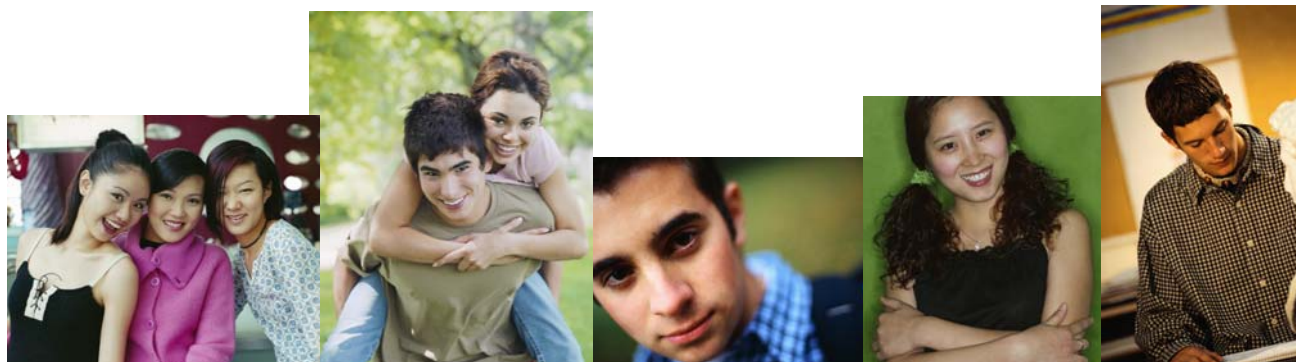


Youth & Family Resource Guide



CARE

Community Assessment Referral & Education

31900 Utica Road • Fraser • MI • 48026

Student Assistance: 586-541-2273

Parent Education: 586-541-0033

www.careofmacomb.com



CARE is dedicated to the prevention of alcohol, tobacco and other drug use. Federal, state and local funding has been provided through Macomb County Community Mental Health/Office of Substance Abuse to support project costs.

Additional funding provided by Blue Cross Blue Shield of Michigan.

Youth & Family Websites

www.careofmacomb.com

www.nicotinenarc.org

www.theantidrug.com

www.drugfreeamerica.org

www.clubdrugs.org

www.health.org

www.streetdrugs.org

www.yellowribbon.org

www.inhalant.org

www.brad21.org

www.tobaccofree.org

www.aacap.org

www.teens.drugabuse.gov

www.macombresources.info

Macomb County Teen Resource Telephone Numbers

Emergency	
Police/Fire	911
Macomb County Crisis Center	(586) 307-9100
Poison Control	(800) 222-1222
Community Information/Referral	
United Way of Southeast MI	211
Abuse/Family/Domestic Violence	
Children's Protective Services	(586) 412-6109
Turning Point	(586) 463-6990
Alcohol and Drug Abuse	
Alateen/Alanon Family Groups	(800) 813-3105
Alcoholics Anonymous	(877) 337-0611
CARE	(586) 541-2273
Narcotics Anonymous	(248) 543-7200
Education	
Homework Hotline	(800) 365-1909
Financial Aid	(800) 433-3243
Grandparents Raising Grandchildren	(586) 469-6315
Healthcare	
Macomb County Health Department Sexually Transmitted Diseases Clinic	(586) 573-2090
New Haven Medical Center	(586) 749-5197
Poison Control Center	(800) 222-1222
L.G.B.T.Q. (Lesbian, Gay, Bi-Sexual...)	
Affirmations	(800) 398-4897
Ruth Ellis Center	(313) 252-1950
Pregnancy Issues	
Lutheran Child and Family Services	(586) 558-4798
Planned Parenthood	(586) 758-2100
Runaway/Homeless Services	
Family Youth Interventions	(586) 465-1212
Runaway Assistance Program	(800) 292-4517
National Runaway Hotline	(800) RUNAWAY
Sexual Assault	
Sexual Abuse Hotline	(877) 666-3267
Turning Point	(586) 463-6990

Additional information about Macomb County Resources is available
online at www.macombresources.info

YOUTH & FAMILY PROGRAMS

586-541-0033

www.careofmacomb.com

All Youth & Family Programs require parent/guardian participation

Skills for Managing Anger

A six-week educational series for youth experiencing difficulties because of their inability to manage their anger. Groups are divided according to age: Ages 9-11, 12-14 and 15-18 (must still be in school).

Teen Intervene

A workshop designed to provide education, support and guidance to teens that have experienced mild to moderate substance use. This program also offers parents and guardians the opportunity to learn healthy communications skills and the importance of establishing family rules surrounding substance use.

