

**Mission Statement:**

To improve the health of adolescents by providing physical and mental health care, education, advocacy and research through connections with teens, parents and the community.

**Vision Statement:**

Every adolescent empowered to be healthy, safe and successful.

**Foreword:**

This Parent Guide is published by Teen Health Connection and reviewed by our experts to give parents and other caregivers of adolescents a better understanding of the physical and emotional changes that occur during adolescence. In addition, it provides a directory of community resources that serve the needs of adolescents and their families.

Because the changes that occur during adolescence are significant, the American Academy of Pediatrics recommends that teens receive annual physical exams. If your adolescent does not have a medical home, he or she is welcome at Teen Health Connection, a medical practice that specializes in the care of adolescents, providing physical and mental healthcare services and health education.

Unless otherwise noted, the source of information for this publication is "The Complete and Authoritative Guide: Caring for Your Teenager" edited by Donald E. Greydanus, M.D., F.A.A.P. and Philip Bashe which was published by the American Academy of Pediatrics, the Centers for Disease Control and the American Academy of Pediatrics. This publication is meant only to provide basic information on the adolescent years that may be helpful in keeping your adolescent healthy. If you have specific medical or behavioral questions, you should discuss them with your teen's healthcare providers.

The Parent Guide is funded by donations and a grant from the Mecklenburg Medical Alliance and Endowment and Mecklenburg County.

Dear Person Who Loves Your Teen,

This letter was originally addressed to parents, but this booklet is for parents, grandparents, aunts, uncles, teachers, coaches, scout leaders, faith community leaders...

Teen Health Connection is committed to healthy teens making healthy choices and achieving their goals. The transition from childhood to adolescence to adulthood can be fun, funny, challenging and frustrating- for young adults and the adults who love and care for them. Teens can also be very open about their feelings- the challenge is sometimes how to respond to their expressions of self.

The purpose of this guide is to provide information on normal development and transition as well as help with navigating some areas that may be uncomfortable or confusing. Physical changes in a teen's body are outwardly visible; brain development and maturity are more difficult to assess. Young adults do want parental involvement and they do model behavior and choices they witness. Research shows there is no greater influence on a teen than an involved parent/adult who serves as a role model.

This guide is merely a starting point for discussions with your teen. Please use it to start conversations and educate yourself and young adults. Sources are included so you may further research information and resources available to you.

Best wishes,

A handwritten signature in cursive script that reads "Preeti Matkins MD". The ink is dark and the handwriting is fluid and legible.

Preeti Patel Matkins, MD, FAAP, FSAHM  
Medical Director, Teen Health Connection  
Director Adolescent Medicine, Levine Children's Hospital

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## TEEN HEALTH CONNECTION

Teen Health Connection is a nonprofit adolescent healthcare practice established in 1991 to provide medical and mental healthcare and community health education to adolescents, ages 11 to 21, and to advocate for teen health issues. In 1994, Teen Health Connection became a United Way agency. In 1997, the organization entered into a community partnership with Carolinas HealthCare System. Through this partnership, Levine Children's Hospital provides operational and infrastructure support. Additional funding is received through county grants, individual donations and patient fees.

Along with the primary and consultative adolescent medical and mental healthcare, Teen Health Connection also provides specialty care through the Center for Disordered Eating. The Center for Disordered Eating provides medical, psychological and nutritional services for adolescents with disordered eating, including Anorexia Nervosa and Bulimia Nervosa.

Our goal is to keep adolescents healthy, in school, and striving to do their best. Teen Health Connection's multi-disciplinary team consists of doctors, nurse practitioners, nurses, a dietitian, health educators, and mental health clinicians.

Educational programs are community-based and available to teens, parents, and adolescent-serving professionals. All of our programs for teens are designed to empower these young adults to make healthy choices by teaching fact- and evidence-based curricula. Topics addressed include nutrition, exercise, healthy relationships, communication skills, alcohol, tobacco, drugs and mental health issues.

We are committed to working with adolescents, their families and our community to ensure adequate and appropriate healthcare for all teens as they transition to adulthood.

### **Teen Health Connection**

3541 Randolph Road, Suite 206

Charlotte, NC 28211

704-381-TEEN (8336)

704-381-8832 Fax

[www.teenhealthconnection.org](http://www.teenhealthconnection.org)

## DIRECTORY OF SERVICES FOR ADOLESCENTS

*The following community organizations provide services related to adolescent development, health and safety.*

### **ABUSE AND NEGLECT**

**Council for Children's Rights** **704-372-7961**

Research, advocacy, and legal representation for the needs and issues of children who are victims of abuse and neglect  
Website: [www.cfcrights.org](http://www.cfcrights.org)

**Guardian Ad Litem Program** **704-686-0075**

Legal representation and advocacy for abused and neglected children ages newborn to 18 coming into the custody of the Department of Social Services  
Website: [www.nccourts.org](http://www.nccourts.org)

**Mecklenburg County Department of Social Services Youth and Family Services (YFS)** **704-336-CARE (2273)**

Investigation of abuse or neglect of children in Mecklenburg County  
Website: [www.charmeck.org/departments/dss](http://www.charmeck.org/departments/dss)

**Mecklenburg County Women's Commission** **704-336-3210**

Employment, training, and domestic violence services including dating violence  
Website: [www.charmeck.org/departments/womens+commission/home.htm](http://www.charmeck.org/departments/womens+commission/home.htm)

**National 24/7 Human Trafficking Resource Center** **1-888-373-7888**

A national hotline to be used to report a tip, connect to anti-trafficking services, or request training, general information, or specific anti-trafficking resources

**Pat's Place Child Advocacy Center** **704-335-2760**

Services for Mecklenburg County children under 18 affected by sexual abuse and their non-offending family members  
Website: [www.patsplacecac.org](http://www.patsplacecac.org)

**Victim's Assistance and Rape Crisis** **704-375-9900 (24-hour hotline)**

Provides counseling for survivors of sexual assault  
Website: [www.safealliance.org](http://www.safealliance.org)

### **ACADEMIC RESOURCES**

**Charlotte Mecklenburg Library** **704-416-0100**

Website: <http://www.cmlibrary.org/>

**Charlotte Mecklenburg Schools**

**980-343-5335**

Services include school nurses, mental health counselors, social workers, drug abuse prevention counselors, health educators, and nutritionists

Website: [www.cms.k12.nc.us](http://www.cms.k12.nc.us)

**ALCOHOL AND SUBSTANCE ABUSE**

**Alateen, Alanon**

**704-523-1159 or 1-877-523-1159**

A 12-step fellowship of relatives and friends of alcoholics (call weekdays, 10 am-2pm, for meeting times and to talk with an Al-Anon volunteer)

Website: [www.charlottealanon.org](http://www.charlottealanon.org)

**Alcoholics Anonymous**

**704-377-0244 or 704-332-4387 (24-hour hotline)**

A 12-step fellowship of men and women who share their experiences with alcohol and help others to recover from alcoholism

Website: [www.charlotteaa.org](http://www.charlotteaa.org)

**Anuvia Prevention and Recovery Services**

**704-376-7447**

Alcohol and drug information, assessment and counseling services

Website: [www.anuvia.org](http://www.anuvia.org)

**Center for Prevention Services**

**704-375-DRUG (3784)**

Substance abuse information, prevention, education and research for all ages

Website: [www.preventionservices.org](http://www.preventionservices.org)

**Dilworth Center for Chemical Dependency**

**704-372-6969**

Intensive outpatient chemical dependency treatment services for adolescents

Website: [www.dilworthcenter.org](http://www.dilworthcenter.org)

**First Step at CMC-Union**

**704-283-2043**

Intensive, individualized, integrated treatment programs for people suffering from addiction

Website: [www.behavioralhealthcenters.org/union.cfm?id=36](http://www.behavioralhealthcenters.org/union.cfm?id=36)

**McLeod Addictive Disease Center**

**704-332-9001**

Adult, adolescent, and family substance abuse treatment and counseling

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

**Narcotics Anonymous**

**704-366-8980**

A 12-step program to help individuals recover from drug addiction

Website: [www.charlotte-na.org](http://www.charlotte-na.org)

## **EMOTIONAL AND BEHAVIORAL ISSUES**

### **Behavioral Health Center – CMC Randolph 704-444-2400 or 1-800-418-2065**

Psychiatric and Behavioral Health services including crisis stabilization for adolescents and children (separate inpatient units for adolescents 13-17 years)  
Website: [www.behavioralhealthcenters.org/randolph.cfm](http://www.behavioralhealthcenters.org/randolph.cfm)

### **Center for Children’s Defense 704-372-7961**

Provides court appointed public defender for children aged 6-16 who have been accused of committing criminal offenses (a program of the Council for Children’s Rights)  
Website: [http://www.cfcrights.org/programs\\_006.shtml](http://www.cfcrights.org/programs_006.shtml)

### **CMC Partial Hospitalization Program 704-444-2444**

Treatment for children ages 5-17 years old with serious emotional and behavioral problems. Treatment includes individual, group, family, and recreational therapy  
Website: <http://www.behavioralhealthcenters.org/randolph.cfm?id=66>

### **Office of Juvenile Justice and Delinquency Prevention 704-330-4338**

Services to help rehabilitate youth aged 6 to 16 who are judged to be delinquent or undisciplined by the District Court  
Website: <http://www.juvjus.state.nc.us/>

## **HEALTHCARE**

### **Levine Children’s Hospital 704-381-2000**

Inpatient and specialty outpatient medical services for children and their families  
Website: [www.levinechildrenshospital.org](http://www.levinechildrenshospital.org)

### **Mecklenburg County Health Department 704-336-4700**

A wide range of programs and services to meet the health and safety needs of all ages  
Website: [www.charmeck.org/departments/health+department](http://www.charmeck.org/departments/health+department)

### **Presbyterian Hemby Children’s Hospital 704-384-4021**

Inpatient medical services for children and their families  
Website: [www.presbyterian.org/hemby](http://www.presbyterian.org/hemby)

### **Teen Health Connection 704-381-TEEN (8336)**

Comprehensive medical and mental health services for ages 11-21; community health education programs and advocacy for teen health issues  
Website: [www.teenhealthconnection.org](http://www.teenhealthconnection.org)

## **MENTAL HEALTH AND GRIEF COUNSELING**

### **Alexander Youth Network**

**704-366-8712**

Professional treatment for children ages 5-18 with serious emotional and behavioral problems  
Website: [www.alexanderyouthnetwork.org](http://www.alexanderyouthnetwork.org)

### **Catholic Social Services**

**704-370-3228**

Confidential and professional counseling for families and teens (services provided regardless of religious affiliation)  
Website: [www.cssnc.org](http://www.cssnc.org)

### **Healing and Understanding of Grief from Suicide (HUGS)**

**704-541-9011**

Support groups for people who have lost a family member or friend to suicide  
Website: [www.supportworks.org/cat754.htm](http://www.supportworks.org/cat754.htm)

### **KinderMourn**

**704-376-2580**

Grief counseling and support groups for parents, children, and teens  
Website: [www.kindermourn.org](http://www.kindermourn.org)

### **Mecklenburg County Area Mental Health Mobile Crisis Team**

**704-566-3410**

Dispatches to provide emergency psychiatric assessments, immediate intervention for family crises, interventions for parents and children, and assistance to the hospital or other appropriate psychiatric care  
Website: <http://www.charmeck.org/mecklenburg/county/areamentalhealth/forconsumers/pages/crisisservices.aspx>

### **Mental Health Association of Central Carolinas**

**704-365-3454**

Advocacy, prevention, and education to promote mental wellness  
Website: [www.mhcentralcarolinas.org](http://www.mhcentralcarolinas.org)

### **ParentVOICE**

**704-336-7128**

Information, support and opportunities for youth with mental health challenges and their families and caregivers  
Website: [www.parentvoice.net](http://www.parentvoice.net)

### **Teen Health Connection**

**704-381-TEEN (8336)**

Comprehensive medical and mental health services for ages 11-21; community health education programs and advocacy for teen health issues  
Website: [www.teenhealthconnection.org](http://www.teenhealthconnection.org)

### **Teen Health Connection's Center for Disordered Eating**

**704-381-HOPE (4673)**

Provides comprehensive medical, nutritional, and mental health services for adolescents with disordered eating  
Website: <http://www.teenhealthconnection.org>



**Thompson Child & Family Focus**

**704-536-0375**

Provides a range of services in treatment, education, and care for children who are at risk of social and academic failure

Website: [www.thompsoncff.org](http://www.thompsoncff.org)

**SEXUAL HEALTH AND PREGNANCY**

**Florence Crittenton Services**

**704-372-4663**

Counseling and support services for teen pregnancy, single parenting, and adoption (residential and non-residential)

Website: [www.fcsnc.org](http://www.fcsnc.org)

**Parents, Families and Friends of Lesbians and Gays (PFLAG) 704-542-2019**

Promotes health and well-being for gay, lesbian, bisexual, and transgender people, their families, and their friends through support, education, and advocacy

Website: [www.pflagcharlotte.org](http://www.pflagcharlotte.org)

**Planned Parenthood**

**704-536-7233**

Sexual and reproductive health and family planning services for men and women

Website: <http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2703&a=90860&v=details>

**Regional AIDS Interfaith Network (RAIN)**

**704-372-RAIN (7246)**

The largest HIV/AIDS service organization in the area

Website: [www.carolinarain.org](http://www.carolinarain.org)

**Teen Health Connection**

**704-381-TEEN (8336)**

Comprehensive medical and mental health services for ages 11-21; community health education programs and advocacy for teen health issues

Website: [www.teenhealthconnection.org](http://www.teenhealthconnection.org)

**Time Out Youth**

**704-344-8335**

Support, advocacy, and education for youth who are gay, lesbian, bisexual, transgender, or questioning their sexuality

Website: [www.timeoutyouth.org](http://www.timeoutyouth.org)

**GENERAL/OTHER**

**Charlotte Mecklenburg Police Department**

**704-353-1000**

For emergency and patrol response, call 911. For non-emergency services and information in Mecklenburg County, call 311

Website: [www.cmpd.org](http://www.cmpd.org)

**The Relatives** **704-377-0602**  
Emergency shelter for runaway, homeless, and other youth in crises ages 7-17  
Website: [www.therelatives.org](http://www.therelatives.org)

**Support Works: The Self-Help Clearinghouse** **704-331-9500**  
Assistance in finding and forming support groups  
Website: [www.supportworks.org](http://www.supportworks.org)

**Safe Alliance** **704-392-4313**  
A wide array of programs and services to help individuals and families find solutions to problems and create a better future  
Website: [www.safealliance.org](http://www.safealliance.org)

**United Way of Central Carolinas** **704-372-7170**  
Health and human services information and referral  
Website: [www.uwcentralcarolinas.org](http://www.uwcentralcarolinas.org)

## **EMERGENCY INFORMATION, ASSESSMENT, AND REFERRAL**

**Child Abuse/Neglect Report Hotline** **704-336-CARE (2273)**  
**Mecklenburg County Department of Social Services**  
**Child Protective Services**  
24 hours a day, 7 days a week

**The Relatives** **704-377-0602**  
Emergency shelter for runaway, homeless, and other youth in crises, 24 hours a day, 7 days a week

**Shelter for Battered Women and Children** **704-332-2513**  
24 hours a day, 7 days a week

**CMC Behavioral Health** **704-444-2400**  
24 hours a day, 7 days a week **1-800-418-2065**

**Psychiatric Emergency Room** **704-358-2800**  
24 hours a day, 7 days a week

**Mental Health Mobile Crisis Unit** **704-566-3410**  
Mobile 24-hour mental crisis services

**Presbyterian Hospital** **704-384-4255**  
24 hours a day, 7 days a week  
Behavioral Health Crisis and Referral

For a complete listing of agencies that serve adolescents,  
Call United Way's 211 line or visit [www.uwcentralcarolinas.org](http://www.uwcentralcarolinas.org).

## THE ADOLESCENT YEARS

During adolescence, teens are negotiating the transition from childhood to adulthood. It is an exciting and challenging time for adolescents and their families. Most teens are responsible, respectful, industrious, and able to make smart decisions. However, caregivers should not be surprised when adolescents challenge them from time to time.

Adolescence is a time when young people are experiencing physical, mental, and emotional changes. Parents can prepare themselves for these challenges by learning about changes that are common in adolescent development. Learning this information will help adults recognize signs of inappropriate behavior and enable them to address concerns in a timely manner.

It is critical that adults talk routinely with their teens about what is happening in their lives. Parents and teens should communicate openly so that if problems do arise, they can work together to find solutions.

This guide is intended to provide factual information relevant to a wide range of health and safety issues that may impact teens as they journey through adolescence.

These years are generally divided into three stages:

### **Early adolescence (approximately 11-14 years of age)**

- *Physical development*—Including puberty and growth
- *Cognitive development*—Adolescents' intellectual interests expand and they are more prone to deeper moral thinking. Decisions may be more concrete than abstract
- *Emotional development*—They struggle with a sense of identity and self-esteem and begin to feel the influence of peer pressure. They may experience moodiness and test the rules and limits.

### **Middle adolescence (approximately 15-17 years of age)**

- *Physical development*—Includes the completion of puberty and continued growth spurts for boys.
- *Cognitive development*—They engage in goal setting and express more interest in moral reasoning.
- *Emotional development*—They still wrestle with self-esteem. They tend to distance themselves from their parents and strive for independence. Peer groups become more important.

