

The Book

**A guide for Pleasanton
parents to the things that
really matter**

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**Produced by the
Pleasanton Police Department**





Pleasanton Police Mission Statement

Our mission is to work in collaborating with our community to protect life and property, while enhancing the quality of life in our city. This shall be accomplished through the creative use of resources, community education and involvement, and interactive problem solving. We will strive to maintain trust, understanding, and mutual respect within our department and our city.

Organizational Values

Professionalism

As individuals and as an organization, we place high value on honesty, and adhere to the standards embodied by the Law Enforcement Code of Ethics.

Commitment

As an organization, we will devote our full energy and resources to fulfill our department's mission.

Partnerships

We will work in conjunction with our community to identify needs and devise strategies for crime prevention and problem solving.

Responsiveness

We will address the needs and concerns brought forth by the community and our organization.

Safety

We will proactively provide police services through a balance of traditional and contemporary law enforcement practices to enhance the quality of life in our community.

Disclaimer/Usage Guide

This Parent Handbook is designed only to provide information and resources to parents in the Tri-Valley Community. We have tried to provide a summary of the services offered by each organization cited, as a starting point so that you can determine for yourself which organization might best serve your needs. CASA (San Ramon Valley Community Against Substance Abuse) and the Pleasanton Police Department neither recommends nor endorses specific service providers.

A phone number is supplied for each service cited in this book and we recommend you call for updated information. Information such as hours, addresses and services are subject to change.

We believe that our strongest weapon in guiding our youth into a safe and healthy adulthood is education; community education, parent education, and youth education. We see this book as a tool to implement parent education. Parents must use this information as they deem most appropriate.

The content contained in this book is not meant to be offensive or inflammatory, but some parts contain graphic language.

The information within this book is a compilation of information from many sources and does not reflect the opinion of CASA or the Pleasanton Police Department.

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Introduction

The Pleasanton Police Department in conjunction with the Pleasanton Unified School District offers this Parent Handbook to the parents of the Tri-Valley. We believe all parents want to be good parents, but sometimes the lack of information inhibits their efforts. It is hoped the information and resources contained in this book will provide information and resources necessary to help their children. Please take the time to review this book, and then make the effort to share and utilize the information with your child. We hope this will foster the open communication which is necessary in maintaining a strong relationship.



PLEASANTON UNIFIED SCHOOL DISTRICT

Acknowledgment

We would like to thank the San Ramon Valley Community Against Substance Abuse (CASA) for allowing the use of their material in this handbook for the City of Pleasanton. CASA is a non-profit, grassroots movement to support drug, alcohol, and tobacco-free youth in the San Ramon Valley, which began in 1986. It is comprised of concerned citizens from all different areas of the San Ramon Valley. CASA is working with and is supported by Contra Costa County, the cities, schools, law enforcement, businesses and service clubs, as well as counseling, rehabilitation, and prevention organizations.

The Pleasanton Police Department has been working with the Pleasanton Unified School District and other local organizations to accomplish these same objectives. Currently the Police Department has two officers assigned full time as School Resource Officers to the local schools and two officers assigned to instruct the D.A.R.E. (Drug Abuse Resistance Education) program to the youth of Pleasanton.

CASA has endeavored to encourage prevention through education, which inspired the creation of this handbook. We believe all parents want to be good parents, but sometimes the lack of information inhibits their efforts. Hopefully “The Book” will provide parents with information and resources necessary to help their children. Many hours of thought and care have gone into the preparation of this handbook in the hopes it will benefit families in our community.

Once again, the Pleasanton Police Department is deeply indebted to and would like to thank CASA for laying the groundwork by creating “The Book” and allowing us to adapt the fruits of their labor to benefit our community, schools, law enforcement, businesses, and service clubs, as well as counseling, rehabilitation, and prevention organizations.

Special thanks and gratitude go out to Minnie Correia, Past President of CASA, who graciously allowed us to reproduce all of her hard work and effort in the production of this book and Pleasanton Police Volunteers Terri Bonilla and Patricia Russell, who were of tremendous help and assistance in the assembly, transcription, and research in the final production of “The Book” for the Tri-Valley. Thank you to Pleasanton Police Volunteer Annette Langer for her hard work and dedication in editing and updating the 2011-2012 version of “The Book.”

Chapter 1 – Healthy Parenting

Parenting can be the most rewarding work of adult life. It can also be the most stressful. It is a job which takes considerable patience and understanding, but offers tremendous rewards for ourselves, our children and our communities.

Adolescents need to learn many skills and try out new ideas, thoughts and behaviors in order to successfully achieve their goal of independence. It is a teenager's job to separate from parents and it is a parent's job to allow that separation. This passage can be a rough transition causing stress and grief for parents.

“*Because I said so*” and “*Because I am your father... (mother),*” are never good enough reasons for what we ask our children to do. They deserve a simple, straightforward and logical reason for any request or order we give.

Healthy parenting requires a plan of action that promotes the growth and development of children into adults of sound body, mind, and spirit.

The following are some ways parents can prepare themselves and their teen for a smoother transition and greater success in achieving the goal of adulthood:

- First and foremost, **treat children with respect**. Create an atmosphere of honesty and mutual trust. If that trust is broken, they must be held accountable and must earn back that trust.

*Often as parents we are obsessed
with control and afraid of conflict.*

*This often leads us to
Over-discipline our toddler and
Under-discipline our teenagers.*

John Walsh, M.D.
Pediatrician

- **Set limits and stick to them.** Teach the importance of accepting limits. Teenagers are forever proclaiming their need for and right to independence, but under that bravado is a person who still needs and longs for guidance, limits and loving discipline. A teenager who feels control over parents is a teenager who is anxious, afraid and resentful of the lack of loving guidance and constraints. Pointing out unacceptable behavior with love, care and gentleness allows for growth. If parents ignore inappropriate behavior, it creates confusion and is a disservice to their child.
- **Allow** age-appropriate independence and assertiveness.
- **Set good examples** by showing how our lives are enriched by our values.
- Offer a clearly defined system of **choices** and **consequences**, enabling teens to learn they alone are responsible for the outcome of their actions.

- **Be available** for your teen to discuss things, to answer questions and just to chat. Share your thoughts and feelings. Develop a relationship by doing things together. All too soon, teens may resist participating in family affairs. As this normal behavior takes place, be reassured they are just trying to figure out their place in this world and trying to be their own person.
- Provide a **safe and loving** home environment. Build self-esteem by giving credit for talents, achievements and personality traits.
- Strive to go beyond merely hearing their words. **Really listen** to them. Allow body language and tone of voice to support what you say.
- Keep in mind your teenager is in transition toward **adult independence**. As your daughter or son is preparing to leave you, he/she is testing his/her ideas, ideals, beliefs and values. And though it may seem unkind to you, recognize that you, his/her parent, are the safest testing ground for him/her. You represent unconditional love. You will be there no matter what. Recognize this as a time when you are **most** needed, not a time when you are **least** needed. Occasionally step back to see the big picture. Most importantly, maintain your sense of humor and admire your teenager's developing strengths and struggles (This is a time when you'll remind yourself why guppies eat their young.)

Always remember you are your child's parent, and not his best friend. Conflict is not necessarily bad. Teens will test their parent and it is most important the parent not adopt the attitude of "peace at any price." Out of conflict there is potential for tremendous growth for your teenager.



Teens will stumble, fall and fail, and a parent's job (with love, understanding and acceptance) is to allow them to seek their own solution, not to fix it for them. Parents can offer suggestions, but parents must allow teens to make wise decisions or learn from their mistakes.

A teen's success or failure is not a measurement of a parent's self-worth. Neither should a parent's love be dependent on their teen's accomplishment or failure. A child needs to know he is loved unconditionally. The word "good" or "bad" should never be used to describe a child...only the child's actions are good or bad.

Ralph Waldo Emerson once said, "***What you do speaks so loudly that I cannot hear what you say.***" What are our actions saying to our children? We, as parents, must be held accountable for our behavior, just as we expect our children to be accountable for their behavior.

***In the end it comes down to loving them
as we let them go.
Doing things together as a family helps to build
family relationships.***

John Walsh, M.D.
Pediatrician

Communicating With Your Teen

All behaviors are learned and the first place for learning is the home.

Model the values and behaviors you want your teen to learn.

The foundation of any healthy relationship is effective communication. Good communication requires two important parts:

- (1) open, honest expression of ideas and feelings; and
- (2) attentive listening.

Parents need to create an environment where the teen knows, “It is safe to express his or her ideas and opinions.” Parents and teens may not agree, but they need to respect each other's right to think as they do. Most family conflicts can be solved with good, open, honest, empathetic, and courteous communication.

COMMUNICATION TIPS

Effective communication between parents and children is not always easy to achieve. Teenagers and adults have different communication styles and different ways of responding in a conversation. Additionally, timing and atmosphere may determine how successful communication will be. Parents should make time to talk with their teenagers in a calm and unhurried manner. The following tips are designed to make communication more successful.

Listening

- Pay attention. Turn off the television.
- Don't interrupt with your thoughts, but do acknowledge what your teen is saying.
- Don't prepare what you will say while your teen is speaking.
- Reserve judgment until your teen has finished and has asked you for a response.
- Respect your teen's point of view, even if it differs from yours.

Looking

- Pay attention to your teen's body language.
- Be aware of your teen's facial expressions and body language. Is your teen nervous or uncomfortable, frowning, drumming fingers, tapping a foot, looking at a clock?
- Be aware of what your body language and facial expressions are saying.
- During the conversation, acknowledge what your teen is saying.

Responding

- “I am very concerned about...” or “I understand that it is sometimes difficult...” are better ways to respond to your teenager than beginning sentences with “You should...,” or “If I were you...,” or “When I was your age we didn’t...”
- Avoid lectures; instead, describe the problem, give information, offer choices, or talk about your own feelings and needs. (Try to remember a time when you were at the other end of an unsolicited lecture and recall your response.)
- If your teen tells you something you don’t want to hear, don’t ignore the statement.
- Don’t offer advice in response to every statement your teen makes. It is better to listen carefully to what is being said and try to understand the real feelings behind the words.
- Make sure you understand what your teen means: clarify the message, use active listening. *“What I am hearing you say is ..., is that right?”*

Problem Solving

When usual venues of communication don’t seem to work and a problem still exists, (around setting limits, for example) then the problem may be more complex and may need a more complex skill. Simple problem solving techniques may help.

- 1) Allow your teenager to talk about his/her feelings or concerns. (This is not a time for you to speak, but a time to listen.) Restrain your comments for an appropriate time. Respect your teen’s point of view, even if it differs from yours.
- 2) Talk about your own feelings and needs. Tell your teen simply and honestly what you are feeling. (This is a good time to use “I” messages: *I feel worried and concerned when your curfew has passed and you are not home.*)
- 3) Invite your teenager to brainstorm. Write down all pros and cons without evaluating. Your job is to record the ideas without labeling them.
- 4) Respect your teenager’s ideas. Discuss the advantages and disadvantages of each idea.
- 5) Decide which ideas you plan to follow through on. Agree on a plan, shake hands and agree to discuss the matter in one week if changes need to be made.

Suggested Reading

Changing Bodies, Changing Lives by Ruth Bell

I’m On Your Side. . . Resolving Conflict with your Teenage Son or Daughter by Jane Nelsen and Lynn Lott. This is a great book dealing with teenage issues.

Living With Teens, and Enjoying Them Too! by Blossom M. Turk, Ed.D. This is a well-written book with specific and practical suggestions for coping with parent-teen issues. (Available through Planned Parenthood)

Peer Pressure

Peer pressure is allowing others to influence your thoughts and actions.

Peer pressure can be positive or negative. It sometimes encourages a teenager to study for a test, to participate in athletics, to accept a role in a school play or to be home by curfew. Peer pressure can also cause a teen to ignore schoolwork, drop out of sports, turn his/her back on the arts or break curfew. The teenager who feels good about himself/herself in most areas of his or her life is not as likely to be negatively affected by peer pressure as the teenager who is insecure and unsure of himself or herself.

Peer groups offer independence from parents by providing an intimate personal life outside the family. They offer acceptance and approval from people in the outside world and help young people to feel confident and worthy. Peer groups offer social rules for interacting with others, and can provide confused young people with a sense of security.

A peer group's expectation that its members think and behave in *appropriate* ways brings relief to adolescents with little solid sense of who they are or what they are worth. Young people do not have to decide how to think or act when they allow the group to influence their behavior.

Talking to Your Teen About Peer Pressure:

Encourage your teenager to consider the following questions when making a decision in a peer-pressure situation, whether that situation is about sex, drugs, alcohol or tobacco:

- Could you do what you are being pressured to do and still feel good about yourself?
- Would your decision add to or take away from your positive feelings about yourself?
- Would your decision help you or hurt you? Would it help or hurt those you love?
- Would you want the person you respect and admire most in the world to know what you are doing?

Influence of the Media

The media has SIGNIFICANT influence on both youth and adults. The affect advertising has on the choices we make is well documented. Whatever the advertisement, the message is designed to influence our decisions.

Certain music and video themes influence youth to talk, think and act in ways that might be considered unhealthy or inconsiderate. The media sensationalizes violence through music, videos, movies and television.

Television and other media can be a powerful influence in developing value systems and shaping behavior. Media violence may cause children and teenagers to:

- become “immune” to the horror of violence
- become more aggressive
- gradually accept violence as a way to solve problems
- imitate the violence they observe on television
- develop negative racial and sexual stereotyping
- identify with certain characters as victims and/or victimizers

Other than parents, sports figures and entertainers are the most influential role models for young people. A few helpful suggestions for parents are:

- 1) Talk to your teen about the messages that are being conveyed (i.e., are they selling clothing or sex?)
- 2) Help your teen become aware of media treatment of family values, women and violence.
- 3) Be aware of what your teenager is watching.
- 4) Use media opportunities to offer your comments, values and ideas.

If you have serious difficulties setting limits or deep concerns about how your children react to television or other media, you may consider contacting a mental health professional for help defining the problem.

Chapter 2 – Teen Anger

Anger is a powerful but perfectly normal emotion. Knowing how to recognize and express anger appropriately can help us solve problems or handle emergencies. However, failure to recognize and understand our anger may lead to health problems: high blood pressure, heart problems, headaches, stomach problems, skin disorders, constipation, diarrhea, obesity, tension, anxiety, accidents, violence, interpersonal problems and disrupted relationships.

Response to anger can be positive or negative. Often, anger is a way to:

- express frustration or disappointment
- get attention
- manipulate others
- place blame on someone else to avoid responsibility
- feel powerful
- encourage change

Anger is a destructive emotion when it hurts others or ourselves, if we ignore it or express anger inappropriately. The energy contained in anger can be constructive when it is a catalyst to bring about change, overcome obstacles and achieve goals; however, it must be used cautiously, honestly and openly. Anger is the most poorly handled emotion in our society today . . . but it doesn't have to be.

Adolescence is that time when teens move toward independence and requires “letting go” on both sides. When a parent is overly critical or controlling, it sends a message that the teen is incompetent and unable to make good decisions independently. This leads to feelings of inadequacy and powerlessness, allowing anger to become a habit.

Managing Teenage Anger

- **Listen** to your teen. Recognize and acknowledge the anger.
- Help your teen **identify the cause**, understand the motives and look for misdirected anger.
- Help your teen **decide what to do**. Ask your teen what he wants to change, what he wants you to do, and how he can let go of the anger.
- Help your teen **communicate the anger**: calm down, understand the motives, be assertive, seek help, don't get personal, don't avoid the issue, don't make accusations, and don't sulk.
- Some teens may find it helpful to wait 24 hours before talking about the problem.

- Another way to help your teen **communicate the anger** is by writing a letter. The letter doesn't necessarily need to be mailed. Sometimes the simple act of defining the problem is relief enough.
- Help your teen to **be assertive without being destructive**.
- Applaud your teen's effort by encouraging him in **negotiating changes**.
- **Use humor**, physical activity and the passage of time to help control anger.
- **Pay attention** to the signs of hidden anger: tense muscles, accident-proneness, feelings of frustration or disappointment, and the tendency to use sarcasm.

Chapter 3 - Depression

Depression is considered the major psychiatric disease of the 20th century, affecting approximately eight million people in North America. Adults with psychiatric illnesses are 20 times more likely to die from accidents or suicide than adults without a psychiatric disorder. Major depression, including manic depression, often appear for the first time during the teenage years, and early recognition of this condition will have profound effects on later illness and mortality.

Recent studies have shown that more than 20% of adolescents in the general population have emotional problems. Diagnosis of depression in adolescents aged 15 to 19 is often missed because adolescence is a time of emotional turmoil, moodiness, gloomy introspection and melodrama; a time of rebellion and behavioral experimentation. Depression may lead to serious difficulties in school, work and personal adjustments, which often continue into adulthood. Adolescent suicide is now responsible for more deaths than cardiovascular disease or cancer in this same age category.

Educate Yourself on Depression

Depression usually is triggered by a complex combination of genetic, psychological and environmental factors. Whatever the root cause, depression affects thinking. A depressed person may not be able to think rationally or clearly and may believe he/she cannot be helped.

Like diabetes or cancer, depression is an illness which affects people of all ages, races and economic groups. The brain, like the heart or kidneys, is an organ of the body. If chemicals of the brain, which regulate how a person feels or thinks, get out of balance, the person can suffer depression.

Unlike the short-term blues, depression lasts longer than a couple of weeks. The person suffering from depression is usually not aware that he or she is depressed.



* Warning Signs of Depression *

Behavioral Changes

- Neglecting appearance
- Neglecting responsibilities (i.e., neglect of school work, drop in grades)
- Changes in eating and sleeping habits (either eating too much or eating too little, loss of appetite, sleep disorders or change in sleep patterns)
- Becoming disruptive, assaultive, hostile, irritable or withdrawn
- Exhibiting self-destructive behavior (self-cutting), drug and/or alcohol use, promiscuity

Physical Changes

- Aches and pains with no physical cause
- Weight loss or gain
- Lack of energy



Emotional Changes

- Emotional flatness, sadness - can't laugh, cry, find pleasure in anything
- Hopelessness - can't stop pain, can't see any way out
- Exaggerated self-blame, guilt
- Isolation - can't get anyone's attention, *"I feel cut off"*
- Self-hatred, worthlessness - *"I can't stand myself."* - *"I don't matter."*
- Confusion - can't think clearly, can't make decisions, can't get control
- Helplessness
- No interest in pleasurable activities, hobbies, work, social activities

There is a link between depression and suicide. It is important to stress that what might seem insignificant to adults may be very significant to teenagers. The loss of a boyfriend or a girlfriend or other significant friend, a drop in school grades, poor body image and serious eating disorders can be a crisis for a teen. Other significant factors that can cause depression include divorce, parental or family discord, physical or sexual abuse and alcohol or substance abuse.

Chapter 4 – Suicide

IF SOMEONE YOU KNOW IS THREATENING SUICIDE, TAKE IMMEDIATE ACTION.

**Get this person to the nearest hospital
that deals with suicide.**

“Suicide is a permanent solution to a temporary problem.”

Many normal teenagers sometimes have fleeting thoughts of hurting themselves, feelings of depression, and behavioral problems. But when there are threats of suicide or a preoccupation with suicidal thoughts, professional help is needed. There is no fool-proof way to predict and assess adolescent suicidal behavior. Most people who think about suicide are ambivalent. They really do not want to die; they just want the emotional pain to end. They are crying out for help.

Teenagers experience strong feelings of confusion, self-doubt, pressure to succeed, financial uncertainty and other fears while growing up. A parent's divorce, the formation of a new family with step-parents and step-siblings, moving to a new community or the breakup of a relationship can be very unsettling and can intensify self-doubts and feelings of depression. In some cases, suicide appears to be a “solution.”

There is help for someone who is suicidal. It is important the disorder is recognized and diagnosed, so that appropriate treatment plans can be developed. When parents are uncertain whether their child has a serious problem, counseling and/or a psychiatric examination can be very helpful.

Suicide Facts

- Every 16.9 minutes another American commits suicide.
- The suicide rate for adolescents has increased more than 200% over the last decade. Teen suicide rate has more than tripled in the past 20 years.
- Suicide is the third leading cause of death for 15 to 24 year olds, and the sixth leading cause of death for 5 to 14 year olds.
- An average of 15 suicides per year have occurred in Alameda County since 1985 in the age group of 0-24.
- Gay and lesbian teens are at high risk for suicidal behavior.
- Males complete suicide 4 times more often than females, but females attempt suicide 3 times more often than males.
- Grief substantially heightens suicide risk. In the first year after the death of a spouse, the risk of suicide is 2.5 times greater than that of the general population.
- Drug and alcohol abusers are 6 times more likely to attempt suicide.
- Each year in the U.S., thousands of teenagers commit suicide.

Warning Signs of Suicide

- Depression - there is a link between depression and suicide
- Feelings of hopelessness and guilt
- Pervasive sadness, anxiety, restlessness, fatigue, loss of interest in activities, changes in eating and sleeping habits
- Verbal threats or talk about committing suicide. *“I wish I were dead.” “I don't want to be here anymore.” “I'm a loser.” “All of my problems will end soon.”*
- A previous suicide attempt (and/or a suicide attempt or death by a loved one)
- Changes in behavior - isolation, risk-taking behaviors
- Loss of interest in personal appearance
- Withdrawal from previously enjoyed activities, social activities, hobbies, friends
- Problems at school; change in school performance, falling asleep in class, emotional outbursts
- Trouble eating or sleeping
- High risk sexual behavior
- Crying spells
- Sexual identity crisis
- Frequent accidents or reckless behavior
- Sudden, unexpected happiness after prolonged depression
- Giving away prized possessions
- Increased use of alcohol or other drugs
- Preoccupation with death or dying
- Talking about death, obsession with music or art that features death or suicidal themes
- Verbal threats or cues such as *“Nothing matters anymore”... “Things would be better if I weren't around” ... “I just can't take it anymore.”*
- Recent major loss or crisis (death, divorce, break-up)

It is important to recognize that the crisis may be insignificant to other people, but very significant to the teenager.