Project Focus

A FREE support program for parents and youth ages 6-15 who are either concerned about a family member's use of alcohol or other drugs or have a family member in recovery or are in recovery themselves. FREE Childcare is available for children ages 3-5. Families will learn tools to reduce their anxiety, develop healthy coping skills, learn about addiction and discover they are not alone with their concerns. The program is full of fun activities while using a skill-building approach.

Parent Education

A series of eight two hour workshops using the Systematic Training for Effective Parenting (STEP) model where parents are offered a realistic and practical approach to meeting the challenges of raising children today. Participants work together in small groups to actively discuss common concerns and learn specific child-training principles and techniques.

Young Women's Lives

An ongoing 12-week program for girls ages 13-16 who are experiencing difficulty with relationships, school commitments and other social situations.

CARE (Community Assessment Referral and Education) is dedicated to the prevention of alcohol, tobacco and other drug use. Federal, Local, and State funding have been provided through Macomb County Community Mental Health/Office of Substance Abuse to support project costs. Recipients of substance use services have rights protected by state and federal law and promulgated rules. For information, contact the CARE Recipient Rights Advisor, 31900 Utica Road, Fraser, MI 48026, (586) 541-0033 or the State Recipient Rights Coordinator, P.O. Box 30664, Lansing, Michigan 48909.

STRESS

Teenagers, may experience stress everyday and can benefit from learning stress management skills. Most teens experience more stress when they perceive a situation as dangerous, difficult, or painful and they do not have the resources to cope.

Some sources of stress for teens might include:

- School demands and frustrations
- Negative thoughts and feelings about themselves
- Changes in their bodies
- Problems with friends and/or peers at school
- Unsafe living environment/neighborhood
- Separation or divorce of parents
- Chronic illness or severe problems in the family
- Death of a loved one
- Moving or changing schools
- Taking on too many activities or having too high expectations
- Family financial problems

Some teens become overloaded with stress. When it happens, inadequately managed stress can lead to anxiety, withdrawal, aggression, physical illness, or poor coping skills such as drug and/or alcohol use. When we perceive a situation as difficult or painful, changes occur in our minds and bodies to prepare us to respond to danger. This "fight, flight, or freeze" response includes faster heart and breathing rate, increased blood to muscles of arms and legs, cold or clammy hands and feet, upset stomach and/or a sense of dread.

The same mechanism that turns on the stress response can turn it off. As soon as we decide that a situation is no longer dangerous, changes can occur in our minds and bodies to help us relax and calm down. This "relaxation response" includes decreased heart and breathing rate and a sense of well being. Teens that develop a "relaxation response" and other stress management skills feel less helpless and have more choices when responding to stress.

Parents can help their teen in these ways:

- Monitor if stress is affecting their teen's health, behavior, thoughts, or feelings
- Listen carefully to teens and watch for overloading
- Learn and model stress management skills
- Support involvement in sports and other pro-social activities

Teens can decrease stress with the following behaviors and techniques:

- Exercise and eat regularly
- Avoid excess caffeine intake which can increase feelings of anxiety and agitation
- Avoid illegal drugs, alcohol and tobacco
- Learn relaxation exercises (abdominal breathing and muscle relaxation techniques)
- Develop assertiveness training skills. For ex. state feelings in polite firm and not overly aggressive or passive ways: ("I feel angry when you yell at me" "Please stop yelling.")
- Rehearse and practice situations which cause stress
- Learn practical coping skills. For ex. break a large task into smaller, attainable tasks
- Decrease negative self talk
- Take a break from stressful situations
- Build a network of friends who help you cope in a positive way
- Mental health professional may be helpful

ALCOHOL, TOBACCO AND OTHER DRUGS

www.aacap.org

American Academy of Child & Adolescent Psychiatry

Teenagers may be involved with alcohol, tobacco and legal or illegal drugs in various ways. Experimentation with alcohol and drugs during adolescence is common. Unfortunately, teenagers often don't see the link between their actions today and the consequences tomorrow. They also have a tendency to feel indestructible and immune to the problems that others experience. Using alcohol and tobacco at a young age increases the risk of using other drugs later. Some teens will experiment and stop, or continue to use occasionally, without significant problems. Others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others.