### **Late adolescence (approximately 18-21 years of age)**

- *Physical development*—Nearly complete for young women, but young men continue to grow.
- *Cognitive development*—They have the ability to think through ideas and express concerns for their future.
- *Emotional development*—They have a stronger sense of identity, increased emotional stability, and increased independence and self-reliance.

During these critical years, the support of parents and guardians—even if it seems to be unwanted—is tremendously important.

## THE ROLE OF THE FAMILY

At Teen Health Connection, we view family as the most important influence in shaping the health of an adolescent. The suggestions in this guide are informed by Dr. Foster Kline and Jim Fay's philosophy of Love & Logic, a nationally recognized parenting program to improve parent-teen communication and parents' understanding of adolescent development. According to this philosophy, teens' self-confidence and ability to handle life's challenges are best developed when parents allow teens to solve their own problems rather than solving problems for them. Love and Logic means that parents should verbalize and demonstrate their empathy, love, and understanding before telling their teens what the consequences of their actions should be. Being held accountable for poor decisions enables teens to develop an internal voice that helps them weigh their decisions' consequences, which may help them make better choices in the future ("What is Love," n.d.; Cline & Fay, 2006). This guide can help you inform your teen about the possible consequences of decisions he may have to make during adolescence. It also describes ways to be supportive when your teen really needs you.

Families provide the security teens need to become independent. Teens look to their families for love and comfort, even as they and their parents have less time together. Teens are often insecure and need to be nurtured within the family. They may appear independent and confident, but they may be fearful and unsure of themselves.

As schedules become more crowded, activities such as family dinners and family outings are sacrificed. These are important rituals that may help preserve family unity. Parents should attempt to schedule family time, whether it's dinner, a weekly breakfast, a weekend lunch, or some other type of activity. Plan family outings or just get together at home for a group activity. It's important to keep the lines of communication open.

Schedule weekly meetings to coordinate activities, discuss problems, assign chores, and review expectations. Many things can divide family— money, divorce, sickness—and talking won't solve them all. It can, however, help families identify areas of concern and cope more effectively with challenges.

### **Siblings**

Teenagers frequently have difficulty dealing with sisters and brothers, particularly younger siblings. Relationships can change during adolescence, in part because of a teen's physical and intellectual development and in part because a teen is forming new friendships and moving away from the family.

It is not unusual for pre-adolescent children to feel left out and to resent the adolescent's growing independence. Teens of the same gender, those who are close in age, or those who have similar interests will frequently argue or compete with each other, even if their previous relationship was quite harmonious. Some quarreling is normal; it's a way for teens to assert themselves. As a parent, you should help your children resolve their problems and channel their competitiveness into constructive behavior.

The following checklist may help you deal with sibling rivalry:

- Don't compare your children. Each child has unique abilities; make sure they develop them.
- Don't repeatedly assign blame to one child for disputes. Find out the source of the disagreement and take appropriate action to prevent a recurrence.
- Do let the children work out their differences. This helps them develop problem-solving skills.
- Do establish rules for handling differences. For example, physical harm, cursing, and name-calling aren't appropriate.
- Don't condone tattling.
- Do carve out individual time for each child.

### **School**

Beginning with the middle school years, school gradually becomes the focal point of a teen's life. It's where adolescents hone skills that are just as essential to all-around development and future success as the lessons learned in math, science, and social studies. There are all types of distractions in middle school. To succeed, your teen will need to be self-motivated, be able to adapt to changing environments and concentrate to a degree never required in elementary school. The possibilities of forming new friendships increase dramatically in a larger, more diverse school; so do the possibilities of rejection.

Adolescents learn much more during middle school than just what is taught in class. Critical thinking, problem solving, respecting authority, asking questions, defending positions and learning to get along with others may not appear on the report card, but these skills are critical to a successful adulthood.

The transition from middle school to high school may be a difficult and vulnerable time for some teens. The dropout and failure rates are higher in 9<sup>th</sup> grade than in any other grade (Johnson, n.d.). Teens might be at risk for dropping out if they have:

- Irrelevant curriculum at school
- Suspensions
- A poor attitude about school
- Low performance in classes
- Poor school attendance
- Behavior and discipline issues
- Substance abuse issues
- Poor relationships with peers
- Low self-esteem
- Friends who have dropped out

(National Dropout Prevention Center/Network.)

You can help prevent your teen from dropping out. Stay involved in education. It may help to have some of these conversations:

- Before your teen enters 9<sup>th</sup> grade, ask him what he expects to happen in high school and how he expects it to be different from middle school. Talk to him about the importance of academics and time management, as well as the role of his friends.
- Ask if she's concerned about getting bullied, being overwhelmed by a big school with lots of students, or being able to handle her academic work. Reassure her that after a month or so, the building and the teachers will be a little less intimidating, and that with hard work and focus, she can strive to reach her potential.
- Help him choose his courses for 9<sup>th</sup> grade. Ask him what his overall goals for high school are, and talk to him about how each course he wants to take will help him get there. Encourage him to take electives that he thinks will be exciting.  
(Johnson, n.d.)

Studies show that children whose families take an interest in their education—such as checking their homework and volunteering at school—earn higher grades, do better on tests, miss fewer days of school, complete more homework, behave better, and enjoy school more. They are also more likely to graduate and enter college.

How you can help:

- Understand adolescent development. Teens have the following specific developmental tasks to accomplish during the teen years:
  - Learning to feel comfortable with their bodies.
  - Becoming emotionally independent from their parents.
  - Learning to think and express themselves clearly.
  - Developing a personal set of values—ideals, priorities, and concepts of right and wrong.
  - Forming meaningful relationships with members of both genders.

- Defining their sexual orientation and evaluating expectations, responsibilities, and risks in relationship choices.
  - Working toward economic independence.
- Support a learning environment at home. Make sure your child:
  - Gets enough sleep—lack of sleep lessens the ability to learn and retain information. Research shows that lack of sleep can lead to poor choices.
  - Understands that academic success requires hard work—teens who understand the importance of applying themselves have a much easier time adjusting to high school.
  - Has a dedicated workspace. If your child has trouble concentrating, keep other distractions, such as the TV, cell phones, and talking online, to a minimum.
  - Gets help from you when needed—be available to answer questions and offer assistance, but never do the homework.
- Recognize when your teen may need help. Many behaviors that may indicate problems are covered in this directory.

## DEVELOPMENT

### EMOTIONAL DEVELOPMENT

Teens develop at different rates and in different ways. It's hard to say what is "normal" in an adolescent's emotional development. When adolescents challenge authority or distance themselves from their parents, it is a part of growing up. It is a sign of an adolescent's need to create a self-identity and assert independence.

Periods of rebelliousness, withdrawal, and moodiness are natural elements of growing up. How parents interpret and respond to those behaviors is important. Caregivers should not tolerate rudeness, but recognizing periods of moodiness and behavior changes as a normal part of transition is important.

Be prepared for your teenager to spend more time with friends and less time with family, even preferring to be alone instead of participating in family activities. The child who once sought assistance in everything may now reject help in anything. She may no longer confide in you and may desire more privacy. It's important that parents respect privacy, but also continue to monitor a teen's activities.

Your teen may get angry with you because you are a safe target. Lashing out at a friend may end the friendship; a child instinctively knows that nothing he says or does will end your relationship. Subconsciously, your teen may be testing to see how far he can go without endangering your relationship. You might even

look at this behavior as confirmation that your teen is secure enough in your love to test you.

Pushing the limits at home is a normal part of growing up. By making life at home less comfortable, teens are able to separate from their parents and become independent. It also helps them define their own identity. And while it may seem that your teenager has rejected your values and beliefs—often choosing the opposite viewpoint of any subject—children are often more like their parents than they realize.

### **How You Can Respond**

The most effective response to confrontational behavior is to ignore it. When you acknowledge it, you make the challenge to your authority legitimate. Don't answer the protest; instead reply by reiterating your request. As a parent, you have the right to set boundaries, including how adolescents may express their feelings. Your teen may feel resentment or anger toward you, but you can regulate how she vents those feelings. And you can refuse to talk to a teen who crosses those boundaries.

You can moderate heated exchanges with your adolescent by responding in a non-judgmental manner. Always strive to set a civil tone in any argument and to encourage your teenager to explore his thoughts. For example, you may say, "I hear what you're saying..." or, "I understand that..."

## **DEFINING THEMSELVES**

Younger teens try to project their self-image externally. They try new fashions, hairstyles, and make-up. They make new choices in music, activities, and friends. They often reinvent themselves many times as they mature. Later, as they develop intellectually and gain confidence, teens tend to let their ideas, talents, and interests define them. Eventually, teens begin to look toward the future and may find their identity in a job, in starting a family, or in joining the military.

### **Body Modification**

One way teens might want to externalize their self image is through body modification, such as piercings, tattoos, hair dying, or branding. Though not all teens who want body modification are involved in other risky behaviors, studies have shown that teens with tattoos and/or body piercings are more likely to be engaged in disordered eating, substance abuse, sexual activity, and suicide (Carroll, Riffenburgh, Roberts, & Myhre, 2002). Moreover, each of these methods of body modification has direct health and other risks.



### Piercing:

- In North Carolina, it is illegal for minors to get piercings anywhere but their ears without parental consent (N.C. Stat. ch. 14 g.s. § 14-400 (b)).
- Piercings can cause infections, scars, and allergic reactions.
- Piercing jewelry can cause injury for athletes.
- Diseases such as hepatitis and rarely HIV can be transmitted through unsterile piercing equipment.  
(American College of Obstetricians and Gynecologists Committee on Adolescent Health Care, 2009)

### Tattoos:

- Minors under the age of 18 cannot get tattoos in North Carolina, even with parental consent (N.C. Stat. ch. 14 g.s. § 14-400 (a)).
- Hepatitis and HIV can be spread using tattoo needles if they are not properly sterilized.
- Urge your teen to consider how he would feel about the tattoo in 5, 10, or 20 years.
- Removing tattoos is very expensive and painful.
- Alternatives: Temporary tattoos—henna and jagua. These tattoos are made by using a paste made of leaves or fruit to stain the skin with a design. The stains last about one to two weeks.

### Hair dyeing:

- Dying hair is a temporary body modification technique.
- Alternatives include temporary spray-in hair color, hair extensions, hair clips, and wigs.

### Branding:

- Branding is using hot metal or lasers to scar the skin.
- There are no professional organizations for branding, so there is no way to ensure that it is safe.
- Branding can be extremely painful and cause significant scarring.  
(American College of Obstetricians and Gynecologists Committee on Adolescent Health Care, 2009)

## PRIVACY

Wanting to be alone does not mean a teen is depressed. It can just mean she needs time to reflect. Parents should respect their child's need for privacy. Teens should also have emotional privacy. Of course, parents should always show interest in their children's lives, but that doesn't mean repeatedly asking about subjects they prefer not to share—unless parents fear for teens' safety.

Accepting the growing separation can be difficult. You no longer know precisely where your child is at a given moment, nor do you know every friend. It's healthy for adolescents to move away from their parents' world. The dilemma is allowing your teenager to grow apart while still knowing what he is doing.

Some parents solve the problem by welcoming their teen's friends into their home. As your influence wanes, friends become more influential. As your teen separates from the family, he will rely on peers to set the standard of behavior and values. Teens look to friends for approval, acceptance, and understanding.

## FRIENDS

Your teen's circle of friends will expand in middle school. Often, younger adolescents, who are unsure of themselves and their identity, join cliques. Most will form a strong bond with another adolescent of the same gender. Your child will have many other friends as she grows. These friends will probably drift in and out of your child's life, each one filling a need at a particular stage of growth. It is normal for teens to be very peer-oriented, but you can also set rules to make sure that your family spends quality time together.

Between the ages of 11 and 14, teens generally begin to seek friendships with the opposite gender. These friendships are probably platonic, but stronger feelings may develop later. The feelings may grow into romance or they could bring an end to the friendship. These relationships are extremely important to your son or daughter. Offer your support as your adolescent learns about teen dating and relationships.

You should not try to end an unacceptable friendship unless you have a compelling reason to do so, such as safety concerns, substance abuse, or other illegal activities. It's important that you express any concerns about a friend in a way that won't force your child to defend the friend. You can give your opinion, but don't attack the other child.

It is also important that you try to get to know your teen's friends' families. If your teen is going to be spending time in another family's home, you should be aware of that family's values on some important issues, such as alcohol, drugs, curfews, and weapons in the home.

Adolescents sometimes pick friends, perhaps intentionally, that they know their parents will object to as a way of establishing their independence. Again, remember that threatening to end a friendship can actually push your child closer to the person that you don't like. Discuss your reservations about the friend, but tread carefully.

## PEER INFLUENCE

Early adolescents are particularly influenced by peers. This is a time of rapid change in physical appearance and intellectual ability, and adolescents are looking for acceptance and approval. The peer group provides a model for values and behavior, including dress and hairstyles. It has its own rules and

rituals. Since most young teens do not have a well-developed sense of self-identity, they readily comply with these rules.

Many adolescents may get talked into doing things they know are wrong, but parents can still exert a strong positive force in their teens' lives. You should not underestimate your ability to offset negative peer pressure. Even though your teenager is spending more time with peers, parents who stay connected with their teens can have significant influence. Adolescents who withstand peer pressure generally share three main characteristics: self-discipline, a strong moral and ethical foundation, and healthy self-esteem.

Adolescents who have low self-esteem respond more easily to negative peer pressure. They are also more likely to develop depression and disordered eating and experiment with drugs and alcohol. Most adolescents will periodically show signs of low self-esteem, but if your teenager seems to dwell on the negative, you may need to work on building confidence or seek professional help if it is needed.

Signs of low self-esteem include:

- Avoiding tasks or challenges, fearing failure.
- Giving up in games or tasks at the first hint of frustration.
- Cheating or lying when losing at a game or sport.
- Exhibiting regressive behavior by acting silly or childish.
- Being bossy or inflexible to compensate for feelings of inadequacy.
- Rationalizing mistakes and shortcomings by blaming others, making excuses, or downplaying the importance of events.
- Attributing successes in life to luck or fate, not to her own effort and abilities.
- Showing a lack of interest in usual activities; grades in school declining.
- Withdrawing socially, losing friends or having less contact with them.
- Experiencing extreme mood swings marked by sadness, crying, angry outbursts, and frustration or quiet detachment.
- Tending to be highly self-critical and given to remarks such as, "I can't do anything right," "nobody likes me," or "I'm just stupid."
- Having difficulty accepting praise or criticism.
- Being excessively concerned and acutely sensitive about what others think of him.

Tips for boosting your teen's self-esteem:

- **Praise your teen.** When your teen does something you're proud of, praise her as a person and praise her behavior.
- **Praise effort.** Even if your teen doesn't accomplish his goals, it's important to let him know he doesn't always have to "win" or be perfect.

Encourage him to take pride in the activity itself by praising all of his efforts along the way.

- **Give her choices.** Teens feel better about themselves when they have a hand in decisions that affect their lives. You can start by letting her decide small things, like clothing, and you can ask for her input about big family decisions.
- **Give him chores.** Contributing to the family can also help boost your teen's self-esteem. Let him choose which chores he would prefer to be responsible for, and let him show you that you can count on him.
- **Encourage her to set realistic goals.** If teens aim for impossible things, they will be disappointed when they don't succeed. But if you set goals too low, she might think you don't believe in her. Work with her to set expectations that are challenging but attainable.
- **Enforce rules in private.** No one likes to be criticized in front of others, and teens can get humiliated if caregivers scold them in public, especially in front of their friends.
- **Don't make comparisons.** No matter how good someone is at something, there is almost always someone who can do it better. Encourage your teen to evaluate his achievements based on his history and his goals, rather than on how they compare to someone else's performance.
- **Take her problems seriously.** Problems that seem like no big deal to an adult can be very important to your teen. It's important to acknowledge her feelings and to help her with problem solving.
- **Encourage her to take pride in her heritage.** Studies have shown that teens that are proud of their cultural background have higher levels of self-esteem, and tend to feel better about themselves. Talk to them about influential and important role models, and help them to recognize values, traditions and qualities unique to their heritage.

## MILESTONES

### Menstruation

One of the biggest milestones in girls' physical development during adolescence is getting her menstrual period for the first time. Most girls start menstruating between the ages of 10 and 16, but some start earlier or later. It is important to talk to your daughter about menstruation before she gets her first period, and it is a good idea to have several small conversations about the topic, rather than one large one. Boys will also probably have questions about menstruation, so respond to your teen's questions about bodies. Try to discuss menstruation in a positive light so that girls won't be afraid or anxious about their first period.

What to say to your teen about menstruation:

- The menstrual cycle is when the body releases different hormones that help control and prepare a woman's body for pregnancy.

- A woman's ovaries produce hormones that trigger changes in the lining of the uterus, while hormones from the pituitary gland stimulate the maturing and release of the egg from the ovary.
- When the egg is released, it is called ovulation. This occurs two weeks before the period begins.
- If the egg is fertilized by sperm, it will attach to the wall of the uterus and develop into a baby. If not, the egg starts to fall apart, and the lining on the wall of the uterus breaks down and is shed. The shedding of the uterine lining is what we know as a period.
- Typically, the whole menstrual cycle for an adult female is 28 days, but may range from 22-45 days.