Ways To Be Helpful To Someone Who Is Threatening Suicide

- Be aware. Learn the warning signs.
- Get involved. Become available. Show interest and support. Let the person know you care.
- Ask if he or she is thinking about suicide. Be direct.
- Ask questions about suicide - does the person have a specific plan? Has he/she taken steps to carry out the plan?
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
- Don't dare him or her to do it.
- Don't leave a suicidal person alone.
- Don't give advice by making decisions for someone else to tell him or her to behave differently.
- Don't ask "why." This encourages defensiveness.
- Offer empathy, not sympathy.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib assurance. It only proves you don't understand.
- Take action. Remove means. Get help from persons or agencies specializing in crisis intervention and suicide prevention.

Be Aware of Resources

If you experience these feelings, get help! If someone you know exhibits these signs or symptoms, offer help! For assistance, contact:

- A community mental health agency;
- A private therapist or counselor;
- A school counselor or psychologist;
- A family physician
- Suicide prevention:
 - Alameda County 24 hour hotline: **(800) 309-2131**
 - National Hotline: **(800) 784-2433, (800) SUICIDE**

Chapter 5 – Grief & Loss

The subject of grief and loss can be frightening for young people struggling with their own identities and philosophies.

It's not easy for any of us to accept that all living things, including ourselves and those we love, will die. It's difficult for us to think about this, let alone talk about it with our children.

Loss is affected by the accumulation of loss related experiences we have had in our lifetime. Some of these may have involved death itself. Others, while seemingly minor, nonetheless resulted in real grieving - the loss of a relationship, a separation or divorce in the family, loss of a favorite object, leaving an old home for a new one or the death of a beloved pet. These situations are frequently referred to as *mini-deaths*, and are definitely cause for grief.

The symptoms of grief can be prolonged and complicated, but are part of the normal recovery process, not a sign of weakness or mental illness. The more central the loss or the person was in the life of the bereaved, the more intensely the sense of loss will be experienced.

- The first reactions are often shock, numbness, bewilderment, disbelief and possibly denial for a time, even when the loss or death was anticipated.
- After a few days, numbness turns to intense suffering. Grieving persons feel empty. They often dream or have hallucinations in which the deceased is still alive.
- Physical symptoms of grieving are common and can include sleep disturbances, loss of appetite or increased appetite, headaches, shortness of breath, heart palpitations and occasionally dizziness and nausea.
- Young people may alienate others by becoming irritable, argumentative, withdrawn, or isolated; or by exhibiting a decline in their schoolwork and other activities.

Most painful are feelings of guilt or remorse for having treated the deceased badly or having had angry thoughts about the deceased, or even “wished” the person dead.

Parents, wanting to protect their children, may try to avoid talking about the subject with them. How teenagers work through their grief depends largely on how family members and friends reach out to them. The more teens are encouraged to share their feelings, the more they will be able to cope with their loss. Acknowledging loss together, as a family, can give comfort and support even in the midst of pain and sorrow.

In his book, *Talking About Death, A Dialog Between Parent and Child*, Earl A. Grollman (Beacon Press, 1990), suggests the following guidelines for helping young people who have experienced death of a loved one.

1. Take the word “death” off the taboo list. Allow it to become a concept that can be discussed openly.

2. Understand that mourning and sadness are appropriate for people of all ages.
3. Allow teens to release their emotions. Let them call their feelings by the rightful names, i.e., hurt, anger, sadness.
4. Contact the school and inform them of the loss in the family; otherwise teachers may not understand any change in your teen's grades.
5. Seek help if you feel unable to deal with your teen during this crisis. There are times when even the best informed and well-intentioned adult is simply inadequate.
6. Don't tell the teenager that he or she is now the man or woman of the house, or a replacement for the deceased.
7. Don't use stories or fairy tales as an explanation for the mystery of death.
8. Don't let your child believe that you have all the final answers, leave room for their doubts and differences of opinion.
9. Don't be afraid to express your own emotions of grief. Children need to receive permission from adults to mourn.
10. Don't forget to continue to give assurance of love and support.

Memorial services, funerals and burial services are important rituals where the bereaved receive comfort and support from friends and community. Attending these services can help the bereaved accept the reality of death and express sorrow. Opinions vary on the age at which children should attend funerals; some say 3, others 5, and still others 7. Teenagers should be encouraged to attend. All agree that the choice should be the child's.



When should you seek professional counseling? Grieving persons, including children and adolescents usually return to near normal activity within a few months. The distinction between normal and abnormal mourning is determined by the intensity and the duration of the symptoms. The following signals may indicate that further advice or guidance should be sought:

If, after a few months, your teen:

- appears sad or depressed most of the time
- exhibits prolonged irritability and moodiness
- uses drugs or alcohol
- experiences significant feelings of low self-esteem
- frequently loses interest in formerly pleasurable activities
- has a marked decline in grades or quality of schoolwork
- continually sleeps too much or too little or has frequent nightmares
- persistently withdraws or becomes socially isolated

If you think there is cause for concern, contact a family counselor, child psychologist or bereavement support group. Remember, avoiding or denying feelings does not make them go away. Young people who can grieve with their families are better able to recover from the painful effects of their loss.

Chapter 6 – Handling Stress

*“It's a natural response to the pressures of life.
Stress prepares the body to react to challenge.”*

What is stress?

Stress is an automatic physical reaction to a danger or demand. A stress response can occur with positive or negative situations and can vary in intensity.

Some sources of stress include:

divorce, marriage, a new sibling, moving, death of a loved one,
loss of a friend, taking a final exam, winning the lottery,
having an argument, illness, money problems.

How do you know if you are stressed?

Muscles tighten, blood pressure rises, the heart speeds up, extra adrenaline rushes through your system when your body reacts to stress. Stress has also been called burn out. You know you are stressed when life **seems** like a check-off list rather than a joy.

Physical Signs of stress:

headaches, stomach aches, tight neck muscles,
trembling, nervous tics,
teeth grinding (or complaints of sore jaw),
rise in accident proneness,
frequent urination, bed wetting

Behavioral Signs:

crankiness, laziness, irritability, anxiety,
nervousness, loss of energy, poor eating habits,
excessive TV watching,
sleep problems, nightmares,
indulgence in drugs and other unhealthy stimuli

How do we allow ourselves to be stressed?

Everyone feels the effects of stress. Some stress can be good for you, because it inspires you to better meet life's challenges. It's the “fuel” that powers you over life's obstacles ... from job interviews to personal tragedy. But too much stress can harm your physical and mental well-being. You need to be able to control stress ... so that it doesn't control you!

What are some of the signs of stress?

All people show some signs of stress from time to time. Sometimes the cause is beyond our control. You are more susceptible to the common cold and are at greater risk of developing heart disease, ulcers and some cancers. Often a cold is your first signal you are in a state of stress.

How can we stop the cycle of stress?

No matter what method you select to help you reduce stress, be sure to keep in mind these general rules: do something you enjoy, set aside time for yourself, and do it with commitment. A stress management program can increase your physical and emotional well-being.

Listen. Start listening to the signals your body and mind are sending. (i.e., feelings of always being tired and thinking that your life is not fulfilling.) The best way to listen is to take time each day to sit quietly and just allow your thoughts to flow. You may even ask yourself questions like, "*How am I going to make my life happier or more satisfying?*" The answer may come immediately or in the shower, or when you wake the next day. Taking the time to listen takes practice.

Relax. Deep breathing is one of the most effective techniques for reducing stress. The way we breathe affects the tension in our muscles and influences our thoughts and feelings.

Awareness Breathing:

To breathe correctly and relax: Take a deep breath in through your nose; hold this breath for a count of two (feel it flowing through your body); then breathe out slowly through your mouth. As you breathe in, say "*I am*"; As you breathe out, say "*relaxed*." Take three deep breaths at least three times a day and feel how nice it is to let go of the tightness, tension and negative thoughts in your life.

Exercise. Exercise is a great way to relieve physical and mental tension. Studies show that during exercise, tranquilizing chemicals (called "endorphins") are released in the brain. Exercise brings pleasurable relaxation. Choose any activity that appeals to you. Most physicians recommend at least 20 minutes of vigorous exercise 3 or more times a week.

Hobbies. Do something you really enjoy, and do it regularly, at least a half hour each day. Certain activities provide a creative outlet, lessen fatigue and refresh your mind, body and spirit.

Other Suggestions: Eat properly, get enough sleep, manage your time wisely, work out anger, talk out worries, and take breaks.

Attitude. Change your attitudes and perceptions regarding your stressors.

- Take responsibility for your stress.
- If you can't change a situation, allow yourself to change the way you look at the situation
- Keep a diary of those things that stress you or the time of day you feel stress. Sometimes just rearranging your schedule will eliminate stress.
- Have a proper balance in your life of work, school, play and rest.
- Learn not to wear other people's anger. Often, people only feel good about themselves when they are able to make others feel bad. Don't give someone this type of power over you.
- Don't be afraid to seek help in areas in which you are struggling.
- Look for the humor in stressful situations. Ask yourself *how important will this really be tomorrow. Don't sweat the small stuff and it's mostly all small stuff.* Remember: *Don't fight, Don't flee, Just flow.*
- Communicate your feelings to others and make sure they understand you correctly.
- Be sure to eat properly and get sufficient rest.
- If you have trouble sleeping, try the Awareness Breathing with this exercise in imagery:

Close your eyes and imagine you have a blackboard with all the day's work written on it. Now imagine you have an eraser and you are erasing everything from the blackboard, just for tonight. Now imagine there are very positive, relaxing words being written on the board and as you read them you begin to relax. You take a nice deep breath in, being aware of any areas that feel tight and tense, and as you blow out, imagine you are blowing out the tightness or tension. Start at the top of your head and continue breathing in and out, working your way down your body, releasing and relaxing. (It also helps to have soothing music).

Before you know it, you will be drifting off to a very peaceful and relaxing night's sleep.

Suggested Reading for Adults:

The Artist's Way, by Julia Cameron

Enough Is Enough: Exploring the Myth of Having It All, by Carol Orsborn

Meditations For Women Who Do Too Much, by Ann Wilson Schaef

Minding the Body, Mending the Mind, by Joan Borysenko

What You Feel, You Can Heal, by John Gray

Your Fondest Dream, by Jim Leonard

Suggested Reading for Teens:

Fighting Invisible Tigers: A Stress Management Guide for Teens, by Earl Hipp

Making the Most of Today: Daily Readings for Young People on Self-Awareness, Creativity, and Self-Esteem, by Pamela Espeland and Rosemary Wallner

Please Listen to Me! Your Guide to Understanding Teenagers and Suicide, by Marion Crook

Chapter 7 – Eating Disorders

Eating Disorders are very common among high school students. Young women are particularly at risk for developing eating disorders; 90-95% of those affected are female. Our society is overly concerned with thinness, making it difficult for a young woman to be comfortable with her body.

Overeating related to tension, poor nutritional habits and food fads are relatively common eating problems for adolescents. In addition, two psychological eating disorders, anorexia nervosa and bulimia, are increasing among teenage girls, young women, and boys. Teenagers with either of these disorders are overly concerned with weight, food, body image and control in their lives.

Parents frequently ask how to identify symptoms of anorexia nervosa and bulimia. The fact is that many teenagers are able to hide these serious and sometimes fatal disorders for many months or even years.

Anorexia Nervosa:

Young women with anorexia become extremely thin, even though they still think they are fat. Refusal to eat, inability to maintain body weight, fear of gaining weight, and distortion of body image are part of the definition of anorexia. A teenager with anorexia nervosa is typically a perfectionist and a high achiever in school. At the same time, she suffers from low self-esteem. She believes she is fat regardless of how thin she becomes. Desperately needing a feeling of mastery over her life, the teenager with anorexia nervosa experiences a sense of control only when she says "no" to the normal food demands of her body. In a relentless pursuit to be thin, the girl starves herself. This often reaches the point of serious damage to the body, and in a small number of cases may lead to death, if not diagnosed early.



Bulimia:

Like anorexics, bulimics suffer from low self-esteem and distortion of body image. Teenagers with bulimia may be of normal weight or even overweight, so they are not noticed. Bulimia is characterized by recurrent episodes of binge eating, a feeling of lack of control over eating during binges, and use of vomiting, laxatives, diuretics or vigorous exercise in order to prevent weight gain.

- The person with bulimia binges on huge quantities of high-caloric food and then purges her body of dreaded calories by self-induced vomiting and use of laxatives. These binges may alternate with severe diets, resulting in dramatic weight fluctuations. Teenagers may try to hide the signs of throwing up by running water while spending long periods of time in the bathroom. The purging of bulimia presents a serious threat to the teenager's physical health, resulting from dehydration, hormonal imbalance, depletion of important minerals, and damage to vital organs.

Medical problems are common among teenagers with eating disorders. Anorexics can have electrolyte imbalances and heart, menstrual and gastrointestinal problems. Bulimics can have the same medical problems as anorexics. In addition, they can have problems associated with the bingeing and purging such as dental problems, swelling of the glands in the cheeks, throat problems and damage to the esophagus.

Activities which should lead to a suspicion of an eating disorder include:

- excessive concern with body image and weight
- a need to go into the bathroom after eating
- dramatic loss of weight
- obsessive need to exercise

If there is suspicion of an eating disorder, family and friends would be wise to have the person evaluated by a medical doctor and a psychologist familiar with eating disorders. Often a nutritionist will be consulted. Medications and psychotherapy are often the treatment. Many young adults will recover with appropriate treatment.

Chapter 8 – Gay, Lesbian, Bisexual, Transgender

Finding out that your child is gay or lesbian changes your life forever - both as a parent and as a person.

A child's coming out can often result in a period of difficult adjustment for a family. However, this period can result in an opportunity to grow with your child and become much closer.

The first and often most challenging step we must take is to accept our child's sexual orientation. Homosexuals and bisexuals are no more able to alter their sexual orientation than their heterosexual counterparts. One in four families has a gay member. Keep in mind that your child has trusted you with one of his or her deepest secrets and is the same child that he or she was the moment before he or she shared his/her homosexuality.

Being homosexual or bisexual is not a choice - like being right handed or left-handed, or being blue-eyed or brown-eyed. Even though you, as a parent, experience your own suffering, think about what your child has suffered and that your son or daughter has had enough confidence in your love and support to share this with you.

The possible isolation, alienation, fear of rejection, and other accompanying stresses which are often part of being young and in a sexual minority can diminish self-esteem and provide the impetus to engage in high-risk and self-destructive behaviors, including drug and alcohol abuse, eating disorders, unsafe sex and suicide. Gay and lesbian youth face many difficulties. They are two to three times more likely to abuse drugs and alcohol and three times more likely to commit suicide than their heterosexual peers.

Negative reactions by parents to a child coming out are typical. But if you can remember that this is your child whom you have loved and supported for all his or her life, you can continue to love and support the child through the challenges to be faced in the future. The most important message we can send to our gay and lesbian children is one of acceptance and understanding. Parents of gay children frequently experience sadness stemming from negative stereotypes displayed in the media. It is our responsibility to counter these stereotypes with the images of our wonderful and productive children.

Facts From PFLAG

Parents, Family & Friends of Lesbians and Gays

- In a study of 5,000 gay men and women, 35% of gay men and 38% of gay women had seriously considered or attempted suicide. (The Gay Report: Lesbian and gay men speak out about their sexual experiences and lifestyles. New York. Summit)

- Studies show that gay men were six times more likely to attempt suicide than heterosexual men; lesbian women were two times more likely to attempt suicide than heterosexual women. (Homosexuals: A study of diversity among men and women. New York. Simon & Schuster)
- In a study of homeless youth entering a shelter, 65% of gay youth had attempted suicide as compared to 19% of the heterosexual youth. (client statistics, Larkin Street Youth Center, SF).

Bisexual

A bisexual person is attracted to persons of the opposite sex as well as people of the same sex.

Transgendered

A transgendered person is someone who identifies both physically and emotionally with the opposite gender. For example, a person born biologically female would dress as a man and adopt a traditionally male persona. Some transgendered people will seek or wish to have sex realignment surgery, as he or she feels “born in the wrong body.” (San Francisco Sex Information Hotline).

Suggested Reading:

Beyond Acceptance, by Caroline Griffin, Marian and Arthur Wirtt

Now That You Know, by Betty Fairchild and Nancy Howard

Chapter 9 – Teen Sexuality

Adolescence is a time of testing boundaries, experimenting and moving toward independence.

Achieving a fulfilling and loving relationship, delaying sexual intimacy, or accepting the responsibilities that come with sex can be difficult for adults and doubly hard for adolescents. Sex can be part of a loving relationship and may bring a couple closer together. However, sex can also bring up many new feelings, questions and concerns for a couple. How to prevent pregnancy and infections becomes an immediate concern, but is often difficult to discuss, especially with parents.

As parents, we worry about the situations facing our children. We want them to have positive experiences. We want them to be safe. We want them to uphold the values they've been taught. This doesn't end when our children face decisions about sex. We must constantly reinforce our values through our words and actions. With so many depictions of sex on television, in the movies, and in the media, we must provide positive role models for sexual responsibility and contraceptive use. We need to give our children the information they need to make good decisions. If our teens make decisions of which we don't approve, we can still help by listening and by providing facts and guidance. Use those mistakes to provide opportunities for learning.

Statistics:

- In 2009, 46% of high school students had ever had sexual intercourse, and 14% of high school students had had four or more sex partners during their life.
- Although only 13% of U.S. teens have ever had sex by age 15, sexual activity is common by the late teen years. By their 19th birthday, seven in 10 teens of both sexes have had intercourse.
- About one in four adolescents (23% of females and 28% of males) received abstinence education without receiving any instruction about birth control in 2006–2008, compared with 8–9% in 1995.
- Among 15-19 year olds, California has an annual incidence of pregnancy rate of 37.1 per 1000, vs. the national average of 42.5 per 1000.
- In 2007 those pregnancies resulted in about 53,393 births to California women ages 15-19.
- The United States continues to have one of the highest teen pregnancy rates in the developed world—more than twice as in Canada (27.9 per 1,000 women aged 15–19 in 2006) or Sweden (31.4 per 1,000).
- A sexually-active teen who does not use a contraceptive has a 90% chance of becoming pregnant within a year.
- Every year, roughly nine million new STIs occur among teens and young adults in the United States.

- In 2009, 34% of currently sexually-active high school students did not use a condom during last sexual intercourse.
- In a single act of unprotected sex with an infected partner, a teenage woman has a 1% risk of acquiring HIV, a 30% risk of getting genital herpes and a 50% chance of contracting gonorrhea.

(The above listed statistics were obtained from the Alan Guttmacher Institute (2011), Centers for Disease Control and Prevention (2010), and the California Adolescent Sexual Health Work Group (2009)

- It takes more than one year after becoming sexually active for 60% of teenage women to seek medical contraceptive services. 50% of all first pregnancies occur within 6 months of first intercourse. 20% occur in the first month. (Family Planning Perspectives)

Although teen pregnancy rates have steadily declined and teen sexual intercourse rates have leveled off, there are increasing anecdotal reports stating that middle school aged students (aged 12-14) appear to be experimenting with a wider range of behaviors, especially oral sex.

WHY?

Just a few reasons why teenage pregnancy occurs so frequently.

- **Guilt** doesn't always work. As noted by the Institute of Medicine: *“Holding negative emotions about non-marital sex, such as fear or guilt, may sometimes inhibit sexual intercourse. When these emotions are not strong enough to deter intercourse, there is strong evidence that this feeling may actually reduce the individual's ability to use contraception.”*
- **Drinking** - 85% of girls surveyed cited drinking as a major factor leading to sex. (Mark Clements Research Survey, 3/96) Actually, “risk taking” which includes using alcohol and tobacco, is a reliable indicator of those who are more likely to have had intercourse at an early age. (1990 Youth Risk Behavior Survey)
- **Peer Pressure** - 86% of boys felt pressured by other boys to become sexually active, and 70% of girls felt pressured by other girls. Additionally, 83% of girls felt pressured by their boyfriends to have sex. (Mark Clements Research Survey, 3/96) Peer pressure sometimes makes abstinence a difficult choice.
- **Media** - Sex is everywhere on the radio, on television, in music, and on the big screen. Currently there is an average of three sexual acts per hour on television.
- **Emotional factors** - 97% of girls, 12-19 surveyed by Mark Clements Research, 3/96 said, "having parents they could talk to" could help prevent pregnancy among unmarried teens, and 93% said "having loving parents" reduces the risk.
- **Physical factors** - As a rule, girls are maturing at an earlier age and marrying at a later age. Typically, women begin having intercourse 7 years before marriage; men 10 years. (Forest & Silverman, 1989)

- **Lack of information; lack of planning** - Teens need more information. They need to be educated on the topics of abstinence, birth control, STIs and AIDS. All prescription methods of birth control require planning. This includes making and keeping an appointment with a doctor or clinic and finding a safe place to store contraceptives. Some methods must be used for various periods of time before they are effective. Planning also removes the romantic notion of being “swept away.”
- **Embarrassment** - Teens are frequently too embarrassed to admit to or to choose abstinence, too embarrassed to talk to parents, too embarrassed to be examined, too embarrassed to buy over-the-counter methods of birth control, too embarrassed to tell a partner to use condoms. Parents too are frequently embarrassed to talk to teens about sex.

What can parents do?

- **Talk with your child ... often ... and listen.** Give them correct information to make responsible decisions, then try to respect those decisions. Give opportunities for the development of a moral and ethical basis from which your teenager can make sound life decisions. Be involved in their lives through leisure time activities, volunteering together, religious activities, school and friends. Support your child in planning for his or her future. Be aware that negative communication can hurt. In a study of adolescent boys and their families, parental hostility blocked family problem-solving and negatively affected parent-child relationships. (Journal of Adolescent Research, 1994). Feeling ignored or misunderstood can lead to risk-taking behavior such as alcohol use which is clearly associated with early sexual activity. (Youth Society, 1992)
- **Educate your kids.** Supplement the education provided at school. Add your feelings and values. Discuss abstinence, birth control, STIs, AIDS. These are tough subjects, but your children need to know how you feel, through your words and actions.
- **Listen to your kids!**
- **Seek outside help when the need arises.** Schools, religious organizations, clinics, health departments, counseling services and doctors may provide information, care or referrals as needed. The internet, libraries, friends and family can also be helpful.

Videos and Books

How to Help Your Teenager Postpone Sexual Involvement by Marion Howard

Raising a Child Conservatively in a Sexually Permissive World by Sol Gordon, Ph.D. and Judith Gordon, M.S. W.