Adolescence is a time for trying new things. Teens use alcohol, tobacco and other drugs for many reasons, including curiosity, because it feels good, to reduce stress, to feel grown up or to fit in. It is difficult to know which teens will experiment and stop and which will develop serious problems. Teenagers at risk for developing serious alcohol and drug problems include those:

- with a family history of alcohol, tobacco and other drug dependency
- who are depressed
- who have an unhealthy self-esteem
- who feel like they don't fit in or are out of the mainstream

Teenagers use a variety of drugs, both legal and illegal. Legally available drugs include alcohol, prescribed medications, inhalants (fumes from glues, aerosols, and solvents) and over-the-counter cough, cold, sleep, and diet medications. The most commonly used illegal drugs are marijuana (pot), stimulants (cocaine, crack, and speed), LSD, PCP, opiates, heroin, and designer or club drugs (Ecstasy). The use of illegal drugs is increasing, especially among young teens. First marijuana use occurs in middle school, and alcohol use can start before age 12. The use of marijuana and alcohol in high school has become common.

Drug and alcohol use is associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment puts teens at risk for accidents, violence, unplanned and unsafe sex, and suicide.

Warning signs of teenage alcohol and drug abuse may include:

Physical:	Fatigue, sleep problems, repeated health complaints, red and glazed eyes, and a lasting cough.
Emotional:	Personality change, sudden mood changes, irritability, irresponsible behavior, low self-esteem, poor judgment, depression, withdrawal, and a general lack of interest.
Family:	Starting arguments, breaking rules, or withdrawing from the family.
School:	Decreased interest, negative attitude, drop in grades, many absences, truancy, and discipline problems.
Social/behavioral:	Peer group involved with drugs and alcohol, problems with the law, dramatic change in dress and appearance.

EATING DISORDERS

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICE'S OFFICE ON WOMEN'S HEALTH
Information Sheet/February 2000

Eating disorders are complex, chronic illnesses largely misunderstood and misdiagnosed. The most common eating disorders - anorexia nervosa, bulimia nervosa, and binge eating disorder - are on the rise in the United States and worldwide. No one knows exactly what causes eating disorders. However, all socioeconomic, ethnic and cultural groups are at risk.

Eating disorders are one of the key health issues facing young women. Studies in the last decade show that eating disorders are related to other health risk behaviors, including; tobacco use, alcohol use, marijuana use, delinquency, unprotected sexual activity, and suicide attempts. Currently, 1-4% of all young women in the United States are affected by eating disorders. Anorexia nervosa, for example, ranks as the third most common chronic illness among adolescent females in the United States.

Eating disorders have numerous physical, psychological and social ramifications, from significant weight preoccupation, inappropriate eating behavior, and body image distortion. Many people with eating disorders experience depression, anxiety, substance abuse, and childhood sexual abuse, and may be at risk for osteoporosis and heart problems. Moreover, death rates are among the highest for any mental illness.

Personality Factors

Most people with eating disorders share certain personality traits: low self-esteem, feelings of helplessness, and a fear of becoming fat. In anorexia, bulimia, and binge eating disorder, eating behaviors seem to develop as a way of handling stress.

Body Image

The idealization of thinness has resulted in distorted body image and unrealistic measures of beauty and success. Cultural and media influences such as TV, magazines, and movies reinforce the belief that women should be more concerned with their appearance than with their own ideas or achievements. Body dissatisfaction, feelings of fatness, and drive for thinness has led many women to become overly concerned about their appearance. Research has shown that many normal weight and even underweight girls are dissatisfied with their body and are choosing inappropriate behaviors to control their appetite and food intake. The American Association of University Women found that adolescent girls believe physical appearance is a major part of their self-esteem and that their body image is a major part of their sense of self.

TYPES OF EATING DISORDERS

Anorexia Nervosa

Anorexia nervosa is a dangerous condition in which people can literally starve themselves to death. People with this disorder eat very little even though they are already thin. They have an intense and overpowering fear of body fat and weight gain, repeated dieting attempts, and excessive weight loss. Anorexia is identified in part by refusal to eat, an intense desire to be thin, repeated dieting attempts, and excessive weight loss. To maintain an abnormally low weight, people with anorexia may diet, fast, or over exercise. They often engage in behaviors such as self-induced vomiting or the misuse of laxatives, diuretics, or enemas. People with anorexia believe that they are overweight even when they are extremely thin. Often, the beginning of illness will occur after a stressful life event such as initiation of puberty or moving out of the parents' home.

Those with anorexia are often characterized as perfectionists and overachievers who appear to be in control. In reality, they suffer from low self-esteem and confidence and overly criticize themselves. They are also very concerned about pleasing others.

