Helping Your Child through Early Adolescence

Changes

“How will my child change between the ages of 10 and 14?”
Throughout our lives we grow and change, but during early adolescence the rate of change is especially evident. We consider 10-year-olds to be children; we think of 14-year-olds as “almost adults.” We welcome the changes, but we also find them a little disturbing. When children are younger, it is easier to predict when a change might take place and how rapidly. But by early adolescence, the relationship between a child’s real age and her developmental milestones grows weaker. Just how young teens develop can be influenced by many things: for example, genes, families, friends, neighborhoods and values and other forces in society.

Physical Changes

As they enter puberty, young teens undergo a great many physical changes, not only in size and shape, but in such things as the growth of pubic and underarm hair and increased body odor. For girls, changes include the development of breasts and the start of menstruation; for boys, the development of testes.

Adolescents do not all begin puberty at the same age. For girls, it may take place anywhere from the age of 8 to 13; in boys, on average, it happens about two years later. This is the time period when students' physical characteristics vary the most within their classes and among their friends—some may grow so much that, by the end of the school year, they may be too large for the desks they were assigned in September. Others may change more slowly.

Early adolescence often brings with it new concerns about body image and appearance. Both girls and boys who never before gave much thought to their looks may suddenly spend hours primping, worrying and complaining—about being too short, too tall, too fat, too skinny or too pimply. Body parts may grow at different times and rates. Hands and feet, for example, may grow faster than arms and legs. Because movement of their bodies requires coordination of body parts—and because these parts are of changing proportions—young adolescents may be clumsy and awkward in their physical activities.

The rate at which physical growth and development takes place also can influence other parts of a young teen’s life. An 11-year-old girl who has already reached puberty will have different interests than will a girl who does not do so until she’s 14. Young teens who bloom very early or very late may have special concerns. Late bloomers (especially boys) may feel they can’t compete in sports with more physically developed classmates. Early bloomers (especially girls) may be pressured into adult situations before they are emotionally or mentally able to handle them. The combined effect of the age on the beginning for physical changes in puberty and the ways in which friends, classmates, family and the world around them respond to those changes can have long-lasting effects on an adolescent. Some young teens, however, like the idea that they are developing differently from their friends. For example, they may enjoy some advantages, especially in sports, over classmates who mature later.

Whatever the rate of growth, many young teens have an unrealistic view of themselves and need to be reassured that differences in growth rates are normal.
Emotional Changes

Most experts believe that the idea of young teens being controlled by their “raging hormones” is exaggerated. Nonetheless, this age can be one of mood swings, sulking, and a craving for privacy and short tempers. Young children are not able to think far ahead, but young teens can and do—which allows them to worry about the future. Some may worry excessively about:

- their school performance;
- their appearance, physical development and popularity;
- the possible death of a parent;
- being bullied at school;
- school violence;
- not having friends;
- drugs and drinking;
- hunger and poverty in the country;
- their inability to get a good job;
- nuclear bombs and terrorists attacks on the country;
- the divorce of their parents; and
- dying.

Many young teens are very self-conscious. And, because they are experiencing dramatic physical and emotional changes, they are often overly sensitive about themselves. They may worry about personal qualities or “defects” that are major to them, but are hardly noticeable to others. (Belief: “I can’t go to the party tonight because everyone will laugh at this baseball-sized zit on my forehead.” Facts: The pimple is tiny and hidden by hair.) A young teen also can be caught up in himself. He may believe that he is the only person who feels the way he feels or has the same experiences, that he is so special that no one else, particularly his family, can understand him. This belief can contribute to feelings of loneliness and isolation. In addition, a young teen’s focus on herself has implications for how she mixes with family and friends. (“I can’t be seen going to a movie with my mother!”)

Teens’ emotions often seem exaggerated. Their actions seem inconsistent. It is normal for young teens to swing regularly from being happy to being sad and from feeling smart to feeling dumb. In fact, some think of adolescence as a second toddlerhood. As Carol Bleifield, a middle school counselor in Wisconsin, explains, “One minute, they want to be treated and taken care of like a small child. Five minutes later they are pushing adults away, saying, ‘Let me do it.’ It may help if you can help them understand that they are in the midst of some major changes, changes that don’t always move steadily ahead.”

In addition to changes in the emotions that they feel, most young teens explore different ways to express their emotions. For example, a child who greeted friends and visitors with enthusiastic hugs may turn into a teen who gives these same people only a small wave or nod of the head. Similarly, hugs and kisses for a parent may be replaced with a pulling away and an, “Oh, Mom!” It’s important to remember, though, that these are usually changes in ways of expressing feelings and not the actual feelings about friends, parents and family.

