

The SPECS of Normal Development*

Birth to One Year						
Age	Social Development	Physical Growth and Development		Emotional Development	Cognitive Development	Sexual Development
Birth	Bonding process initiated	Weight range for full-term: 5 ½ - 10 ½ lbs. Length range for full term: 18 - 22 inches Head is large (¼ of total body size) Rapid brain development Abdomen is large Arms and legs thin Fontanel open Small for Gestational Age (SGA) if full-term weight is less than 5 lbs. Premature if less than 37weeks, gestation	Sees well at 8 - 12 inches Sense of taste, smell, touch, and hearing well-developed Reflexes include: sucking fencing posture grasping startling Hands kept fist ed Movement is active, random, flailing and uncontrolled Lifts head	Consciousness of self begins with the early mental representation of a special person created by the child Learns about love and trust through touching and holding	Alertness states: active alert quiet alert drowsy Responds to bell Undifferentiated cry for needs Responses to surroundings are very reflexive	The full range of sexual behaviors includes penile erection, vaginal lubrication or orgasm
Red Flags*: Does not seem to respond to loud noises; has difficulty coordinate sucking, swallowing, and breathing						
Action for Red Flags: Refer to public health nurse or pediatrician for developmental assessment. Medical services provided via pediatrician and specialist referrals. Early intervention developmental services and therapies available through Regional Centers.						

**Red Flags adapted from the Developmental Milestones booklet developed by Northern Training Academy

Birth to One Year, Continued

Age	Social Development	Physical Growth and Development		Emotional Development	Cognitive Development	Sexual Development
1-3 Months	<p>Spontaneous smile develops</p> <p>Begins to smile responsively</p> <p>Alert to presence of people</p> <p>Makes eye contact</p> <p>Vocalizes sounds</p> <p>Bonding process continues as child is able to identify caretaker</p> <p>Parental roles of care- giving are being defined that will assist the child in learning social rules, roles, and expectations</p>	<p>Average weight gain is about 1 ounce per day</p> <p>By three months, will grow about 2 inches in length from birth</p> <p>Rapid brain development continues</p>	<p>Will visually track objects to midline at one month</p> <p>Can lift head to 45° by one month</p> <p>By two months:</p> <ul style="list-style-type: none"> - can visually track objects past midline - can lift head to 90° <p>By three months:</p> <ul style="list-style-type: none"> - can visually track - can put hands together - muscle control in upper body - can use arms to push up - can be held in sitting position and hold head steady - rolls over 	<p>Continued development of sense of trust in the world through interactions with the primary caretaker</p> <p>Temperament is present and clear to caregivers</p> <p>Feelings of pleasure and unhappiness present by 3 months</p>	<p>Will begin to vocalize in ways other than crying</p> <p>Differentiated types of crying develops</p> <p>Gurgling, squealing and cooing occur</p> <p>Interactive vocalization begins, and child initiates babbling</p> <p>Laughter</p>	<p>The full range of sexual behaviors includes penile erection, vaginal lubrication or orgasm</p>

Red Flags: Does not seem to respond to loud noises; does not notice hands by 2 months; does not follow moving objects with eyes by 2 to 3 months; does not grasp and hold objects by 3 months; does not smile at people by 3 months; cannot support head well by 3 months

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Birth to One Year, Continued

Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
4 – 6 months	<p>Will begin to resist if a toy is pulled away And works to get a toy that is visible, but out of reach</p> <p>Will actively engage in interaction, vocalize to gain attention, and begin to initiate contact</p> <p>Ability to feed self finger foods</p> <p>Imitates facial expressions</p> <p>Wants to form an attachment to specific person(s), often a caregiver</p> <p>Parental roles of care-giving continue to be defined that will assist the child in learning social rules, roles, and expectations</p>	<p>Will gain 5 – 6 ounces per week - birth weight often doubled by 5 months of age</p> <p>By six months, 2-3 more inches in length will be added to length at 3 months</p> <p>Rapid brain development continues</p> <p>Movements are controlled and purposeful and can use hands to rake for objects and move objects from hand to hand</p> <p>Able to bear weight on legs and stand if holding on to something</p> <p>If put in sitting position, there is no head lag</p> <p>By 5-6 months, may be able to sit and pull self to sitting</p>	<p>Emotions present and visible to others include:</p> <ul style="list-style-type: none"> - happy - sad - angry - pain - fear - protest 	<p>Is aware of the presence of objects</p> <p>Attention to objects begins as a critical component of cognitive development</p> <p>Able to laugh as a response</p> <p>Vocalizes desires and eagerness through a range of sounds</p> <p>Will look for objects</p> <p>Initiates own noises, and imitates speech sounds</p> <p>Will turn toward voices</p>	<p>Exploration of body may now include fingers and toes, arms and legs</p>

Red Flags: Does not reach for and grasp toys by 3 to 4 months; does not babble by 3 to 4 months; begins babbling, but does not try to imitate sounds by 4 months; does not push down with legs when feet are placed on a firm surface by 4 months; has trouble moving one or both eyes in all directions; crosses eyes most of the time (occasional crossing of the eyes is normal in these first months); does not pay attention to new faces or seems very frightened by new faces or surroundings; seems very stiff; seems very floppy; head still flops back when body is pulled to a sitting position; reaches with one hand only; shows no affection for the person who cares for him or her; doesn't seem to enjoy being around people; persistent tearing, eye drainage, or sensitivity to light; does not respond to sounds around him or her; has difficulty getting objects to mouth; does not turn head to locate sounds by 4 months

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Birth to One Year, Continued

Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
7 – 12 months	<p>Attachment to caregiver strengthens</p> <p>Interactive play begins (Initiates interactions)</p> <p>Can play peek-a-boo</p> <p>May shout or use other sounds for attention</p> <p>Shyness or anxiety around strangers may occur</p> <p>Separation and stranger anxiety</p> <p>By 12 months, will play ball with other people beside caregiver</p> <p>Demonstrates clear wants</p>	<p>Gains 2 – 3 ounces per week</p> <p>Birth weight triples by the age of one year</p> <p>Adds 3 – 4 inches from 6-month height by the age of one year</p> <p>Rapid brain development continues</p> <p>May pull to standing position</p> <p>Can support weight on legs</p> <p>Cruising walk while holding on to something for balance may begin</p> <p>Thumb-finger grasp develops</p> <p>By the age of one year, will stand alone well and begin to walk</p> <p>By the age of one year, is starting to drink from a cup</p>	<p>Ability to explore environment and play leads to continued understanding of and trust in environment</p> <p>Attachment to caregiver strengthens</p> <p>Enjoys interactions with caregiver</p> <p>By the age of 1 year, beginning to become curious about environment and willing to explore</p> <p>Begins to move towards developing autonomy</p>	<p>Can imitate sound sequences</p> <p>May use “mama” or “dada” indiscriminately at 7 months, and use properly by 10 months of age</p> <p>By 10 months, may begin to label specific objects with sounds</p> <p>By 12 months</p> <ul style="list-style-type: none"> - may use 3 or more words other than mama and dada - object permanence beginning to develop - early problem solving skills - mastery of task is important - foundation for attention span laid - shakes head “no” 	<p>When unclothed, may begin to explore body and handle genitals</p>

Red Flags: Does not follow objects with both eyes at near (1 foot) and far (6 feet) ranges by 7 months; does not bear weight on legs by 7 months; does not try to attract attention through actions by 7 months; does not babble by 8 months; shows no interest in games of peek-a-boo by 8 months; experiences a dramatic loss of skills he or she once had; does not crawl; drags on side of body while crawling (for over one month); cannot stand when supported; does not search for objects that are hidden while he or she watches; says no single words (“mama” or “dada”); does not learn to use gestures, such as waving or shaking head; does not point to objects or pictures; experiences a loss of skills he or she once had