Talking About Sex. A Guide for Families A video kit designed to help kids and parents get through puberty. Includes video, parent's guide and children's activity workbook. Available from Planned Parenthood, (925) 676-0505, ext. 215.

Chapter 10 – Sexually Transmitted Infections (STIs)

(formerly referred to as STDs or VD)

Sexually transmitted illnesses are infections that are passed during oral, anal or vaginal intercourse or intimate contact with infected blood or other body fluids. Most of these "germs" need warm, moist places to grow-like the mouth, rectum, and sex organs.

Some STIs cause pain, but many times a person has no symptoms and may not know he/she is infected. If left untreated, the STI may permanently damage one's health, destroy future fertility and possibly cause death. Don't ignore a symptom, hoping it will go away. It won't. Most STIs can be treated with antibiotics. All partners must also be treated to prevent re-infection.

Types of STIs

Chlamydia

This bacterial infection is a major cause of Pelvic Inflammatory Disease (PID) in women, epididymitis in men and may lead to sterility in both.

- Most women have NO symptoms.
- However, symptoms can include itching, vaginal or penile discharge, and discomfort when urinating.
- The highest rates of reported Chlamydia in 2009 were among those 15-19 years old, (3,329.3 cases per 100,000 females).
- This infection can be treated with antibiotics.

Genital Warts (condyloma, HPV)

- HPV - Human Papilloma Virus causes warts on both internal and external genitalia.
- The wart itself can be treated, but the virus remains in the body and symptoms can reoccur.
- This infection may cause abnormal pap smears and lead to precancerous conditions, or cervical cancer.
- There are more than 40 HPV types that can infect the genital areas of males and females.

Gonorrhea

This bacterial infection can cause PID in women, prostatitis and epididymitis in men and may lead to sterility in both.

- It can cause heart trouble, skin diseases and blindness.
- Symptoms can include pelvic pain and vaginal/penile discharge.
- This infection can be treated with antibiotics.

Hepatitis B

A virus that can cause permanent liver damage.

- Yellowing of the skin or eyes is a symptom of Hepatitis B.
- Some people recover completely; some cannot be cured.

Herpes

A very contagious virus that causes painful blisters.

- This infection cannot be cured but medication can hasten the healing process, lessen the discomfort and decrease the frequency of outbreaks.

HIV – Human Immunodeficiency Virus

Causes a breakdown of the body's defense system. Read more in the next section.

- This infection cannot be cured.

Chapter 11 – HIV / AIDS

What is HIV/AIDS?

AIDS, which stands for

Acquired = received from someone else

Immune = the system in your body that fights illness

Deficiency = the immune system is not functioning properly

Syndrome = a group of signs or symptoms

AIDS is caused by the Human Immunodeficiency Virus (HIV). AIDS occurs after HIV has destroyed the body's immune system. If your body's immune system is no longer functioning, opportunistic diseases attack your body, which is unable to fight them off. On average, once in the body, HIV takes 10 years to make a person ill.

How is HIV spread?

For most people, there are two common ways of becoming infected:

- Through sex with someone who has HIV / AIDS
- Sharing needles with someone who has HIV / AIDS

One can also become infected:

- During pregnancy or birth from a mother infected with HIV / AIDS
- Through breast-feeding.

Can You “Catch” HIV?

No. Unlike other viruses, HIV is not spread through the air, water, or casual contact. You can't get HIV from toilet seats, clothing, handshakes, hugs, coughs, sneezes, sweat, or tears. You won't get HIV from a mosquito bite, donating blood, sharing food or living with someone who has the disease. It is extremely unlikely to get HIV from a blood transfusion. Since 1985, all donated blood and plasma is tested for antibodies to HIV. However, once exposed to HIV it may take up to 6 months for the antibodies to develop in the body. Since the test is screening for HIV *antibodies*, not HIV *virus*, it is possible that some contaminated blood may be donated.

Is There A Vaccine for HIV? Can AIDS Be Cured?

No. Medicine can treat the symptoms of HIV infection and AIDS, but there is no vaccine available to prevent the disease. There are drugs that can slow the attack and reduce the amount of virus in the blood, but it is too soon to tell what the future of these drug therapies hold. Knowledge and responsible behavior are the best ways to lower the risk of infection as HIV does not discriminate.

How Can the Risk of Infection Be Reduced?

- **Do not have sex!** ABSTINENCE is a good method to protect yourself from HIV, other STIs and pregnancy. You can get infected from even one sexual experience. Another way to reduce your risk is to have a lifetime, monogamous relationship with an uninfected person. If that is not possible, limit your number of sex partners and know his or her past.
- If you are sexually active, always **use a new latex condom** with each act of sex. Put the condom on before ANY contact. For oral sex with a woman, use a dental dam, a non-lubricated condom cut up the side and unrolled, or regular saran wrap. (Sounds funny, but it works!). For oral sex with a man always use condoms-that way both partners are protected. Water based lubricant (not petroleum jelly or baby oil) may be used to increase safety.
- **Never** share any kind of needle or syringe. ANY object that breaks the skin should not be shared. If that is not possible, learn to clean your needle at least three times with bleach and rinse with water before and after each use.
- **Don't use alcohol or other drugs.** It's difficult to practice safer *sex* when you're high.
- **Educate yourself** about HIV / AIDS.
- **Have yourself and your partner tested** for HIV.
- Whether you have sex and whether you use condoms are decisions you can make over and over again. You can choose not to have sex, even if you have had sex in the past. You can choose to use condoms even if you haven't used condoms before. Use what you have learned about sex to make decisions that are good for you and for your partner.

The HIV Test

It is a specific blood test that tells if a person has been infected with HIV six months prior to the test date. The body develops antibodies as an immune response to fight off the virus, but it may take up to six months after infection to have enough antibodies to be detected by the blood test. To take an HIV test, call the health department or AIDS Organization for local clinics that offer free or low-cost, anonymous testing and counseling.

HIV/AIDS Now

Centers for Disease Control (CDC) estimates that more than one million people are living with HIV in the United States. Since reporting of HIV positive status is not required, this is only an estimate. It is also estimated that 56,300 Americans become infected every year. One in five (21%) of those people living with HIV is unaware of their infection.

More than 18,000 people with AIDS still die each year. Through 2007, more than 576,000 people with AIDS in the US have died since the epidemic began. According to a 2007 CDC report, AIDS is the sixth leading cause of death in Americans between the ages of 25 and 34 and the fifth leading cause of death for those between 35 and 44 years of age.

EDUCATION IS IMPORTANT. LEARN HOW TO PROTECT YOURSELF.

For Parents as Educators

Throughout your child's life you've been teaching your values by how you act and what you say. The teenage years are a period of testing; testing limits, testing values, and testing your patience! Since a majority of teens have had intercourse by age 18, parents **must** talk about sex, STIs, birth control methods, and AIDS - even though they may prefer their children delay sexual activity. In their discussion, parents may want to include behaviors that are considered "*safer sex*" in that they don't usually transmit HIV, STIs, or cause pregnancy – this means kissing, caressing, snuggling, hugging and touching in a loving way.

- Turn off the television.
- Talk to your kids, and listen too.
- It's never too early to answer their questions, but it can be too late. Use age appropriate terms.
- Use those teachable moments; a newspaper article, a movie, a song, as opportunities for dialog.
- Educate yourself so you can educate your teenagers. Use the library or the internet.
- Get over your embarrassment. Your teenager's health is at stake. If you can't get over the embarrassment, find someone who can!

Remember that peer pressure is intense for teens and the lure of belonging may be so strong that teens may not be able to resist.



Chapter 12 – Substance Abuse

Why do teenagers use drugs/alcohol/tobacco?

*Some use because their friends do
and they want to fit in.*

*Some start using drugs /alcohol because
they are curious.*

Some want to forget their problems.

Some use to relax.

Some use drugs /alcohol for stimulation.

Some use simply to get high.

AN OVERVIEW OF ALCOHOL, TOBACCO AND OTHER DRUGS

Young people use alcohol, tobacco and/or drugs for many reasons that have to do with how they feel about themselves, how they get along with others, and how they live. No one factor determines who will use drugs or alcohol and who will not, but a few predictors to consider are:

- low grades or poor school performance
- aggressive, rebellious behavior
- lack of parental support and guidance, and
- behavior problems at an early age

Being alert to possible drug use can be challenging. It is sometimes difficult to discern the difference between normal teenage behavior and behavior caused by drugs. Changes in character that are extreme or last for more than a few days may signal alcohol and/or drug use. Consider the following questions:

- Does your teenager seem withdrawn, depressed or tired?
- Is your teen careless about personal grooming?
- Has your teen become hostile and uncooperative?
- Has your teen's relationship with other family members deteriorated?
- Has your teen dropped old friends?
- Is your teen no longer doing well in school? (i.e., grades slipping, irregular attendance)
- Has your teen lost interest in hobbies, sports, and/or other favorite activities?
- Has your teen's eating or sleeping patterns changed?

Most teenagers will have some experience with alcohol and other drugs. Some will experiment and stop. Some will use regularly, with varying degrees of physical, emotional and social problems. Others will develop a dependency that can be destructive to themselves and others. Some will die, and some will cause others to die.

Some teens are able to experiment with drugs without developing dependency. But since there is no certain way to predict which teenagers will develop serious problems and addictions, all use should be considered dangerous. Saying “no” is often part of the solution, but just saying “no” is seldom enough.

GATEWAY DRUGS

Gateway drugs are the drugs that people are first exposed to and experiment with before moving on to more addicting drugs. The significance of gateway drugs is that most people with a drug dependency began their cycle of addiction by experimenting with a gateway drug. Because of massive marketing and easy availability, tobacco and alcohol are the first drugs of choice for teenagers.

For years tobacco has been touted as the gateway drug that would lead adolescents into the world of illicit drug experimentation and use. Today gateway drugs have expanded to include alcohol and marijuana as well as tobacco.

The agreement on the following page was developed by Partnership for a Drug Free Contra Costa. Its placement in this Handbook is simply in response to requests from parents for suggestions. It is not a legal, binding document. It is merely a family agreement to support each other around substance use issues. CASA recommends that you use this as a guide for discussing substance use in a family meeting.



FAMILY SUBSTANCE ABUSE AGREEMENT

As a Family:

We agree to learn as much a possible about the effects of alcohol, tobacco and other drugs; to discuss these issues openly; and to share our concerns about peer pressure and self-destructive behavior.

We commit ourselves to mutual support, love and seeking joy in healthy life practices.

We agree to obey the drinking and driving laws. If any of us have consumed more than one drink per hour, we will call a sober driver to get us home safely.

As a Parent:

I agree to discuss and develop a clear position about alcohol, tobacco and other drug use with my children.

I will set an example that can be followed by my children and will not confuse them with double standards.

I will not conduct myself in an illegal manner with regard to the use of alcohol or other drugs.

I will respond in a supportive manner if I am contacted by a member of my family who finds himself or herself in a dangerous or potentially dangerous situation. I am open to being contacted at any time of the day or night. I will then be open to discussing the situation with them at a later time.

I will not serve or permit youth under the legal drinking age to drink alcohol or use illegal drugs, including tobacco, in my home.

I welcome communication with other parents regarding our son's or daughter's activities.

As a Youth:

I commit myself not to endanger my well being by using alcohol, tobacco or other drugs.

I agree that I will not accept a ride with anyone who is under the influence of alcohol or other drugs.

If I ever find myself in a dangerous or potentially dangerous situation, in regard to substance use, I will know that you are open to my calling you for guidance or help, at any time of the day or night.

Parent _____
Date _____

Youth _____
Date _____

Don't Drink and Drive! Please Don't!

*I went to a party, Mum, I remembered what you said.
You told me not to drink, Mum, so I drank coke instead.
I really felt proud inside, Mum, the way you said I would.
I didn't drink and drive, Mum, even though the others said I should.*

*I know I did the right thing, Mum, I know you are always right.
Now the party is finally ending, Mum, as everyone is driving out of sight.
As I got into my car, mum, I knew I'd get home in one piece.
Because of the way you raised me, so responsible and sweet.*

*I started to drive away, Mum, but as I pulled out into the road,
the other car didn't see me, Mum, and hit me like a load.
As I lay there on the pavement, Mum, I heard the policeman say, the other guy is drunk, Mum,
and now I'm the one who will pay.*

*I'm lying here dying, Mum. I wish you'd get here soon.
How could this happen to me, Mum? My life just burst like a balloon.
There is blood all around me, Mum, and most of it is mine.
I hear the paramedic say, Mum, I'll die in short time.*

*I just wanted to tell you, Mum, I swear I didn't drink.
It was the others, Mum, the others didn't think.
He was probably at the same party as I.
The only difference is, he drank and I will die.*

*Why do people drink, Mum? It can ruin your whole life.
I'm feeling sharp pains now. Pains just like a knife.
The guy who hit me is walking, Mum, and I don't think it's fair.
I'm lying here dying and all he can do is stare.*

*Tell my brother not to cry, Mum. Tell Daddy to be brave.
And when I go to heaven, Mum, put "daddy's girl" on my grave.
Someone should have told him, Mum, not to drink and drive.
If only they had told him, Mum, I would still be alive.*

*My breath is getting shorter, Mum, I'm becoming very scared.
Please don't cry for me, Mum.
When I needed you, you were always there.
I have one last question, Mum, before I say goodbye.
I didn't drink and drive, so why am I the one to die?*

ALCOHOL

Why do some people drink socially, and others become alcoholics? Can anyone become an alcoholic? What is addiction anyway? How does a person know that he or she has crossed the line from use to abuse? If you have alcohol or drug addiction in your family, who is affected, and in what way?

Alcohol use is common in our society and widely accepted in our culture. What is not commonly known or accepted is that alcohol is a drug. In fact, there are millions of Americans addicted to alcohol. It is the most commonly used and abused drug in America. It is the drug of choice for most people, especially teenagers. The effects of this chemical depend a lot on the drinker.

Some teenagers are more at risk than others to develop alcohol and other drug-related problems. Highest on the list are those teenagers with a family history of substance abuse problems.

Alcohol is classified as a depressant, the same drug class as a barbiturate or tranquilizer, as it puts the brain to sleep.

Immediate Effects of Alcohol Use: Euphoria, mild relaxed feeling, loss of inhibitions, impaired judgment, altered perception, and depression of the central nervous system (CNS) which causes slurred speech, blurry or double vision, and loss of coordination.

Long Term Effects of Alcohol Use: Heart disease, high blood pressure, liver/brain/kidney/and stomach damage, circulatory problems, seizures, and more.

Effect of Alcohol Overdose: Unconsciousness, respiratory failure, and death.

Alcohol is the most popular drug among youth and adults in our country. Alcohol is also one of the most deadly drugs available to our youth today. The leading cause of death for teens in this country is alcohol-related traffic accidents.

Facts for Families

- Alcohol is a drug.
- Beer, wine, and liquor all contain alcohol.
- Alcohol is a depressant, like sleeping pills.
- People can become addicted to alcohol.
- Alcoholism is a disease.
- Alcoholism runs in families.

It's a fallacy for parents to believe it's okay to let teens drink as long as they do it responsibly, and don't drive. Alcohol may permanently stop the development of the hypothalamus part of the brain in growing adolescents. Addiction often occurs more quickly in bodies that are still growing. **It can happen in months!**

Realities of Alcohol Use/Abuse

- Traffic crashes are the number one killer of teens and 28 percent of fatal traffic crashes involving teen drivers are alcohol related. (NHTSA, 2005)
- Most young people who start drinking before age 21 do so when they are about 13-14 years old.
- Each year, approximately 5,000 people under the age of 21 die as a result of underage drinking.
- Today, nearly 10.8 million youth, ages 12-20, are underage drinkers.
- Children of alcoholics are between 4 and 10 times more likely to become alcoholics than children from families with no alcoholic adults.
- By age 18, more than 70% of teens have had at least one drink.
- Alcohol plays a significant role in risky sexual behavior, physical and sexual assaults, various types of injuries and suicide.
- The effects of underage drinking can be felt by everyone. That makes underage alcohol use everyone's problem.

(With one noted exception, the above listed statistics were obtained from the Department of Health and Human Services. *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking*. Department of Health and Human Services, Office of the Surgeon General, 2007.)

Suggested Reading:

Co-Dependent No More, Melody Beattie

Under the Influence, J. Milam



TOBACCO



Facts About Tobacco, Smoking and Teens

- Each day, about 4,000 kids in the United States try their first cigarette and an additional 1,000 kids under 18 years of age become new regular, daily smokers. (Campaign for Tobacco-Free Kids)
- 5.2% of middle school and 17.2% of high school students smoke cigarettes. (CDC, 2009)
- Cigarette smoke contains 4,000 chemicals, several of which are known carcinogens.
- The tobacco industry spends more than \$12.5 billion per year on advertising and promotions.
- Although youth and the tobacco industry claim that it is “peer pressure” that causes them to use tobacco, advertising creates peer pressure by dictating cultural norms. In essence, peer pressure is created and paid for by the tobacco industry.

“If it were legal to market to kids, we would.”

Walker Merriman
former CEO, Philip Morris

- Young people perceive smokeless tobacco and cigars as “safe” alternatives to cigarettes. However, they are just as addictive and just as deadly.
- Cigars are becoming a booming industry. More and more young people are starting to smoke cigars.
- Over the course of a lifetime, the average smoker will spend over \$50,000 on tobacco.
- Some parents make little effort to get their kids off cigarettes, adding to the perception that tobacco is “no big deal.”

Nicotine

Nicotine is a highly addictive drug, even more dangerous because it is legal, and communities tend to minimize its dangers. Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Perhaps the most dangerous substance in tobacco smoke is nicotine. Nicotine is the substance that reinforces and strengthens the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking.

Some of the known poisons and deadly substances in cigarettes are:

- Nicotine
- Arsenic
- Cyanide
- Carbon Monoxide
- Formaldehyde

The addictive properties of nicotine are comparable to heroin.

Nicotine is a stimulant that affects the central nervous system. It can be inhaled through the mouth (cigarette/cigar/pipe smoke), sniffed (dried snuff), chewed (chewing tobacco) or held between lips or between cheek and gums (wet snuff).

Immediate Effects: Relaxed or excited, energetic, dizzy, nauseated, tense, CNS stimulant.

Long Term Effects: Heart disease, emphysema, cancers of the lung, mouth, throat, esophagus, bladder and larynx, chronic obstructive pulmonary disease, physical and psychological addiction, stomach ulcers, high blood pressure, impaired sense of taste and smell, chronic bronchitis, and gum disease.

Smokeless Tobacco

We are starting to see a surge in the use of smokeless tobacco and cigars. Adults and young people perceive these as being “safe” alternatives to cigarettes. The truth is they are just as deadly and just as addictive.

Tobacco users in the U.S. are turning over a new leaf. Annual cigarette consumption dropped from nearly 376 billion cigarettes in 2005 to about 371 billion in 2006 says the U.S. Department of Agriculture. In 2006 the total number of pounds of smokeless tobacco sold to wholesalers and retailers was 115.2 million pounds.

Since 1970, smokeless, or spit, tobacco has gone from a product used primarily by older men to one used predominantly by young men and boys. Despite a decline in youth spit tobacco use from 1997 to 2003, 15% percent of U.S. high school boys were current smokeless tobacco users in 2009 – a 36% increase from 2003. Among all high school seniors who have ever used spit tobacco, almost three-fourths began by the ninth grade. (Campaign for Tobacco-Free Kids)

Constant exposure to tobacco juice causes cancer of the esophagus, pharynx, stomach, and pancreas. Smokeless tobacco users are at heightened risk for oral cancer compared to non-users and these cancers can form within five years of regular use. (Campaign for Tobacco-Free Kids)

Parents As Role Models

Children who smoke often have parents who smoke. Children are 50% more likely to smoke than those who don't have at least one smoker in their families. Having a mother who smokes seems to play a particularly strong role in making smoking acceptable.

Children of smoking parents are hospitalized for bronchitis and pneumonia at twice the rate of children whose parents don't smoke. They also suffer higher rates of ear infections. In addition, studies have shown that these children tend to have significantly smaller overall lung capacity and diminished lung function.

*“Children have never been very good at listening to their elders,
but they have never failed to imitate them”... James Baldwin*

Children worry a lot about parents who smoke.

Among children with parents who smoke, 86% fear their mothers or fathers may get sick and die from smoking; 74% worry that their parents' smoking is harming others in the family, including themselves; 48% worry about a possible fire caused by their parents' smoking; and 48% object to the odor of cigarette smoke in the house and on their clothes and hair.

For your kid's sake and your own, consider quitting.

Smokers Start Early

- 90% of people who smoke start before the age of 19 and 60% of this same group start before the age of 14. The majority of them (56%) say they tried their first cigarette before age 12.
- For smokeless tobacco, the age of initiation is around 9 years of age.

Most children who smoke (60%) report that their parents knew about it, but only 13% say their parents have urged them to quit; 70% say they smoke at home.

With the age of initiation at 12, it's never too early to start prevention.

It's Time to Act

Communities need to mirror the behaviors and values we want young people to emulate. If we want our youth to be tobacco free, our community environment must reflect this. That means public buildings, schools, homes, businesses, and people should all put forth the same message - that smoking is not acceptable. If parents use tobacco, they should restrict exposure of their young people to tobacco.

Teens say that it is peer pressure that makes them use tobacco. But ask them and yourself, where does peer pressure come from? Can it be bought? There is clearly a link between advertising and how people behave. Despite the fact that the tobacco industry is pouring money into the recruitment of new smokers, communities can fight back. Why does the tobacco industry spend \$12.5 billion on advertising? Communities can take back their neighborhoods from the tobacco industry. There are many people interested in promoting tobacco free youth as a priority. Acting in concert, adults and youth together give a strong message to businesses (and the tobacco industry) to stay away from our neighborhoods and to conduct business in an ethical and legal manner.

Set standards for your household. Will you have a tobacco-free home? Talk about the danger of all tobacco use.

**It is illegal for anyone under the age of 18 to possess,
use, or buy tobacco.**

Suggestions on Stopping:

Quitting tobacco is just the beginning. Permanently stopping is the real challenge. Teenagers can follow these tips to stay stopped!