What to tell your daughter about her period:

- Everyone's body is different, so you shouldn't worry about whether you're developing faster or slower than your friends.
- During the first few years of your period, your cycle might be irregular. It could be shorter or longer than 28 days, or you might only get your period 3 or 4 times in a year.
- Once you have your first period, and even for a little while *before* your first period, you are physically capable of getting pregnant.
- Explain the different kinds of feminine hygiene products: sanitary pads and tampons.

Common questions:

- **Why do only girls get periods?** Periods happen because of changes in the brain and in the ovaries and uterus, body parts that girls have, but boys don't. Boys experience puberty in different ways, like getting facial hair and a deeper voice.
- **Do women have their period for the rest of their lives?** No, most women usually stop getting their periods in their late 40s or early 50s.
- **How long does a period last and how much blood is there?** It's different for every woman, but periods usually last 3-7 days. Bleeding can be light, moderate, or heavy; that can change from period to period.
- **Should I use pads or tampons?** Neither is better; what matters is your physical and emotional comfort. Tampons can be more difficult for girls in the first few years after their first period. Though you can start using a tampon during your first period, many girls choose to wait until they get older and more comfortable with their bodies and using tampons.
  - Each box of tampons comes with instructions. If your daughter wants to use tampons, read the instructions with her to make sure she understands.
- **Do girls have to stop playing sports or swimming while they have their periods?** No. You can do anything you would do normally. Some women use tampons because they may feel more comfortable while doing sports, especially swimming.
- **What's toxic shock syndrome (TSS)?** TSS is a serious but rare infection that can come with using tampons. TSS was much more

common with older types of tampons. It is safe to sleep with tampons. If you change your tampon regularly and use the lightest absorbency needed, it is extremely unlikely that you will get TSS.

- **Do girls always have cramps with their periods?** Dysmenorrhea, or painful periods, occurs with chemicals released with menstruation. Since girls often don't ovulate for the first 1-2 years after starting their period, cramps may not occur or be less severe during that time. Cramps only last a few days, and things like hot baths, deep breathing, and exercise can help. Over-the-counter medications, such as ibuprofen, may also help ease discomfort.
  - If your daughter's menstrual cramps interfere with her daily routine, it could be a sign of dysmenorrhea or other menstrual problems. You should take her to see her medical provider.
- **What's PMS?** Premenstrual syndrome may happen just before a girl gets her period and can include mood swings, irritability, tension, bloating, and breast tenderness. Girls usually don't get PMS until several years after their first period, when they have regular ovulation. Rest, exercise, and a good diet can help prevent PMS.
- **Do girls need to douche when they have their period?** No. In fact, douching can increase the possibility of infections such as yeast or bacterial infections. (Dowshen, 2011)

### Getting a Job

Getting a part-time job can be a meaningful and rewarding experience for your teen. It can give her an opportunity to take on some real adult responsibility and earn money for herself, probably for the first time. Instead of setting strict rules about how your teen must use the money she earned, it may be a better idea to make her responsible for certain expenses, such as gas money, cell phone bills, or saving a certain percentage. This will not only teach your teen how to budget her money, but also make her more invested in the decisions she makes about where to drive and how much to text.

Since teens usually have a lot of things to juggle in their schedules, make sure your teen can handle her part-time job while still maintaining good grades and other extracurricular activities. If your teen has trouble completing homework or can't keep up with the sports team she really enjoys, it might be time to reconsider how much time she spends at a job.

### Applying for College

Applying for college can be a long and daunting process. There is a lot to consider, from standardized testing to financial aid to writing essays. Here are some tips for helping your teen successfully schedule, prepare for, and complete the application process.

- When to start thinking about college:
  - Start discussing college with your teen before or during his junior year of high school.
  - Take your teen to meet with his guidance counselor to talk about schools as early as possible.

- Show your teen websites like [www.collegeboard.org](http://www.collegeboard.org) that can help her learn about different schools. There is a lot of information on [www.cfnc.org](http://www.cfnc.org) about planning, applying, and paying for college that is specific to North Carolina.
- Ask your teen what location, size, curriculum, campus, number of students, variety of majors, and other qualities he's looking for in a school.
- Encourage him to create an account on [www.commonapp.org](http://www.commonapp.org) the summer before his senior year of high school so he can start filling out the general information. The Common App is a standardized application used by many colleges.
- SAT or ACT:
  - Most schools require that your teen take a standardized test, most commonly either the SAT or the ACT. Your teen can take either or both.
  - Before he takes the test, help your child get familiar with the kinds of questions that will be on the test. Public and school libraries should have SAT and ACT preparation books available to study, and some high schools and community centers offer free preparation classes.
  - If she doesn't do as well as she'd hoped, remind your teen that she can take the test again. Colleges typically consider only the highest scores your teen gets in each section of the test if she takes the test more than once.
- Extracurricular activities:
  - Colleges want to see that your teen gets involved with what he's passionate about. For example, many teens do sports, after-school clubs, youth groups, or community volunteering.
  - Have your child keep a list of all the activities she's participated in since the beginning of high school, both paid and unpaid. Also list any awards or honors your teen has received.
  - Encourage your teen to participate in summer programs or volunteering over the summer.
- Recommendation letters:
  - Most schools require at least 2 recommendation letters from applicants' teachers, supervisors, and/or mentors.
  - Discuss with your teen who she should ask to write recommendations. Some good ideas would be teachers who know your teen best, teachers whose classes she did particularly well in, and teachers whose classes she showed the most improvement in.
  - Make sure your teen asks for recommendations well in advance
- Essays:
  - Many college applications require applicants to write an essay. Remind your teen that the admissions staff reads many essays, and that it is important for his essay to stand out and reflect who he is.

- If he's having trouble thinking of what to write, talk to your teen about what he feels strongly about.
  - Ask your teen to have another trusted adult look over her essay. All of your teen's thoughts are clear in her own mind, even though they may not be on paper. Resist the urge to re-write the essay.
  - Read over the essay prompts from the application with your teen, and make sure the essay follows the prompt.
  - Make sure the essay is spell checked!
- Financial aid:
  - College can be very expensive, but there are also lots of funding options.
  - It may be a difficult conversation, but in order for your teen to be realistic about his expectations, it is important that you talk to him about how much you will expect him to pay for his own college education. This conversation may help him understand how important it is to find scholarships and other funding.
  - Encourage your teen to look for scholarships in your community and ones that are offered by the schools she wants to attend. Many scholarship applications are due a few months before the full application is due, so keep this schedule in mind.
  - Help your teen search online for scholarships at websites like [www.fastweb.com](http://www.fastweb.com) and [www.scholarships.com](http://www.scholarships.com).
  - Your teen's college applications will lead him to an application for funding from the federal government. This application, called a FAFSA (Free Application for Federal Student Aid) will need to be completed before he starts college, and once a year until he has graduated. It asks about your income and will determine whether your teen is eligible for grants, loans, or work-study programs.
  - If you can't afford the application fee, some schools offer application fee waivers. You can contact the school's admissions office for more information.
  - Collegeboard.com also gives fee waivers to students who receive free or reduced lunch at school.
- Help your teen stay organized:
  - This process can be very overwhelming! Help your teen come up with a schedule for all of the different schools' deadlines, as well as personal deadlines for taking standardized tests, applying for scholarships, requesting recommendations, filling out forms, and writing essays. Then, help your child stay on schedule!  
(Center for Young Women's Health & Young Men's Health, 2011)



## **Vaccinations**

Though many vaccinations are administered during childhood, some vaccines are given in teenage years. For the most up-to-date information on vaccinations recommended for teens, visit

<http://www.cdc.gov/vaccines/who/teens/vaccines/index.html>. As of November 2011, the CDC recommends:

- Meningococcal vaccine (MCV4): recommended for all preteens at age 11 or 12. A booster shot is recommended for teens at age 16 or depending on when the first dose was given.
- Tdap, the vaccine that protects against tetanus, diphtheria, and pertussis: recommended for preteens at age 11-12 and every 10 years after that. Talk to your doctor about getting the vaccine now if your 13-18 year old has not gotten vaccinated yet.
- Human papillomavirus vaccine: recommended for boys and girls as early as age 9. There are different brands of the vaccine, all of which protect against the types of HPV that cause most forms of cervical cancer. Some HPV vaccines also protect against genital warts and anal cancer.
- Flu vaccine: everyone 6 months of age and older should get a flu shot every year. It is especially important for teens with asthma, diabetes or other chronic illnesses.
- Hepatitis A: Teens who live in areas where there are a high number of Hepatitis A cases or are traveling to certain countries should be vaccinated. Two doses of the vaccine are given at least 6 months apart to provide protection against this liver disease.
- Varicella Booster: Teens may have gotten one dose of the vaccine against Chickenpox as a child. A booster shot is recommended during adolescence.

## **Moving Toward Independence**

Teens who are trusted to make their own decisions learn to meet challenges and may recover more quickly from mistakes. This experience builds confidence and teaches a child to make responsible choices and cope with problems. Children who remain overly dependent on their parents have been shown to be more easily swayed by peer pressure and more likely to follow someone else's lead.

So how do parents prepare their children to become independent? Start early and start small. Let your teenagers, or even your preteen children, participate in decisions that affect them, but where the consequences of a wrong decision will be minimal. With each decision, your child will increase his ability to make sound judgments and increase responsibilities accordingly.

Allowing adolescents to learn from their mistakes can be the best way for them to learn to make responsible decisions. When your teenager makes a mistake or a bad decision, discuss it. Help analyze the problem and look at different ways the situation could have been handled.

## **Leaving Home**

When children leave home for college or a job, they have to rebuild their social support system. They may be entering a dramatically different environment and may be exposed, perhaps for the first time, to people from diverse cultures. For some, the transition will be difficult, and they will need to rely on their parents' love and support until they adapt to their new life. Others will welcome the change as a chance to shed their old identity and become their own person.

### TALKING TO YOUR TEEN ABOUT SENSITIVE TOPICS

Surveys of teens repeatedly show that they prefer to get sensitive health information from their parents. The consequences of their decisions about such issues as dating, relationships, drinking alcohol, smoking tobacco, or taking drugs are too important for parents to avoid discussing these topics.

#### **Talking Tips**

- Make a plan. Organize your thoughts and figure out what you want to say to your teen. Think about what outside resources you might need.
- Look for good books, DVDs, and websites that can help foster a more comfortable and educational conversation.
- Try to make sure that the thoughts you present to your teen are consistent with the way you behave. Teens are especially good at picking up on inconsistency, so it is important to be a good role model.
- Don't lecture. Ask for your teen's opinion and actively listen to the response.
- Pick a time when you can talk without interruptions.
- Say what you want to talk about and why it's important.
- State your own moral values and beliefs about the topic.
- State your standards and expectations for your teen.
- Listen without judging, interrupting, or criticizing.
- Explain why you feel the way you do: that you are concerned about his health and his future and you want him to have the most accurate information to base his decisions on.
- Try not to pry.
- Be respectful.
- Don't be surprised if your teen walks away in anger, embarrassment, or out of some other emotion. Let everyone come back to a normal state before you start the conversation again.
- Talk more than once.  
("How Talk With Your Child", 2007.; Dowshen, 2011; "Talking to teens," n.d.)

## How to Start Conversations

Try asking your teen some questions that will help you both ease into discussions. Ask what kind of questions she has when you see something in real life or pop culture related to what you want to discuss. If you hear your teen mention something related to the topic you want to discuss, start a conversation by asking where her information came from. This can be a great way to correct any misconceptions your teen may have (Dowshen, 2011).

About sex:

- "I know you get a lot of different messages about sex, depending on who you're with or what you read or see. What's the general feeling about hooking up among your friends?"
- "Saying 'no' to someone is really hard. Do you ever practice different ways of saying that you just aren't ready?"
- "I think we should watch the coverage of the teen pregnancy story together – I'm really interested in your opinions."  
(“Conversation starters: Sex,” 2008)

About drugs:

- "Do you know what 'trail mix' is? I've heard a lot of kids are taking pills from their parents' medicine cabinets and trying a handful of them all mixed up. Drugs have such different chemical reactions; that's like mixing up all the chemicals under the sink and chugging them."
- "When I was in school, there was a lot of experimentation going on, but the drugs today are a lot stronger – and you don't know the quality of what you're getting."
- "I think privacy is important. The only time I would ever come into your bedroom without asking is if I were seriously worried about your safety or your health. But in that case, I would come in if I thought I really had to."  
(“Conversation starters: Sex,” 2008)

About alcohol:

- "When I was growing up, my family's attitude toward alcohol was X, and I know this made me feel Y."
- "What do you think about lowering the drinking age to 18? Do you think teens are mature enough to handle it?"  
(“Conversation starters: Sex,” 2008)

## Important Talking Points

Tell your teen that:

- Sexual feelings are natural, but you don't have to act on them.
- Using alcohol and drugs may inhibit your responses and make it harder to say no.
- There are many ways to show affection other than having sex.

Talk about healthy dating relationships. In a healthy relationship, your friend:

- Respects and accepts you for who you are.
- Does not pressure you to have sex or to do anything you feel uncomfortable doing.
- Is someone you can trust and enjoy spending time with.
- Is not abusive, violent, or overly jealous.

Talk about the consequences of unprotected sex.

- You can contract sexually transmitted infections (STIs) and HIV.
- You can get pregnant.
- STIs can be passed during vaginal, oral, or anal sex and by genital touching.
- Pregnancy can change your life and future goals.
- Protection is very important, but no protection is 100% effective.
- Abstinence is the only 100% effective way to prevent STIs and pregnancy.

Tell your teen that drinking alcohol and/or taking drugs:

- Slows your ability to think, speak, and move and can cause you to act in ways that could embarrass you in front of your friends.
- Makes driving very dangerous.
- Increases the risk of being sexually assaulted.
- Can cause you to have problems in school.
- Can cause you to lose friends who don't drink or take drugs.
- Can become addictive, which means you lose control and can't stop.
- Is against the law.
- Is not something that everyone is doing; it's okay to say no.

Tell your teen that smoking:

- Makes your hair, clothes, and breath smell bad.
- Stains your teeth and fingernails.
- Lowers athletic performance.
- Is expensive.
- Can be addictive, which means you can't stop.
- Can cause you to lose friends who don't smoke.
- Can cause cancer.

## RISK BEHAVIORS

### REDUCING RISK BEHAVIOR OVERALL

Some of the best ways to decrease the chances of your teen engaging in risky behavior are to set clear expectations and to monitor her behavior. Many teens will resist your rule setting and monitoring, and that's perfectly normal. Teens are at a stage in which their independence is very important to them, but they still

need to know that you are invested in their well-being. The key is to strike a balance so that you're being neither invasive and overbearing nor permissive and uninvolved. When monitoring where your teen is going and with whom, try to sound interested, rather than suspicious.

Here are some guidelines for keeping your teen from taking unsafe risks:

- Try to have an adult home when teens are there as much as possible.
- If you're hosting a party for your teen, keep alcohol, drugs, and tobacco out. Stay home and make sure only invited guests are allowed in.
- Discourage your teen from hanging out with older teens—they are more likely to be involved in activities inappropriate for younger teens.
- Be available, and make sure your teen knows she can contact you at any time.
- Set a very clear curfew. When setting the curfew, it's important to negotiate the rules together. Discuss what time he thinks is appropriate for his age. This shows that you respect him and are giving him some responsibility for his actions. Make it clear that you expect a text message or a phone call if your teen is going to be late.
- Get to know their friend's parents, and stay in touch with them
- Establish clear rules and expectations for any time that they may spend online. This can include the Internet, cell phone use, and any other online communication.
- Know who your teens are friends with, and encourage time spent with positive influences. It's okay for them to have a number of friends, as long as they are appropriate.  
(“Keeping teens healthy,” n.d.)

## BULLYING

Bullying is a form of youth violence that includes:

- Attack or intimidation with the intention to cause fear, distress, or harm.
- Physical (hitting, punching), verbal (name calling, teasing), or psychological/relational (rumors, social exclusion) intimidation.
- A real or perceived imbalance of power between the bully and the victim.
- Repeated attacks or intimidation between the same children over time.  
(CDC “Understanding Bullying,” 2013)

Teens can be a bully, a victim, or both. Bully-victims usually suffer from more severe effects of bullying than either bullies or victims (CDC “Understanding Bullying,” 2011). In the 2011 Youth Risk Behavior Survey, about 1 in 5 North Carolina high school students had been bullied on school property in the previous year. (Charlotte Mecklenburg Schools & Mecklenburg County Health Department, 2012). Bullying can result in physical injury, social and emotional distress, and even death. It also makes teens more likely to have depression, anxiety, and poor school adjustment. They are also more likely to abuse

substances, have academic problems, and be violent (CDC “Understanding Bullying,” 2013).

Teens who are victims may:

- Have friendship difficulties.
- Have poor self esteem.
- Be quiet and passive.
- Come home with damaged or missing clothing or other belongings.
- Have unexplained injuries.
- Complain frequently of headaches, stomachaches, or feeling sick.
- Have trouble sleeping or have frequent bad dreams.
- Be very hungry after school from not eating their lunch.
- Lose interest in visiting or talking with friends.
- Be afraid of going to school or other activities with peers.
- Lose interest in school work or begin to do poorly in school.
- Appear sad, moody, angry, anxious, or depressed when they come home.
- Talk about suicide.
- Suddenly have fewer friends.
- Run away from home.

Teens who are bullies may:

- Be impulsive.
- Be parented harshly.
- Be accepting of violence.
- Get into physical or verbal fights with others.
- Be quick to blame others.
- Get sent to the principal's office or detention a lot.
- Have extra money or new belongings that cannot be explained.
- Have friends who bully others.
- Need to win or be best at everything.