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One to Two Years

Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
13 – 18 months	<p>Interactions with others will expand</p> <p>Begins to have expectations of how caregiver responds</p> <p>Reciprocal connectedness forms</p> <p>Has desires to obtain objects or toys</p> <p>Begins to imitate behaviors of caregivers</p> <p>Will grab others' hand to get attention</p> <p>Curiosity arises</p> <p>Hand toy to adult if unable to operate it</p> <p>Interactions with others assist with understanding social rules and gender roles</p>	<p>By 18 months,</p> <p>Height: 29 – 32 inches</p> <p>Weight: 21 – 29 pounds</p> <p>Able to walk backwards</p> <p>Enhancement of balance and stability</p> <p>Mastery and integration of body</p> <p>Feeds self, able to use utensils</p> <p>Can take off clothing on their own</p> <p>Walks up steps</p> <p>Throws a ball</p>	<p>Attachment to the caregiver lays the foundation for conscience development</p> <p>Internalization of caregiver, who becomes part of oneself</p> <p>Belief that if I hurt another, I hurt myself begins to develop</p>	<p>May scribble</p> <p>Vocabulary develops</p> <p>Increase in number of words in vocabulary and reaches up to 20 words by 18 months</p> <p>Begins using double-syllable words by 15 months</p> <p>Receptive and expressive language abilities develop</p> <p>Pulls at a wet diaper</p> <p>Can name objects and body parts</p> <p>Tries to sing</p> <p>Able to follow simple instructions</p>	<p>Continued exploration of body, grounded in curiosity</p>

Red Flags: Cannot walk by 18 months; fails to develop a mature heel-toe walking pattern after several months of walking, or walks only on his toes; does not speak at least 15 words; does not use two-word sentences by age 2; by 15 months, does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon); experiences a dramatic loss of skills he or she once had

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One to Two Years					
Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
19 - 24 months	Imitation of household behaviors in play	<p>By the age of 2 years:</p> <p>Height: 32 – 36 inches</p> <p>Weight: 22 – 31 pounds</p> <p>Puts on clothing</p> <p>Able to wash hands</p> <p>Develops more complex motor skills such as:</p> <ul style="list-style-type: none"> - able to climb - able to throw ball overhand - kicks ball forward - jumps in place - can pedal tricycle <p>Gains muscle control for toilet training</p>	<p>Develops sense of autonomy, or willingness and ability to move around and explore world</p> <p>Types of attachment visible</p> <ul style="list-style-type: none"> - secure - insecure 	<p>Can combine 2 different words</p> <p>Follows 2 – 3 step directions</p> <p>Can recognize pictures</p> <p>Understanding of symbols allows for child to use phrases and short sentences.</p> <p>Will add “ing”, plurals, and possessives to words</p>	Sense of curiosity leads to early understanding of the body and bodily functions
<p>Red Flags: Does not imitate actions or words by the end of this period; does not follow simple instructions by age 2; cannot push a wheeled toy by age 2; experiences a dramatic loss of skills he or she once had</p> <p>Action for Red Flags: Refer to public health nurse or pediatrician for developmental assessment. Medical services provided via pediatrician and specialist referrals. Early intervention developmental services and therapies available through Regional Centers.</p>					