Complications - The most severe and noticeable consequences of anorexia nervosa resemble those of starvation. The body reacts to the lack of food by becoming extremely thin, developing brittle hair and nails, dry skin, lowered pulse rate, cold intolerance, and constipation as well as occasional diarrhea. In addition, mild anemia, reduced muscle mass, loss of menstrual cycle and swelling of joints often accompany anorexia. Beyond experiencing the immediate effects of anorexia nervosa, individuals suffer long term consequences throughout the life cycle, regardless of treatment.

Bulimia Nervosa

Individuals suffering from Bulimia Nervosa follow a routine of secretive, uncontrolled or binge eating (ingesting an abnormally large amount of food within a set period of time) followed by behaviors to rid the body of food consumed. This includes self - induced vomiting and/or the misuse of laxatives, diet pills, diuretics (water pills), excessive exercise or fasting. As with anorexia nervosa, those with bulimia are overly concerned with food, body weight, and shape. Because many individuals with bulimia 'binge and purge' in secret and maintain normal or above normal body weight, they can often hide the disorder from others for years. Binges can range from once or twice a week to several times a day and can be triggered by a variety of emotions such as depression, boredom, or anger. The illness may be constant or occasional, with periods of remission alternating with recurrences of binge eating.

Complications - Most medical complications attributed to bulimia nervosa result from electrolyte imbalance and repeated purging behaviors. Loss of potassium due to vomiting, for example, damages heart muscle, increasing the risk for cardiac arrest. Repeated vomiting also causes inflammation of the esophagus and possible erosion of tooth enamel as well as damage to the salivary glands. Some individuals with bulimia struggle with addictions such as drugs and alcohol, and compulsive stealing. Like those with anorexia, many people with bulimia suffer from clinical depression, anxiety, obsessive-compulsive disorder and other psychiatric illnesses.

TREATMENT AND RECOVERY

Eating disorders are most successfully treated when diagnosed early. The longer abnormal eating behaviors persist, the more difficult it is to overcome the disorder and its effects on the body. In some cases, long term treatment and hospitalization is required. Families and friends offering support and encouragement can play an important role in the success of the treatment program.

Treatment

Presently, there is no universally accepted standard treatment for anorexia nervosa, bulimia nervosa, or binge eating disorder. Ideally, an integrated approach to treatment would include the skills of nutritionists, mental health professionals, endocrinologists and other physicians. Various types of psychotherapy may be employed, including cognitive-behavioral therapy, interpersonal therapy, and family and group therapy. Self-esteem enhancement and assertiveness training may also be helpful. Antidepressants and other drugs have been part of some therapeutic regimes. The status of eating disorders as curable diseases has been controversial, since relapse rates for disturbed eating patterns can be very high.

Food and Drug Administration

The Food and Drug Administration (FDA) provides information for women and adolescents on diet and nutrition. Information can be downloaded from: <http://www.fda.gov/womens/informat.html>

FDA Consumer magazine also periodically runs articles with important health information for teenagers, ranging from eating disorders and nutrition to sun safety and attention deficit disorder. These "Teen Scene" articles are available electronically at <http://www.fda.gov/oc/opacom/kids/html/7teens.htm> and some are available as reprints. To order single copies, call toll-free 1-888-INFO-FDA (1-888-463-6332).

National Institute of Diabetes and Diseases of the Kidney Weight - Control Information Network

The National Institute of Diabetes and Diseases of the Kidney (NIDDK) provides consumers and health professionals with information on nutrition and obesity. Fact sheets can be found at: <http://www.nidk.nih.gov/health/health.htm>

SELF-HARM

A National Center for PTSD Fact Sheet
By Laura E. Gibson, Ph.D., the University of Vermont

What is self-harm?

"Self-harm" refers to the deliberate, direct destruction of body tissue that result in tissue damage. When someone engages in self-harm, they may have a variety of intentions; these are discussed below. However, the person's intention is NOT to kill themselves. You may have heard self-harm referred to as "parasuicide," "self-mutilation," "self-injury," "self-abuse," "cutting," "self-inflicted violence," and so on.

How common is self-harm?

Self-harm is not well-understood and has not yet been extensively studied. The rates of self-harm revealed through research vary tremendously depending on how researchers pose their questions about this behavior. One widely cited estimate of the incidence of impulsive self-injury is that it occurs in at least 1 person per 1,000 annually.

Who engages in self-harm?