1. Think of yourself as an ex-tobacco user. Consider how much better you look, feel, smell and how your sense of taste is returning.
2. Give yourself rewards. Decide on at least one pleasure you'll experience regularly to replace the pleasure you derived from smoking. How about a weekly "pleasure purchase" with the money you save by not buying tobacco (new clothing, a movie, a new book or CD)?
3. Begin a regular fitness program. Walking, swimming, bicycling or running will counter the urge to eat and the extra calories you could gain after you've stopped smoking.
4. Pick something else to handle. Use a coin, pen or pencil, "worry beads;" try doodling or chew on paper straws or minted toothpicks.
5. Prove to yourself tobacco doesn't solve problems. Reduce tension in other ways - take deep breaths, call a friend, talk over feelings. Work on keeping your "cool."
6. Make it difficult to start again. Don't just throw away your cigarettes, cigar, and pipe. Also, pitch your matches, lighter and ashtrays into the trash.
7. Drink plenty of fresh vegetable juices and eat lots of fresh fruits and salads. These foods will help flush the nicotine from your system very rapidly, probably in a week or less.
8. Satisfy your oral cravings; keep sugarless gum at home, at work and in the car. Keep a bowl of fresh raw carrots, cauliflower, radishes and celery in the refrigerator to satisfy your desire to snack without putting on pounds.
9. Speak up when other people's smoke bothers you. Ask to be seated away from smokers. A Thank You for Not Smoking sign displayed conspicuously in your home saves you the trouble of asking your guests not to smoke. You will be surprised at how people respect you for expressing your wishes courteously, but firmly.
10. Recognize that you have an opportunity to develop new, healthier, more enjoyable ways to cope. Don't sit at the table after meals if that's when you crave tobacco the most. Go for a walk or move to another room.
11. Above all, don't worry. Have confidence in your ability to quit. Your coughing will decrease, your sense of taste and smell will sharpen, your sleep will improve and your energy will increase. Soon you will find smoking distasteful; you may even find the odor of smoke unpleasant. By breaking your addiction, you will enjoy a significant boost in your sense of autonomy.
12. Don't believe you can have just one. Sometimes people fool themselves into believing they could smoke just once in a while. Smoking is extremely addictive.
13. If a friend offers tobacco to you, refuse. Explain that you have quit and that you are happy about it. Help them understand you are quitting for yourself, not your friends.

Postscript: If quitting didn't stick this time, ask yourself what factor(s) caused you to break down your resolve. Don't be harsh on yourself. Learn from the experience and say, I'll be successful next time.

Suggested Reading: *The No-Nag, Guilt-Free Way to Quit Smoking*

CLUB DRUGS

In recent years several drugs have emerged and become popular among teens and young adults at dance clubs and “raves.” These drugs, collectively termed “club drugs,” include:

- MDMA/Ecstasy (methylenedioxymethamphetamine)
- Rohypnol (flunitrazepam)
- GHB (gamma-hydroxybutyrate)
- Ketamine (ketamine hydrochloride).

OTHER DRUGS

LISTED ALPHABETICALLY

Cocaine

Cocaine is a drug extracted from the leaves of the tropical *Erythroxylon* cocoa plant. Chemically, it's a double-acting drug - a stimulant that lights up the central nervous system like a short-circuiting pinball machine, and an anesthetic that numbs whatever tissue it touches. Cocaine is highly addictive and is one of the most frequently mentioned substances in drug-related deaths in Alameda County.

Common Street Names: Coke, Blow, Snow, Aspirin, Base, Nose Candy, Zip, and many others.

Description:

Powder - white crystalline powder that is inhaled or “snorted,” from spoons or straws; can be injected producing an intense, fast-acting stimulation that peaks in minutes and disappears in about half an hour. It is also “laced” in marijuana joints creating “cocoa-puffs.”

Freebase - purified form made by applying solvents to ordinary cocaine. Effects are intense and brief: a 3-5 minute euphoria quickly fades into a restless desire for more freebase.

“Crack” - rock-like chunks of processed cocaine which is 95% pure. These rocks reach the brain within 8 seconds of being smoked and produce a 3-5 minute rush of stimulation. The low cost of a single dose, ease of manufacture and rapid onset of effects all contribute to its widespread use.

Coca-Paste - a crude coca preparation, usually smoked in tobacco cigarettes.

How It Is Used: Snorted, injected or smoked; can also be put in marijuana joints or in cigarettes.

Paraphernalia: Straws or anything shaped like a hollow tube for snorting, mirrors, razor blades, small vials or baggies, glass pipes.

Immediate Effects: Increased heart rate, blood pressure, body temperature and metabolism, dilated pupils, increase in energy and self-confidence, reduced need for sleep, reduced appetite, restlessness, irritability, anxiety, depression, and impulsive violence can occur shortly following cocaine use.

**Permanent heart damage or sudden death can occur
after using even a small one-time dose.**

Long Term Effects: Paranoia, severe depression and/or suicidal tendencies, drastic mood swings, panic attacks, an inability to experience pleasure due to changes in brain chemicals, weight loss, disruption in sleep patterns, sexual dysfunction, irregular heartbeat, seizures, chest pains, cardiac arrest, strokes, nasal damage, and suppressed immune system. Social consequences such as career and financial disasters, family relationship problems, and legal problems.

Ecstasy / MDMA

Common Street Names: Rave, XTC, X, Adam, Eve, Go, Crystal, Hug Drug, Disco Biscuit

Description: Producing both stimulant and psychedelic effects, MDMA/Ecstasy enables partygoers to dance and remain active for longer periods of time. Usually sold in capsule or tablet form.

How It Is Used: Can be swallowed or injected.

Immediate Effects: Effects can vary with individuals. Increased heart rate, faster respiration, excess energy, perception distortion. Some users experience enhanced sensory perceptions in a pleasurable way.

Using MDMA/Ecstasy can cause psychological effects that include confusion, depression, anxiety and paranoia and may last weeks after ingestion. Physically a user may experience nausea, faintness, and significant increases in heart rate and blood pressure. It can also cause muscle breakdown and kidney and cardiovascular system failure.

Following an ecstasy experience, users have been known to become extremely depressed and suicidal.

GHB (Gamma-Hydroxybutyrate)

Common Street Name: GHB, Liquid Ecstasy, Gibb, Soap, Scoop, Max, Goop

Description: A clear liquid, synthetic drug usually produced with commonly available chemicals, GHB, tasteless and odorless liquid or white powder is a depressant that can create a peaceful euphoria.

How It Is Used: Very popular at raves, GHB, which is legally available as a prescription drug in Europe, can create a “peaceful euphoria,” but in higher doses can cause a coma or death. GHB, frequently combined with alcohol, can be used in the commission of sexual assaults due to its ability to sedate and intoxicate unsuspecting victims. It is illegal to sell in California, but is being passed around in clubs where people have no idea of the consequences.

GHB, produced in small amounts by the body naturally, is a powerful and quick acting central nervous system depressant, according to the U. S. Drug Enforcement Administration.

Short Term Effects: Dizziness, feeling a buzz.

Long Term Effects: Loss of consciousness; in larger doses can slow the heart and cause vomiting, seizures, and even a coma

Heroin

Heroin is a drug often thought of as belonging in the big cities, or. . . *“The drug used by the street people . . . the real druggies . . . the hard core users.”* When we think of heroin today we no longer need to think of needles and shooting up or slamming. Heroin is being snorted and smoked, like cocaine and methamphetamines. The barrier of the needle has been eliminated and thus heroin has become part of our suburban, adolescent environment. Heroin is in our schools, it is in our communities and it's being used by our adolescents.

Common Street Name: Big H, Dope, Smack, Horse, Downtown, Schoolboy

Description: White, yellowish or brown powder. Odorless and bitter tasting.

How It Is Used: Snorted, smoked, or injected into the bloodstream. It can be mixed with other drugs such as: marijuana, cocaine, methamphetamines, LSD, etc.

Immediate Effects: Suppresses the central nervous system. Pupils constrict, reduces normal thirst and hunger, pulsating euphoria, drowsiness and relaxation. There is danger of infection from dirty needles (including HIV/AIDS and hepatitis). Reactions from impure heroin and death from overdoses are common.

Long Term Effects: Extremely painful withdrawal, constipation, dulled sexual desire, dry skin problems and itching, hallucinations.

Heroin becomes both psychologically and physically addicting very quickly.

Inhalants

Inhalants are a chemically diverse group of substances commonly found in adhesives, lighter fluids, cleaning fluids, paint, paint thinner, correction fluid, turpentine, and other household and paint products.

Inhalants may be sniffed directly from an open container or *“huffed”* from a rag soaked in the substance and held to the face. Deeply inhaling the vapors or using large amounts over a short time may result in disorientation, violent behavior, unconsciousness or death.

Once inhaled, the surface of the lungs allows rapid absorption of the substance and blood levels peak rapidly. Entry into the brain is so fast that the effects of inhalation can resemble the intensity of other psychoactive drugs.

Short Term Effects: Nausea, nosebleeds, altered breathing, increased heart rate, uncontrollable bowel movements and urination, unconsciousness, death.

Long Term Effects: Seizures, blue skin color, glaucoma, sleep disorders, loss of appetite, nerve damage, severe depression, accumulation of body lead levels, lung damage, kidney and liver damage, brain damage, fatigue, coma, throat and nasal damage.

Ketamine

Common Street Names: K, Special K, Jet, Super Acid, Super C, Green, Honey Oil

Ketamine is a tranquilizer most often used on animals which produces hallucinatory effects similar to those of PCP and LSD. It has gained popularity over the last 5 to 10 years and is produced as a liquid or a powder. The liquid form can be injected, mixed into drinks, or added to smokeable materials. The powder form can also be mixed into drinks as well as snorted or smoked.

LSD

Common Street Names: Acid, Sunshine, Window Pane, Fry, Sugar Cube, Blotter, Illusion

Description: Tablets and capsules of various sizes and colors. Clear liquid, sugar cubes, dots or symbols on paper, (“blotter” or “stamps”).

How It Is Used: It can be absorbed through the skin and mucous membranes when taken orally, or can be dropped in the eye.

Immediate Effects: Increased heart rate and blood pressure, pupil dilation, flushed appearance, decreased appetite, time and visual distortions and paranoia. People may become extremely emotional and dazed in appearance.

Long Term Effects: Possible flashbacks, trails, loss of memory, chromosomal damage, depression, self-inflicted wounds, panic and psychosis.

Marijuana

Marijuana is the second most popular drug with youth today. Marijuana comes from a hemp plant called cannabis. The flowers, leaves and stems of the plant can be smoked in cigarettes (called joints), pipes and bong. It can also be eaten.

People who sell marijuana sometimes add ordinary leaves like parsley and oregano. Sellers sometimes spray ordinary leaves with rat poison, oven cleaner, weed killer, or other drugs and sell it as marijuana. Sellers frequently lace marijuana with cocaine, methamphetamine, PCP, heroin or LSD. There is no easy way to tell if marijuana contains any of these additives.

Common Street Names: Grass, Pot, Weed, Acapulco Gold, Ganja, Smoke, Chronic, Dirt, Herb, Boom, Mary Jane, and 200 other slang terms for Marijuana.

Paraphernalia: Pipes, bong (water pipes), rolling papers, plastic bags, roach clips, and “stash boxes.” Eye drops and breath fresheners are frequently used to cover up the signs of use of this drug.

Immediate Effects: Relaxed inhibitions, disorientation, blood-shot eyes, excessive laughter, increased appetite and increased sleepiness.

Long Term Effects: Marijuana can be both physically and psychologically addictive. Symptoms of long time use include short term memory loss, loss of motivation, impaired judgment, shifting sensory images, rapidly fluctuating emotions, hallucinations or image distortions, risk of cancer.

According to the Drug, Alcohol and Tobacco Department, one joint is equivalent to the lung damage caused by **16-20 cigarettes**, and is **four times more likely** to cause cancer than smoking cigarettes. It remains the most commonly used illicit drug in the United States.

MDMA/Ecstasy

Methamphetamine/Amphetamine

Methamphetamine/Amphetamine belongs to the classification of drugs called stimulants.

Amphetamines are prescription drugs known as Benzedrine, Dexedrine, Ritalin, etc. These are drugs that alter the mind of the user and excite the central nervous system. Although there are legitimate uses for this class of drug, they have become increasingly popular among athletes, high school and college students, truck drivers, housewives and soldiers, because of their properties to decrease fatigue and appetite while increasing alertness and elevating mood.

Methamphetamines are synthetic amphetamines also known as “bathtub drugs” because they are usually manufactured right in the community in a neighborhood house.

Common street names: Speed, Cross tops, Meth, Crystal, Crank, and Ice.

Description: Pills, capsules and powders of various shapes and colors. Colorless pellets (“ice”) resembling rock salt.

How It Is Used: Taken orally (pills), snorted, injected, smoked. It can also be put in marijuana joints or in cigarettes.

Paraphernalia: Straws (or anything shaped like a hollow tube for snorting), mirrors, razor blades, small vials or baggies, glass pipes.

Because Meth can be inexpensively made and distributed, it has become extremely popular with our high school students. Adolescents, as well as adults, with eating disorders, are also prime candidates for getting involved with amphetamines/methamphetamines because of the drug's ability to increase energy while taking away the user's appetite.

Of significant importance is the alluring affect amphetamines/methamphetamines have on the user in the beginning. An example: an adolescent will experience a new high after using these drugs which enables him/her to exercise, complete homework, complete chores at home and still have energy left over, excel in activities, etc. These seemingly positive behaviors mask the fact that this adolescent is using a very dangerous drug. Although they appear positive, these behaviors are short-lived and a rapid slide downwards occurs (see the effects listed below).

Immediate Effects: Euphoria, dilated pupils, blurred vision, increased heart rate, irregular heartbeat, chest pain, increased chances of stroke, or heart attack, increased respiration, nervousness, talkative, loss of appetite, sweating, sleeplessness followed by long periods of sleep, and irritability.

Other Effects: Physical and psychological addiction, paranoia, rapid mood swings, assaultive behavior, panic, prolonged depression and prolonged hallucinations.

It was once thought that the above symptoms developed after long-term use only, but researchers now find that such problems can be induced by one large dose of the drug or a number of moderate doses, depending on the individual's metabolism and sensitivity.

Long Term Effects: Weight loss, skin eruptions (called speed bumps), repeated itching and digging at skin until sores appear (in response to a feeling of bugs crawling under the skin), holes in septum of nose (from snorting drugs), liver and kidney disease.

Overdose: Rapid/irregular heartbeat, chest pain, rapid respiration, heart attack, death.

PCP

Common Street Name: Angel Dust, Super Cools, Monkey Dust, Elephant Tranquilizer or Animal Trank, Ozone, Sherms

Description: Clear liquid with a chemical odor, capsules, tablets, or crystalline form.

How It Is Used: Smoked, snorted, swallowed or injected. May be absorbed through the skin. A very popular way to use PCP in the Bay Area is to lace it with marijuana and smoke it.

Immediate Effects: Loss of muscle coordination, jerky eye movements, paranoia, bizarre (possibly violent) behavior, hallucinations, distorted body image. Effects can last 1 to 48 hours, depending on the dose.

Long Term Effects: Flashbacks, permanent brain damage, psychological and emotional addiction, fetal addiction, amnesia and psychosis.

Peyote /Cactus

Common Street Names: Mesc, Peyote, Buttons

Description: Peyote cactus can be eaten fresh or dried into peyote or mescal buttons.

How It Is Used: Eaten or boiled and drunk as a tea. Can be ground up and eaten in powder form.

Immediate Effects: Effects last up to 12 hours. Effects are similar to those caused by LSD. Each use of peyote is usually accompanied by a severe episode of nausea and vomiting.

Psilocybin/Mushrooms

Common Street Names: Magic Mushrooms, Shrooms

Description: Round button type mushroom. Dried pieces of mushrooms.

How It Is Used: Usually eaten, can be made into a tea or put on foods such as pizza. Effects are similar to those caused by LSD.

Psychedelics

Psychedelics (hallucinogens) are popular again, at least in the high schools in the Bay Area. Although not a drug that is typically used on a daily basis, they are widely used among our adolescents.

Rohypnol

Rohypnol is a brand name for flunitrazepam (a benzodiazepine), a very potent tranquilizer similar in nature to valium (diazepam), but 10 times stronger; becoming the “date rape drug of choice.”

Common Street Name: Roofies, Rophies, Ruffies, Roche, R-2, Rib, Rope, Roaches, Circles, Forget Me Drug, Mexican Valium

Description: Odorless and tasteless Rohypnol is usually found in pill form and often distributed on the street in its original “bubble packaging” which makes it appear legal.

How It Is Used: Rohypnol is often combined with alcohol, marijuana, or cocaine to produce a rapid and very dramatic “high.” It is also often unknowingly slipped into soda or other beverage. Rohypnol is often used in the commission of sexual assaults due to its ability to sedate and intoxicate unsuspecting victims. It is a central nervous system (CNS) depressant.

Short Term Effects: Even when used by itself, users can appear extremely intoxicated, with slurred speech, no coordination and blood-shot eyes... with no odor of alcohol.

Rohypnol produces a sedative effect, amnesia, muscle relaxation and a slowing of psychomotor responses. Sedation occurs 20-30 minutes after administration and lasts for up to 8 hours. It can produce general sedative and hypnotic effects. In large doses it can cause loss of muscle control, loss of consciousness and partial amnesia. It is often added to punch or other drinks, and when combined with alcohol, Rohypnol can be deadly.

Steroids (Anabolic-Androgenic)

Steroids are a group of powerful compounds closely related to the male sex hormone testosterone. In combination with a program of muscle building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Users subject themselves to more than 70 side effects ranging in severity from acne to cancer, as well as other psychological and physical reactions. The liver, cardiovascular and reproductive systems are most seriously affected by steroid use.

Most illicit anabolic steroids are sold at gyms, weight-lifting competitions and through mail order operations. There are also counterfeit products sold as anabolic steroids.

Short Term Effects: Rapid muscle development, water retention, insomnia, increased sex drive, severe acne, kidney infection, increased blood pressure.

Long Term Effects: High cholesterol, kidney damage, impotence, heart attack, disruption of menses and ovulation, impaired liver function, intestinal bleeding, steroid induced cancers, “masculinization” in women, stroke, hardening of arteries, shrinkage of testicles, sterility, stunted growth, immune system failure, extreme depression.

How To Help - Being A Role Model

Children learn about the use of drugs from depictions in advertising, television, movies, music and even from parents themselves. According to research from the University of Washington in Seattle, parent modeling of use, such as when parents involve their children in drug use (i.e., asking your son to get you a beer from the refrigerator, allowing your daughter to light your cigarette), increases the likelihood that children will see themselves as future users of alcohol, tobacco and marijuana. Parents who involve their children in their own use of drugs in this manner are setting an example that says, “It’s okay to smoke or drink because I do it.”

It is important that parents not underestimate the impact of being a role model has on their children.

Helping Your Teen Stay Healthy

- Talk with your teen about alcohol, tobacco and other drugs. You can help change ideas your teen may have that everybody drinks, smokes or uses other drugs. Statistics show that the majority of young people do not use. However, youth tend to generalize the experiences of a few to a universe of “everyone.”
- Learn to really listen to your teen. Your teen is more likely to talk with you when you give verbal and nonverbal cues that show you’re listening.
- Help your teenager feel good about himself or herself. Praise efforts as well as accomplishments. (“You must feel very proud of your great effort...”) Criticize the action rather than the person.
- Help your teenager develop strong values. A strong sense of values can help a teenager say “no” rather than listen to friends.
- Be a good role model or example. What you do makes a stronger impact than what you say. Your habits and attitudes may strongly influence your teen’s ideas about alcohol, tobacco and other drugs.
- Help your teen deal with peers. A teenager who has been taught to be gentle and loving may need your “permission” to say “no” to negative peer pressure.
- Make family rules. Make specific family rules about your teen not using alcohol or other drugs or smoking cigarettes, or cigars. Be clear about the consequences for failure to adhere to the rules.
- Team up with other parents. Give yourself permission to talk to parents of your teen’s friends. They are likely anxious to get to know and feel comfortable with you. You can also join parents in support groups that reinforce the guidance you provide at home.
- Know what to do if you suspect a problem. Try to stay ahead of the game. You can learn to recognize the telltale signs of alcohol, tobacco and other drug use and get help.

10 Actions Families Can Take To Raise Drug-Free Kids

1. **Start:** It is never too early to prevent your children from trying drugs, nor is it ever too late. Building protective factors, such as letting your child know you care, with even the youngest children, plays an important role in protecting them from drugs. Show your children how important children and family are.
2. **Connect:** When families come together during special events or holidays, take the opportunity to build lines of communication and do things as a family. Spend time together: eat dinner, go sledding, read together, play a game, attend faith services. Find time to laugh together; show that fun doesn't require drugs.
3. **Listen:** Throughout the year take a more active interest in what is going on in your child's life. Listen to their cares and concerns. Know what they are up to - what parties are they going to? with whom? what will be served? what might be available?
4. **Educate:** As your child's first teacher, spend at least 30 minutes explaining in simple words to your kids how drugs can hurt them and destroy their dreams.

FACT: WHAT PARENTS TEACH HAS AN IMPACT ON THEIR CHILDREN

45% of young people who smoked marijuana in the past year say they learned nothing about the risks of marijuana use from their parents.

Only 27% of young people who smoked marijuana in the last year say they learned a lot about the risks from their parents.

5. **Care:** Throughout the year spend a few minutes each day telling and showing your children that you care. Make sure they know you care that they are drug-free. Explain to your child that you are always there for them - no matter what happens. Make sure that they know to come to you first for help or information. The extended family plays a major role in influencing a child's life.

FACT: PARENTS MAKE A DIFFERENCE

65% of children ages 13 to 17 say that a great risk of marijuana use is that it would upset their parents.

80% of children ages 13 to 17 say that an important reason for not smoking marijuana is that their parents would lose respect for them and pride in their actions.

6. **Be Aware:** Look for the warning signs that your child may be developing a substance abuse problem and get help before the problem occurs. Your pediatrician can help. Read the sections in this book that describe warning signs. Stay informed; educate yourself.
7. **Learn:** Children today are sophisticated. In order to educate your child about the danger of drugs, you need to educate yourself first. In many cases, you and your child can learn side-by-side about the risks drugs pose.
8. **Set Limits:** By setting limits on what is acceptable behavior, you show your children you care and help guide them to a safer, drug-free future. Declare limits - this family doesn't do drugs, this family doesn't hang around people who do drugs. Enforce these limits - if you say no drinking and driving, it applies to parents too, be consistent.
9. **Get Involved:** Effective prevention extends beyond the home into the community. Get involved in your community. Ensure that your community's streets, playgrounds and schools are safe and drug-free. Start or join a community watch group or community anti-drug coalition. Become active in the PTA. Get involved in your church, synagogue, or faith.
10. **Lead:** Young people are as aware of what you do as much as what you say. Don't just say the right things, do the right things. Don't drive drugged or drunk; don't let your friends drive impaired - set a good example. If you, yourself, have a substance abuse problem, use the support of your loved ones to get help.