Two to Three Years

Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
2 – 3 Years	<p>Imitation becomes primary means of play</p> <ul style="list-style-type: none"> - early imitation of parent/caregiver behaviors - later, as child approaches 3 years of age, will begin to imitate other children <p>Play is often parallel play, done near, but not with, other children</p> <p>Behavior is easily guided</p> <p>Strives to understand social and gender related rules and roles</p> <p>Has difficulty sharing</p> <p>Begins labeling own gender(see Gender Identity Best Practices on page 13)</p>	<p>By the age of 3: Height: 33 – 42 inches Weight: 24 – 42 pounds</p> <p>Focuses on mastery of more complex activities</p> <ul style="list-style-type: none"> - standing on one foot - running - jumping - climbing - more skillful use of one hand - balancing on toes <p>Shows a strong desire to continue to attempt tasks, even if they aren't possible – this helps develop skills</p> <p>Can draw specific shapes and control movement of pencil or crayon</p> <p>More control over bladder and sphincter muscles</p> <p>Can button clothes</p>	<p>Children strive for a sense of autonomy.</p> <p>Emotional reactions may be strong as child struggles with need for independence</p> <p>Has a desire to be seen and accepted as an individual</p> <p>Identifies preferences</p>	<p>By the age of 3, has a vocabulary of up to 300 words</p> <p>At age 3, can now carry on a conversation</p> <p>May have a short attention span</p> <p>Displays curiosity and will ask questions such as</p> <ul style="list-style-type: none"> - what - where - who <p>Develops a basic sense of time</p> <p>Uses past tense</p>	<p>Behaviors reflect self-exploration and masturbation</p> <p>Easily re-directed by parents based on culturally accepted standards</p> <p>Interest in watching others when undressing or using the bathroom</p> <p>Will ask caregivers questions about sexual body parts, especially breasts and penis</p>

Red Flags: Frequent falling and difficulty with stairs; persistent drooling or very unclear speech; cannot build a tower of more than four blocks; difficulty manipulating small objects; cannot copy a circle by age 3; cannot communicate in short phrases; no involvement in “pretend” play; does not understand simple instructions; little interest in other children; extreme difficulty separating from mother or primary caregiver; poor eye contact; limited interest in toys; experiences a dramatic loss of skills he or she once had

Action for Red Flags: Refer to public health nurse or pediatrician for developmental assessment. Medical services provided via pediatrician and specialist referrals. Early intervention developmental services and therapies available through Regional Centers.

Three to Five Years

Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
3-5 Years	<p>Play moves from parallel to more interactive with other children</p> <p>Toys are the focus of play</p> <p>Play helps teach social rules</p> <p>By the age of 5, play becomes more cooperative and is governed by rules</p> <p>Improved ability to share</p> <p>Begins labeling own gender (see Gender Identity Best Practices on page 13)</p> <p>Explores gender roles in play</p> <p>Gender segregated play emerges</p>	<p>At age 3, average is 3 feet tall and 33 pounds</p> <p>Brain growth slows, the brain has reached 4/5ths of its adult size</p> <p>Good sense of balance and can easily run, balance on toes, jump, catch and throw</p> <p>Good hand-eye and hand-finger control</p> <p>Has bladder & bowel control</p> <p>May appear uncoordinated at times of rapid growth</p> <p>Fine motor skills improve including:</p> <ul style="list-style-type: none"> - cutting with scissors - drawing - writing 	<p>Development of initiative occurs</p> <p>Child is often self-directed and confident</p> <p>Learning how to control emotions and behavior</p> <p>Crying and temper tantrums decrease</p> <p>Better able to delay gratification</p> <p>Conscience development occurs as child begins to understand right and wrong</p> <p>Self esteem depends on other's reactions</p>	<p>By the age of 4 ½, knows 1500 words and by age 5, vocabulary is 2,000 words</p> <p>Recognizes colors</p> <p>Can name coins</p> <p>Asks "WHY"</p> <p>Thought is very egocentric - does not realize other people have their own perspectives</p> <p>Thinking may be illogical or magical</p> <p>Draws figures with 6 parts</p> <p>Short and long term memory improve</p> <p>Learning letters and numbers</p>	<p>Sexual behaviors include masturbation, and may include sexual play with other, same age children</p> <p>Vocabulary may include sexual words</p> <p>May have questions about body parts or behaviors</p> <p>Behaviors and questions are based in curiosity</p> <p>May try to compare body parts with other children</p>

Red Flags: Cannot throw a ball overhand; cannot jump in place; cannot ride a tricycle; cannot grasp a crayon between thumb and fingers; has difficulty scribbling; cannot stack four blocks; still clings or cries whenever parents leave; shows no interest in interactive games; ignores other children; doesn't respond to people outside the family; doesn't engage in fantasy play; resists dressing, sleeping, using the toilet; lashes out without any self-control when angry or upset; cannot copy a circle; doesn't use sentences of more than three words; doesn't use "me" and "you" correctly; experiences a dramatic loss of skills he or she once had

Action for Red Flags: Refer to public health nurse or pediatrician for developmental assessment. Medical services provided via pediatrician and specialist referrals. Developmental services and therapies available through school system via Individualized Education Plan (IEP).