Be on the lookout for excessive emotional swings or long-lasting sadness in your child. These can suggest severe emotional problems.

Cognitive Changes

The cognitive, or mental, changes that take place in early adolescence may be less easy to see, but they can be just as dramatic as physical and emotional changes. During adolescence, most teens make large leaps in the way they think, reason and learn. Younger children need to see and touch things to be convinced that they are real. But in early adolescence, children become able to think about ideas and about things that they can’t see or touch. They become better able to think though problems and see the
consequences of different points of view or actions. For the first time, they can think about what might be, instead of what is. A 6-year-old thinks a smiling person is happy and a crying person is sad. A 14-year-old may tell you that a sad person smiles to hide his true feelings.

The cognitive changes allow young teens to learn more advanced and complicated material in school. They become eager to gain and apply knowledge and to consider a range of ideas or options. These mental changes also carry over into their emotional lives. Within the family, for example, the ability to reason may change the way a young teen talks to and acts around her parents. She begins to anticipate how her parents will react to something she says or does and prepares an answer or an explanation.

In addition, these mental changes lead adolescents to consider who they are and who they may be. This is a process called identity formation and it is a major activity during adolescence. Most adolescents will explore a range of possible identities. They go through “phases” that to a parent can seem to be ever-changing. Indeed, adolescents who don’t go through this period of exploration are at greater risk of developing psychological problems, especially depression, when they are adults.

Just as adults, who with more experience and cognitive maturity can struggle with their different roles, adolescents struggle in developing a sense of who they are. They begin to realize that they play different roles with different people: son or daughter, friend, teammate, student, worker and so forth.

Young teens may be able to think more like adults, but they still do not have the experience that is needed to act like adults. As a result, their behavior may be out of step with their ideas. For example, your child may participate eagerly in a walk to raise money to save the environment—but litter the route she walks with soda cans. Or she may spend an evening on the phone or exchanging e-mails with a friend talking about how they dislike a classmate because she gossips.

It takes time for young teens and their parents to adjust to all these changes. But the changes are also exciting. They allow a young teen to see what she can be like in the future and to develop plans for becoming that person.

Problems

How can I tell—and what can I do—if my child is having a serious problem?

Most youngsters from 10 through 14 are not as troubled as their stereotype suggests. They manage the bumps of adolescence successfully. Still, you need to be on guard. According to one study, 28 percent of America’s eighth-graders have experimented with drugs, although a much smaller percentage go on to develop serious drug problems. Some young teens develop eating disorders. Others suffer from depression and other emotional problems. In some cases, emotional problems are linked to learning disabilities that have not been diagnosed or treated.

Some factors that can place a young teen at greater risk for developing problems include:

- growing up in poverty;
- living in a single-parent home;
- being male;
- growing up in a neighborhood with few social supports;
- lacking adequate adult supervision;
- having poor relationships with their parents or other adults who are important to them;
- possessing low self-esteem;
- attending poor-quality schools; or
- experiencing physical abuse, sexual abuse or neglect.
Don’t assume that being “at-risk” automatically means trouble for a child. Some young teens with many risk factors avoid major problems. And some with few risk factors stumble.

We know that certain things increase the chances that children will avoid major problems. Having warm, supportive parents who also draw clear rules and monitor sufficiently is key. In addition, a child with an easy-going temperament, good social skills and a sense of humor is generally able to deal with problems. A child who attends school and lives in neighborhood that provides many supports is also, on average, more able to bounce back from trouble. These supports include people who take a special interest in them—for example, teachers, coaches or neighbors.

This booklet is unable to address in detail all problems that young teen face. However, it is important to recognize the warning signs for some major problems and the Resources section lists materials organizations, Web sites and hotlines that can provide you with further direction and help.

One warning: You may have to address more than one problem at the same time, because serious problems likely appear together in one child: a 12-year-old with an eating disorder may also be depressed and a 14-yearold who uses marijuana also may be sexually active.

Alcohol or Drug Use

Because early adolescence can be a confusing and stressful time for children, it is not surprising that this is the time when many of them first try alcohol, tobacco and other drugs.

Because mood swings and unpredictable behavior are common among young teens, parents often find it hard to spot signs of alcohol and drug abuse. If your child starts to show some of the following signs, drugs or alcohol may be at the heart of the problem –

- He’s withdrawn, depressed, tired and careless about personal grooming.
- She’s hostile and uncooperative and often breaks curfews.
- He has new friends (and may not want to talk about them).
- She doesn’t want to tell you where she is going and what she is going to do.
- His grades slip.
- She’s lost interest in hobbies, sports and other activities that were once favorites.
- His eating or sleeping patterns have changed; he’s up late at night and sleeps during the day.
- Her relationship with family members has worsened and she refuses to discuss school, activities, friends or other important subjects.
- He has trouble concentrating and seems forgetful.
- Her eyes are red-rimmed and/or her nose is runny when she doesn’t have a cold.
- Household money keeps disappearing.