Sources for this information include: Substance Abuse & Mental Health Services Administration (SAMHSA); National Institute on Drug Abuse (NIDA); Alcohol, Drug Abuse & Mental Health Association; Partnership for a Drug-Free America.

Help Is Available On The Net

One of the most informative and current sites is:

www.drugfree.org

Other sites to “surf” for information on the Web:

www.ncadi.samhsa.gov

www.nida.nih.gov

www.samhsa.gov

www.whitehousedrugpolicy.gov

Call Drug Policy Information Clearinghouse for information:

1-800-666-3332 ask for the new Growing Up Drug Free Parents Guide.

Call the HELP hotlines for help:

1-800-662-HELP (1-800-662-4357)

1-800-821-HELP (1-800-821-4357).

Chapter 13 – Addiction / Alcoholism

Addiction is defined as continued use despite adverse consequences. This means if problems occur as a result of a person's substance use, and he continues to use that substance anyway, he has an addiction. The most common model for how addiction happens is:

- (1) Experimentation
- (2) Tolerance builds, more regular use
- (3) Daily preoccupation, and
- (4) Dependency/addiction

Keep in mind that it's not just how an individual drinks/uses, or even why they drink/use, but who is doing the drinking/using that helps determine if this person is becoming addicted.

Research has shown validity to the theory that alcohol addiction is a disease that's passed down through the genes. Whether its genetics or environment, statistics have shown that children of alcoholics have a 50% higher chance of becoming addicted than those children who do not have addiction within the family system. Caution: If there is alcoholism or other drug use present in your family, chances are high that you will become addicted too. The probability of this happening increases if the use of “gateway” drugs has occurred at an early age.

Can anyone become addicted? Yes! The length of time needed to develop addiction may vary. Because of the complicated way that the brain and its chemicals work together, addiction can occur, with continued, regular use of mind/mood-altering chemicals.

There are other contributing factors that help define addiction such as: social, economic, emotional and cultural influences. Additionally, the mere act of drinking becomes a habit.

If an alcoholic is to have any chance at continuous sobriety, the process of recovery needs to address the physical, mental and emotional aspects of the individual's life.

So, what does it really mean to be an alcoholic/addict? Who is affected? It's been said that the alcoholic's behavior affects a minimum of 12 people in a very significant, destructive way. Alcoholism is not just a disease that affects livers; it's a disease that affects families.

- In 90% of all child abuse cases, alcohol is a significant problem.
- Children of alcoholics are frequently victims of child abuse, incest, neglect and violence.
- Children of alcoholics are prone to experience a range of psychological difficulties, including: learning disabilities, low self-esteem, anxiety and fear, eating disorders, depression, attempted and completed suicides, and other compulsive, obsessive behavior.

Alcoholism is very prevalent:

- One out of four school-age children comes from an alcoholic home.
- An estimated 28 million Americans have at least one alcoholic parent.
- More than 30% of all children of alcoholics grow up and marry alcoholics.

ALCOHOLISM AFFECTS EVERYONE IN THE FAMILY.

- The alcoholic doesn't want to hurt anyone. But loved ones - husbands, wives and kids - all feel the effect of the disease.
- In families with alcoholism, there are often fights, problems with money and lots of stress. Many times there's also violence.
- It may be hard to admit that someone you love has a problem with alcohol. But remember that the alcoholic is sick.
- Alcoholism is a treatable disease. Alcoholics get better when they stop drinking.

Often, for children of alcoholics, alcohol and drugs look like a way to forget, to find some relief. Unfortunately, too many look for an “instant fix” with no lasting benefits. More than likely, they will continue the patterns of abuse that will inevitably lead to their own problems with addiction. Thus, the cycle continues.

In an alcoholic home, members of the family will adopt ways of behaving that help them to cope with the unpredictable, and sometimes chaotic, activity that takes place. These coping skills, such as making excuses for the alcoholic, cover up deeper problems. The problems remain invisible due to coping behavior that becomes socially acceptable. Help is needed for both the alcoholic and all members present in the home.

These are not simple problems to fix, but millions of alcoholics and those affected by the alcoholics, are offered a wide range of services. Many books have been written on the subject of addiction and recovery. There are support groups such as Al-Anon (for teens), ACA (Adult Children of Alcoholics), as well as private therapists who specialize in helping the alcoholic and his family.

Warning Signs of Alcohol Problems:

- Using alcohol to deal with problems.
- Having to drink more and more to get the same high.
- Hiding how much you drink.
- Forgetting things when you drink.

- Getting angry when someone complains about your drinking.
- Having trouble stopping after the first drink.
- Using alcohol to control the highs and lows of other drugs.

Suggested Reading

Adult Children of Alcoholics, by Janet Geringer Woititz

Co-Dependent No More, by Melody Beattie

It Will Never Happen To Me, by Claudia Black

Under the Influence, J. Milam

Warning Signs of Possible Chemical Dependency

Possible warning signs of adolescent chemical dependency usually appear in clusters, and include:

- Withdrawal from usual friends or family
- Drop in grades, or other problems at school
- Questionable new friends
- Money or other items missing from home
- Dramatic emotional highs and lows, or frequent bad temper
- Sudden changes in appearance, weight or hygiene
- Secretive, lying or manipulative behavior
- Obvious intoxication or drug high: giddiness, dilated or contracted pupils, slurred speech, coordination problems
- Presence of paraphernalia: cigarette papers, mirrors and razor blades, pipes, non-prescription pills, alcohol flasks
- Rebellion against authority, or brushes with the law

Chapter 14 – Violence

*2 Teens from Neighboring Community Assaulted by
14 Teens Stemming From Dispute Over Girlfriend;
1 Ends Up In Hospital*

*Following a Football Game, An Innocent Teen
Is Brutally Beaten by 9 Other Teens*

*7th Grader is Physically Aggressive Towards
Mother Because He Can't Go Out*

*16 -Year Old Drug User Repeatedly Punches Holes
In Walls and Kicks in Doors; Traumatizes Siblings;
Mother Feels Helpless*

These actual incidents are examples of what has happened right here in the Tri-Valley showing we are not immune to the national trend of escalating juvenile violence. This trend is often fueled by drug or alcohol use. Studies show there is a direct relationship between substance use and aggression.

The ugly face of violence is changing, and it is spreading. What once was considered a problem almost exclusive to under-educated, poor, inner-city youth is spreading to the suburbs and rural communities. This new wave of violence has a different face and a different character.

The 2007 Pleasanton Unified School District “Healthy Kids Survey” showed that 3% of 7th graders, 2% of 9th graders, and 2% of 11th graders, that were surveyed, reported that they carried a gun to school at least one day in the past 12 months previous to the survey. The same survey showed 7% of 7th graders, 6% of 9th graders, and 4% of 11th graders had carried some other type of weapon to school in the past 12 months.

There is a clear link between substance use and violence. Local law enforcement statistics show that most incidents of juvenile violence occur immediately following or during the use of alcohol and/or other drugs.

Risk Factors

Poverty no longer is a crucial denominator. Numerous research studies have concluded that a complex interaction or combination of factors leads to an increased risk of violent behavior in children and adolescents. Certain environments or stressful situations can trigger aggression and violence for those children who are at risk. These risk factors include:

- Depression
- Lack of positive coping skills
- Lack of positive role modeling
- Changing family structures (marital break-up, lack of extended family support, both parents working outside the home, blended families, single parenting families)
- Previous aggressive or violent behavior
- Being a victim of physical abuse and/or sexual abuse
- Exposure to violence in the home and/or community
- Media desensitizing of violence (via TV, movies, video games, internet, some music)
- Substance use (alcohol and/or other drugs)
- Genetic predisposition
- Financial stressors (severe deprivation, unemployment, money problems, pressures to live beyond your means, etc.)
- Presence of firearms or other weapons in home

Research studies have shown that much violent behavior can be decreased or even prevented if the above risk factors are significantly reduced or eliminated, particularly by dramatically decreasing the exposure of children and adolescents to violence in the home, community, and through the media. **Clearly, violence leads to violence.**

Children as young as preschoolers can show violent behavior. Violent behavior in a child at any age always needs to be taken seriously. It should not be dismissed as “just a phase they're going through!” or something they will outgrow. Addressing problems early in the child's life could give them the help they need to prevent future acts of violence. Former California State Attorney General Bill Lockyer stated:

“The majority of juvenile crime is committed by 8 to 10% of our youth. Most of our third grade teachers can tell you which of their students will be included in those statistics.”

Those statistics can be decreased with early intervention for the child and the family.

“People who use drugs undermine not just their own lives, but make victims of us all as they destroy future generations, overrun our hospitals and health care facilities, cause carnage on our highways, and destroy our cities and neighborhoods as they commit crimes and victimize their own children and innocent law-abiding citizens.”

-Judge Lois Haight
Presiding Juvenile Court Judge
Dept. 10, Superior Court, Martinez

Early Warning Signs:

Recognizing your child is vulnerable is the first step. Recognizing behavior that would be considered an early warning sign is the next step. Exhibiting any of these early warning signs is a cry for help and should not be ignored.

- Frequent displays of uncontrolled or inappropriate anger
- Patterns of impulsive and chronic hitting, intimidating, and bullying behaviors
- Frequent fighting with other children in school
- Reaction to disappointments, criticism, or teasing with extreme or intense anger, blame, or revenge
- Serious threats of violence
- Vandalism or intentional destruction of property within the home
- Few friends, and often rejected by other children because of his or her behavior
- Insensitivity to the feelings or rights of others
- Intolerance for differences and prejudicial attitudes
- Excessive feelings of isolation, of being alone or of being picked on or persecuted
- Excessive feelings of rejection
- Consistent refusal to listen to adults
- Friendships with other children known to be unruly or aggressive
- Fascination with violent television shows, movies, video games or music
- Prior victim of violence
- History of discipline problems
- Expression of violence in writings and/or drawings
- Cruel or violent behavior toward pets or other animals
- Fire setting
- Alcohol and/or other drug use
- Interest in gangs or mimicking gang behavior (gang wannabes)
- Inappropriate access to, possession of, and use of firearms or other weapons

Imminent Warning Signs

No single warning sign can predict that a dangerous act will occur, but imminent warning signs may indicate that a person is very close to behaving in a way that is potentially dangerous to self and/or to others and require an immediate response. *Imminent warning signs* usually are presented as a sequence of overt, serious, hostile behaviors or threats directed at others. Imminent warning signs may include:

- Severe anger or rage for seemingly minor reasons
- Severe destruction of property within the home
- Serious physical fighting with peers or family members
- Chronic vandalism
- Detailed threats of lethal violence
- Self-injurious behaviors or threats of suicide
- Adamant disregard for authority figures or for the feelings or rights of others
- Reliance on physical violence or threats of violence to solve problems
- Deep seated anger that life has treated him or her unfairly
- Repeated suspension or expulsion from school, school dropout
- Fascination with firearms and other weapons
- Gang membership or associates with peers involved in fighting, stealing, or destroying property
- Increased use of alcohol and/or other drugs
- Withdrawal from family and social norms and structure

Parents who are concerned about any of these warning signs should discuss their concerns with a mental health professional or appropriate school staff member who will help parents understand their child's behavior and suggest ways to prevent violent behavior. If appropriate, parents could contact their local police youth services department.

Suggestions for Parents

You can help create a safe and less violent environment for your children. Teach them to have respect for themselves and for others, and to accept individual differences. Teach your children to problem solve and develop strategies for conflict resolution. Children should be taught to find ways to deal with anger that doesn't involve verbally or physically hurting others. Striking out verbally or physically is never the way to handle a problem. Violence leads to violence.

As a parent, you must accept the tough job of consistently dealing with inappropriate behavior every time it occurs. Set limits for your child, no matter what his/her age. Don't ignore violence - verbal or physical.

Listen to your child and share your thoughts, values, and morals with him/her. Communicate openly with your child even when it is tough. Listen to your child if he or she shares concerns about friends who may be exhibiting troubling behaviors. Talk with your child about the violence he or she sees or hears on television, in video games, in music, and possibly in your neighborhood.

Be involved in your child's life through school, faith community, sports, friends, community service or volunteerism. Know the parents of your child's friends. Be your child's advocate and role model. *Parent* means **protector** - be that to your child. Remember that parents are role models for their children. Lead the life you want your children to live. Be aware of sending mixed messages. Children tend to do what we do, not what we say. Above all, love and respect your child unconditionally.

A concern to many interested in the development and growth of teenagers is a serious deterioration in the messages of some music. The following troublesome themes are prominent:

- graphic violence
- advocating and glamorizing use of alcohol and/or other drugs
- pictures and explicit lyrics presenting suicide as an “alternative” or “solution”
- preoccupation with the occult
- songs about satanism and human sacrifice
- apparent enactment of these rituals in concerts
- sex which focuses on controlling
- sadism
- masochism
- incest
- devaluing women
- violence toward women.

Parents can help their teenagers by paying attention to their teenager's purchasing, listening and viewing patterns, and by helping them identify music that may be destructive.

Chapter 15 – Abuse

According to the U. S. Advisory Board on Child Abuse and Neglect, “child abuse and neglect in the United States represents a national emergency.”

- Child maltreatment includes all types of abuse: physical abuse, sexual abuse, emotional abuse, and neglect
- More children suffer neglect than any other form of maltreatment
- In 2008, state and local child protective services received 3.3 million reports of children being abused or neglected
- More than 1 out of 7 children between the ages of 2 and 17 experienced some form of maltreatment.
- 51.1% of victims were girls and 48.2% were boys
- 85% to 90% of sexual abuse is perpetuated by a person known to the child
- About 30% of abused and neglected children will later abuse their own children
- Nearly two thirds of people in treatment for drug abuse reported being abused as children

The National Committee for the Prevention of Child Abuse states that *“It is a sad irony that many abusers genuinely love their children, but they find themselves caught in life situations beyond their control and they do not know how to cope. . . They may not like themselves and may not know how to get their emotional needs met.”*

Abuse commonly produces feelings of sadness, guilt, anger and lowered self-esteem, as well as a sense of violation and loss of control. Children who have been physically, sexually and/or emotionally abused not only suffer a wide range of effects from their victimization, but are at greater risk of being abused again.

Additionally, long-term effects of abuse include emotional and behavioral problems, poor performance in school and further abuse in future relationships. Abuse is a consistent and pervasive element in the backgrounds of low achievers, runaways, drug abusers, prostitutes and incarcerated individuals.

Behavioral signs of abuse in children may include:

- Avoiding physical contact with others
- Refusing to undress for gym or for required physical exams at school
- Apprehension when other children cry
- Seems frightened by parents
- Difficulty getting along with others
- Playing aggressively, often hurting peers, or
- A history of running away from home

Types of Child Abuse

Physical Abuse - An abused child is anyone under 18 years of age whose parent or legal guardian inflicts or allows to be inflicted upon the child injury by other than accidental means. Physical abuse indicators include injuries, swellings to face and extremities, high incidence of accidents or frequent injuries, burns, unusual bruises, lacerations, bite marks, discoloration of skin.

Emotional Abuse - Emotional abuse attacks a child's emotional development and sense of self-worth. Emotional abuse includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Constant criticizing, belittling, insulting, rejecting and teasing are some forms these verbal attacks can take. Emotional abuse also includes failure to provide the psychological nurturing necessary for a child's psychological growth and development, providing no love, support or guidance. (National Committee for the Prevention of Child Abuse).

Neglect - A neglected child is a child under 18 years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of the child's legal guardian to exercise a minimum degree of care in supplying the child with adequate food, clothing, shelter, education or medical care. Neglect also occurs when the legal guardian fails to provide the child with proper supervision or guardianship by allowing the child to be harmed, or to be at risk of harm due to the guardian's misuse of drugs or alcohol.

Sexual Abuse - Sexual abuse is any sexual contact with a child or the use of a child for the sexual pleasure of someone else. This may include exposing private parts to the child or asking the child to expose him or herself, fondling of the genitals or requests for the child to do so, oral sex or attempts to enter the vagina or anus with fingers, objects or penis, although actual penetration is rarely achieved with very young children. Children are hesitant or afraid to speak of sexual abuse or assault for many reasons, including their relationship to the offender, fear of the consequences, retaliation or uncertainty about whether or not they will be believed.

Signs of Sexual Abuse

Psychological/Behavioral Indicators:

- Chronic running away
- Drug and alcohol abuse
- Attention-getting behavior (stealing, etc.)
- Seductive behavior (especially with adults)
- Suicide attempts
- Alienation from siblings
- Fears, phobias, nightmares
- Difficulty concentrating
- Dramatic change in academic performance - grades way up or way down
- Depression, unprovoked crying

- Withdrawal, secretiveness
- Going to school early and staying late
- Truancy
- Bullying peers or younger children

Physical Indicators include:

- Reddened, painful or itching genitalia
- Headaches, nausea, stomach aches
- Chronic fatigue
- Bruises or cuts
- Painful urination
- Preoccupation with genitals
- Difficulty walking or sitting
- Stained or bloody underwear
- Sexually transmitted infections

According to the Centers for Disease Control,

- 60.4% of female and 69.2 % of male victims were first raped before the age of 18
- 25.5% of females were first raped before age 12, and 41% of males were first raped before age 12

Many of these victims, particularly the young women, will be forced to have sex against their will while on a date with a friend or acquaintance. What follows are some suggestions to stay safe and help reduce the risk of becoming a date rape victim.

Prevention Strategies for Parents

You can increase the likelihood that your teen will avoid sexual assault by:

- providing good information
- setting limits ahead of time
- offering “*no-questions-asked bailouts*”
- talking about group pressure
- helping teens recognize behaviors which might be clues to mistreatment
- talking to your teen about the increasing use of the date rape drug. (see Substance Use)

The situations in which teens are victimized often involve being somewhere they're not supposed to be; breaking a rule; going into someone's house when no one else is home; being isolated at a party. It is a good idea for parents to offer a no-questions-asked bailout. For example:

“If you are with a guy, at his house, let's say, and he refuses to drive you home until you go to bed with him and you're not supposed to be seeing this guy in

the first place and you know I'm going to hit the roof, try to get to a phone and call me anyway. I will come and get you, no questions asked. I promise not to embarrass you in front of him. If you promise to call, I promise not to say a word for a day, and then we will sit down and talk about it. It is more important that you have a way to protect yourself in those kinds of situations than it is to worry about having broken a rule.”

Parents sometimes hesitate to talk about family values or set guidelines and limits on sexual behavior, although parents rarely hesitate to talk about and set limits on other behaviors. Teenagers who have talked about sexual limits ahead of time are more able to avoid being exploited and/or pressured into exploiting another. There is much evidence suggesting that both girls and boys have sexual intercourse for reasons other than the desire to do so, such as wanting to fit in with the crowd, to get affectionate touching, or to feel powerful and in control.

The tolerance and acceptance of giving in to unwanted touching or other acts seems to be learned. These are the attitudes that can lead to victimization. To combat these pressures, parents can talk to their children about sexual limits, family values and guidelines.

For instance, a parent's guidelines about acceptable and unacceptable dating behaviors might include a discussion of curfew, unacceptable places to go (such as “lovers” lane), unacceptable behaviors (drinking, drugs, unchaperoned parties), a minimum age for the first date.

Talking about limits on sexual behaviors can include minimum age for sexual intercourse; what sexual behaviors are acceptable; and unacceptable reasons for intercourse.

Some other ideas to help teens resist pressure:

- You don't have to have sex to get or keep a relationship.
- If he threatens you to try to get sex, he doesn't care very much.
- Sex should never be a test of love.
- You don't have to have sex, or even want sex, to be a man.
- Dares don't have to be taken.

Chapter 16 – Teen Dating Violence

Violence in teen relationships is almost as prevalent as in adult relationships. The current statistics state that almost 1 out of 3 teen dating relationships includes violence. Violence for this statistic is defined as physical or sexual abuse and extreme controlling. Even though young women say that emotional abuse is the most damaging type of abuse, it is not included in this statistic.

The violence that happens in teen relationships is the same as in adult relationships - it is just as severe. It happens just as often, and it follows the same cycle. Women stay in violent relationships for the same reasons regardless of age, with these few situations specific to teen relationships:

- Teens are under peer pressure to be in dating relationships, so there is pressure for women to stay in a relationship
- Teens are in the process of becoming independent so they want to make decisions on their own, which makes it difficult to talk to parents about dating violence
- A teen may stay in a relationship to please her parents if they like the boyfriend, or to remind the parents of her independence if her parents do not like the boyfriend
- A young woman may be confused about what is normal dating behavior if this is her first dating relationship

Types of Violence: STAND (Battered Women's Alternatives) describes four types of violence. All of the examples of abuse that happen in adult relationships also happen in teen relationships. The following are a few examples of incidents specific to teens.

1. **Physical Abuse** - Physical abuse usually begins with jokingly pinching too hard, play fighting, or smacking a woman accidentally. Physical abuse can be confusing to young people when in the past adults have said that physical punishment is *for your own good*, and that it hurts the adult *more than it hurts you*. These messages can create a distorted connection between love and violence which set women up to accept abuse in dating relationships. Young women make the connection that if my parent hits me for my own good, and my boyfriend says that's why he does it too, it must be true.
2. **Sexual Abuse** - Teens are learning about their sexuality and what is appropriate in sexually active relationships so it may be difficult for them to discern what is abuse and what is normal. Date rape, coercion, sex without protection, "sharing" one's girlfriend with friends, and forcing a woman to get pregnant are examples of sexual abuse in teen relationships.
3. **Emotional Abuse** - This type of abuse is particularly confusing. Emotional abuse may sound like a backwards compliment, e.g., *"I love your hair except when you wear it like that."* Controlling may sound like caring, e.g., *"Your parents sure put you down a lot. Let's just be alone together and no one will ever hurt you again."* Emotional abuse is insidious. It begins with declarations of love that quickly lead women to question themselves and it isolates them from people who are truly supportive.