School Age Years (6-11)

Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
6 – 11 Years	<p>Relationships with people outside the family become very important</p> <p>Gender segregated play continues, based on common interests or proximity</p> <p>Has strong sense of own gender identity and chooses activities, playmates, clothing, and hairstyles that align accordingly (see Gender Identity Best Practices on page 13)</p> <p>Other interests also of importance:</p> <ul style="list-style-type: none"> - school - clubs /activities - sports <p>Rules and roles very important</p> <p>Needs affection and affirmation from adults</p> <p>Conflict may arise when peer group values differ from parent values</p>	<p>Growth during this time is slow and steady – approximately 3 - 4 inches per year</p> <p>Height: 42 - 52 inches</p> <p>Weight: 40 - 79 pounds</p> <p>Body proportions are similar to adult</p> <p>Girls may experience a growth spurt</p> <p>Fine and gross motor coordination increasingly better, and children enjoy doing activities that allow them to use these skills, such as art, music or athletics</p> <p>Strength and coordination increase in:</p> <ul style="list-style-type: none"> - riding a bicycle - skating - swimming <p>May begin puberty</p>	<p>Children seek to become industrious, or self-directive, productive and goal oriented</p> <p>Self-awareness improves</p> <p>Introspection becomes possible</p> <p>Children can understand that other people have thoughts, opinions and feelings</p> <p>Sensitive to criticism</p>	<p>Can consider two thoughts simultaneously</p> <p>Improved concept of time</p> <p>Problem solving skills enhance and allow for understanding of cause and effect</p> <p>Concrete thinking</p> <p>A strong sense of fairness</p> <p>Can understand similarities and differences</p> <p>Memory improves</p> <p>Reading and math skills grow</p> <p>Able to take other's perspectives</p>	<p>Same sex and opposite sex play with other same age children may occur and can include:</p> <ul style="list-style-type: none"> - self-exploration - simulation - kissing - hugging - peeking - touching - exposure of genitals <p>Behaviors are usually limited in type and frequency</p> <p>Behaviors are based on curiosity</p> <p>Easily redirected to stop</p>

Red Flags: Cannot tolerate frustration; difficulty with time concepts, cannot plan and does not understand cause and effect; rejects affection and affirmation from adults, experiences loss of previous skills; transgender and gender non-conforming children may experience rejection and bullying leading to stress, depression, anxiety, poor school performance, and various forms of acting out

Action for Red Flags: Refer to public health nurse or pediatrician for developmental assessment. Medical services provided via pediatrician and specialist referrals. Developmental services and therapies available through school system via Individualized Education Plan (IEP).

Adolescents (12 – 21 Years)

Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
12 – 15 Years (Early)	<p>Social relationships, status & acceptance in peer group are important</p> <p>Move toward independence from parents</p> <p>May explore gender identity and expression</p>	<p>By the age of 15: Height: 5' 4 " Weight: 65 + pounds</p> <p>Growth spurts common:</p> <ul style="list-style-type: none"> - Boys: 12-15 years of age - Girls: 11-14 years of age <p>Puberty occurs</p> <p>Rapid physical growth of bones and muscles</p> <p>Menstruation begins for girls (11 – 14 years of age)</p> <p>Male sex organs grow in size, testicles begin to produce semen</p> <p>Brain development increases</p> <p>Sleep is important, and may occur at different times than adults</p>	<p>Primary focus is on identity formation</p> <p>Attitudes and behaviors becoming individualized, no longer based on values and expectations of the family and culture</p> <p>Peer group strong influence on identity and esteem</p> <p>Emotionally labile in early adolescence</p> <p>Emotional response to puberty also occurs</p>	<p>Formal operations may be reached – but not everyone achieves this level of cognitive development. It includes:</p> <ul style="list-style-type: none"> - Able to think hypothetically - Logical thinking - Able to think about thought - Development of insight - Systematic problem solving 	<p>Pubertal changes occur</p> <p>Often, the early adolescent is ambivalent about sexual relationships</p> <p>Often are shy, embarrassed and self-conscious</p> <p>May develop one on one friendships with person of opposite sex</p> <p>Interest in sexual relationships increases</p> <p>Masturbation may occur</p> <p>Attractions may arise to people of same, different, or a variety of genders and dating may begin</p> <p>May begin to self-identify as lesbian, gay, or bisexual (see Sexual Orientation Best Practices on page 13)</p>

Red Flags: Typical adolescent behavior taken to the extreme -- more moody, more hostile, defiance, ignoring the rules, violating curfew; totally uncommunicative to you or teachers and only talks to peers; sense of complete aimlessness or alienation; destructive eating habits (eating disorders can be life-threatening); missing money or greater expenditures; greater secrecy; drinking or other substance abuse; for transgender youth, who often feel as if their bodies are betraying them as they undergo the “wrong” puberty, this can be a time of increased depression, anxiety, and suicidal ideation and attempts.

Action for Red Flags: Consult with school and refer to public health nurse or pediatrician for concerns related to focus, attention, and concentration. Refer to public health nurse or pediatrician and/or counseling for concerns related to eating, substance use, depression and other emotional needs.

Adolescents (12 – 21 years cont'd)

Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
16 - 21 years (Middle & Late)	<p>Peer group's importance declines, and individual friendships strengthen</p> <p>Dating and one-on-one romantic relationships become more significant</p> <p>Relationships often based on mutual understanding, loyalty and intimacy</p> <p>Youth allowed to have their own feelings and experiences that can differ from others</p> <p>Self-revelation occurs</p> <p>Intimacy is important</p> <p>Begin to develop expectations about their relationships with adults</p> <p>Conflicts with parents grow</p> <p>May explore gender identity and expression</p>	<p>Girl's adult stature is achieved</p> <p>Boys continue to grow</p> <p>Puberty and physical maturation continue</p> <p>Bone and muscle growth continue</p>	<p>Sense of self, apart from peers and family stabilizes</p> <p>Self esteem based on youth's ability to live up to their own standards of behavior</p> <p>Individual identity forms</p> <p>Perspective taking abilities improve</p> <p>Examination of other people's values and beliefs may occur</p> <p>Identity confusion may occur</p> <p>Morality issues occur</p>	<p>Emergence of formal operations continues</p>	<p>Pubertal changes continue</p> <p>Attraction to others of same, different, or a variety of genders</p> <p>Sexual intimacy, intercourse</p> <p>Decisions about birth control, parenting and partners arise</p> <p>May experiment with sexual behavior that doesn't match self-labeled sexual orientation</p> <p>Greater interest in sexuality - may begin to self-identify as lesbian, gay, or bisexual (see Sexual Orientation Best Practices on page 13)</p>

Red Flags: Typical adolescent behavior taken to the extreme -- more moody, more hostile, defiance, ignoring the rules, violating curfew; totally uncommunicative to you or teachers and only talks to peers; sense of complete aimlessness or alienation; destructive eating habits (eating disorders can be life-threatening); missing money or greater expenditures; greater secrecy; drinking or other substance abuse

Action for Red Flags: Consult with school and refer to public health nurse or pediatrician for concerns related to focus, attention, and concentration. Refer to public health nurse or pediatrician and/or counseling for concerns related to eating, substance use, depression and other emotional needs.