If your teen is being bullied:

- Talk to your teen. Make it clear that you want to help.
- Let her know it's not her fault, and that bullying is wrong.
- Document ongoing bullying.
- Suggest safe ways to respond to bullying and practice them with him.
- Watch out for signs of other possible problems that your child may experience as a result of being bullied, such as those listed in previous sections.
- Ask for a copy of your teen's school handbook to see what the school's policies are on bullying. If there are no guidelines for dealing with bullying in the handbook, contact the school about creating some.
- Seek help from your teen's school guidance counselor.
- Don't tell your teen to ignore the bullying, because she might assume that you are ignoring it.

- Don't blame your child for provoking bullying.
- Don't encourage your teen to harm the bully; this may get him hurt or suspended from school.
- Don't contact the bully's parents, as it may make matters worse. Try to go through the school.

If you suspect your teen is bullying others:

- Ask your teen for his side of the story. Be objective and listen carefully.
- Let her know that you will not tolerate this behavior.
- Spend more time supervising and monitoring his activities, including his online and texting activity.
- Encourage her to get involved in social activities that will help her develop her talents.

(USDHSS, United States Department of Education [USDOE], & United States Department of Justice [USDOJ] "Parents," n.d.; CDC "Understanding bullying," 2013).

## DRIVING

Motor vehicle crashes are the leading cause of death for teenagers in the US. (CDC "Teen Drivers", 2012). Teens are at especially high risk for motor vehicle injuries for many reasons. Inexperienced drivers have difficulty responding to hazards or controlling the car. Studies have shown that when there are more passengers in a car, teens are more likely to have accidents, and teens often carpool. Teens are more likely to crash when driving under the influence of substances than adults who drive under the influence, and they are less likely to wear seatbelts at any time than people in any other age group. They are also easily distracted by things such as eating, adjusting the radio, or texting (Committee on Injury, Violence, and Poison Prevention & Committee on Adolescence, 2006).

Teens are extra sensitive to peer pressure, and their brains are wired to take more risks than adults would. They may overestimate their driving abilities and underestimate the danger of certain maneuvers (Committee on Injury, Violence, and Poison Prevention & Committee on Adolescence, 2006). In the month before taking the 2011 Youth Risk Behavior Survey, 9.7% of 12<sup>th</sup> graders in North Carolina had driven a motor vehicle after drinking (NC Healthy Schools, 2012). Boys in particular may feel pressured by their friends to drive faster and take more risks in order to be perceived as masculine by their friends (Committee on Injury, Violence, and Poison Prevention & Committee on Adolescence, 2006).

States with graduated driver's licenses have fewer fatal motor vehicle crashes involving teens than those without such systems. In North Carolina, the graduated licensing system has three levels. At age 15, teens may be eligible for a limited learner permit, with which they can drive only while being supervised. In the first 6 months of having a learner permit, teens can only drive from 5AM to

9PM, even with a supervisor, and they are not allowed to use cell phones while driving. At age 16, teens may be able to get a limited provisional license. With this license, teens can drive unsupervised from 5AM to 9PM and directly to or from work or volunteer service after 9PM, but may not drive more than one passenger under age 21 or use cell phones while driving. After 6 months of driving with a limited provisional license, teens may be eligible for a full provisional license, with which they can drive unsupervised at any time. Teens are not allowed to use cell phones while driving until they are 18 years old (North Carolina Department of Transportation, n.d.).

There are precautions you can take to help your teen decrease the risk of getting injured in a motor vehicle crash.

- Make a contract with your teen that establishes driving rules and concrete consequences, such as losing driving privileges for a period of time. Good rules to agree on include:
  - Driving is not allowed after a certain time at night.
  - The number of passengers your teen can drive is limited (...to 1, 2, etc.).
  - Seat belt use is mandatory for the driver and passengers.
  - Driving when upset, tired, or angry is forbidden.
  - Your teen can only drive in certain, agreed-upon familiar areas.
  - Your teen will never get into a car if the driver has been drinking, and he may call you at any time and in any condition to be picked up.
- As appropriate, praise your teen for being responsible about driving.
- Continue to supervise your teen's driving when she has a provisional license and even after she has a full license.
- Make sure the car your teen drives is safe and in good condition.
- Talk to your teen directly about the possible consequences of unsafe driving, such as getting a ticket and getting in an accident.
- Monitor where your teen is going, and with whom. Ask for the name and phone number of everyone who will be driving.
- Warn your teen to be cautious about friends' older siblings driving: even though they're older, they may still be unsafe drivers.
- While curfews are important, safety comes first. Advise your teen not to drive unsafely just to get somewhere on time.
- Teens learn from you. Don't drive unsafely or text or use a cell phone while driving.  
(Committee on Injury, Violence, and Poison Prevention & Committee on Adolescence, 2006)

## INJURY

Injury is the most common cause of death and disability for young people in the United States. Almost 3 out of 4 adolescent deaths are from injuries, including car accidents, homicide, and suicide (CDC "10 Leading Causes," 2010a).



Besides these sorts of injuries, the most common injuries are from bicycle accidents, poisoning, sports, and drowning (CDC “10 Leading Causes,” 2010b).

How you can help:

- Require that your teen wear a helmet every time he rides a bicycle.
- Make sure your teen understands the rules of the road for bicyclists.
- If your teen doesn't know how to swim, teach her or enroll her in classes.
- Don't allow your child to swim or boat alone.
- Tell your teen never to combine alcohol or drugs with water sports.
- Make sure he has and wears appropriate protective gear for the sports he is playing.
- Set a good example for your teen. Obey traffic laws, wear seatbelts in cars and helmets on motorcycles, and wear appropriate gear if you play sports. (“Preventing Children’s Injuries”, 2012)

## SEXUAL ACTIVITY

Adolescence is a time of rapid physical changes. Your adolescent will add height, weight, muscle, and fat, changing dramatically from children to teens to young men and women.

Besides physical development, including the biological changes of puberty and brain development, adolescents go through tremendous intellectual, psychological, and social development changes as they move toward their maturity. And during these critical years, the support of parents and guardians—even when it seems to be rejected—is tremendously important.

It is common for parents to be concerned about their teen’s sexual activity. For good reason—many young men and women do experiment sexually during their adolescence. Sexual activity can have very serious consequences, such as unintended pregnancy and sexually transmitted infections. All types of sexual contact are associated with certain risks.

In 2009, Charlotte-Mecklenburg high school students participated in the Centers for Disease Control Youth Risk Behavior Survey. The sample was selected to reflect a balance of our community. Students reported the following sexual behaviors:

- 50% said they had engaged in sexual intercourse in their lifetime.
- 35% reported having sexual intercourse with one or more people in the last three months.
  - Of these, 34% of those who had sexual intercourse reported not using a condom during their last sexual intercourse.

- 17% reported having sexual intercourse with four or more people during their lifetime.

Results from research carried out across the country show that nearly half the 19 million new STIs each year are among young people aged 15-24 years old. Moreover, more than 400,000 girls aged 15-19 gave birth in 2009 in the US (CDC “Sexual risk behavior,” 2011). The Centers for Disease Control also report that teens’ most common first sexual partners are someone they are dating seriously (72% of females’ partners and 56% of males’). But the 2<sup>nd</sup> most common relationship teens had with their first sexual partner is having just met (25% of males’ partners and 14% of females’) (“Teenagers in the,” 2010).

It’s unrealistic to think you can suppress teenage sexuality and normal curiosity. You can, however, educate your adolescents about the compelling reasons for abstaining from sexual intercourse until they are responsible enough to protect themselves against pregnancy and disease, as well as mature enough emotionally to deal with these new, intense feelings. Parents who discuss sexuality and expectations are more likely to have influence on teens’ decisions.

### **Stages of Sexual Development**

*Early Adolescence*—Masturbation is a conscious act of self stimulation to achieve sexual pleasure. Young children masturbate, and it is normal and not a sign that anything is wrong. “Wet dreams” that occur involuntarily during sleep are not masturbation. The allegedly harmful effects of masturbation have been discounted, but that doesn’t mean that your child won’t be conflicted about doing it. If you suspect your child is masturbating, talk to her. Let her know that it is natural to feel sexual urges.

*Middle to Late Adolescence*—Your teen will be interested in human reproduction and the sex act. This is the time to talk more about dating, love, and infatuation, as well as healthy versus unhealthy relationships associated with these acts and feelings.

### **Talking About Sex**

Whether you know it or not, you are your teen’s primary source of information and guidance in matters of sexuality, dating, and love. The more you talk to them about it, the better, since the alternative messages they get from the media or their peers are not always accurate. Only 14% of sexual incidents on TV mention any risks or responsibilities of sexual activity (Strasburger, 2010).

Teens who have positive and supportive relationships with their parents have fewer sex partners than other teens. They also use condoms more consistently (“Parenting teens who,” n.d.).

### **When Should You Talk About Sex?**

If your child is 12, it may already be too late. The arrival of puberty and the production of estrogen and testosterone stimulate interest in sexual matters. Many teens are curious about sex, but aren’t comfortable asking questions, so

don't wait for your teen to start the conversation. There is no evidence that talking about sex with teens results in sexual behaviors. Several studies have shown that teens who have talked about sex with their parents are actually more likely to postpone sex and use birth control when they do begin (The National Campaign, 2013).

Parents should talk about physical development and relationships with their children whenever possible. For example, a young child may ask where babies come from, and school-aged children may ask about breasts, periods, and relationships. Every question is an opportunity to educate. Sex education is ongoing. The messages need to be repeated—often.

Here are some tips on talking to your teen about sex:

- Be ready to provide your teen with accurate information and good decision-making skills to help protect him from pressure to have sex, unintended pregnancy, and STIs.
- Before you talk to your teen, think about what your values regarding sex are. Share your values about sex, and accept that your teen may or may not have sex regardless of your values.
- If it's hard for you to talk to your teen about sex, admit it. Humor can be helpful.
- Think of the sex organs and the sex act as body parts and biological functions. It may help you overcome your inhibitions.
- Use the correct terminology. Practice saying penis, vagina, erection, and orgasm.
- Read a book about teenage sexuality—and then read it with your teen. Use it as a starting point for a discussion.
- Use TV, movies, articles, and real-life situations to spark a conversation about sex.
- Have a *conversation*; don't lecture. Spend time listening and asking questions about teens' points of view—it will give them practice expressing their ideas clearly, and it will build your trust in each other. Try to avoid jumping in with your views.
- When your teen asks questions, try to find out what's really being asked—teens' questions are not always straightforward. Ask questions about their questions: "what do *you* think about that?" "What do you already know about that?"
- Keep all of your answers short and simple, and explain new words. Encourage your teen to ask follow-up questions when you've finished your explanation.
- If your teen asks you a question that you don't know the answer to, admit it. Look it up together.
- Talk with your teen about abstaining from sex: not everyone is doing it, it's okay to be a virgin, and she can talk to you honestly about sex without being punished.
- Leave age-appropriate articles or books about teen sexuality around the house. Teens will read them on their own.

- Talk about sex more than once. Once is not going to be enough to get the message across!
- If you absolutely cannot handle the discussion, find a trusted family member or friend to step in. (The National Campaign, 2013; “Talking to kids,” n.d.)

### **The Myths Your Teen May Believe**

If you are not the source of correct information about sex for your teen, there are many others willing to fill this gap, including their peers. Unfortunately, the information they give is not always correct. Here are some common myths that many teens believe:

- Pregnancy can’t occur during a menstrual period. (There are some days that conception is less likely to occur, but no time of the month is completely safe).
- Oral sex and anal sex aren’t sex. (They are, and they can result in sexually transmitted infections).
- You can’t get pregnant in the first year after your first period.
- Douching after sex can prevent pregnancy or STIs. (It can actually increase the risks of both).

Sample questions and answers about sex in general:

- Can a girl get pregnant the first time she has sex?
  - Yes. Any time you have sex without condoms and/or birth control, you (or your partner) can get pregnant. That’s why contraception is so important.
- Should people have sex if they’re in love?
  - Not necessarily. Sex can be part of a loving relationship, but you can have a loving relationship without sex. Choosing to be in a sexual relationship is a big decision.
- Does it hurt to lose your virginity?
  - The first time having vaginal intercourse may hurt for some women, because the opening of the vagina is called the hymen and the hymen stretches, but sometimes there can be pain due to a lack of lubrication or lack of relaxation. Men don’t have hymens, so vaginal intercourse doesn’t hurt them the first time. (“Talking to kids,” n.d.)

A good way to start talking about safer sex is to point out that abstinence is the only 100% effective way to avoid an unplanned pregnancy or a sexually transmitted infection. Talk with your teen about how to avoid situations that may result in unplanned or dangerous sexual activity. For example:

- Double date the first few time he goes out with someone he doesn’t know well.
- Do not date someone more than a year or so older.
- Avoid anyone with a controlling or abusive personality.
- Avoid compromising situations.
- Call home during the date, especially if there’s a change in plans.

- Abstain from alcohol or illegal substances and do not date anyone who drinks excessively or uses drugs.
- Parents should explain that no means no, and a girl or boy can say no at any time.

Even if you promote abstinence as a means of birth control, it's unrealistic to think that every teen will listen and follow this advice. Teens need to know about contraception and that using protection is important, but no form of protection is 100% effective. They also need to hear this information from their parents. Parents should not depend solely on school sex education programs to provide this information.

You should make it clear that sex, especially unprotected sex, has the potential to seriously disrupt teens' plans for their futures. STIs can cause discomfort, infertility, and in some cases, even death. Teens must know that unprotected sex is unacceptable, and that people who care about each other do not put each other at risk for these serious problems. Pregnant teens are more likely to drop out of high school, be poor, and be unhappy than girls who don't get pregnant ("Parenting teens who," n.d.). Below are some specifics about different kinds of birth control methods, as well as about how to prevent the spread of STIs.

### **Methods of Contraception**

- Most effective—vasectomy, female sterilization, intrauterine device (IUD), implant.
- More effective—shot, pill, ring, patch.
- Effective—diaphragm, male condom, female condom, withdrawal, sponge, cervical cap.
- Less effective —spermicide, fertility-awareness based methods.
- Types of contraception:
  - Hormonal: IUD (Mirena brand), implant, shot, pill, ring, patch
  - Non-hormonal: vasectomy, female sterilization, IUD (copper), diaphragm, male condom, female condom, withdrawal, sponge, cervical cap, spermicide, fertility-awareness
- Vasectomies and female sterilization are usually not reversible.
- Male and female condoms, diaphragms, withdrawal, sponges, cervical caps, spermicide, and fertility-awareness methods must be used every single time you have sex. Birth control pills must be taken daily. The patch needs to be changed once a week, the ring needs to be changed once a month and the shot must be administered once every three months. The implant lasts 3 years, hormonal IUDs last 5 years, and copper IUDs last 10 years.
- Up to 5 days after sex, if your teen fears for any reason that she might be pregnant, she can get emergency contraception, a hormonal pill that can help prevent pregnancy. Some types of emergency contraception can be purchased over the counter for people aged 16 and over. It will not protect against the transmission of STIs, and it is not 100% effective. It may work between fertilization and implantation, and it

prevents pregnancy in about 4 out of 5 cases when it's taken within 72 hours after sex.

("Comparing effectiveness of," n.d.; Committee on Adolescence, 2005)

ONLY male condoms and female condoms offer some protection against the spread of some STIs. It is very important that your teen knows how to use condoms correctly, or else they might break, slip off, or be otherwise ineffective. Less than half of sexually active teenagers use condoms correctly on a consistent basis. In order to use condoms as effectively as possible, your teen must:

- Use condoms for vaginal, oral, and anal intercourse.
  - Use a new condom for every sex act.
  - Put the condom on correctly *before* any sexual contact.
  - Boys must withdraw while the penis is still erect, holding the condom firmly at the base of the penis to keep it from slipping off.
  - Only use water-based lubricants. Any other lubricants can damage the condom such that it is ineffective.
  - Open the package carefully: don't use your teeth and take care to open the package along one edge.
  - Don't unroll condom before placing it on the penis.
  - If you start to put the condom on the penis and realize you are rolling it the wrong way, don't just turn it inside out. Get a new condom.
  - Squeeze the tip of condom as it is rolled onto penis so that it won't burst under pressure.
  - NEVER use a female and a male condom at the same time.
  - Store condoms in cool, dark places that don't experience friction. Pockets are warm and may damage condoms.
- (Kaplan et al., 2001)

### **Peer Pressure and Sex**

Friends can exert tremendous pressure on a teen to have sex. You may be able to diffuse some of the pressure by suggesting that physical intimacy between two loving adult partners is truly beautiful, but that sexual intercourse before the partners are capable of handling the emotional aspects can actually be harmful. Teens may regret the experience when they feel they had sex before they were ready. Also, having sex can have a negative impact on teens' reputation, which is very important to them. Remind your teen that people should know him for who he is, not whether or not he's had sex.

### **Consent**

Even if your teen says he wants to have sex with his partner, there are certain cases in which it is a felony in North Carolina. These are:

- If one person is 18 or older and the other is younger than 13 (rape of a child).
- If one person is 12 or younger and the other is 12 or older AND at least four years older than the younger person (first-degree rape).

- If one person is 13, 14, or 15, and the other person is between 4 and 6 years older (class C felony).
- If one person is 13, 14, or 15, and the other is at least 6 years older (class B1 felony).

