may try or use tobacco and alcohol or other drugs to fit in or as a way to deal with peer pressure. Try to help build self-confidence or self-esteem in your teen. Ask your daughter about any concerns and problems she is facing and help her learn how to deal with strong emotions and cope with stress in ways that are healthy. For instance, encourage her to participate in leisure and outside activities with teens who don't drink and use drugs.

Smoking and tobacco

"My daughter smokes behind my back. How do I convince her to quit?"

Smoking can turn into a lifelong addiction that can be extremely hard to break. Discuss with your teen some of the more undesirable effects of smoking, including bad breath, stained teeth, wrinkles, a long-term cough, and decreased athletic performance. Long-term use can also lead to serious health problems like emphysema and cancer.

Chew or *snuff* can also lead to nicotine addiction and causes the same health problems as smoking cigarettes. In addition, mouth wounds or sores can form and may not heal easily. Smokeless tobacco can also lead to cancer.

If you suspect your daughter is smoking or using smokeless tobacco and you need advice, talk with her doctor. Schedule a visit with her doctor when you and your daughter can discuss the risks associated with smoking and the best ways to quit before it becomes a lifelong habit.

If you smoke...quit

If you or someone else in the household smokes, now is a good time to quit. Watching a parent struggle through the process of quitting can be a powerful message for a teen who is thinking about starting. It also shows that you care about your health, as well as your teen's.

Alcohol

"I know my son drinks once in a while, but it's just beer. Why should I worry?"

Alcohol is the most socially accepted drug in our society, and also one of the most abused and destructive. Even small amounts of alcohol can impair judgment, provoke risky and violent behavior, and slow down reaction time. An intoxicated teen (or anyone else) behind the wheel of a car makes it a lethal weapon. Alcohol-related car crashes are the leading cause of death for young adults aged 15 to 24 years.

Though it's illegal for people younger than 21 years to drink, we all know that most teens are not strangers to alcohol. Many of them

are introduced to alcohol during childhood. If you choose to use alcohol in your home, be aware of the example you set for your teen. The following suggestions may help:

- Having a drink should never be shown as a way to cope with problems.
- Don't drink in unsafe conditions—for example, driving the car, mowing the lawn, and using the stove.
- Don't encourage your teen to drink or to join you in having a drink.
- Do not allow your children to drink alcohol before they reach the legal age and teach them never, ever to drink and drive.
- Never make jokes about getting drunk; make sure that your children understand that it is neither funny nor acceptable.
- Show your children that there are many ways to have fun without alcohol. Happy occasions and special events don't have to include drinking.

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



Tdap (Tetanus, Diphtheria, Pertussis) Vaccine: *What You Need to Know*

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

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1. Why get vaccinated?

Tdap vaccine can prevent tetanus, diphtheria, and pertussis.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. Tdap vaccine

Tdap is only for children 7 years and older, adolescents, and adults.

Adolescents should receive a single dose of Tdap, preferably at age 11 or 12 years.

Pregnant people should get a dose of Tdap during every pregnancy, preferably during the early part of the third trimester, to help protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Adults who have never received Tdap should get a dose of Tdap.

Also, adults should receive a booster dose of either Tdap or Td (a different vaccine that protects against tetanus and diphtheria but not pertussis) every 10 years, or after 5 years in the case of a severe or dirty wound or burn.

Tdap 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 any vaccine that protects against tetanus, diphtheria, or pertussis, or has any severe, life-threatening allergies
- Has had a coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP, DTaP, or Tdap)
- Has seizures or another nervous system problem
- Has ever had Guillain-Barré Syndrome (also called “GBS”)
- Has had severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria

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

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

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccination.

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/vaccines.



Meningococcal ACWY Vaccine: What You Need to Know

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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.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. 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 “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 who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



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

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

There is limited information on the risks of this vaccine for pregnant or breastfeeding people, but no safety concerns have been identified. A pregnant or breastfeeding person should be vaccinated if indicated.

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 vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

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.

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7. How can I learn more?

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

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1. Why get vaccinated?

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

HPV infections can cause certain types of cancers, including:

- cervical, vaginal, and vulvar cancers in women
- penile cancer in men
- anal cancers in both men and women
- cancers of tonsils, base of tongue, and back of throat (oropharyngeal cancer) in both men and women

HPV infections can also cause anogenital warts.

HPV vaccine can prevent over 90% of cancers caused by HPV.

HPV is spread through intimate skin-to-skin or sexual contact. HPV infections are so common that nearly all people will get at least one type of HPV at some time in their lives. Most HPV infections go away on their own within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life.

2. HPV vaccine

HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years and vaccination is recommended for everyone through 26 years of age.

HPV vaccine may be given to adults 27 through 45 years of age, based on discussions between the patient and health care provider.

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

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of HPV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant**—HPV vaccine is not recommended until after pregnancy

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

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

Your health care provider can give you more information.



4. Risks of a vaccine reaction

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

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.

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