4. **Financial Abuse** - Examples include forcing her to quit school, cut classes, not study, or taking her books, clothes and favorite possessions and destroying them. It also includes pressure to have children; girls as young as 12 have described this pressure from boyfriends. Teen castaways or throwaways feel trapped to stay with abusive boyfriends who pay the bills.

Hope: While the incidents of violence and the severity of violence seem to be increasing, so also are the number of teens who are talking about violence. In order for the violence to stop in dating relationships it is crucial that teens confront teen men who are abusive, and that they support teen women who are being abused.

**Remember, the victim is not at fault.
Nothing he or she has done causes it, and unless help is
sought, the abuse won't stop.**

The Effects of Battering over Time on:

Women: Isolation from others, low self-esteem, depression, increased alcohol or drug abuse, emotional problems, illness, pain and injuries, permanent physical damage, death.

Children: Emotional problems, illness, increased fears, anger, increased risk of abuse, injuries and death; repetition of abusive behavior.

Men: Increased belief that power and control are achieved by violence, increase in violent behavior, increased contact with law enforcement, more emotional problems, lower self-esteem.

Society: Increase in crime, increase in legal, police, medical, counseling and prison costs; perpetuation of a cycle of violence; perpetuation of myths of the inequality between women and men; decreased quality of life.

Facts on Intimate Partner Violence:

- Battering of women is the most under-reported crime in America.
- According to the California Student Survey (CSS) at least one incident of physical dating violence was reported by 5.2% of 9th graders and 8.2% of 11th graders.
- Among students who had a boy/girlfriend, the rates of dating violence were 8.8% in 9th grade and 12.8% in 11th grade.
- According to the California Women's Survey (CWHS), approximately 40% of women experience physical intimate partner violence in their lifetimes (male lifetime prevalence rates are not available).
- A battering incident is rarely an isolated event.
- Many batterers learned violent behavior growing up in an abusive family.

Signs Of An Abusive Relationship

An abusive relationship exists when a boyfriend/girlfriend/partner has:

- Withheld approval, appreciation or affection as punishment
- Continually criticized a partner, called names, shouted
- Ignored partner's feelings
- Ridiculed or insulted partner's most valued beliefs - religion,
- Shown race, class or sexual preference
- Been very jealous; harassed about imagined affairs
- Insisted partner dress the way he/she wants
- Humiliated partner in private or in public
- Insulted or drove away friends or family
- Taken car keys or money away
- Locked partner out of the house or car
- Thrown objects at partner
- Abused pets to hurt partner
- Punched, shoved, slapped, bit, kicked, choked or hit partner
- Raped partner
- Threatened to commit suicide if partner leaves

Chapter 17 – Parties, Proms & Police Policy

TEENAGE PARTIES

The best advice for parents of teenagers is:

*Don't leave home for the weekend
without planning supervision for your teen!*

Because this is sometimes unavoidable or undesirable, consider any and all possibilities of what could happen while you are away and act accordingly.

Pre-Party Preparations:

- Know your teenager's party plans in advance.
- Find out who is expected to attend. Let your teen know uninvited guests will not be tolerated. It is very common in the Tri-Valley for uninvited guests to show up.
- Phone parents of the teens you don't know well.
- Set a *starting time* and an *ending time*. Make sure the party doesn't go too long.
- Always consider noise ordinances (most cities have these) if you are going to have a party outside.
- Be aware that in most cities the nighttime noise ordinances take effect at 10:00 PM.
- Having parties in a public place (skating rink, clubhouse, pool) usually works well for younger teens.

Ground Rules - Set ground rules ahead of time.

- Let neighbors know about the party plans
- No smoking
- No drugs or alcohol
- Only invited guests are allowed
- No leaving the party and coming back
- All guests should know which rooms in the house or areas around the house are off limits
- Guests must agree to keep all areas reasonably lit
- No loitering outside of the party premises (This includes the front yard and the streets)

Parent/Chaperone Responsibilities and Obligations

- Adult in charge (hopefully “you”) must know the legalities and responsibilities of minors using illegal substances and the ramifications to the adult(s) in charge. A violation of **California Penal Code Section 272** holds the adult accountable and could subject him/her to one year in jail or a \$2500 fine.
- Parent/Chaperone should be aware of what's going on at all times.

- Be aware of the sobriety of arriving teenagers. (It would not be a first for teens to decide to drink in advance of arrival.)
- Invite your adult friends or other adult parents to help maintain safety, making it a safe and fun event.
- Make an effort to have parents of teenage guests come in to meet you when they drop off their young adults.
- Expect “games” to be played. (At least one teenager at the party, not your own, of course, will try to outwit the adult supervision.)

Parties Outside of Your Home

- Make every effort to contact the adults in charge of that party.
- Ask what their “Ground Rules” are.
- Offer to assist if this fits into your plans.
- Be sure you specifically ask about alcohol. Don't assume that all parents will take the same precautions you would take.
- Talk to your teenager in advance about your expectations, about a ride home, curfew, alcohol, drugs.
- Be sure you feel comfortable with the location of the party and the people in attendance.
- Make every effort to introduce yourself to the adults in charge at the party site.
- Make sure a responsible adult is in attendance.

PROM TIME

Tips for a Safe & Sober Prom

- Be aware of the celebration plans before and after the prom/ball. Sometimes this requires a whole series of questions. Let your teen know that you are excited about the prom/ball too, and that you care enough to want to know all of the plans.
- Talk to the parents of your teen's friends. Your teen will be only too happy to tell you that all the other parents think the celebration plans are great! You may be surprised to know that the other parents share the same concerns that you have; remember strength comes in numbers.
- Question the time allotted to get to the prom/ball and back. Maybe you were not informed about all the celebration plans.
- Celebrations can start during the trip to the prom/ball and continue on the way home. Make sure the bus and limo companies understand that they are transporting minors and that their licensing is in jeopardy if they allow the use of alcohol or drugs. It is important to insist that they have all the backpacks and other baggage stored in the luggage compartment during the trip. If your teen is traveling by van or motor home, find out who the driver is and confirm that they will enforce a “no use” rule, especially if it is an older sibling.
- If your teen's plans include a group sleepover following the prom/ball, be sure you know where it is and who is chaperoning. (You may want to volunteer a shift.) In the past, hotel

rooms and resort homes have been acquired to continue the celebration and there is usually no chaperone. If your teen feels it is important to attend a sleepover, suggest they use your home and plan to stay up all night to chaperone, be available to address any needs and encourage some sleep time.

- If your teen is planning a post-celebration event the next day or returning from an overnight celebration, find out if the driver is going to be well rested and alert. You may want to suggest renting a bus or setting up parent carpools to drive back and forth.
- Some schools require a signed parent-student prom/ball contract before tickets can be purchased. Find out about your school's policy.
- There is no such thing as a junior or senior “Cut Day,” and teachers will be delivering the scheduled lesson plans or giving the planned tests.
- If you hear about any potential problems or have any concerns, please call your school principal.

POLICE POLICY and Protocol Around Parties and Proms

- The legal age for drinking is **21 years old**.
- The legal age for smoking is **18 years old**.
- All other substances are probably illegal.
- In some circumstances, the police **have the authority** to search private property when there is suspicion that alcohol or drugs are present. Arrests can be made or citations issued. Initial fines may reach \$1000 - check with your local police department for specifics.
- Police will be called if the party or event is too loud or if participants spill out into the front yard or street.
- Serving alcohol to teenagers on your own property is illegal. Adults can be prosecuted for contributing to the delinquency of a minor. Adults may be found guilty of a misdemeanor and subject to a fine or jail, or both.
- People who serve alcohol to minors or allow minors to consume it in their homes may be subject to civil lawsuits if the minor's activities after that drinking result in damage or injury to another person.
- Additionally, adults “in-charge” may be financially responsible for all costs incurred by the police department in dealing with the incident or party.
- It is against the law for minors to possess or purchase alcohol, be drunk in a public place, or carry alcoholic beverages in a vehicle.
- The legal consequences for an older teenager (**18 and over**) will usually differ from the way matters for a younger teenager are handled in the Juvenile Justice System. **They may go to Jail**. Discuss this with your older teenager and allow them to do some research on their own (through proper sources).
- Hotels in the area are aware of their liability for allowing under-aged drinkers on their premises.

- Likewise, limousine and bus companies are aware they could have their licenses suspended for allowing consumption of alcoholic beverages by teenagers in their vehicles.
- More than half of all fatal injuries to 16-19 year old drivers and passengers occur at nighttime as a result of drinking and driving, according to the Insurance Institute of Highway Safety.

Communicating With Your Teenager

- The most important link between you and your teenager is open communication. Talk to your teenager about how to handle uncomfortable situations.
- Frequently the lines of communication will be open at their fullest when the teenager returns home from a party, no matter how late. Be awake to talk to your teen when they arrive home.
- Allow your teenager to use you as an excuse - to refuse an invitation or to get out of an uncomfortable situation.
- Always let your teenager know that if they find themselves in an uncomfortable situation, that you or a designated adult friend will be there to pick them up at any time without question.

The bottom line is you do not want your child to ride in a vehicle with anyone who is under the influence, nor do you want your child to drive while under the influence.

You can reach your police department at the following numbers:

Pleasanton Police (925) 931-5100

Dispatch Emergency (925) 931-5122

Emergency 911

Chapter 18 – The Law & Your Teenager

Motor vehicle crashes are the leading cause of death for U.S. teens, accounting for more than one in three deaths in this age group. In 2009, eight teens ages 16 to 19 died every day from motor vehicle injuries. Per mile driven, teen drivers ages 16 to 19 are four times more likely than older drivers to crash. Alcohol is still America's drug of choice and kills more kids than cocaine, marijuana, heroin, LSD, and other illegal drugs combined. There are stiff penalties that one must pay if he or she is caught driving under the influence (DUI) of alcohol and/or other drugs.

In 1990, California became the 28th state to adopt an administrative license suspension program. This program, commonly called “Admin Per Se” was enacted by the Legislature and made into a law by the governor as a stronger deterrent to drunk driving.

The law requires the DMV to suspend the driving privilege of persons under the age of 21 who are driving with a Blood Alcohol Content (BAC) of .01 or more or who refuse or fail to complete the test. The suspension is independent of any jail, fine or other criminal penalty imposed in court for the offense.

Who is Affected?

Any driver under age 21 arrested for driving under the influence who:

- Refuses to take or fails to complete the preliminary alcohol screening test
- Takes a blood/alcohol test which shows a BAC of .01 or more

What Happens To Your Teen's Driver's License?

- If your teen is arrested for drunk driving, the officer will complete a driver's license suspension order, take the license and give your teen a temporary driver's license.
- The suspension becomes effective 30 days from the arrest date.
- The officer will mail your teen's license to DMV. He or she will receive the following two documents which may be carried in his or her possession as a valid temporary license and legally drive for the next 30 days: Order of Suspension and the officer's citation showing the arrest for Section 23140, 23152 or 23153 of the Vehicle Code, or release from custody.

What Does DMV Do?

- The law enforcement officer sends documents to DMV within five business days following the arrest. If your teen took a blood or urine test, the officer will forward the results of the BAC test to the Department within 20 calendar days. If the results of your teen's test show that the BAC is less than .01, the suspension will be set aside and your teen's driver's license returned.
- The Department of Motor Vehicles conducts an administrative review which includes an examination of the officer's report, the Order of Suspension, and BAC test results.

What Can Your Teen Do About the Suspension?

- Your teen must request a hearing within 10 days of receipt of the suspension order.
- If a hearing is held, a decision will be made by the Department within 45 days of the date of the arrest.
- After the hearing, your teen may request a departmental review within 15 days, or a court review within 30 days.
- A \$100 re-issue fee is required to reinstate the driving privilege after a suspension and before any license restrictions may be issued.

How Long Will Your Teen's License Be Suspended?

- If your teen did not take a chemical test:
 1. First offense will result in a 1-year suspension.
 2. Second offense within 10 years will result in a 2-year revocation, or a 3-year revocation if on DUI probation.
 3. Three or more offenses within 10 years will result in a 3-year revocation.
- If your teen took a chemical test or a breath test and the test showed .01 BAC or more:
 1. Any offense will result in a 1 year suspension.

It is unlawful for any person under the age of 21 to have a BAC in excess of .05 while operating a motor vehicle. Violation of this statute may result in the suspension of your teen's driving privilege for 1 year whether or not they are licensed and is considered to be an infraction. If an officer believes the driver is impaired, he or she can be sent to jail with a BAC of less than .05. (Vehicle Code 23140)

It is unlawful for any person (driver or passengers) to be drinking while in a motor vehicle (Vehicle Codes 23221 & 23220). It is unlawful to have an open alcoholic beverage while in a motor vehicle, whether it is being driven or not (Vehicle Code 23223). Thus, persons drinking in a parked car may be cited or arrested for possession of an open alcoholic beverage. Additionally, the driver of the parked vehicle may be given a field sobriety test to determine if that driver has been drinking; and, if so, that driver may also be cited or arrested for being in violation of Vehicle Code 23152, driving while under the influence (DUI).

If a person shows no alcohol in their system, yet he or she still shows signs of being "high" or intoxicated, the police officer will do further tests to determine if the person is under the influence of other drugs in accordance with Section 11550 of the Health & Safety Code. Possession of marijuana in a vehicle is a violation of Vehicle Code 23222.

There must be an adult over 21 in the vehicle while transporting liquor if the driver is a minor. A minor found in violation of Vehicle Code 23224 will have his/her license suspended for one year and the vehicle involved may be impounded for up to 30 days. It's important to remember that the driver has a responsibility to make sure that his or her passengers obey the law. The excuse of "*It wasn't mine,*" is not sufficient to avoid arrest or citation.

If your teen is convicted of a DUI and your teen has a driver's license, that license can be suspended for one year for each conviction. Thus, if your 17 year old has 2 convictions, that license can be suspended for two years. If your teen does not have a driver's license, he or she will not be able to apply for a license for the duration of that penalty.

The average cost for a first DUI offense can be anywhere from \$2500 to \$3600! Insurance costs go up 80%. DUI classes cost \$300+. Fines may equal \$1200 to \$1500. Lawyer fees will be \$1000 or more. Additionally, the local jurisdiction may charge you for police and ambulance services, as well as any property damage that may have occurred. A second DUI offense may put your teen in a year-long alcohol program that could cost thousands of dollars. Your teen also could be sentenced to up to 120 days in jail. Fines go up to \$2500 or more and do not include lawyer fees; and your teen's insurance will probably be canceled.

It's a high price to pay to drive drunk!



Chapter 19 – Gang Awareness

Denial is the first and largest obstacle to overcome in dealing with the emergence of gang-related activities in a community. Once a community becomes aware of gangs and their characteristics, it can look at the gang members' needs for rehabilitation and education.

What is a Gang?

A gang is a formal or informal, ongoing organization, association or group of three or more persons who:

- A. have a common name or common identifying signs, colors or symbols; and
- B. have members or associates who individually or collectively engage in or have engaged in a pattern of criminal activity.

A member of a gang is a person who engages in a pattern of criminal street gang activity.

Gang Structure: Leadership roles are gained by dominance of one person over other members. Gangs are usually comprised of males ranging in age from 13 to 28 years; however, there are also female gang members.

Gang Membership: Membership crosses all boundaries of sex, age, race, academic achievement and economic status. There are many reasons for youth to join gangs, including:

- The excitement of gang activity and affiliation
- Peer pressure
- Economic rewards
- Attention
- Low self-esteem
- Lack of identity
- A feeling of acceptance
- Security or protection
- Companionship
- Lack of alternatives
- Neglect
- Lack of appropriate parental involvement
- Lack of meaningful adult guidance
- Lack of neighborhood involvement
- Friendship or brotherhood
- Protection from rival gangs
- A feeling of belonging or purpose

Gang Identification: Gang members are proud to identify themselves and will usually admit their membership, openly display tattoos, dress in a style identifying their gang or sets, “throw signs” (gestures with their hands and fingers which identify their gang or set) and often adopt nicknames that become their street identity or moniker. During the past few years some of these identifications have become more subtle.

Warning Signs of Gang Involvement

- **Changing Friends:** Does not bring friends home or does not introduce friends to parents; is vague or refuses to tell you where he/she is going and with whom.
- **Lack of interest in family:** No longer interested in family activities, becomes rebellious and disregards household rules and curfews, becomes withdrawn from the rest of the family.
- **Decline in School:** Interest in school and school-related activities declines, school work and homework quality declines and grades fall; eventually may contemplate dropping out of school.
- **Changes in appearance:** Adds or deletes a primary color (such as red, blue or black) in wardrobe; particular brand of sportswear, hats, shoes, shoelaces, bandannas, jewelry, haircuts, etc.
- **Graffiti (tagging):** Begins to practice different signs and symbols on school or personal papers; draws or paints graffiti on his/her walls or doors; has letters from foreign alphabet and symbols incorporated in those drawings; has paperwork or gang bibles in his/her room.
- **Newly Unexplained Wealth:** Lots of cash or valuables.
- **Gang Graffiti:** Graffiti is one of the most visible signs of gang activity. It is used to mark territories or boundaries, to claim responsibility for violent acts, to show association and allegiance, to issue challenges, to recruit or to “DIS” (show disrespect) rival gangs or sets.
- **Use of a Nickname or Street Slang:** Uncommon terms, words, names or phrases.
- **Dress:** Sagging has been the fad (pants below buttocks with underwear showing), but this is ever-changing.
- **Tattoos:** Names, monikers or symbols.



PARENT AWARENESS

As a parent, it is your responsibility to help your children understand the dangers of gang involvement which can lead to a criminal record or to death which frequently results from gang violence. Encourage your children to report others who pressure them to use or deal drugs or to participate in gang activity. Intimidation and fear can pre-occupy and destroy a child's ability to concentrate at school and can prevent him from gaining the tools necessary for a meaningful life. Be aware of signs of possible gang association.

- Don't say "It can't happen in my family."
- Talk with children early and regularly about gangs, sex, alcohol/drugs/tobacco, violence and other at-risk behavior. Set rules for those behaviors that are non-negotiable.
- Demand accountability for friends.
- Establish clear guidelines and non-negotiable limits for your child's behavior and activities.
- Be aware of and do not permit gang identifiers.
- Eliminate youth access to weapons.
- Do not permit your child to sponsor or attend unsupervised parties. Don't let your child dupe you into believing that "*everyone else does it.*"
- Demand accountability for time spent away from home.
- Meet regularly with school counselors and teachers.
- Demand accountability for money and clothes.
- Ask frequent questions whenever you're suspicious.
- Meet and greet your child's friends.
- Communicate with the parents of your child's friends.
- Communicate with your child.
- Gangs attempt to instill fear in your community. Their power grows through intimidation of rival gangs and citizens alike, and direct confrontation is best left to law enforcement. However, everyone has the responsibility to work towards a solution.
- Get involved in programs that are designed to help our youth.
- Encourage immediate graffiti removal.
- Maintain a strong liaison with your police department for continued maintenance of community policing.

If you have any concerns, please contact the Police Department's Youth and Community Services Unit, your School Resource Officer, or the DARE Officer at your child's school.

Chapter 20 – Resiliency

Growing up is never easy. In recent years, a number of researchers have changed their focus from the examination of risks associated with a negative health outcome to one of considering mechanisms or factors deemed protective to adolescent health. Two psychosocial models have emerged from this research, emphasizing resiliency and asset building rather than risk. Young people who come from a high-risk environment are those who fall through the cracks, unless safety nets are provided. They are not necessarily overtly aggressive, stereotypical juvenile delinquents. They are often the quiet, withdrawn, passive kids. They are not limited to one geographical area or socio-economic or ethnic group. They are present in every community. They are the youth who, for various reasons including biological, psychological, or social, have a greater likelihood for the development of delinquency, substance abuse, or other related anti-social and self-destructive behaviors.

Resiliency research suggests a strong link between success in life and one's resiliency. Resiliency is the ability to avoid destructive behavior by successfully overcoming the effects of a high-risk environment and developing social competency despite exposure to severe stress. Despite difficult family and community circumstances, some children succeed at school and in life. Because they have persevered through severe, often enduring and multiple challenges, they are referred to as *resilient*. Resilience studies (Werner and Smith 1982; Ruter 1990; Rolf et al, 1990) have determined that of the children growing up in a high-risk environment, most who achieve adult success tend to have a long-term, close relationship with a caring, responsible parent or adult, religious faith, and perceptions of themselves as worthy and competent.

Based on extensive research, including the work of B. Bernard (1993), *Fostering Resiliency in Kids: Protective Factors in the Family, School and Community*, resilient children have the following identifiable characteristics.

A RESILIENT YOUNG PERSON:

Is Socially Competent: responsive, flexible, and adaptable; empathetic and caring; able to communicate; and has a sense of humor.

Is Skilled at Problem Solving and Planning: average or above intelligence; able to think abstractly, critically, deductively, and flexibly; able to seek alternative solutions; and responsible.

Is Autonomous: has a sense of identity, self-esteem and self-worth, able to act independently; sense of personal control; and able to recognize and separate self from a harmful situation.

Has a Sense of Purpose and Future: healthy expectations, sense of coherence, confidence and faith that hardships can be overcome.

These areas of competency are hardly predestined; they can be learned in families, schools, and communities. To the extent that parents, educators, and other adults in the community encourage development of such resilience competencies, children are likely to be successful in school and in life. As in medicine, preventive actions may be wiser and more cost effective than after the fact remedies.

MENTORING

Studies indicate that youth from “at risk” environments can be successful in overcoming the negative factors that surround them. These studies further indicate the key protective factor in these success stories is the presence of at least one caring adult in the lives of these youths. A mentor is an individual who provides one-to-one support and attention, a friend and a role model. Dozens of model projects throughout the State of California demonstrate that a mentoring relationship can bring a supportive role model into the life of a youth which enables that youth to define himself or herself in positive rather than negative ways.

There is no better antidote for the social ills that face our youth than an adolescent's belief that the world is a positive place and that they can accomplish what they want in life.

To learn more about mentoring opportunities in your community visit www.mentoring.org or call (703) 224-2200.



Chapter 21 – 40 Developmental Assets

Since 1989, Search Institute has conducted numerous studies of 6th through 12th grade students in public and private schools across the United States. The resulting **40 Developmental Assets** Framework was based on an analysis of aggregated data on 254,000 students.