In all of these cases, the older person can face criminal charges, and the younger is considered a victim of sexual assault, regardless of whether or not they wanted to have sex. (N.C. Stat. ch. 14 g.s. § 14-27.7A; N.C. Stat. ch. 14 g.s. § 14-27.2A).

Beyond the legal issues, you should talk to your children, both boys and girls, about what consent, or agreeing to have sex, means and how important it is. Tell your teen that **ONLY** yes means yes, and that when people are under the influence of drugs or alcohol, they are not able to consent, even if they say yes. Make sure she understands that even if she said yes to one sexual act, she has every right to say no to another sexual act. Your teen must give and receive clear consent to every single sexual act.

Consent can be a pretty grey area, especially when drugs, alcohol, and teenage hormones are involved. Ask your teen if he knows of anyone who has dealt with a difficult situation regarding consent, and talk about ways that he could avoid similar situations. Have a discussion about why a “maybe” isn’t enough, and why it’s unacceptable to pressure someone into sex.

### **Pregnancy**

A teen pregnancy can be a confusing and very stressful situation for the pregnant teen and for her partner, and may cause parents to feel a wide range of emotions from shock to disappointment, from guilt to excitement. However your teen decides to handle the pregnancy, he or she will need a lot of support from you. It is very important to keep lines of communication open with your teen during this time.

Talk to your teen about the options for how to handle the pregnancy. Discuss your values and the advantages and disadvantages of raising a child, the gift of adoption, and terminating a pregnancy. Be honest and listen to what your teen feels. Discuss with him how much support—financial, emotional, child care—you’re willing to provide. Whichever option your teen chooses, it is important that high school is completed. Also, whatever your teen’s decision, be sure to contact reputable professionals for her health care. If she decides to terminate the pregnancy, make sure she feels safe and supported. In North Carolina, abortion is legal during the first 20 weeks of pregnancy if undertaken by a licensed physician. It is also legal for a physician to advise or perform abortion after the first 20 weeks if there is substantial risk that the pregnancy would cause the woman severe health problems or death (N.C. Stat. ch. 14 art. XI, § 14-45.1 (a)-(b)). If she carries the pregnancy to term, she will need special prenatal care.

Your teen will be going through tremendous changes. She will go from worrying about friends and clothing to morning sickness and prenatal visits, and she may be terrified. Some teens may be in denial, which makes it especially important for you to be involved in ensuring that she gets the medical attention she needs. Teenaged boys who are going to be fathers also need their parents' involvement and encouragement to face their responsibilities.

Teens who get good medical care are more likely to have healthy babies, so bring her to a doctor as soon as possible after finding out she's pregnant.

Those who aren't cared for are at a greater risk for:

- Miscarriage
- High blood pressure
- Anemia
- Labor and delivery complications
- Low birth-weight infant
- Premature birth

Your teen's health care provider will discuss things like scheduling prenatal visits, your teen's feelings, changes she can expect in her body, and how to deal with the uncomfortable side effects of pregnancy. Her health care provider will probably also prescribe prenatal vitamins that are very important for the baby's development.

Knowing what to expect may help calm some of your daughter's fears about being pregnant. The CDC has a program called text4baby that provides pregnant women and new moms with free weekly text messages with information on pregnancy and baby care health tips. The messages are timed to a woman's due date or a baby's age, and cover topics like breastfeeding, immunizations, labor and delivery, car seat safety, nutrition, drugs and alcohol, and more. Your teen can subscribe to these messages by texting "BABY" to 511411, or "BEBE" to receive messages in Spanish (CDC "Text4baby for," 2011).

There are several other concerns about how your teen treats her body during pregnancy. Her health care provider will talk to her about why it's important to be healthy and how to quit bad habits. Some concerns include:

- Smoking
- Drinking
- Using drugs
- Excess caffeine
- Eating right
- Getting enough rest
- Risky sexual behaviors

Make sure your daughter knows that it is very dangerous for the baby for her to go on a weight-loss diet during pregnancy. If you're worried that your teen is trying to lose weight or curb her weight gain, talk to her health care provider. (Wood White, 2008)



## TANNING

Many teens think they look better when they have a tan, and actively try to expose their skin to UVA and UVB rays from the sun. Sun exposure is necessary for proper absorption of Vitamin D, which is essential for proper bone health. However, overexposure can be very dangerous. Sun exposure can cause sunburn, damage the immune system, and lead to melanoma and other types of potentially deadly skin cancers. Long-term exposure can also cause wrinkles, brown age spots, blotchiness, and leathery, older-looking skin. Talk to your teen about all the negative consequences of exposure to the sun.

Many of these consequences can be avoided by wearing a sunscreen of at least SPF 15 that protects against both UVA and UVB rays, which are present and harmful no matter what color your teen's skin is. Here are some tips to teach your teen about protecting his skin:

- Wear sunscreen every day, even on cloudy days and when you don't think you'll be outside for long. As much as 80% of sun exposure can be from instances like these, not from tanning.
- Always reapply sunscreen after a few hours, no matter how high the SPF is.
- Take breaks from the sun, and try to stay in the shade between 10:00 A.M. and 4:00 P.M. These are the hours when the sun's rays are strongest.
- Wear a hat with a brim and sunglasses to protect your face and eyes.
- Wear sunscreen when doing winter sports—snow reflects sunlight.
- Never go to tanning beds.
- Use sunless tanning lotions or sprays.
- The sun is a natural source of Vitamin D; but a person only needs a few minutes of exposure a week to have enough Vitamin D to absorb calcium. It is better to take a Vitamin D supplement and avoid sun exposure.  
(Hyde, 2009)

## TOBACCO, ALCOHOL, AND OTHER DRUGS

Studies have shown that if teens don't experiment with drugs during adolescence, they will probably not experiment with them as adults. Unfortunately, in the year before a survey in 2008, about 1 out of 3 Americans aged 12-17 drank alcohol, 1 out of 5 had used an illicit drug, and almost 1 out of 6 had smoked cigarettes (United States Department of Health and Human Services [USDHHS], 2009). The earlier drug use begins, the greater the chance that the user will develop a serious abuse problem.

### **Prevention Strategies**

Have serious discussions about substance use and abuse with your teen and keep talking even if your teenager seems uninterested. Studies have shown that

children who heard forceful and frequent anti-drug messages at home were less likely to become users. Only 26% of adolescents who reported that their parents often stressed the dangers of drugs had smoked marijuana. But adolescents who said they learned “a little” or “nothing” at home had much higher rates of marijuana use: 33% and 45%, respectively. The pattern was similar in questions about other drugs. One disturbing finding was that only one in four teens felt their parents were providing adequate information. Some behavioral signs of drug abuse are:

- Drop in attendance and performance at school.
- Unexplained need for money or financial problems; borrowing or stealing to get it.
- Engaging in secretive or suspicious behaviors.
- Sudden change in friends, favorite hangouts, and hobbies.
- Frequently getting into trouble (fights, accidents, illegal activities).
- Possession of drug paraphernalia.

How you can help:

Parents should try to know the types of drugs and their street names, what each drug and any associated paraphernalia looks like, and the physical and behavioral signs of drug abuse. The National Institute on Drug Abuse provides helpful information about a variety of drugs at [www.drugabuse.gov](http://www.drugabuse.gov), as do [www.theantidrug.com/drug-information](http://www.theantidrug.com/drug-information) and [www.samhsa.gov](http://www.samhsa.gov).

Peer pressure to try drugs is intense. Help your children know how to stay away from alcohol and other drugs by discussing and practicing strategies. They can start by saying no, and keep saying it, but that may not be enough.

Tell your teen that if saying no, changing the subject, or suggesting another activity doesn't work, they should walk away—or blame the refusal on parental restrictions. Also, busy, supervised teens have less opportunity to get involved in drugs. Sports, community activities, and part-time jobs may help decrease exposure to substances. Research has also shown that adult supervision after school is a primary component in substance abuse prevention (The Partnership, 2013).

Your attitudes toward tobacco, alcohol, and other drugs will influence your teen's behavior. Be honest about your habits if you smoke or drink, but be sure your children know you don't expect to solve problems or alter your mood by these activities. Abusing alcohol or a controlled substance sends the wrong message to your teenager, and seeing you out of control can be harmful to your child.

If your child needs help with substance use and abuse:

- Know community resources.
- Ask your friends, family, and faith community about other families who can provide support and resources.

- Talk to your teen’s health care provider.
- Find out about Alcoholics Anonymous, Narcotics Anonymous, and substance abuse treatment.

## **Tobacco**

Fourteen percent of high school students in Charlotte-Mecklenburg Schools reported having smoked cigarettes in the past 30 days in the 2011 Youth Risk Behavior Survey. 80-90% of adult smokers began smoking before they turned 19 (Sims, 2009). Most teens don’t realize how quickly they can become addicted. Nicotine is a powerful drug, and addiction can begin after only a few packs.

Intervene if your teen displays any of these signs of tobacco use:

- stained teeth and fingertips
- decreased appetite
- clothing that smells of tobacco smoke
- smoker’s cough
- bad breath, shortness of breath, hoarseness

Smoking has been linked directly to cancers of the lung, larynx, oral cavity, esophagus, kidney, bladder, and pancreas, as well as heart disease, asthma, chronic bronchitis, emphysema, and other respiratory illnesses.

Tobacco is also a gateway drug, or an introduction to the subculture of substance abuse. Teenagers who smoke are 3 times more likely to drink alcohol, 8 times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is also associated with high-risk behaviors such as unprotected sex and perpetration of youth violence (USDHHS, 2011).

It is illegal for anyone under 18 to buy cigarettes or smokeless tobacco, but many adolescents are able to buy cigarettes and chewing tobacco every day. Teens, especially boys, often think smokeless tobacco is safer than cigarettes. Actually, tobacco dippers are at a greater risk of developing oral cancer. Newer smokeless cigarettes do contain nicotine, which is harmful and can cause heart problems.

Teens with parents who smoke are more likely to become smokers. However, if you are addicted, it is important to know that your disapproval of your children smoking will strongly influence whether or not your children will smoke, even if you smoke yourself. If appropriate, share your struggle with tobacco use, cost, and health consequences (USDHHS, 2011).

## **Alcohol**

The 2009 Youth Risk Behavior Survey reported that 33% of Charlotte Mecklenburg high school students said they had consumed at least one drink of alcohol in the past 30 days. 14% had five or more drinks in a row (Charlotte Mecklenburg Schools & Mecklenburg County Health Department, 2010a).

How much alcohol do you have to drink to get drunk? It’s not the content of your drink, but the amount you drink. A 12-ounce can of most beers, a 4-ounce

glass of wine, and a shot of 80-proof whiskey have the same amount of alcohol. The ability to metabolize alcohol differs from person to person. Women specifically do not metabolize it as efficiently as men, and therefore become intoxicated more quickly and easily. If your teen exhibits these signs, he or she may be abusing alcohol:

- Slurred speech
- Impaired judgment
- Agitation, aggressive behavior, depression
- Impaired motor skills, poor coordination, confusion
- Smell of alcohol on the breath
- Drowsiness, nausea, and vomiting

Alcohol is especially dangerous for teens because their brains are still developing. This means that they are especially vulnerable to toxic and addictive effects of alcohol and other drugs. Teens who are heavy drinkers have been shown to be less able to learn new information and have significantly reduced memory skills (Committee on Substance Abuse, 2010).

Prolonged use of alcohol can result in blackouts and memory loss, malnutrition, vitamin deficiencies, suppression of the immune system, hormonal deficiencies, sexual dysfunction, alcoholic hepatitis and cirrhosis, cardiovascular disease, and other health problems.

## **Marijuana**

28% of CMS high school students reported having smoked marijuana one or more times in the past 30 days (Charlotte Mecklenburg Schools YRBS 2011). Marijuana use can lead to dependency. Chronic marijuana smokers act listless and apathetic. They lose interest in their personal appearance and no longer care about their future or activities they once enjoyed. Also marijuana can be altered with other substances, which can be addictive and dangerous. If you suspect your teen is using marijuana, look for these signs:

- Mood swings
- Giddiness and inappropriate laughter
- Lapses in short-term memory
- Increased appetite, particularly for snack goods
- Increased heart rate
- Hallucinations
- Irritability
- Drowsiness
- Euphoria
- Difficulty concentrating
- Glassy, red eyes
- Dry mouth
- Delusions
- Anxiety
- Combativeness

Prolonged use of marijuana has long-term effects, including weight gain, increased risk of cancer, delayed sexual development, lower sperm counts and lower testosterone levels for men, and increased risk of infertility and irregular menstruation for women.

## **Heroin and Other Narcotic Analgesics (Pain Relievers)**

Black tar heroin is becoming more commonly used in Charlotte. Use of this drug has tripled in the past 3 years, and Charlotte is now 5<sup>th</sup> in the nation for sale and distribution of black tar heroin (Watson, 2011; Berky, 2011). Police have noticed that black tar heroin use is particularly prevalent with young people in affluent areas of Charlotte. The drug is relatively cheap and accessible, and dealers have been known to target teens from private schools. Drug dealers sometimes lace marijuana with heroin in the hopes that teens will become addicted (Ordoñez & Wootsen, 2011).

Heroin is derived from the painkiller morphine, the major active component in opium, which is the bitter dried juice of the Asian poppy plant. Demerol and methadone are synthetic versions of the drug. Heroin produces a transcendent high that users describe as a wave of euphoria, called the rush. Then they enter into an alternating wakeful and drowsy state. Physical dependence and addiction develops quickly. Signs that a teen is using heroin include:

- Needle marks, skin infections and/or abscesses
- Euphoria
- Nausea
- Constipation
- Pupils unresponsive to light
- Lethargy
- Coughing and sniffing
- Drowsiness
- Contracted pupils
- Slowed breathing
- Slurred speech
- Droopy eyelids
- Profuse sweating
- Appetite loss
- Slow gait
- Dry skin, itching
- Twitching

## **Inhalants**

The practice of snorting can permanently destroy brain cells and can send the heart into cardiac arrest, causing instantaneous death. Substances that can be inhaled include paints, glue, and cleaning products. Long-term effects include depression, nerve damage, fatigue, appetite loss, impaired hearing and smell, nosebleeds, and liver and kidney damage. The following are signs of inhalant use:

- An unusual number of spray cans in the trash
- Chemical-like smell on breath, clothing, and skin
- Sores or rashes around the nose and mouth
- Nausea
- Appetite loss
- Wheezing
- Paint or stains on body or clothing
- Drunk, dazed, or glassy-eyed expression
- Numbness and tingling of the hands and feet
- Anxiety, excitability, irritability
- Impaired coordination
- Headaches
- Slurred speech
- Difficulty breathing

Teens can use common household products to get high.

- Kitchen: cooking spray, disinfectants, fabric protectors, felt-tip markers, furniture polish and wax, oven cleaners, whipped cream in aerosol cans, spot remover
- Bathroom: air fresheners, spray deodorants, hair sprays, nail polish removers
- Garage: butane, gasoline, glues and adhesives, lighter fluid, paint, paint thinner, paint remover, propane, rust removers, spray paints
- Miscellaneous: shoe polish, rubber cement

## Hallucinogens

Examples of hallucinogens include LSD (“acid”), psilocybin (“magic mushrooms” or “shrooms”), PCP (“angel dust,” “peace pill”), ketamine (“K,” “special K,” “ket”), and MDMA (“ecstasy,” “X”). The effect from hallucinogens depends on the amount taken, the user’s personality, mood, and expectations, and even the surroundings. Hallucinogens usually start to take effect in 30 to 90 minutes and a hallucinogenic “trip” can last 1-12 hours, depending on the hallucinogen used. Users are likely to have an increased heart rate and elevated blood pressure and body temperatures. These are the signs of hallucinogen use:

- Delusions/hallucination
- Excitation
- Several emotions at the same time
- Distortions of time, space, body image
- Bizarre, irrational, paranoid and/or aggressive behavior
- Tremors
- Profuse sweating
- Slurred speech
- Trancelike state
- Euphoria
- Dilated pupils
- Sleeplessness
- Appetite loss
- Dry mouth
- Detachment from others

Long term effects may include flashbacks, schizophrenia, severe depression, memory loss, and interference with hormones related to normal growth and development.

Over the counter medications, specifically cough and cold medicines and those containing dextromethorphan (DXM), are often being used by teens as hallucinogens.