Early Adulthood (21 to 25)					
Age	Social Development	Physical Growth and Development	Emotional Development	Cognitive Development	Sexual Development
21-25	<p>Commitment to relationships may occur</p> <p>Decisions about parenting and family arise</p> <p>Family stages of development impact personal relationships with others outside of home</p>	Peak of physical ability about age 25	<p>In early adulthood, Intimacy is a key developmental issue.</p> <p>Seek an open, supportive relationship</p>	<p>Formalization of education or training</p> <p>Work becomes an essential outlet for cognitive development</p> <p>Exploration of interest</p>	<p>Strong need for sexual experimentation and intimacy</p> <p>Physical responses peak, and may then slow as pregnancy and family roles appear</p>
<p>Red Flags: Typical adolescent behavior taken to the extreme -- more moody, more hostile, defiance, ignoring the rules, violating curfew; totally uncommunicative to caregivers; sense of complete aimlessness or alienation; missing money or greater expenditures; greater secrecy; drinking or other substance abuse</p> <p>Action for Red Flags: Refer to public health nurse, doctor and/or counseling for concerns related to substance use, PTSD, depression and other emotional needs.</p>					

Gender Identity Best Practices

Gender identity development takes place throughout childhood and affects both the internal identification of gender and the external expression of gender. These best practices are intended to help meet the needs of all children, including transgender and gender non-conforming (TGNC) children.

Early Childhood

- Children showing persistent identification with a gender that does not conform to their assigned sex at birth and becoming upset when approached with rules that limit their gender expression may be at high risk for internalized distress. Efforts to restrict a child's gender expression can create significant psychological problems. Always use age-appropriate language that reflects how children self-label and encourage parents/caregivers and service providers to do the same.

Middle Childhood

- When working with a TGNC child, consider the negative impacts of social comparisons, the pressure to conform, and the increased risk of bullying and harassment could have on their safety and well-being. Always respect how a young person describes their gender identity (e.g., male, female, neither, both) and the way they express it, and never attempt to change either. Encourage parents/caregivers to also respect the child's self-labeled gender identity and gender expression.

Adolescence

- When working with a TGNC child, puberty and the emergence of secondary sex characteristics can be extremely traumatic. This process can be delayed or reversed through transgender-related health treatment and services that TGNC youth in care are eligible to receive. Validate a TGNC young person during this developmental period, and connect them with the TGNC-affirmative support services they may need. Also, refer to the youth by the youth's preferred gender pronouns and name, and encourage parents/caregivers and service providers to do the same.

Sexual Orientation Best Practices

Middle Childhood

- When working with lesbian, gay, bisexual or questioning (LGBQ) young people, be sure to connect them with affirming human sexuality resources. Not all of the courses offered include information relevant to LGBQ young people, which can isolate these young people and increase the risk of negative sexual health behaviors. If a young person in this age range expresses a crush on someone of the same sex, validate them, let them know it's safe for them to talk with you about it, and connect them to LGBQ-affirming resources. If the child is "out" to their parents/caregivers, also connect the parents/caregivers with the necessary resources to support their child.

Adolescence

- During adolescence, youth become more interested in dating and learn how to communicate boundaries to sexual partners. LGBQ youth also have to undergo the process of accepting their own sexual orientation, "come out" to family and friends, and learn how to manage stigma and discrimination. This period can be especially challenging given all of the physical, cognitive, and social changes layered on top of "coming out"—to themselves and others—as LGBQ. Create an environment of affirmation and support and assist youth to access LGBQ-affirming resources. If the youth is "out" to their parents/caregivers, also connect the parents/caregivers with the necessary resources to support their child's sexual orientation.

Sources:

Perry, J.R., & Green, E.R. (2014). *Respect, Include, & Empower: Providing Culturally Competent Services for Lesbian, Gay, Bisexual, Transgender, Queer, & Questioning Youth in ACS Care (Training Curriculum)*. New York, NY

"Affirming Gender: Caring for Gender-Atypical Children and Adolescents", available at <http://contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/news/affirming-gender-caring-gender-atypical-children-and-adolescents?page=0,0>