Researchers have identified protective assets essential to raising a healthy, responsible child. These 40 factors range from family support and clear parental standards to, extra-curricular involvement and strong values and self-esteem. Their impact is nothing short of remarkable.

Study after study demonstrates that the more children are exposed to these assets, the more able they are to make positive life decisions... the greater their resistance to substance abuse, depression and suicide, teen pregnancy and school failure... the better prepared they are to lead healthy, stable, productive lives.

40 Developmental Assets

EXTERNAL ASSETS:

SUPPORT

1. **Family support** - Family life provides high levels of love and support.
2. **Positive family communication** - Young person and her or his parent(s) communicate positively, and young person is willing to seek parent(s) advice and counsel.
3. **Other adult relationships** - Young person receives support from three or more non-parent adults.
4. **Caring neighborhood** - Young person experiences caring neighbors.
5. **Caring school climate** - School provides a caring, encouraging environment.
6. **Parent involvement in schooling** - Parent(s) are actively involved in helping young person succeed in school.

EMPOWERMENT

7. **Community values youth** - Young person perceives that adults in the community value youth.
8. **Youth as resources** - Young people are given useful roles in the community.
9. **Community service** - Young person serves in the community one hour or more per week.
10. **Safety** - Young person feels safe at home, school, and in the neighborhood.

BOUNDARIES & EXPECTATIONS

11. **Family boundaries** - Family has clear rules and consequences; and monitors the young person's whereabouts.
12. **School boundaries** - School provides clear rules and consequences.

13. **Neighborhood boundaries** - Neighbors take responsibility for monitoring young people's behavior.
14. **Adult role model** - Parent(s) and other adults model positive, responsible behavior.
15. **Positive peer influence** - Young person's best friends model responsible behavior.
16. **High expectations** - Both parent(s) and teachers encourage the young person to do well.

TIME USE

17. **Creative activities** - Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18. **Youth programs** - Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
19. **Religious community** - Young person spends one or more hours per week in activities in a religious institution.
20. **Time at home** - Young person is out with friends "with nothing special to do," two or fewer nights per week.

INTERNAL ASSETS

EDUCATIONAL COMMITMENT

21. **Achievement motivation** - Young person is motivated to do well in school.
22. **School performance** - Young person has a B average or better.
23. **Homework** - Young person reports doing at least one hour of homework every school day.
24. **Bonding to school** - Young person cares about her or his school.
25. **Reading for pleasure** - Young person reads for pleasure three or more hours per week.

POSITIVE VALUES

26. **Caring** - Young person places high value on helping other people.
27. **Equality and social justice** - Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity** - Young person acts on convictions and stands up for her or his beliefs.
29. **Honesty** - Young person tells the truth even when it is not easy.
30. **Responsibility** - Young person accepts and takes personal responsibility.
31. **Restraint** - Young person believes it is important not to be sexually active or use alcohol or other drugs.

SOCIAL COMPETENCIES

32. **Planning and decision making** - Young person knows how to plan ahead and make choices.
33. **Interpersonal competence** - Young person has empathy, sensitivity, and friendship skills.
34. **Cultural competence** - Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.

35. **Resistance skills** - Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful conflict resolution** - Young person seeks to resolve conflict non-violently.

POSITIVE IDENTITY

37. **Personal power** - Young person feels he or she has control over “things that happen to me.”
38. **Self-esteem** - Young person reports having a high self-esteem.
39. **Sense of purpose** - Young person reports that my life has a purpose.
40. **Positive view of personal future** - Young person is optimistic about her or his personal future.

On one level, the 40 Developmental Assets represent everyday wisdom about positive experiences and characteristics for young people. In addition, Search Institute research has found these assets to be powerful influences on adolescent behavior, both protecting young people from many different problem behaviors and promoting positive attitudes and behaviors. This power is evident across all cultural and socioeconomic groups of youth. There is also evidence from other research that these assets have the same kind of power for younger children.

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Search Institute: www.search-institute.org

Chapter 22 – Bullying and Cyberbullying

The old adage about “Sticks and Stones ...” may have been sufficient years ago, but today, in addition to verbal assaults at school, the speed and ubiquitous nature of email, Internet chat rooms, cell phones, and social networking sites, can often leave no escape for victims of bullying. Bullying can often be dismissed as part of growing up. But it is actually an early form of aggressive, violent behavior.

Bullying is repeated and unnecessary aggressive behavior, or simply unprovoked meanness. It’s a form of intimidation, behavior designed to threaten or frighten or to get someone to do something they wouldn’t normally do. Bullies have learned that bullying works. They do it to feel powerful and in control. Types of bullying range from brute force to deception and manipulation.

When teens use the Internet, cell phones or other devices to send or post text or images intended to hurt or embarrass another person; that is called Cyberbullying. Examples of cyberbullying include: pretending to be another person online to trick others, spreading lies and rumors about victims, sending or forwarding mean text messages, posting pictures of victims without their consent.

Although anyone can be the target of bullying behavior, the victim is often singled out because of his or her psychological traits more than his or her physical traits. A typical victim is likely to be shy, sensitive, and maybe anxious or insecure. However, some children are picked on for physical reasons such as their weight, being physically small, having a disability, or belonging to a different race or religious faith.

California law allows school officials to suspend or recommend expulsion for students who engage in harassment using electronic devices, on or off school grounds.

Here are some things you can do:

- **Monitor** your child’s computer usage. Avoid letting them use the computer in complete privacy. Read their incoming and outgoing emails and the text messages on their cell phones.
- **Listen** to children. Encourage children to talk about school, social events, other kids in class, the walk or ride to and from school so you can identify any problems they may be having.
- **Take** children’s complaints of bullying seriously. Probing a seemingly minor complaint may uncover more severe grievances. Children are often afraid or ashamed to tell anyone that they have been bullied, so listen to their complaints.

- **Watch** for symptoms that children may be bullying victims, such as withdrawal, a drop in grades, torn clothes, or needing extra money or supplies.
- **Tell** the school or organization immediately if you think that your children are being bullied. Alerted caregivers can carefully monitor your children's actions and take steps to ensure your children's safety.
- **Work** with other parents to ensure that the children in your neighborhood are supervised closely on their way to and from school.
- **Help** children learn the social skills he or she needs to make friends. A confident, resourceful child who has friends is less likely to be bullied or to bully others.
- **Teach** children ways to resolve arguments or conflicts without violent words or actions. And teach them self-protection skills like how to walk confidently, stay alert to what's going on around them, and to stand up for themselves verbally.
- **Recognize** that bullies may be acting out feelings of insecurity, anger, or loneliness. If your child is a bully, help get to the root of the problem. Seek out specific strategies you can use at home from a teacher, school counselor, or child psychologist.



Chapter 23 – Internet Safety

The Internet allows millions of people around the world to communicate freely and anonymously in a virtually uncontrolled, electronic world. There is nothing that can't be found online. But if your teenager does not know about and understand the dangers of the Internet along with the benefits, it could lead to everything from financial headaches to tragedy.

Online Predators

There are literally thousands of people at any one time trying to seduce children online every day. These people are called online predators and they mean to do your child harm. A single predator will often try to seduce and lure as many as 250 to 500 children at a time in hopes of meeting just one in person.

An online predator tries to build trust with the victim over time. They will appear interested in everything their young victim discusses with them and will always be understanding and agree with everything their victim says. The predator tries to become the victim's best friend.

They then try to discourage the victim from discussing their special relationship with anyone else, saying no one else will really "understand." Once he has a willing victim, the predator works to break down barriers by sending inappropriate pictures or other material. They want to see if their victim is willing to take risks. If they get a positive reaction from the victim, they may be able to reach their ultimate goal: To meet the victim in person.

Don't let it be your child.

What can you do? Teach your child the following:

- Personal information stays personal. While this is an important rule for children, it's also an important rule for parents. Giving information on your family and your children to the wrong person could be dangerous.
- Make sure your child doesn't spend all of his or her time on the computer. Encourage outdoor or other activity.
- People, not computers, should be their best friends and companions.
- Keep the computer in a family room, kitchen or living room, not in your child's bedroom. This way you can monitor what is happening when your child is online. Knowing you are watching, kids are less likely to put themselves in risky situations and you can safely oversee what's going on.
- Watch your children when they're online and see where they go. Check the online history regularly.
- Make sure that your children feel comfortable coming to you with questions. This should apply to all situations, including the computer. If your children feel they can trust you, they are more likely to come to you with tough problems and questions.
- Keep kids out of chat rooms unless they are monitored.

- Encourage discussions between you and your children about what they enjoy online. This way you can direct your children to safe sites that fit their interests.
- Discuss these rules, get your children to agree to adhere to them, and post them near the computer as a reminder.
- Remember to monitor their compliance with these rules, especially when it comes to the amount of time your children spend on the computer.
- Get to know their "online friends" just as you get to know all of their other friends.
- Warn them that people may not be what they say they are or what they seem to be. Someone can say he is a 12-year-old boy named Billy but is not. The Internet provides a cover for people to put on whatever type of persona they want. Predators often pose as children to gain a child's trust.

Other risks online

Other online dangers include access to information that may be inappropriate for children, sites related to illegal activities, and sites that pose risks to privacy.

There are sites that show graphic pornography and inappropriate sexual content that children can easily access, even by accident. Also, there are sites that advertise tobacco and alcohol, provide bomb-building information, advocate taking drugs, or contain violence and gore, misinformation, and hate literature.

Some sites even sell guns, drugs, poisons, or alcohol, or let your kids gamble online. Others collect and sell private information by using unfair or illegal techniques to "trick" people into giving personal or financial information, such as credit card information or passwords, or private information about you and your family. NEVER give out personal information online to anyone you did not solicit first.

Blocking Software

Blocking software is software that uses a "bad site" list. It blocks access to sites on the list. Some allow you to customize the list by adding or removing sites. No matter how frequently they are updated, however, the number of web sites published each day far exceeds the ability of the software companies to review the sites & categorize them for "bad site" lists.

Filtering Software

Filtering software uses certain keywords. It blocks sites containing these keywords, alone or in context with other keywords. Software that uses stand-alone keywords may often filter out harmless sites, because of the inclusion of innocent words within those sites. "Sex" might be a filtered term but may result in the blocking of the latest web site for "sextuplets," or "Sussex," England.

Chapter 24 – Sexting

SEX+TEXTING = “SEXTING”

Sexting is sending sexually explicit messages or photos electronically, between cell phones or via the Internet. Sexting is a dangerous activity engaged in by an alarming number of teens. A recent MTV/Associated Press poll found more than a quarter of teenagers admit to having engaged in "sexting"

Many teens believe that anything they want to do with *their* body and *their* phone is *their* business. They enjoy the privacy and freedom that cell phones give them from their parents or guardians. That much freedom makes it easy to understand why 1 in 5 teens (ages 13-19) have reportedly sent a sexually suggestive image or message.

Why do teens do it?

- Kids today are awash in sexual influences
- Instant messages and photos can be kept out of sight of parents and other adults
- Some think it's innocent flirting
- Others are pressured to send pictures
- Some are just seeking attention
- Some are trying to impress a guy/girl

Many teens don't realize that once you post something on the Internet ...

YOU CAN'T TAKE IT BACK

And when teens engage in sexting, their school, and even the law, can take a very different view than just innocent flirtation. A teen caught sending inappropriate sexting photos or messages can face some severe consequences such as:

- Suspension or expulsion from school.
- Getting kicked off a sports team.
- Not being accepted to a college because some colleges request disciplinary records along with transcripts.
- Humiliation and regret.
- Being charged with a felony crime for sending sexually explicit photos involving someone under 18 years old (child pornography). This can include BOTH sender and receiver.
- Having to register for the rest of their lives as a sex offender.

Sexting can also be a form of BULLYING

Malicious Sexting

Example: Sharing an unflattering picture of someone taken in a locker room. This is called **bullying or “cyberbullying”** and can cause immeasurable suffering to the victim. Once sent, the photos can be used by countless others to harass, intimidate, or embarrass victims online or via cell phone.

What can be done?

- Help your children avoid the potential life consequences of sexting by learning more about the issue and talking to your children before they put themselves in a compromising position.
- Parents should monitor their child's cell phone and the pictures sent or received.
- If your teen acts overly possessive of their phone don't let it go, find out what it is they are doing.
- Talk with your teen about the dangers of sexting and the potential legal and emotional consequences.
- Make sure to review your house rules for online conduct with your children before giving them access to new Web-enabled technologies. Along with discussing your expectations for their behavior, discuss the consequences for failing to meet those expectations, such as limited access to Web and texting functions.
- If children ignore the rules, consider removing cell phones altogether; however, this should be your last resort.
- Technology is not going anywhere, and it's important that children learn how to use it appropriately. Talk to them early and often about how digital information and images may travel very far, very quickly.
- Make it absolutely clear to your child that the moment they send a digital image of themselves from their cell phone, they completely lose control of what happens to it next.

Here are some discussion starters to help you have the “sexting talk” with your child

Have you ever received a sexual message or naked picture on your cell phone?

Has anyone ever asked or pressured you to send a nude or sexual picture?

Do you think it's OK to send “sexy” messages or images? Why?

What could happen to you if you send or forward a sexual text message or naked picture with your cell phone?

How likely is it that images and messages intended for one person will be seen by others?

Encourage your teen to:

- THINK ABOUT THE CONSEQUENCES
- NEVER TAKE images of themselves they wouldn't want EVERYONE to see
- REMEMBER they can't control where their image may travel
- REPORT any sexually explicit pictures they receive on their cell phone to an adult they trust

Discuss expectations for behavior and the consequences for failing to meet those expectations. If your child ignores the rules, consider taking away cell phone privileges. But remember, technology is not going anywhere, and it's important that children learn how to use it appropriately



Resources

RESOURCES FOR CHAPTERS 1 THROUGH 15 ARE LISTED IN THE ORDER THE CHAPTERS APPEAR IN THE BOOK. WHEN SEEKING RESOURCES, CONSIDER YOUR PASTOR, RABBI, CLERGYMAN, DOCTOR OR COUNSELOR.

ALL RESOURCES LISTED ON THE FOLLOWING PAGES HAVE BEEN CHECKED AND CONFIRMED PRIOR TO PUBLICATION. PLEASE BE KEENLY AWARE THAT ORGANIZATIONS, PARTICULARLY NON-PROFIT ORGANIZATIONS AS IN THIS INSTANCE, MOVE TO NEW LOCATIONS, CHANGE PHONE NUMBERS, HOURS OF OPERATION, AND SOMETIMES EVEN CHANGE THE FOCUS OF THEIR AVAILABLE SERVICES AS FUNDING AND GRANTS DICTATE. SOMETIMES IT IS NECESSARY FOR SOME ORGANIZATIONS TO DISCONTINUE MUCH NEEDED SERVICES, OR EVEN CLOSE THEIR DOORS.

PLEASE CHECK YOUR RESOURCES. CHECK THE INTERNET OR YOUR PHONE DIRECTORY FOR THE MOST RECENT UPDATES, AND **ALWAYS TAKE IMMEDIATE ACTION IN AN EMERGENCY. CALL 911 OR DRIVE DIRECTLY TO A HOSPITAL.**

HEALTHY PARENTING
Chapter 1 Resources

Alameda County Behavioral Health Care Services Agency (Access)

(800) 491-9099 (Centralized Intake Service)

www.acbhcs.org

Provides clinical assessment, individual and family counseling and case management to severely emotionally disturbed children and youth, age 5-17.

Anthropos Counseling Center

326 South L. St.

Livermore, CA 94550

(925) 449-7925

www.anthroposcounseling.org

Provides marriage, family, child, individual, and group counseling for both children and adults, including counseling for substance abuse and co-dependency.

Axis Community Health Center

6666 Owens Drive

Pleasanton, CA 94588

(925) 201-6201

www.axishealth.org

Counseling services, anger management, domestic violence, teen drug and alcohol program, and DUI program.

Birthright

1520 Catalina Court, Building C

Livermore, CA 94550

(925) 449-5887 or (800) 550-4900 (24-hour free hotline)

www.birthright.org

Provide information and referrals for pregnancy support services. Also provides infant clothing & supplies, pregnancy counseling, emergency casework and transportation services.

Discovery Counseling Center

115 Town and Country Dr, Danville, CA 94526

(925) 837-0505

www.discoveryctr.net

Provides counseling for adolescent issues, divorce, family disharmony, parenting issues, codependency, drug recovery, and many other areas.

Planned Parenthood

130 Ryan Industrial Ct. # 115

San Ramon, CA 94583

(925) 838-2108

www.plannedparenthood.org

Family planning services; birth control; pregnancy testing and referrals; complete GYN exams; STI treatment and screening for all; mid-life services; HIV testing.

Pleasanton Community Counseling Center

4444 Black Ave

Pleasanton, CA 94588

(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

Stand For Families Free of Violence

1410 Danzig Plaza, 2nd Floor, Concord, CA 94520

(925) 676-2845

www.standffov.org

Provides comprehensive prevention, intervention, and treatment services to end the cycle of domestic violence and child abuse.

Valley Community Support Center

3730 Hopyard Rd. Suite 103

Pleasanton, CA 94588

(925) 560-5880

Comprehensive mental health services for persons with chronic and persistent mental illness. Services include case management, medication therapy, screening for psychiatric hospitalization, and consultation and referral to other services such as vocational rehabilitation.

Valley Crisis Pregnancy Center

7660 Amador Valley Blvd. # A

Dublin, CA 94568

(925) 828-4458

www.valleypregnancycenter.org

Provides pregnancy testing, ultrasound, support and counseling.

TEEN ANGER
Chapter 2 Resources

Axis Community Health Center

6666 Owens Drive
Pleasanton, CA 94588
(925) 201-6201
www.axishealth.org

Counseling services, anger management, domestic violence, teen drug and alcohol program, and DUI program.

Discovery Counseling Center

115 Town and Country Dr, Danville, CA 94526
(925) 837-0505
www.discoveryctr.net

Provides counseling for adolescent issues, anger management, anxiety, child temperament issues, and many other areas.

Horizons Family Counseling

1110 South Livermore Ave.
Livermore, CA 94550
(925) 371-4747
www.cityoflivermore.net

Children and Youth: Family counseling for family stress and/or delinquent youth. Agency provides delinquency prevention counseling for Tri-Valley residents and family counseling and crisis intervention.

Pacific Center for Human Growth

2712 Telegraph Ave.
Berkeley, CA 94705
(510) 548-8283
www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Pleasanton Community Counseling Center

4444 Black Ave
Pleasanton, CA 94588
(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

Project Eden

22646 Second St, Hayward, CA 94544

(510) 247-8200

www.horizonservices.org

Provides a wide variety of substance abuse prevention, intervention, and treatment services to children, adolescents, adults, and families. Also provide services to young people who identify as gay, lesbian, bisexual or transgender and are at significantly higher risk of alcohol and other drug abuse, depression, and suicide.

DEPRESSION**Chapter 3 Resources**

Alameda County Behavioral Health Care Services Agency (Access)

(800) 491-9099 (Centralized Intake Service)

www.acbhcs.org

Mental health diagnosis and assessment. Crisis intervention; referral to County programs.

Anthropos Counseling Center

326 South L. St.

Livermore, CA 94550

(925) 449-7925

www.anthroposcounseling.org

Provides marriage, family, child, individual, and group counseling for both children and adults, including counseling for substance abuse and co-dependency.

Mental Health America

(800) 969-6642

www.mentalhealthamerica.net

Community-based network providing mental health and wellness programs and services.

National Institute of Mental Health

(800) 421-4211

www.nimh.nih.gov

Provides statistics, publications, and referrals.

Pacific Center for Human Growth

2712 Telegraph Ave.

Berkeley, CA 94705

(510) 548-8283

www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Pleasanton Community Counseling Center

4444 Black Ave

Pleasanton, CA 94588

(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

Valley Community Support Center

3730 Hopyard Rd. #103

Pleasanton, CA 94588

(925) 560-5880

Comprehensive mental health services for persons with chronic and persistent mental illness. Services include case management, medication therapy, screening for psychiatric hospitalization, and consultation and referral to other services such as vocational rehabilitation.

SUICIDE**Chapter 4 Resources**

Suicide Response Options:

Call Alameda County Crisis Support Services: **(800) 309-2131** or the National Hotline number: **(800) SUICIDE**. (24-hour crisis hotlines)

If the child is willing to accompany a parent for an evaluation contact:

a. Alta Bates Hospital ER (Berkeley) at (510) 204-4444. (24-hour psychiatric services available via Herrick Hospital)

b. Kaiser ER (Walnut Creek) at (925) 295-5100, if a Kaiser member

If child has taken pills, or otherwise hurt himself/herself, CALL 911 or, at your discretion, immediately go to the hospital emergency room nearest you and INFORM THEM OF THE SUSPECTED SUICIDE ATTEMPT. IF THE CHILD IS AT RISK OF RUNNING AWAY OR IS COMBATIVE, CALL THE POLICE/SHERIFF FOR ASSISTANCE - they can assess for an emergency psychiatric hold (5150 W&I) and refer to the appropriate medical facility.

Alameda County Behavioral Health Care Services (Access)

(800) 491-9099 (Centralized Intake Service)

www.acbhcs.org

Mental health diagnosis and assessment. Crisis intervention; referral to County programs.

American Association of Suicidology

(202) 237-2280

www.suicidology.org

California Youth Crisis Line

(800) 843-5200

www.youthcrisisline.org

24-hr confidential hotline available to teens and young adults, ages 12-24 and/or any adults supporting youth.

**Crisis Support Services of Alameda County
Suicide Prevention and Crisis**

P.O. Box 3120

Oakland, CA 94609

(800) 309-2131 or (800) SUICIDE

John George Psychiatric Hospital

2060 Fairmont Dr.

San Leandro, CA 94578

(510) 346-7500

www.acmedctr.org

Grief Counseling Program, Crisis & Suicide Intervention of Alameda County

(800) 260-0094

www.crisissupport.org

National Alliance on Mental Illness

(925) 465-3864

www.namicontracosta.org

National Suicide Prevention Lifeline

(800) 273-TALK (8255) (24 hrs.)

www.suicidepreventionlifeline.org

National Youth Crisis Hotline

(800) 442-4673 (24 hrs.)

www.allaboutcounseling.com

Assists youth dealing with pregnancy, molestation, suicide, and child abuse.