Eating Disorders

Eating orders usually occur in females. Eating disorders in males are usually associated with athletics, especially wrestling.

The most common eating disorders are anorexia nervosa and bulimia. Anorexia is an emotional disorder that can be signaled by severe weight loss or failure to gain weight. About 90 percent of the people who have this disorder are females. Studies suggest that one in 250 young women may suffer from anorexia, with symptoms most often first appearing in early to middle adolescence. Bulimia can be signaled by episodes of binge eating followed by self-induced vomiting, fasting or strenuous exercise. Bulimia tends to develop among older adolescents, many of whom have also been anorexic.
Many physical disorders are associated with eating disorders, such as kidney problems, irregular heart rhythms, irritation and tears in the esophagus, dizziness or fainting and stomach and intestinal problems. The death rate is from 5 to 15 percent, but it is lower if sufferers receive treatment.

Take your worries to an expert if your child:

- loses a large amount of weight for no medical reason;
- reduces the amount of food she eats and/or stops eating high carbohydrate and fatty foods;
- exercises excessively despite weakness and fatigue;
- possesses an intense fear of gaining weight;
- stops menstruating;
- binges on foods that are high in calories; or
- tries to control her weight by vomiting or using laxatives or diuretics.

Depression and Suicide

An increase in suicides among young adolescents makes it vital for parents to recognize the causes and symptoms. Many factors can contribute to serious depression that can lead to suicide. If a parent suffers from extreme depression, a child is more likely to experience it, too. But situations such as broken or unhappy families, the loss of parent through divorce or death, sexual abuse or drug or alcohol abuse may also contribute to depression. Other stressful situations may also play a role: for example, losing a relative, being ignored by friends or serious concerns about sexuality.

Some warning signs of depression and possible suicidal tendencies include:

- Change in sleeping patterns (either sleeping too much or too little);
- Change in behavior (can't concentrate on school, work or routine tasks, slipping grades);
- Change in personality (seems sad, withdrawn, irritable, anxious, tired, indecisive, apathetic);
- Change in eating habits (loss of appetite and weight or overeating);
- Physical changes, (including a lack of energy, sudden weight gain or loss, lack of interest in appearance);
- A major loss or life change (through death, divorce, separation, broken relationship);
- Decreased interest in friends, school or activities;
- Low self-esteem (feeling worthless, overwhelming guilt, self-hatred);
- No hope for the future (believes things will never get better, that nothing will ever change);
- Preoccupation with music, art and personal writing about death;
- Giving away prized possessions and otherwise “getting affairs in order;” and
- Direct suicide threats or comments such as, “I wish I was dead!” “My family would be better off without me.” or “I don’t have anything to live for.” These threats should always be taken seriously.

Learning Disabilities

The National Institutes of Health estimate that 15 percent of the U.S. population has some type of learning disability (LD). Learning-disabled students have a neurological disorder that creates difficulty in how they store, use or produce information. They are as intelligent as anyone else and they often do very well in art, music or sports. But a gap may exist between their ability and their performance and they may have trouble with reading, writing, speaking or mathematics, as well as with social relationships. Most often, learning-disabled students must work harder to make up for their learning problems. This can leave them open to depression and cause a lack of confidence, particularly if the disability goes untreated.

Look for these warning signs of learning disabilities. One or two of these signs in your child is not reason for concern, but the presence of several can signal the need for help:
• Often reverses letters in writing, such as writing felt for left.
• Has trouble learning spelling strategies, such as using information from prefixes, suffixes and root words.
• Avoids reading aloud.
• Avoids writing compositions.
• Has trouble with handwriting or avoids it altogether.
• Grips a pencil awkwardly.
• Has trouble recalling facts.

Attention Deficit Disorder (ADD) or ADHD (which includes hyperactivity), is not a learning disability, although about one fifth of ADD students have learning disabilities. These students are extremely easily distracted and have a hard time staying focused.

If you believe your young teen has a learning disability, talk to your pediatrician, your child’s teachers and the school counselor, who can guide you to a proper evaluation. By law, children with learning disabilities are entitled to their own learning curriculum called an Individualized Education Program (IEP).”


* Please note: In this booklet, we refer to a child as “her” in some places and “him” in others. We do this to make the booklet easier to read. Please understand, however, that every point that we make is the same for girls and boys.