## Stimulants

Stimulants include cocaine, crack, ecstasy, and methamphetamines. Prolonged use can trigger violent or erratic behavior, appetite loss, insomnia, impaired sexual performance, chronic respiratory problems, and nosebleeds. The signs of stimulant use include:

- Stuffy nose and sniffing, primarily from snorting cocaine
- Excitability
- Restlessness
- Talkativeness
- Dry nose and mouth
- Dilated pupils

- Euphoria
- Visual and auditory hallucinations
- Post-high crash or depression
- Convulsions
- Aggressive behavior
- Fever

### **Methamphetamine**

Methamphetamine, also known as “meth” or “crystal meth,” is an addictive stimulant that is closely related to amphetamine. It is a white, odorless, bitter-tasting powder that can be taken orally or by snorting or injecting. It can also be a rock “crystal” substance that is heated and smoked. Long-term use can lead to mood disturbances, violent behavior, anxiety, confusion, insomnia, and severe dental problems. In 2008, 850,000 people age 12 and older had abused methamphetamine at least once in the year prior to being surveyed. Signs of meth use include:

- Paranoia
- Increased physical activity
- Decreased appetite
- Anxiety, shaking hands, nervousness

### **Depressants**

Drugs that slow the central nervous system are called depressants. In small doses, they affect sections of the brain responsible for conscious, voluntary actions. Large doses act on areas that govern life sustaining functions like breathing and heart rate. Signs that your teen may be using depressants include:

- Sluggishness, drowsiness
- Blackouts
- Nausea, vomiting
- Dizziness, confusion, disorientation, poor concentration, poor coordination
- Seizures
- Slurred speech or inability to speak
- Depressed breathing and heart rate
- Amnesia
- Tremors
- Lack of inhibitions
- Delusions, hallucinations, especially when taken with alcohol
- Dilated pupils

### **Anabolic Steroids**

Anabolic refers to growth or building. These steroids, synthetic versions of testosterone, promote the growth of muscles, bones, and skin. Steroid use may result in a premature halt in teens’ physical growth. Long-term, they can cause liver damage, high blood pressure, increased chance of injury to muscles, tendons, and ligaments, and lowered sperm count and infertility in men.

Signs of steroid use include:

- Mood swings and angry, combative behavior
- Delusions
- Severe acne
- Feelings of invincibility

## **Prescription and Over The Counter Drugs**

A teen doesn't need to leave home to get drugs. A family's medicine cabinet offers a variety of drug choices for teens. Some over the counter substances that can be abused include cold and cough medicines that contain dextromethorphan, alcohol, and pseudoephedrine. A recent study found that 6% of 12<sup>th</sup> graders reported past year abuse of cough or cold medicines to get high. Abuse of medication can cause addiction and even death, especially if medication is taken in high doses or mixed with other drugs and alcohol. Parents should keep medications in a safe place. Signs of prescription and OTC addiction include:

- Increased usage
- Social withdrawal
- Significant time spent obtaining prescriptions
- Change in personality
- Ongoing use

## **VIOLENCE**

Youth violence is a problem in North Carolina. Violence has been shown to be the second leading cause of death among teens 15-19 years of age (AMA, 2002).

Since 1955, more than 1,000 studies have concluded that some adolescents exhibit aggressive behavior with frequent exposure to media violence. These studies suggest that by glamorizing aggression, the media presents violence as the norm. Adolescents who watch or listen to an excessive amount of violence on TV, music, video games and other media are more accepting of violence in the real world.

It can be very difficult to shelter teens from exposure to violence. The media is full of images of all sorts of violence, and most video games require their players to actively choose to be violent to achieve goals. Most portrayals of violence show no human consequences—there is no suffering, no guilt, and no punishment. The link between media and violence has been shown to be stronger than the link between calcium intake and bone mass, and is almost as strong as the link between cigarette smoking and lung cancer (Council on Communications and Media, 2009).

In order to reduce and monitor your teen's exposure to these unrealistic and pervasive images of violence, take TVs, internet connections, and video games out of the bedroom. Monitor what your teen watches, and limit exposure to inappropriate violence in the media (Council on Communications and Media, 2009). Watch TV with your teen, and when violence is portrayed, talk to your teen about what was wrong with the way the situation was handled, discuss realistic outcomes and consequences and how the conflict could have been resolved in a nonviolent way (AMA, 2002).



## How can you help your teen avoid violence?

- Talk to her about how to solve conflicts without using violence.
- Set a good example by being nonviolent yourself:
  - Don't hit your teen.
  - Count backwards from 10 and take deep breaths when something really angers you.
  - Cooperate with others to solve your conflicts.
  - Set limits and consequences with your teen, and follow through.
- Teach your teen about managing anger:
  - It's okay to feel angry as long as you express your anger appropriately. Throwing a punch is unacceptable.
  - People can't control a situation until they've controlled their anger.
  - Remove yourself from a situation if you can't control your anger. Go somewhere else.
  - Think about the consequences of your actions. Hitting someone could get you suspended or arrested.
  - Listen to others' opinions, even when you're angry with them.
  - Be assertive, but not aggressive.
  - Use "I" statements to express your anger. Example: "I feel..." instead of "you make me feel..."
  - Admit it when you've done something wrong.

Guns are more likely to kill a friend, acquaintance, or family member than an intruder. Gun safety is extremely important in preventing your teen from being injured. Make sure your teen doesn't have access to any guns.

- If you have a gun, keep it unloaded and locked away, and keep ammunition locked away in a separate place.
- Advise your teen to stay away from guns in other people's homes and in other situations.
- Contact your teen's friends' parents, and ask them if they have guns in the home. If they do, have your teen invite her friends to your home instead of spending time in her friends' homes.  
(AMA, 2002)

## TECHNOLOGY

### TELEVISION

Today, teens spend many hours watching television, playing video games, and surfing the internet. As television channels and communication options have expanded, broadcasters have resorted to increasingly graphic images

and coarse language to entice viewers and participants. This is a constant worry for parents, and with good reason.

In addition to exposing children to violence, television has been cited as contributing to teenage obesity and interfering with academic success. A number of studies have shown that youth who watch TV for more than one or two hours a day perform poorly in school, especially reading. Teens who spend excessive time in front of the television not only forego physical activities, they also generally snack more than their active peers.

Casual sex, often separated from caring relationships, is portrayed with alarming regularity on television. And it sends the wrong message to teenagers. In one study by the Henry J. Kaiser Family Foundation (2005), researchers found that during a one-week period, 89% of prime-time television programs that contained sexual content did not mention the risk of pregnancy or the possibility that unprotected sex could result in contracting a sexually transmitted infection; only 53% of the programs presented sex in a committed relationship.

### **Video Games and Violence**

Parents should be concerned and pay attention to the content of the games their children purchase or download. Check the labels on video/computer games, but remember that game makers rate their own games, so just checking labels may not be a good indicator of the game's content. It may be helpful to go to parent rating websites before purchasing a game, as well as viewing the game once it is purchased.

Some people feel that games that involve two players can be a better choice because they promote social interaction, but they can still have inappropriate content, and online competition may involve players who are significantly older than your teen.

How you can help:

- Limit viewing to one or two hours of quality viewing for all family members over the age of two. That includes watching television, playing video games, and computer activities. Instead, encourage reading, exercising, and family activities.
- Once a program ends, turn off the television; do the same if the program doesn't hold your attention.
- Record programs so you can fast-forward through commercials and watch an hour-long program in 50 minutes.

### **THE INTERNET**

The internet can be an incredible tool for learning. Teens have instant access to excellent information about an infinite amount of topics, and they can learn valuable technological skills. However, there is much information on the internet that is inappropriate or even dangerous for teens.

In one study, almost half of 10- to 17-year olds had been exposed to online pornography in the previous year (Strasburger, 2010). Teens may also learn about how to make, find, or use drugs or be exposed to bigoted or otherwise socially unacceptable websites that attempt to make their views acceptable. It is important to talk to your teens about how to distinguish reputable sites from unreliable ones, as well as to try to keep them from visiting age-inappropriate sites. There are internet programs that have parental controls that can block pages with certain words or other content. These controls are not 100% effective, so education, parental oversight, and earned freedom are important in teen internet use.

Teens spend much of their time online on social networking sites. These sites allow people to gather online around shared interests or causes and to design personalized pages that can include information about them such as photos, personalized backgrounds, quotes, their favorite music, and other information about themselves or anyone else. Some also allow users to create blogs (public online journals), friend networks, and messaging centers. Some of the information in users' profiles may be hidden under privacy controls, but it may be open to anyone.

Social networking sites are so popular because they allow teens to access people anywhere in the US or around the world. They can showcase who they are and create their own world. These sites encourage self-expression, creativity, and identity exploration, and can help shy teens feel more comfortable finding friends. By looking at your teen's social media profiles, you might get a better sense of how he perceives himself.

There are dangers involved in social networking sites. Teens may be exposed to pornography or discussion of drugs and alcohol. The sites may provide a false sense of security through anonymity, but *nothing* a teen publishes on a social networking site is truly private.

It is important for you to monitor your teen's social networking activity. College admissions staff and employers frequently examine applicants' social networking sites as a sort of a background check. References to or pictures of parties, substance use, sexual promiscuity, or anti-authoritarian opinions may get your teen rejected from college or jobs.

How you can help:

- Know what sites your teen is on. Some of the most popular social networking sites include:
  - Facebook
  - Instagram
  - Twitter
  - YouTube
  - Flickr
  - Hi5
  - Bebo
  - Snapchat

- Require that your teen show you his profile, either by guiding you through it or by accepting you as a “friend” through your own social networking profile.
  - Be aware that through certain privacy controls, your teen may be hiding things from you even if you are “friends” on the websites. It is a good idea to look at your teen’s profile with him through his account, since everything he posts will be visible to him.
- Look at the music your teen is interested in and check the lyrics. If they are full of references to sex, drugs, violence, or other negative influences, this could be a red flag.
- Look at your teen’s friends’ profiles. If many of them have posted content related to partying, it’s likely that your teen has been to these parties, too.
- Keep the computer in an open, central location of your home, with the monitor visible to people passing by. Remember, though, that many cell phones allow internet access, so your teen might view content she wants to keep secret on her phone.
- Together with your teen, come up with rules about what is and what is not appropriate to share through social networks. For example:
  - No posting personal contact information like addresses or phone numbers.
  - What kinds of thoughts or opinions teens shouldn’t post as “statuses.”
  - What kinds of pictures your teen should not upload to these sites.
- Tell your teen that once something is posted on a social networking site, it is public record and is never truly gone.
- Monitor your teen’s online friends, and make sure they are people she actually knows in real life.
- If your teen or her friends use acronyms or abbreviations you don’t understand, look them up online.  
 (“Teens and technology, n.d.)

## CELL PHONES

Cell phones are great for keeping in contact with your teen no matter where they are. However, they give teens lots of opportunities to communicate in ways that might not be safe or productive.

Teens may use their phones for passing notes in class; downloading pictures, videos, and music; finding information about parties or drug dealers; downloading ringtones that most children can hear but most adults can’t; or taking and sharing pictures and videos.

Text messages, or short messages sent from one phone to another, may be of particular concern. Though they are very useful when you're in a loud place and can't hear a caller, texts can also be used to share information that teens don't want to be overheard. On many phones, pictures or videos can also be sent with text messages. Texting, like e-mail, provides a sense of impersonal contact; texts may have tones that are not acceptable in face-to-face contact.

### **Cell phones and driving**

In North Carolina, it is illegal for anyone to text while driving, and it is also illegal for drivers under age 18 to talk on the phone while driving (N.C. stat. ch. 20 g.s. § 20-11 (e)). However, many teens still do use their cell phones while driving, which can be a major distraction from the road. Make sure your teen knows he is never allowed to text while driving, and should not make calls or answer his phone.

### **Sexting**

In a survey of almost 1300 teens, 20% reported having sent or received nude pictures or videos, and many of them used their cell phones to do so (Strasburger, 2010). Sending sexually provocative pictures, videos, or text via cell phone is known as "sexting."

Sexting can have serious consequences. Teens sometimes send nude or semi-nude pictures or videos of themselves to their boyfriends or girlfriends. Unfortunately, the recipients of these pictures or videos may send the media to all of their friends. Not only is this humiliating for the subject of the picture or video, but there have also been cases in at least 8 states, including North Carolina, in which teens have been arrested for serious sex crimes, including creation, possession, and distribution of child pornography for taking, having, and sending these images. If convicted of such charges, teens may have to register as sex offenders.

What you can do:

- Look for red flags. If your teen is using their phone constantly, hiding to answer calls and texts, or talking or texting late at night, there may be problems.
- Tell your teens not to assume that anything sent or posted will remain private, and that anything sent or posted never truly goes away.
- Check your phone bill: request an itemized list of calls and messages on your monthly statements. Tell your child in advance that you will be doing this in order to keep him from feeling like you're intruding. Ask your teen to identify any unfamiliar phone numbers.
- Make an agreement that if your teen goes over a certain number of talking minutes or text messages, she will pay for the overage charges.
- Make rules to limit electronic communications, such as requiring your child to leave his cell phone with you at night or taking away his laptop or desktop keyboard at night to prevent late-night chatting.

- Remember to consider communication devices that your children's friends may bring into your home.

## CYBERBULLYING

Cyberbullying, or online bullying, is when teens use e-mail, a chat room, instant messaging, a website, cell phones, or other electronic devices to send or post texts, messages, or images intended to hurt or embarrass another teen. It affects almost half of all American teens. Examples of cyberbullying include:

- Pretending they are other people online to trick others.
- Spreading lies and rumors about victims online.
- Tricking people into revealing personal information.
- Sharing someone else's personal information publicly to cause embarrassment.
- Sending or forwarding mean text messages.
- Posting pictures of victims without their consent.

Cyberbullying is not just an extension of in-person bullying. Many teens who are cyberbullied don't know their harasser's identity due to online anonymity. Almost 2 out of 3 victims of cyberbullying did not report being bullied in-person in a survey by the Centers for Disease Control (Hertz & David-Ferdon, 2008).

Here are some tips for teens on how to handle cyberbullying:

- Block communication with the cyber bully.
- Talk to a parent about the bullying.
- Report the problem to an internet service provider or website moderator.
- Consider contacting law enforcement.

Plan how to prevent or address your child being a victim of cyberbullying. Make sure your solutions don't include restricting access to the internet. Your teen will likely see this as a punishment and be less likely to report the bullying. (CDC "Technology and youth," n.d.)

## OTHER TECHNOLOGY

It can be very difficult to keep up with all the different kinds of technology your teen is using. In addition to the devices and programs above, here are some more technologies to monitor:

- Chat rooms: Chatroulette
- Skype video chatting
- Instant messaging programs—AIM, MSN, Facebook chat, Gchat, Skype

Talk to other teens' parents to see what kind of discussions and boundaries they have in their home, as well as how they stay informed about the latest technology their children use.

## GENDER AND SEXUALITY

### LGBTQ Youth Today

In addition to the other challenges that today's youth are facing, some teens may be questioning their gender and/or sexuality. According to the American Psychological Association Council of Representatives, gender refers to "the attitudes, beliefs and behaviors that a given culture associates with a person's biological sex", and sexual orientation refers to "the sex of those to whom one is sexually and romantically attracted", and is considered to be on a continuum (2011). LGBTQ subsequently stands for Lesbian, Gay, Transgendered, or Questioning individuals. One out of four families has a family member that identifies as lesbian, gay, bisexual, or transgendered (LGBT), and other youth are questioning their sexuality at various points throughout their life. With that, some teens struggle with the idea of "coming out", which is loosely defined as "the process of accepting one's sexuality and telling others about their sexual orientation and/or gender identity" ("Parenting LGBT," n.d.). In addition to the uncertainty these teens face in regards to coming out, many caregivers experience the same uncertainty in regards to how to best respond, as well as process this disclosure.

### CHALLENGES

Although acceptance has grown over the years, LGBTQ teens continue to face a number of challenges that families often times feel ill-equipped to address and/or prevent. These challenges can include: homelessness, bullying and victimization, isolation, and an overall fear of rejection and abandonment. Studies also indicate that LGBTQ youth are at higher risk for substance abuse, suicidality, risk behavior for HIV infection, and violence victimization (Advocates for Youth, 2008).

A 2009 survey of approximately 7,000 LGBT students, ages 13-21, revealed that in the past year: 4 out of 10 students had experienced physical harassment, 8 out of 10 had experienced verbal harassment, 6 out of 10 felt unsafe while at school, and 1 in 5 had been the victim of physical assault at school (CDC, 2011 May 19). A national study also indicated that gay, lesbian, and bisexual youth, grades 7-12, were more than two times as likely to have attempted suicide in comparison to their heterosexual peers.

### SUPPORT FOR FAMILIES

Given these statistics, many caregivers are asking themselves how they can best support their teen, as well as provide a safe and accepting environment for them

to share this information. According to Planned Parenthood, when teens are ready to share this information, it can mean that they have started to accept themselves and their orientation. Coming out also takes a tremendous amount of courage on their part (“Parenting LGBT,” n.d.).

Some things to consider if your teen has decided to come out to you include:

- Be sure to listen. This revelation may come as a shock to you and be upsetting, or it may come as a relief and something that you had suspected for some time. Either way, your teen has a lot to say and should be fully heard.
- You may have questions for your teen, such as: “how long have you known, how do you know, why are you telling me, how are you feeling”, etc. Allow them to answer and respect their replies, and be patient if they are not ready or able to answer all of your questions.
- Although you may be dealing with a myriad of emotions during this conversation, this is not the time to criticize or discuss any negative feelings or reactions. This is not to say that these feelings cannot be discussed at a later date, but for this initial conversation, your teen needs your support, nurturance and acceptance.
- Often times, you may not be the first person that your teen has come out to. Many teens fear that they will lose the love and respect of their parents, or that they are letting you down. Try not to be disappointed or hurt by this, and focus on the fact that they are telling you now.
- Above all, reassure your teen that they are safe and loved, no matter what.

In addition, do not be ashamed if you, as the caregiver, feel that you need support and guidance around this disclosure. It is not uncommon to experience feelings of confusion, remorse, grief, shame, and even anger and frustration. However, there are steps that you can take to help sort through and alleviate some of these emotions and reactions.