Pacific Center for Human Growth

2712 Telegraph Ave.

Berkeley, CA 94705

(510) 548-8283

www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Pleasanton Community Counseling Center

4444 Black Ave

Pleasanton, CA 94566

(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

Poison Control

(800) 222-1222 (24 hrs.)

www.calpoison.org

Tri-Valley Survivors of Suicide

(925) 872-5634

www.nami-trivalley.org

Support group of individuals and families who have experienced loss through a death by suicide.

Valley Community Support Center

3730 Hopyard Rd. Suite 103

Pleasanton, CA 94588

(925) 560-5880

Comprehensive mental health services for persons with chronic and persistent mental illness. Services include case management, medication therapy, screening for psychiatric hospitalization, and consultation and referral to other services such as vocational rehabilitation.

GRIEF & LOSS
Chapter 5 Resources

Axis Community Health Center

6666 Owens Drive
Pleasanton, CA 94588
(925) 201-6201
www.axishealth.org

Counseling services, anger management, domestic violence, teen drug and alcohol program, and DUI program.

Grief Counseling Program, Crisis & Suicide Intervention of Alameda County

(800) 260-0094
www.crisissupport.org

Hope Hospice

6500 Dublin Blvd. # 100
Dublin, CA 94568
(925) 829-8770
www.hopehospice.com

In-home medical care for those facing life-threatening illness; support services for the family. Bereavement programs; children's grief support program; grief in the workplace program; resource library.

Pacific Center for Human Growth

2712 Telegraph Ave.
Berkeley, CA 94705
(510) 548-8283
www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Pleasanton Community Counseling Center

4444 Black Ave
Pleasanton, CA 94588
(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

Project Eden

22646 Second St, Hayward, CA 94544

(510) 247-8200

www.horizonservices.org

Provides a wide variety of substance abuse prevention, intervention, and treatment services to children, adolescents, adults, and families. Also provide services to young people who identify as gay, lesbian, bisexual or transgender and are at significantly higher risk of alcohol and other drug abuse, depression, and suicide.

Tri-Valley Survivors of Suicide

(925) 872-5634

www.nami-trivalley.org

Support group of individuals and families who have experienced loss through a death by suicide.

HANDLING STRESS**Chapter 6 Resources**

Axis Community Health Center (WIC)

6666 Owens Drive

Pleasanton, CA 94588

(925) 201-6201

www.axishealth.org

Counseling services, anger management, domestic violence, teen drug and alcohol program, and DUI program.

Family Paths

1727 Martin Luther King Way # 109

Berkeley, CA 92612

(800) 829-3777 (24 hrs.)

www.familypaths.org

24-hour crisis line to parents; parent support group; emergency home visits; respite care for children; counseling; sexual abuse treatment and counseling; outpatient medical behavioral health care; parent education classes. Information and referral services.

LaFamilia Counseling Services

26081 Mocine Ave.
Hayward, CA 94544
(510) 881-5921

www.lafamiliacounseling.org

Bilingual, bi-cultural mental health counseling.

Pacific Center for Human Growth

2712 Telegraph Ave.
Berkeley, CA 94705
(510) 548-8283

www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Pleasanton Community Counseling Center

4444 Black Ave
Pleasanton, CA 94588
(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

EATING DISORDERS**Chapter 7 Resources**

Kaiser Permanente-Walnut Creek

710 South Broadway
Walnut Creek, CA 94596
(925) 295-4145

www.kaiserpermanente.org

Overeaters Anonymous

(505) 891-2664

www.oa.org

Pleasanton Community Counseling Center

4444 Black Ave
Pleasanton, CA 94588
(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

R-Quest Counseling

(925) 426-0501

www.rquest.org

Non-profit agency providing services for adults and youth in the areas of drug and alcohol addiction, eating disorders. Provides early intervention, individual, group and family counseling.

GAY, LESBIAN, BISEXUAL, TRANSGENDER
Chapter 8 Resources

Center for Human Development

(925) 687-8844

www.chd-prevention.org

Provides group development and facilitation, alcohol and other drug use prevention, mediation and conflict resolution, and parenting skills.

Crisis Support Services of Alameda County**Suicide Prevention and Crisis**

P.O. Box 3120

Oakland, CA 94609

(800) 309-2131 or (800) SUICIDE

The Lavender Youth Recreation & Information Center (LYRIC)

(800) 246-7743 Youth Talk Line

(415) 703-6150

www.lyric.org

Educational, recreational, social and peer leadership development for lesbian, gay, bisexual, transgender and questioning youth under 24 years of age.

Legal Advocates for Children and Youth (LACY)

(408) 293-4790

www.lawfoundation.org

Provides free legal and social services. Care, custody and education. Information on minors rights; emancipation & guardianship; homeless youth; legal services for gay, lesbian, bisexual youth.

Legal Services for Children

1254 Market St. 3rd Floor

San Francisco, CA 94102

(415) 863-3762

www.lsc-sf.org

Provides free legal and social services. Care, custody and education. Information on minors rights; immigration; emancipation & guardianship; homeless youth; legal services for gay, lesbian, bisexual, and transgender youth.

Pacific Center for Human Growth

2712 Telegraph Ave.

Berkeley, CA 94705

(510) 548-8283

www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Pleasanton Community Counseling Center

4444 Black Ave

Pleasanton, CA 94588

(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

Project Eden

22646 Second St, Hayward, CA 94544

(510) 247-8200

www.horizonservices.org

Provides a wide variety of substance abuse prevention, intervention, and treatment services to children, adolescents, adults, and families. Also provide services to young people who identify as gay, lesbian, bisexual or transgender and are at significantly higher risk of alcohol and other drug abuse, depression, and suicide.

Rainbow Community Center

3024 Willow Pass Rd. # 200

Concord, CA 94520

(925) 692-0090

www.rainbowcc.org

Provides youth programs, counseling, information and support for youths.

TEEN SEXUALITY**Chapter 9 Resources**

Axis Community Health Center

6666 Owens Drive

Pleasanton, CA 94588

(925) 201-6201

www.axishealth.org

Counseling services, anger management, domestic violence, teen drug and alcohol program, and DUI program.

National Abortion Federation

(800) 772-9100

www.prochoice.org

Provides information on pregnancy and abortion procedures, and provides referrals.

National Pregnancy Hotline

686 North Broad St.

Woodbury, NJ 08096

(800) 848-LOVE (848-5683) 24 hrs.

www.nationallifecenter.com

24-Hour pregnancy counseling.

National Runaway Switchboard

3080 N. Lincoln Ave.

Chicago, IL 60657

1-800-RUNAWAY (1-800-786-2929)

www.nrscrisisline.org

Provides crisis intervention, travel assistance, referrals to shelters for runaways. Also relays messages.

Pacific Center for Human Growth

2712 Telegraph Ave.

Berkeley, CA 94705

(510) 548-8283

www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Pleasanton Community Counseling Center

4444 Black Ave

Pleasanton, CA 94588

(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

Rainbow Community Center

3024 Willow Pass Rd. # 200

Concord, CA 94520

(925) 692-0090

www.rainbowcc.org

Provides youth programs, counseling, information and support for youths.

Valley Crisis Pregnancy Center

7660 Amador Valley Blvd. # A

Dublin, CA 94568

(925) 828-4458

www.valleypregnancycenter.org

Provides pregnancy testing, ultrasound, support and counseling.

Adoption

Independent Adoption Center

391 Taylor Blvd, Suite 100
Pleasant Hill, CA 94523
(800) 877-6736

www.adoptionhelp.org

Non-profit open adoption agency that allows the birthparent to choose the adoptive parents for her child. Financial assistance for pregnancy related expenses may be available.

National Adoption Center

1500 Walnut St – Suite 701
Philadelphia, PA 19102
1-800-TO-ADOPT (1-800-862-3678)

www.adopt.org

Provides information and referrals on adoption. Brochures and pamphlets available.

Birth Control, Information, Exams, Supplies

Planned Parenthood

130 Ryan Industrial Ct. # 115
San Ramon, CA 94583
(925) 838-2108

www.plannedparenthood.org

Family planning services; birth control; pregnancy testing and referrals; complete GYN exams; STI treatment and screening for all; mid-life services; HIV testing.

Emergency Services

Shepherd's Gate

1660 Portola Ave.
Livermore, CA 94550
(925) 443-4283

www.shepherdsgate.org

Shelter for women and children for up to three weeks; can provide food and clothing in moderation.

Tri Valley Haven

3663 Pacific Ave.

Livermore, CA 94550

(800) 884-8119 Crisis Hot Line for Sexual Assault and Domestic Violence

www.trivalleyhaven.org

Provides services for sexual assault victims and battered women and children. Also provides shelter, counseling, support groups, legal services for temporary restraining orders, information and referral.

Pregnancy Testing

Birthright

1520 Catalina Court, Building C

Livermore, CA 94550

(925) 449-5887 or (800) 550-4900 (24-hour free hotline)

www.birthright.org

Provide information and referrals for pregnancy support services. Also provides infant clothing & supplies, pregnancy counseling, emergency casework and transportation services.

Planned Parenthood

130 Ryan Industrial Ct. # 115

San Ramon, CA 94583

(925) 838-2108

www.plannedparenthood.org

Family planning services; birth control; pregnancy testing and referrals; complete GYN exams; STI treatment and screening for all; mid-life services; HIV testing.

Valley Crisis Pregnancy Center

7660 Amador Valley Blvd. # A

Dublin, CA 94568

(925) 828-4458

www.valleypregnancycenter.org

Provides pregnancy testing, ultrasound, support and counseling.

Pregnancy & Parenting

Horizon High School (School age mothers/fathers)

245 Abbie St.

Pleasanton, CA 94566

(925) 426-4275

www.pleasanton.k12.ca.us/horizon/contactus.html

Academic courses for a high school diploma, nutrition, and child care. Agency provides assistance regarding adoption procedures, legal rights of the teenage mother, early marriage problems, contraception, and parenting roles. Childcare and transportation.

Stand For Families Free of Violence

1410 Danzig Plaza, 2nd Floor, Concord, CA 94520

(925) 676-2845

www.standffov.org

Provides comprehensive prevention, intervention, and treatment services to end the cycle of domestic violence and child abuse.

Prenatal Programs

Axis Community Health Center

4361 Railroad Ave.

Pleasanton, CA 94566

(925) 462-1755

www.axishealth.org

Kaiser Permanente

(925) 295-4200

www.kaiserpermanente.org

STI'S

Chapter 10 Resources

American Social Health Association

P.O. Box 13827

Research Triangle Park, NC 27709

(919) 361-8488

www.ashastd.org

Information regarding all STI's. Referrals

Axis Community Health Center

4361 Railroad Ave.
Pleasanton, CA 94566
(925) 462-1755

www.axishealth.org

Provides primary care medical services for all members of the community. Services include pediatrics, internal medicine, geriatrics, women's health and immunizations and preventive health services. Appointments Mondays – Fridays, including evenings and Saturday mornings. Spanish translation available.

Pacific Center for Human Growth

2712 Telegraph Ave.
Berkeley, CA 94705
(510) 548-8283

www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Planned Parenthood

130 Ryan Industrial Ct. # 115
San Ramon, CA 94583
(925) 838-2108

www.plannedparenthood.org

Family planning services; birth control; pregnancy testing and referrals; complete GYN exams; STI treatment and screening for all; mid-life services; HIV testing.

Pleasanton Community Counseling Center

4444 Black Ave
Pleasanton, CA 94588
(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

HIV/AIDS
Chapter 11 Resources

AIDS Healthcare Foundation- “Magic Johnson” HCC

400 30th Street, Suite 300
Oakland, CA 94609
(510) 628-0949

www.aidshealth.org

Provides healthcare to people living with HIV. Provides access to specialists, medications, treatment, and services needed.

AIDS Project of the East Bay

1320 Webster St.
Oakland, CA 94607
(510) 663-7979

www.apeb.org

Provides advocacy and support services for HIV positive clients.

Centers for Disease Control and Prevention (CDC-Info)

(800) 232-4636

www.cdc.gov

Information on the prevention and spread of HIV/AIDS.

Pacific Center for Human Growth

2712 Telegraph Ave.
Berkeley, CA 94705
(510) 548-8283

www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Project Inform HIV/AIDS Hotline

1375 Mission St.
San Francisco, CA 94103
(800) 822-7422

www.projectinform.org

Provides answers to concerns about HIV and AIDS. Referrals to local medical and social support services.

San Francisco AIDS Foundation

1045 Market St.

San Francisco, CA 94103

(415) 581-7077

www.sfaf.org

Provides programs and services to reduce the number of new HIV infections that occur each year and to improve the quality of life for people living with HIV/AIDS.

HIV Test Sites

AIDS Legal Referral Panel

1663 Mission St. Suite 500

San Francisco, CA 94103

(415) 701-1100

www.alrp.org

Refers individuals, in the San Francisco Bay Area, with AIDS/HIV to volunteer attorneys. Provides low-cost referrals and pro-bono (free) services including simple wills, powers of attorney, employee benefits, insurance, bankruptcy, discrimination, family law, landlord/tenant, and other legal matters. No criminal cases are handled.

Planned Parenthood

130 Ryan Industrial Ct. # 115

San Ramon, CA 94583

(925) 838-2108

www.plannedparenthood.org

Family planning services; birth control; pregnancy testing and referrals; complete GYN exams; STI treatment and screening for all; mid-life services; HIV testing.

Valley Community Health Center

4361 Railroad Ave.

Pleasanton, CA 94566

(925) 462-1755

www.axishealth.org

SUBSTANCE ABUSE
Chapter 12 & 13 Resources

AL-ANON Family Groups

(888) 425-2666

www.al-anon.alateen.org

Based on the Twelve Steps and Twelve Traditions, AL-ANON is a program for relatives and friends of alcoholics/substance abusers. They attend meetings, share experiences, and review literature.

Alcohol and Drug Helpline

(800) 821-HELP (800-821-4357)

Refers callers to inpatient and outpatient units and/or crisis centers for alcohol, drug dependency, and mental health issues.

Anthropos Counseling Center

326 South L. St.

Livermore, CA 94550

(925) 449-7925

www.anthroposcounseling.org

Provides marriage, family, child, individual, and group counseling for both children and adults, including counseling for substance abuse and co-dependency.

Axis Community Health – Adult Drug and Alcohol Services

446 Lindbergh Ave.

Livermore, CA 94551

(925) 462-1755

www.axishealth.org

Services include adult and alcohol recovery programs and include group counseling, relapse prevention strategies, individualized treatment plans, and drug testing.

Kaiser Permanente – Chemical Dependency Recovery Program

969 Broadway Ave.

Oakland, CA 94607

(510) 251-0121

www.kaiserpermanente.org

Provides treatment for alcohol and drug abuse and family counseling.

National Cocaine Hotline

800-COCAINE (262-2463)

Information, crisis intervention, and referrals to local rehab centers for all types of drug dependency.

National Council on Alcoholism and Drug Dependence

244 East 58th St, 4th Floor
New York, NY 10022
1-800-NCA-CALL (1-800-622-2255)

www.ncadd.org

Gives referrals to support groups and treatment centers. Also provides brochures.

New Bridge Foundation

1841 Berkeley Way
Berkeley, CA 94703
(510) 548-7270 or (800) 785-2400

www.newbridgefoundation.org

Outpatient chemical dependency treatment and early intervention.

Pleasanton Community Counseling Center

4444 Black Ave
Pleasanton, CA 94588
(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Rd.
Rockville, MD 20877
1-877-SAMHSA-7

www.samhsa.gov

Offers free pamphlets on alcohol, smoking, marijuana, crack, cocaine, and hallucinogens. To order any of the five “Tips for Teens About...” publications, call (800) 729-6686 or write NCADI, P.O. Box 2345, Rockville, MD 20847-2345

Valley Service Center

7000 Village Parkway, Suite 5
Dublin, CA 94568
(925) 829-3160
(925) 829-0666 24-Hour Hotline

www.valleyservicecenter.org

A 24 hour answering service operated by volunteers giving information on alcoholism and referrals to meetings of AA.

**CHECK WITH YOUR EMPLOYER REGARDING CONFIDENTIAL PROGRAMS
OFFERED THROUGH YOUR WORKPLACE AND/OR HEALTH PLAN**

Tobacco

American Heart Association

(800) 242-8721

www.americanheart.org

Information on smoking related heart disease and its prevention.

Campaign for Tobacco-Free Kids

1400 Eye Street, N.W., Suite 1200

Washington, DC 20005

(202) 296-5469

www.tobaccofreekids.org

Kaiser Permanente

1-866-248-0721

www.kaiserpermanente.org

Smoking cessation classes, offered to both member and non-members.

National Cancer Institute

1-800-4-CANCER

www.cancer.gov

Information on various types of cancer and prevention.

VIOLENCE, ABUSE & TEEN DATING VIOLENCE

Chapter 14, 15, 16 Resources

Anthropos Counseling Center

326 South L. St.

Livermore, CA 94550

(925) 449-7925

www.anthroposcounseling.org

Provides marriage, family, child, individual, and group counseling for both children and adults, including counseling for substance abuse and co-dependency.

Axis Community Health Center

6666 Owens Drive
Pleasanton, CA 94588
(925) 201-6201

www.axishealth.org

Counseling services, anger management, domestic violence, teen drug and alcohol program, and DUI program.

National Domestic Violence Hotline

(800) 799-7233 24 hrs.

www.thehotline.org

Information and referrals to local services

Pacific Center for Human Growth

2712 Telegraph Ave.
Berkeley, CA 94705
(510) 548-8283

www.pacificcenter.org

Provides counseling and youth programs/support groups for gay, lesbian, bisexual and transgender youths. Also provides support and counseling for HIV/AIDS, grief loss, depression, anger management, teen sexuality, and drug/alcohol abuse.

Pleasanton Community Counseling Center

4444 Black Ave
Pleasanton, CA 94588
(925) 600-9762

Provides a full range of counseling services, including addressing the many issues of life, marital problems, addictions, depression, parenting, grief, abuse, stress, and more.

Tri Valley Haven

3663 Pacific Ave.
Livermore, CA 94550
(800) 884-8119 Crisis Hot Line for Sexual Assault and Domestic Violence

www.trivalleyhaven.org

Provides services for sexual assault victims and battered women and children. Also provides shelter, counseling, support groups, legal services for temporary restraining orders, information and referral.

Reading List:

Battered Wives, by Del Martin

The Battered Women, by Lenore Walker

Co-Dependent no More: How to Stop Controlling Others and Start Caring for Yourself, by Melody Beattie

The Courage to Heal, A Guide For Women Survivors of Child Sexual Abuse, By Ellen Bass and Laura Davis

Love and Addiction, by Stanton Peele

Women Who Love Too Much: When You Keep Wishing and Hoping He'll Change, by Robin Norwood

WEBSOURCES

The resources in this book are as current as possible but it is impossible to keep all of the resources consistently up to date. Every attempt has been made to contact and verify all of the listed resources and they will be updated as the book is re-published. The Internet offers a vast amount of information and resources and it is typically current information.

The most reliable and current information on the internet will be found on government, education, or organization/agency websites. These sites typically have an address that end in “.gov” or “.org”

www.aacap.org

www.aap.org

www.discoverycenteronline.com

www.drugfree.org

www.madd.org

www.nida.nih.gov

www.projectknow.org

www.pta.org

www.samhsa.gov

www.search-institute.org

www.talkingwithkids.org

www.whitehousedrugpolicy.gov

American Academy of Child & Adolescent Psychiatry

www.aacap.org

American Academy of Pediatrics

www.aap.org

American Psychiatric Association

www.psych.org

Center to Prevent Handgun Violence

www.bradycampaign.org

Educators for Social Responsibility

www.esrnational.org

National Runaway Switchboard

www.1800runaway.org

Not My Kid

www.notmykid.org

An organization that believes that parents can influence the quality and outcome of their kids' lives through education, knowledge and active participation.

Parents

www.parents.com

The Parents' Hub

www.mediacampaign.org

Search Institute-40 Developmental Assets

www.search-institute.org

Talking With Kids

www.talkingwithkids.org

A national campaign by Children Now and the Kaiser Family Foundation Resources

Talking with Kids About Sex

Advocates for Youth

www.advocatesforyouth.org

American Association of Sex Educators, Counselors, and Therapists

www.aasect.org

Family Talks

www.familytalks.com

Site to help parents communicate with their children effectively about sexuality.

Planned Parenthood Federation of America

www.plannedparenthood.org

Sexuality Information and Education Council of the U.S.

www.siecus.org

Talking With Kids About Drugs & Alcohol

Alanon-Alateen

www.al-anon.alateen.org

Information for friends and family with drinking problems

The American Council for Drug Education

www.acde.org

Discovery Counseling Center of the San Ramon Valley

www.discoverycenteronline.com

The Healthy Competition Foundation

www.healthycompetitiontn.org

Site seeks to educate young people and their families about the health dangers of performance-enhancing drugs and eliminate use of these substances at all levels of sports.

Mother Against Drunk Driving

www.madd.org

National Council on Alcoholism and Drug Dependence Inc.

www.ncadd.org

National PTA

www.pta.org

Office of National Drug Control Policy

www.whitehousedrugpolicy.gov

Partnership for a Drug-Free America

www.drugfreeamerica.org

Talking With Kids About AIDS & HIV

AIDS Action

www.aidsaction.org

AIDS Action Committee Hotline: (800) 235-2331

www.aac.org

American Foundation of AIDS Research

www.amfar.org

American Red Cross

www.redcross.org

Centers for Disease Control and Prevention (CDC-Info)

HIV/AIDS Information: (800) 232-4636

www.cdc.gov

National Prevention Information Network

www.cdcnpin.org

Pediatric AIDS Foundation

www.pedaids.org

Depression/Suicide**Family Education**

www.familyeducation.com

www.familyeducation.com/quiz/0,1399,20-5028,00.html

Suicide Awareness quiz by Carleton Kendrick

National Mental Health Association

www.mentalhealth.org

Teen Suicide

www.nmha.org

www.aacap.org

What to Do If a Friend or Relative is Suicidal

www.nmha.org



Pleasanton Police Department
4833 Bernal Ave.
Pleasanton, CA 94566
(925) 931-5100

Mailing Address:
P.O. Box 909
Pleasanton, CA 94566