- Remind yourself that these negative feelings are coming from you, and not your teen
- Utilize reliable resources to educate yourself around sexual orientation, gender identity, etc. The more you know, the more comfortable you will feel, and will be better equipped to understand and support your child.
- Explore what beliefs, hopes, and disappointments may be behind the feelings that you are experiencing
- Don't blame yourself, or your child. And don't try to turn your teen into something that they are not
- Talk to, or read accounts from other parents that have gone through this with their own child.
- Reach out to trusted family members, friends, community support systems, etc



Many caregivers have sought out guidance and support from the organization Parents, Families and Friends of Lesbians and Gays (PFLAG). PFLAG has been noted to be a “reliable organization for helping parents come to terms with their LGBT or questioning children by talking with other parents who have had a hard time with it” (“Parenting LGBT,” n.d.) and have over 250 chapters in all 50 states. And finally, if you feel that these emotions start to become overwhelming, are not improving, or that you are becoming depressed, it may be helpful to seek out help and support from an LGBTQ-accepting professional.

## NEXT STEPS

This initial discussion opens the door for further conversations with your teen, as well as the opportunity to best support your teen moving forward. Unfortunately, not everyone will be as accepting of your teen and their sexual orientation, and they will require your unconditional love and support. Your teen may face bullying, harassment, self-doubt, stress, and struggles at school and within your community (Advocates for Youth, 2008). To help prevent this from leading to more risky behaviors (substance use, school dropout, suicidality), maintain open communication with your teen about any problems or concerns, and be alert to any behaviors that may indicate that your teen is being victimized, experiencing depression, or turning to high-risk behaviors (CDC, 2011 May 19). Ask your teen how you can help them, and defend them against discrimination, whether this is at school, within your community, or even within your family. And be sure to never “out” them without their permission; give them the opportunity to decide who they want to tell and when (“Parenting LGBT,” n.d.).

Providing your teen with continued love, respect, and assurance will provide for more positive outcomes moving forward.

## SEXUAL AND INTIMATE PARTNER VIOLENCE

### **Sexual Harassment**

Though flirting can be acceptable and can help teens learn about romance and dating, it is important to let your teen know that unwanted flirtation or sexual advances should not have to be dismissed as harmless. Such attention can make your teen very uncomfortable, and it may be helpful for you to validate negative feelings, since peers often accept such advances as normal. Encourage your teen to talk to you, a teacher, or another trusted adult about being harassed. Let teens know that it is not okay for anyone, including adults, to make sexual comments or otherwise sexually harass them or others. It is also important to

inform teens that when their flirtation seems to be making someone else uncomfortable, they should always stop their advances and apologize.

## **Sexual Assault**

Sexual assault includes rape, statutory rape, date rape, molestation, and incest. Some teens who experience sexual assault may have a very difficult time coping with the trauma it causes. They may feel like they are to blame, especially if there was some consensual sexual activity before the assault. Teens may be reluctant to report the assault, especially if they were using drugs or alcohol, or if they are boys—male victims of sexual assault often experience insecurity. Teens may also be reluctant to go to social events after the assault. They might start abusing drugs or alcohol or behaving differently in consensual sexual activity. Adolescent victims are also at a higher risk for mental health problems, self-harm, and suicide thoughts and attempts.

Teen victims of sexual assault may have little or no memory of being assaulted if they were under the influence of drugs or alcohol—40% of adolescent victims and perpetrators of sexual assault have reported using drugs or alcohol immediately before the assault. Also, it is becoming more and more common that adolescents use date-rape drugs, known as “roofies.” These drugs are strong sedatives that are undetectable in alcoholic drinks and can make victims have no memory of the assault whatsoever.

How you can help prevent your teen from being a victim or a perpetrator of sexual assault:

- Talk with your teen about high-risk situations like meeting people they only know over the internet or going to parties with strangers.
- Ask your teen to use a buddy system when she goes to parties so that someone is monitoring her safety.
- Make sure your teen knows never to let his drink out of his sight or accept drinks from strangers or unmarked containers.
- Talk to teens about the meaning and necessity of active consent to sexual activity.

If your teen tells you he or she has been sexually assaulted:

- If the assault just happened, ask your teen not to shower or change clothes. Encourage her to go to the hospital with you to have evidence collected, injuries treated, and emergency contraception provided if necessary.
- Regardless of when the assault happened, reassure your teen that to the extent possible, you are there for him and will do anything you can to protect him.
- Help your teen figure out whether or not she wants to report the assault. Reporting sexual assault can be very difficult, so listen to her concerns about reporting. Mandatory child abuse reporting laws may apply to any adult who is aware of abuse or neglect of a minor.

- If your teen was assaulted by someone who has access to him at school, home, or elsewhere, make every effort to ensure that he will be protected from his assailant by involving school officials.
- Take her to a counselor who specializes in helping sexual assault victims. (Kaufman & the Committee on Adolescence, 2008)

### **Intimate Partner Violence**

According to the 2011 Youth Risk Behavior Survey, 14.1% of high school students in North Carolina had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the previous year (CDC “Youth Risk Behavior”2013.). Intimate partner violence includes controlling, abusive, or aggressive behavior in a romantic relationship. It can happen in straight or gay relationships, and it can be verbal, emotional, physical, or sexual, or any combination of those kinds of abuse (American Academy of Pediatrics [AAP], 2006). Your teen may be the victim or perpetrator of dating violence without realizing it. To teens, some of these behaviors are less obviously abusive than others. It is important to talk to your teen about what is healthy behavior in a relationship and what is unhealthy. This may help them stop abusing their partner or realize they need to get out of a relationship with an abusive partner.

Examples of intimate partner violence behaviors:

- Controlling:
  - Not letting the partner hang out with her friends
  - Calling, texting, or messaging the partner frequently to find out where he is, who he’s with, and what he’s doing
  - Telling the partner what to wear
  - Spending too much time with the partner
- Verbal and emotional abuse:
  - Name calling
  - Jealousy
  - Insulting the partner or his friends or family
  - Threatening to hurt the partner, her family, or themselves
- Physical abuse
 

○ Shoving	○ Hitting
○ Punching	○ Kicking
○ Slapping	○ Hair pulling
○ Pinching	○ Strangling
- Sexual abuse
  - Unwanted touching and kissing
  - Forcing sexual intercourse and other sexual acts
  - Not letting the partner use birth control; sabotaging birth control

Signs of abuse that parents can look for include:

- Not spending time with family or friends.
- Fear of partner.
- Extreme jealousy or controlling behavior.
- Angry and emotional outbursts.

- Mood swings.
- Yelling, cursing, or verbal abuse from or toward partner.
- Use of threats or intimidation

Victims of dating violence may be under their partner's psychological control. They may feel like the abuse is their fault, and they may feel like they can't talk to family or friends. They might be angry, sad, lonely, depressed, confused, humiliated, anxious, or afraid of what might happen next (AAP, 2006).

If you suspect that your teen is being abused by a dating partner, you can help by talking to him about what a healthy relationship should look like and by helping him see that the relationship may not be normal or healthy. It may also help to let him know that you will support him in reporting the abuse if he chooses to.

If you suspect your teen is being abusive, talk to her about why abusive behaviors are unacceptable, and practice safer and healthier methods of conflict resolution with her.

In either case, consider getting professional help for your teen. Violence between partners may have effects that last longer than the abusive relationship.

### **Stalking**

Stalking is a pattern of behavior that makes the victim feel afraid, nervous, harassed, or in danger. Some behaviors that might be part of this pattern include when someone repeatedly contacts, follows, threatens, sends things to, or talks to a person when they don't want them to. Anybody can be a victim of stalking, and your teen may be at risk of being stalked both in and outside of school. Stalkers can be acquaintances, current or past significant others, or strangers.

Sometimes, teens may have difficulty identifying stalking as a problem because others might view the gifts, notes, or other methods of harassment as sweet. It's important to teach your teen what stalking is and that if she receives attention that makes her feel uncomfortable, it is not her fault and she can do something about it.

If your teen is being stalked, you can help by calling law enforcement, school principal, or other authorities. Talk to your teen about some other things she can do:

- Let friends and family know when she is afraid or needs help.
- Tell family when she is going out and when she'll be back.
- Memorize phone numbers of people to contact in case of emergency.
- Save the notes, letters, or other things the stalker sends and keeping a record of all contact the stalker has with the victims to help with filing a police report.

Teach your teen how to be supportive to friends if one of them is being stalked. Encourage your teen to:

- Make the decision to contact parents, authorities, or other adults if he is concerned about a friend.
- Be a good listener.
- Ask how he can help.
- Encourage the friend to seek help.
- Avoid confronting the stalker, which could be dangerous for your teen and the friend.

(National Center for Victims of Crime, 2012)

## **Human Trafficking**

Human trafficking is a modern-day form of slavery in which people are forced to do labor in agriculture, manufacturing, the sex trade, and other industries against their will. Victims may be told they must work to escape debt, or they may be physically coerced to work. Human trafficking victims can be anyone—there have been cases of trafficking in North Carolina of boys and girls as young as 12. Many victims are illegally transported from other countries, but there are also many victims who are kidnapped in the US. Homeless youth and runaways are particularly at risk of being trafficked (“The North Carolina,” 2010).

Human trafficking can cause serious health problems for victims.

- Victims of both sex and labor trafficking may be physically abused, and may suffer headaches, hearing loss, heart and breathing problems, and even limb amputation.
- Victims of labor trafficking may develop back, visual, and breathing problems from their work.
- The psychological effects of being forced into work include helplessness, shame, humiliation, disorientation, confusion, posttraumatic stress disorder, phobias, panic attacks, and depression.
- Many victims, especially young girls who are trafficked into the sex trade, may experience “Stockholm Syndrome,” in which they bond with and develop feelings of love or attraction to their captors. This is a type of survival instinct that helps victims cope with captivity.
- Child victims of labor trafficking are often severely malnourished. (USDHHS, 2012)

Human trafficking has become a big issue in North Carolina—it is one of the top 8 most common sites of trafficking in the country. Often, people are trafficked along trucking routes and along the same trade networks as drugs, with drug cartels controlling victims’ work and movement. It is also common that pimps traffick the girls and women they control, especially if the girls are younger.

Victims aren’t necessarily moved away from home, so it is important to be aware of signs that your teen may be being exploited, including:

- Unexplained absences.
- Running away from home.

- Bruises, withdrawal from social gatherings.
- Sudden change in attire.
- Erratic behavior, severe mood swings.
- New clothes, electronics, or other possessions given to them by “a friend”.
- Extreme change in online behavior: suddenly being online all the time or not being interested in being online at all.

Talk to your teen about some of the ways that traffickers may set traps, such as:

- Online advertisements for jobs that seem too good to be true.
- Sometimes these advertisements will offer to fly victims to another city to be “interviewed.”
- Advertisements in the adult services section.
- Photo sharing sites, which traffickers may use to send pictures of victims to potential buyers.
- Social media sites, which can be used to attract victims as well as to trade and sell them.

If you or your teen suspects that someone is being trafficked, you or she should contact the police or the National 24/7 Human Trafficking Resource Center (1-888-373-7888).

## NUTRITION, PHYSICAL ACTIVITY, AND DISORDERED EATING

### Nutrition

Teens have growth spurts and gain 20% of their adult height and 50% of their adult weight during adolescence. This means they need more of every nutrient (Paul & Robinson, 2011).

These are the American Heart Association’s (AHA) and Paul & Robinson’s recommendations for the nutrition teens need daily (2006; 2011):

	<b>Girls</b>	<b>Boys</b>
<b>Calories from fat (%)</b>	25-35	25-35
<b>Dairy (cups)</b>	3	3
<b>Lean meat/beans (oz)</b>	5	6
<b>Fruits (cups)</b>	1.5	2
<b>Vegetables (cups)</b>	2.5	3
<b>Whole grains (oz)</b>	6	7
<b>Fiber (g)</b>	29	38
<b>Sodium (mg)</b>	Less than 2300	Less than 2300
<b>Potassium (mg)</b>	4700	4700
<b>Iron (mg)</b>	15	12
<b>Calcium (mg)</b>	1200	1200
<b>Vitamin D (IU)</b>	400	400

It can be very difficult to make sure your teen has good nutrition. Teens start to eat away from home much more often than they did as children, and they might consider their peers' influence on what they eat more strongly than their family's. They might start fad diets or eat lots of junk food and drink sweetened drinks. Many teens get 1/3 of their daily calories from snacks, not meals (AHA, 2006).

Teens are learning the eating habits they will most likely use for the rest of their lives, so it's very important to make sure they learn good habits. Here is a list of tips for improving your teen's nutrition:

- Ask teens to help plan meals, shop for groceries, and cook. This will help them think about how to keep a balanced diet.
- Eat as many meals as possible together as a family.
- Buy healthy foods for the home and keep less healthy foods for occasional use.
- Always have a variety of fruits and vegetables—fresh, frozen, and canned—easily accessible. Put a bowl of fresh fruit on the table, and store cut-up vegetables in see-through containers in the refrigerator.
- Encourage your teen to eat breakfast. Cereal, fresh fruit, yogurt, and granola bars are quick and healthy breakfast foods.
- Read and follow portion size recommendations on packaged food.
- Also check the label to make sure calories, sodium, and sugars aren't too high.
- Add fresh, frozen, or canned fruits and vegetables to every meal.
- Take the skin off of chicken and other poultry before you serve it.
- Use beans and tofu instead of meat in some meals.
- Make sure your teen gets enough sleep: with each extra hour of sleep per night, the risk of a teen being overweight or obese drops by 9%.
- Whenever possible, avoid processed foods and artificial ingredients.
- Be a role model and eat healthy yourself.
- Don't battle with your teen over food; avoid bribing with food or requiring them to clean their plates.  
( "Healthy families," n.d.; AHA, 2006; Kids Health, 2012)

Healthier food substitutions you can serve at home: instead of...

- Fries: fry-shaped baked potato wedges
- Ice cream: frozen yogurt, fresh fruit smoothies
- Fried chicken: baked or grilled chicken
- Doughnuts or pastries: English muffins, home baked goods
- Chocolate chip cookies: graham crackers, fig bars, vanilla wafers, fruit
- Potato chips: pretzels, unbuttered popcorn, baked potato chips
- Food with refined (enriched) flour: whole-grain breads and cereals
- Regular dairy products: low-fat or non-fat milk
- Red meat is fine but use lean meats when possible  
(Paul & Robinson, 2011; AHA, 2006)

When eating out, advise your teen to:

- Avoid soda and sweet tea. Choose water or milk instead.

- Skip fries. Bring a bag of baby carrots, grapes, or other fruits and vegetables instead.
- Order chicken and vegetables or spaghetti with tomato sauce in sit-down restaurants.
- Be careful of some “low-fat” foods that use high fructose corn syrup or processed foods and ingredients.  
(Paul & Robinson, 2011)

### **Physical Activity**

Obesity is a health epidemic in the United States. Teens and everyone else who is overweight or obese have greater risks of cardiovascular disease, bone and joint problems, sleep apnea, early-onset diabetes, and other health problems than people who are at healthy weights. People who are obese during childhood and adolescence are at a greatly increased risk of obesity in adulthood (Paul & Robinson, 2011). In order to protect your teen from these issues, help him learn to balance calorie intake and physical activity. The American Heart Association recommends that teens get 60 minutes of moderate to vigorous physical activity every single day, but almost half of all adolescents in the United States are not active on a regular basis (2006).

Teens spend an average of 7.5 hours every day using different kinds of entertainment media, most of which require them to be inactive. This statistic might make the 1 hour a day of physical activity seem easier to do than many people think (“Get active,” n.d.).

Encourage your teen to be more active.

- Take her to a park if she doesn’t have her own transportation.
- Encourage him to join a school sport.
- Limit TV time, and don’t let her have a TV in her bedroom.
- Take walks as a family after meals.
- When you spend time together as a family, do something active.
- If there isn’t a safe space for your teen to be active near your home, find a youth organization or recreation league that offers activities he likes.
- Get involved in her sports: go to games, praise her achievements, and become a coach or referee if you have the time.
- If he doesn’t like competitive sports, suggest individual and community recreation programs, since these are more focused on having fun than winning.
- Be active yourself to show your teen that living a healthy lifestyle is truly important to you.  
 (“Get active,” n.d.; Kids Health, 2011).

### **Disordered Eating**

When teens have unhealthy perceptions of their body, they may develop disordered eating habits. Eating disorders affect males AND females, and people of all races, ethnicities, and socioeconomic statuses. Teens with eating disorders have negative thoughts about their body weight and about food. Their eating habits disrupt their normal body functioning and their daily activities, but they will



likely be in denial that they have a problem. They have an extreme fear of gaining weight and a distorted perception of their body size and shape. Some teens with eating disorders diet and fast, and many obsess about the food they eat. It is NOT healthy for your teen to try to lose weight through food restriction, vomiting, over-exercising, or using diet pills, nicotine, stimulants, or laxatives (Committee on Sports Medicine and Fitness, 2005). There are three main types of eating disorders:

- Anorexia:
  - Refusal to maintain a weight necessary for physical health and growth
  - Can include severe dieting and excessive exercise
  - Distorted view of body shape and size
- Bulimia:
  - Binge eating and purging behavior (vomiting, laxatives, excessive exercise, etc.)
  - Binging is the intake of an abnormal amount of food in a short period of time
  - Usually having a normal weight
- Eating Disorder Not Otherwise Specified
  - Disordered eating or distorted body image thoughts that do not yet meet strict criteria for anorexia or bulimia

Why do teens develop disordered eating?

- Low self-esteem
- Combination of psychological, genetic, social, and family factors
- Participation in certain sports, like cheerleading, gymnastics, running, ballet, ice skating, and wrestling, may put some teens at higher risk (New, 2008)
- The media: thin as the ideal; weight-focused society
- Developmental changes associated with puberty

What are the medical complications of disordered eating?

- |                           |  |
|---------------------------|--|
| • Slow heart rate         | • Changes in skin                        |
| • Low blood pressure      | • Tooth decay                            |
| • Weakened heart          | • Constipation                           |
| • Irregular heart rhythms | • Stomach ulcers                         |
| • Fainting                | • Loss of menstrual cycle in females     |
| • Weak bones              | • Potential tear of stomach or esophagus |
| • Muscle loss             | • Death                                  |
| • Dehydration             |  |
| • Fatigue                 |  |
| • Hair loss/dry hair      |  |
| • Cold hands and feet     |  |

Myths about disordered eating:

- Only girls have eating disorders.
- You can tell if a person has an eating disorder based on how she looks.

- Parents cause their children's eating disorders.
- You can't recover from an eating disorder.
- Eating disorders are "just a phase."
- Eating disorders are harmless illnesses.
- The teen has to want help to get better.
- My child eats; therefore, he can't have an eating disorder.
- An eating disorder is just about control.
- Parents need to have a "hands-off" approach to their child's treatment.
- Dieting is a normal teen behavior.

How can you help prevent your teen from developing an eating disorder?

- Encourage positive attitudes about nutrition and appearance.
- Focus on promoting health, not a certain weight. Being underweight is unhealthy just like being overweight or obese.
- Try to have a positive image of your own body: if you go on fad diets, it may influence your teen to do the same.
- Let your teen know it's okay to eat when hungry AND to refuse food when not hungry.
- Moderation is best; extreme beliefs about foods can lead to poor health. (New, 2008)

What are the warning signs of disordered eating?

- Weighing self repeatedly
- Changes in eating habits
- Excessive exercise
- Weight loss or fluctuation
- Changes in mood: anxiety, sadness, irritability
- Poorer performance in school
- Disengagement with family and friends
- Friends being concerned
- Counting or portioning food carefully
- Not eating foods they used to enjoy
- Poorer athletic performance
- Withdrawal from social activities, especially meals and celebrations involving food
- Making excuses to go to the bathroom immediately after meals

If you suspect your teen has an eating disorder:

- Look for the warning signs.
- Talk to your child in a loving and supportive way:
  - Provide examples of instances that have made you concerned.
  - Don't place blame or get into a battle with them.
- Seek professional help. Find medical, nutritional, and mental health care from professionals with experience specifically in eating disorders.
- Avoid the common pitfalls, such as:
  - Believing this is just a phase.

- Believing your child needs to be “ready” in order for treatment to be beneficial.
- Giving your child “one more try.”
- Believing that people do not recover from eating disorders.

Teen Health Connection’s Center for Disordered Eating provides medical, psychological and nutritional services for adolescents with disordered eating.

## MENTAL HEALTH

The brain goes through rapid changes during adolescence, and some teens find themselves struggling with mental health issues that they may not have experienced as children. The following section provides information about a range of mental disorders and learning disabilities.

### **Anxiety**

Sporadic anxiety can be a normal and productive reaction to stress. However, when it becomes an excessive, irrational worry about everyday situations, anxiety can be disabling. It is estimated that 8-10 percent of all children and teens have an anxiety disorder. It is the most common of all the mental disorders. Anxiety disorders often co-occur with other psychiatric disorders, especially depression. Often individuals have more than one anxiety disorder at the same time.

The two most common anxiety disorders for children/teens are Separation Anxiety Disorder and Generalized Anxiety Disorder.

- **Separation Anxiety Disorder:** excessive, developmentally inappropriate fear and distress about separation from home or significant attachment figures occurring for at least 4 weeks. Teens with this disorder may have difficulty sleeping alone, have frequent somatic complaints, worry about their own or their parent’s safety, and exhibit school refusal. Adolescents with this disorder, especially males, may deny anxiety about separation. It may be reflected in their limited independent activity and reluctance to leave home.
- **Generalized Anxiety Disorder (GAD):** chronic, excessive worry in multiple areas (e.g., schoolwork, social interactions, natural disasters) occurring most days, for at least 6 months, with at least one of the following symptoms: restlessness, easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, and sleep disturbance. Teens with this disorder may not recognize that their worries are excessive and their parents may not be aware that their teen is experiencing excessive distress due to worry. The intensity and frequency of the anxiety and worry far exceed the probability that the event could happen, or the potential impact if the event were to occur.

Other commonly diagnosed anxiety disorders in teens include:

- **Obsessive-compulsive disorder (OCD):** teenagers with OCD have persistent and unwelcome thoughts (obsessions) that compel them to do things (compulsions). Teens feel like they must control their life by constantly doing the same rituals (checking things, touching things, or counting things are examples).
- **Social phobia (or social anxiety disorder):** being uncomfortable to the point of being incredibly overwhelmed and self-conscious in social settings can mean a teen has a social phobia. Some symptoms include sweating profusely, difficulty speaking, and blushing.
- **Post-traumatic stress disorder (PTSD):** may follow a traumatic event or threatened traumatic event, such as experiencing or witnessing emotional, physical, or sexual abuse. It may also occur following a trauma such as being in a car accident or a serious medical illness. Some of the symptoms teens with PTSD may experience include: startling easily, feeling emotionally empty, becoming easily angry, and avoiding situations that remind them of the trauma.
- **Panic disorder:** when people have panic attacks, they may have panic disorder. This is characterized by a sense of impending doom and physically feeling chilled, nauseous, and/or sweaty. Panic attacks usually last ten minutes and can even happen when a teen is asleep.
- **Specific phobias:** specifically and irrationally fearing something to the point that it retards emotional growth. A few examples include heights, tunnels, dogs, spiders, and blood. Sometimes these specific phobias can induce panic attacks.

Anxiety disorders can be treated with high-quality cognitive behavioral therapy (CBT). CBT is therapy based on a person's thoughts and interpretations that result in certain feelings or behaviors. CBT focuses on changes in the way a person thinks or feels about situations. Given with or without medication, CBT can effectively treat anxiety disorders in most children. If the level of anxiety is severe or the teen is not responsive to therapy alone, then a combination of therapy and medication is recommended (National Institute of Mental Health [NIMH] "Anxiety disorders in," 2011).

### **Attention Deficit Hyperactive Disorder (ADHD)**

ADHD is a common neuro-biological disorder usually identified in childhood, although it may not be diagnosed until adolescence or even adulthood. Primary symptoms include inattention, impulsivity, and hyperactivity beyond what is expected for one's age. These symptoms significantly interfere with one's life in at least two areas, such as at school, at home, in social relationships, etc. ADHD affects all aspects of a teenager's life – from relationships with family and peers, to motivation and productivity, to overall self-confidence.

Many teens with ADHD have difficulty with school due to problems with distractibility and poor concentration. Schoolwork may be lost, frequently incomplete, or full of errors. Paradoxically, the very same teens may be able to

concentrate for long periods of time on activities that are stimulating or more enjoyable to them, such as video games or drawing.

Teens with ADHD are two to four times more likely to have a car accident than teens without ADHD. Teens with ADHD may be impulsive, risk-taking, immature in judgment, and thrill seeking. All of these traits increase the chance of an automobile accident and serious injury. However, studies show that teen drivers with ADHD who take the prescribed medication have a significantly reduced chance of accidents.

Teens with ADHD are more likely to be heavy drinkers than teens without ADHD and to have problems from drinking. Teens with ADHD are also more likely to abuse drugs and three times more likely to abuse drugs other than marijuana than teens without ADHD. Getting proper treatment for ADHD in teens may cut the risk of later alcohol and drug abuse.

Typically, a combination of medication and behavior therapy is best in treating teens with ADHD. The American Academy of Pediatrics, AMA, and the American Academy of Child and Adolescent Psychiatry all recommend behavioral intervention to improve behavioral problems that are a part of ADHD. The National Institute of Mental Health also encourages an intensive parent-education program in conjunction with the teen's treatment to enable parents to better support and assist their teen, and manage their teen's symptoms. As a parent, some of the following strategies are likely to be helpful to your teen with ADHD:

- Provide clear, consistent expectations, directions, and limits. Maintain a daily schedule and keep distractions to a minimum.
  - Find activities where the teen can experience personal success (sports, hobbies, music lessons, etc.).
  - Build the teen's self-esteem by affirming positive behavior.
  - Set up an effective discipline system and respond to misbehavior with time out or loss of privileges.
  - Help the teen with scheduling and organization.
  - Keep a structured routine for the family with the same wake-up time, mealtime, and bedtime.
  - Set up a reminder system at home to help the teen stay on schedule and remember projects that are due.
- ("Teen depression: A," n.d.; NIMH "Attention deficit hyperactivity," 2011)

### **Bipolar disorder**

Bipolar disorder is characterized by episodes of mania and depression. Bipolar mood changes are called "mood episodes." A teen may have manic episodes, depressive episodes, or "mixed" episodes, which have both manic and depressive symptoms. Children and teens with bipolar disorder may have more mixed episodes than adults with the illness. (NIMH "Bipolar disorder in," 2011).

Mood episodes last a week or two—sometimes longer. During an episode, the symptoms last every day for most of the day. Mood episodes are intense. The feelings are strong and happen along with extreme changes in behavior and energy levels.

Children and teens having a manic episode may:

- Feel very happy or act silly in a way that's unusual.
- Have a very short temper.
- Talk really fast about a lot of different things.
- Have trouble sleeping but not feel tired.
- Have trouble staying focused.
- Talk and think about sex more often.

Children and teens having a depressive episode may:

- Feel very sad.
- Complain about pain a lot, like stomachaches and headaches.
- Sleep too little or too much.
- Feel guilty and worthless.
- Eat too little or too much.
- Have little energy and no interest in fun activities.
- Think about death or suicide.

Medications and different types of psychotherapy can help teenagers manage their symptoms. Because bipolar disorder is a lifelong and recurrent illness, treatment works best if it is ongoing and consistent. (NIMH “Bipolar Disorder”, 2008)

## **Depression**

Major depressive disorder, also known as clinical depression, is a deep sense of sadness and loss of pleasure. The feelings that depression causes may disrupt teens' ability to study, play, eat, sleep, and concentrate. Depression can last weeks, months, or even years. Often, people with depression have dysthymia, which means they get little satisfaction or happiness from the activities of everyday life (Mental Health Campaign for Mental Health Recovery, n.d.). Girls are more likely than boys to suffer from clinical depression, and 11% of adolescents have a depressive disorder by age 18 (NIMH “Depression in children,” 2011). Depression is a major risk factor for suicide, so you should monitor your teen closely to ensure that she gets treated if she is depressed (Shain & the Committee on Adolescence, 2007).

Depression can sometimes run in families. It is often triggered by a loss, such as the death of a friend or family member, a move to a new community, a break up, failing a test, or getting cut from a team. There are other factors that may contribute to developing depression, such as family history of depression, social isolation, family alcoholism, poverty, family violence, and abuse (AMA, 2002).

If your teen experiences most of the following symptoms for at least two weeks, he or she may be suffering from depression.

- Feelings of sadness, hopelessness, or guilt
- Negativity or grouchingness
- Neglecting personal appearance
- Loss of self-esteem
- Constant tiredness or lack of energy
- Having trouble at school
- Persistent boredom
- Frequent crying
- Increased use of drugs and alcohol
- Thoughts of suicide or death
- Restlessness and agitation
- Excessive sensitivity to criticism or rejection
- Withdrawal from friends and family
- Sleeping too much or too little
- Sudden change in appetite, including weight loss or gain
- Loss of interest and pleasure in daily activities
- Difficulty making decisions, concentrating, or thinking clearly
- Irritability, anger, or hostility
- Feelings of worthlessness and guilt

(“Depression in children,” 2011; Shain & the Committee on Adolescence, 2007; Ruffin, 2009)

It isn't always easy to differentiate between depression and normal teenage moodiness. Making things even more complicated, teens with depression do not necessarily appear sad, nor do they always withdraw from others. For some depressed teens, symptoms of irritability, aggression, and rage are more prominent. If you're unsure if an adolescent in your life is depressed or just “being a teenager,” consider how long the symptoms have been present, how severe they are, and how different the teen is acting from his or her usual self. While some “growing pains” are to be expected as teenagers grapple with the challenges of growing up, dramatic, long-lasting changes in personality, mood, or behavior are red flags of a deeper problem.

Depression in teens can look very different from depression in adults. The following symptoms of depression are more common in teenagers than in their adult counterparts:

- **Irritable or angry mood** – As noted above, irritability, rather than sadness, is often the predominant mood in depressed teens. A depressed teenager may be grumpy, hostile, easily frustrated, or prone to angry outbursts.
- **Unexplained aches and pains** – Depressed teens frequently complain about physical ailments such as headaches or stomachaches. If a thorough physical exam does not reveal a medical cause, these aches and pains may indicate depression.

- **Extreme sensitivity to criticism** – Depressed teens are plagued by feelings of worthlessness, making them extremely vulnerable to criticism, rejection, and failure. This is a particular problem for “over-achievers.”
- **Withdrawing from some, but not all people** – While adults tend to isolate themselves when depressed, teenagers usually keep up at least some friendships. However, teens with depression may socialize less than before, pull away from their parents, or start hanging out with a different crowd.

Teens who are seriously depressed often think, speak, or make attempts at suicide. An alarming and increasing number of teenagers attempt and complete suicide, so suicidal thoughts or behaviors should always be taken very seriously.

Talk to your medical provider or contact a mental health professional for an assessment. Depression is usually treated with counseling, medication, or both. Medications for depression are not addictive, and are safe and effective. Treatment works gradually over several weeks, and most people who suffer from clinical depression respond to treatment. However, teens who have other disorders, such as substance abuse problems, in addition to depression, are less likely to respond to treatment for depression unless the other issues are also treated (NIMH “Depression in children,” 2011).

For the overwhelming majority of suicidal teens, depression or another psychological disorder plays a primary role. In depressed teens who also abuse alcohol or drugs, the risk of suicide is even greater. Because of the very real danger of suicide, teenagers who are depressed should be watched closely for any signs of suicidal thoughts or behavior.

### **Schizophrenia**

Schizophrenia can involve a severe disconnect with reality. One of the first signs is usually a psychotic episode, in which a person hears voices in his head and believes others are threatening him. People with schizophrenia have bizarre thoughts, called delusions, which often occur with hallucinations and disorganized behavior. Boys are more likely to show symptoms of schizophrenia as teenagers than girls, since the disorder usually doesn't show up in women until they are in their twenties or early thirties. Symptoms in teens tend to mimic common behaviors for that age group. They can include: sleep troubles, poor grades, changes in peer group, and an increase in irritability. Schizophrenia can be treated with medications, rehabilitation, and various forms of therapy (NIMH, “Schizophrenia” , n.d.).

### **Suicide**

15% of Charlotte-Mecklenburg High School students who responded to the Center for Disease Control's 2011 Youth Risk Behavior Survey, reported to having attempted suicide one or more times in the past year (Charlotte Mecklenburg Schools 2011).



There are many risk factors for thinking about and attempting suicide:

- Family history of suicide or suicide attempts
- Parental mental health problems
- Homosexual or bisexual orientation
- History of physical or sexual abuse
- Having attempted suicide before
- Having a firearm in the home
- Living outside of the home
- Having difficulties in school
- Strained or dysfunctional relationship with parent(s)
- Neither working nor attending school
- Being socially isolated
- Presence of stressful life events
- Depression, bipolar disorder, substance abuse or dependence, psychosis, PTSD, and/or panic attacks
- History of aggression, impulsivity, or severe anger

(Shain & the Committee on Adolescence, 2007)

If your teen has some of these risk factors in her life, look for some of the following warning signs:

- Expressions of hopelessness and helplessness
- Personality changes or isolation
- Giving away prized possessions
- Talking or joking about suicide or if they weren't alive
- Lack of interest in future plans
- Saying things like, "I'd be better off dead," "I wish I could disappear forever," or "there's no way out"
- Speaking positively about or romanticizing death ("If I died, people might love me more")
- Writing stories and poems about death, dying, or suicide
- Engaging in reckless behavior or having a lot of accidents resulting in injury
- Saying goodbye to friends and family as if for good
- Seeking out weapons, pills, or other ways to kill themselves

(Mecklenburg County Area Mental Health, n.d.)

The most common way that adolescents attempt suicide is taking pills, but firearms are used by half of 15-19 year olds who complete suicides. If you have firearms in your home, your teen is at higher risk of completing suicide. If you do have a firearm, keep it locked and unloaded and keep ammunition locked in a different place than gun, to reduce the risk of your teen committing suicide (Shain & the Committee on Adolescence, 2007).

Eight out of ten people who are considering suicide give some sign of their intentions.

- Trust your instincts if you feel that your teen may be in trouble.
- Talk with him about your concerns, and listen to what he has to say.
- Ask direct questions without being judgmental.
- Try to figure out if your teen has a specific plan for a suicide. The more detailed the plan, the greater the risk that she will attempt suicide.
- Seek immediate professional help. Don't try to counsel him yourself.
- If possible, don't leave your teen unsupervised until you are able to get her help.  
(AMA, 2002)

If your teen has a plan to harm him or herself, seek immediate care by calling 911 and/or a mental health professional.

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