Self-harm appears to be more common in females than in males, and it tends to begin in adolescence or early adulthood. While some people may engage in self-harm a few times and then stop, others engage in it frequently and have great difficulty stopping the behavior. Several studies have found that individuals who engage in self-harm report unusually high rates of histories of:

- ✦ Childhood sexual and/or physical abuse
- ✦ Emotional neglect
- ✦ Insecure attachment
- ✦ Prolonged separation from caregivers

At least two studies have attempted to determine whether particular characteristics of childhood sexual abuse place individuals at greater risk for engaging in self-harm as adults. Both studies reported that more severe, more frequent, or a longer duration of sexual abuse was associated with an increased risk of engaging in self-harm in one's adult years. Also, individuals who self-harm appear to have higher rates of the following psychological problems:

- ✦ High levels of dissociation
- ✦ Borderline personality disorder
- ✦ Substance abuse disorders
- ✦ Posttraumatic stress disorder
- ✦ Intermittent explosive disorder/Antisocial personality
- ✦ Eating disorders

Some reasons why people engage in self-harm:

- ✦ To distract themselves from emotional pain by causing physical pain
- ✦ To punish themselves
- ✦ To relieve tension
- ✦ To feel real by feeling pain or seeing evidence of injury
- ✦ To feel numb, zoned out, calm, or at peace
- ✦ To experience euphoric feelings (associated with release of endorphins)
- ✦ To communicate their pain, anger, or other emotions to others
- ✦ To nurture themselves (through the process of healing the wounds)

How is self-harm treated?

Self-harm is a problem that many people are embarrassed or ashamed to discuss. Often, individuals try to hide their self-harm behaviors and are very reluctant to seek needed psychological or even medical treatment.

DEPRESSION

National Youth Violence Prevention Resource Center/ www.safeyouth.org

It is entirely normal to feel "blue" occasionally, or to feel down for a while after something bad happens. For teenagers with major depression however, feelings of sadness and hopelessness may last for weeks or months and can eventually dominate their lives. They lose interest in activities they used to enjoy, and relationships with family and friends can begin to suffer.

Depression can lead to poor school attendance and performance, running away, and feelings of worthlessness and hopelessness. Some teens try to make the pain of depression go away by drinking or taking drugs, which only makes the depression worse. Still others contemplate suicide.

Depression is not a sign of weakness ~ it is a real medical illness. The vast majority of teens with depression can be helped with treatment, which typically includes counseling and/or medication. Unfortunately, most teens with mental health problems do not get the help they need. And when depression isn't treated, it can get worse, last longer, and prevent teens from getting the most out of life. So, it is important to get help immediately if you think you or a friend may be suffering from depression.

How common is depression among teenagers?

Major depression strikes about 1 in 12 adolescents. In any given 6-month period, about 5 percent of 9- to 17-year-olds are estimated to be suffering from major depression.

Some teens are at greater risk for depression than others...

Teenage girls are twice as likely as boys to develop depression, and teens with a family history of depression are also at greater risk. Other things that put teens at higher risk include:

- Stress
- Loss of a parent or loved one
- Break-up of a romantic relationship
- Attention, conduct, or learning disorder (s)
- Chronic illnesses, such as diabetes
- Abuse or neglect
- Other trauma, including exposure to violence and natural disasters

What are the symptoms of major depression?

All too often, depression is left untreated because people fail to recognize the symptoms and believe that it is just normal sadness, a phase that a teen is going through, or a sign of weakness. This can be a terrible mistake. It is important to know the symptoms, so that you can distinguish depression from occasional normal sadness or moodiness.

Common symptoms of depression include:

- Sad or irritable mood
- Loss of interest in activities that were once enjoyable
- Large changes in appetite or weight
- Difficulty sleeping, or oversleeping
- Slow or agitated movement
- Loss of energy
- Feelings of worthlessness or guilt
- Difficulty concentrating
- Frequent thoughts of death or suicide

Most teens experience some of these symptoms occasionally. But if a teen has a number of these symptoms for more than a few weeks, he or she is likely to have major depression, and may need professional help.

Teenagers often show depression in other ways as well.

Additional sign to watch for include:

- Frequent headaches, muscle aches, stomach aches or tiredness, without a medical cause
- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Boredom, sulking
- Lack of interest in spending time with friends or family
- Alcohol or substance abuse
- Social isolation, poor communication
- Fear of death
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, hostility, or crying
- Reckless behavior
- Neglect of clothing and appearance
- Difficulty with relationships
- Changes in mood

If you suspect that you or a friend may be suffering from depression, talk to an adult you can trust, and get help.

Depression can take many forms...

- Some teens experience only one episode of major depression. Other teens may experience many bouts during their teenage years.
 - Some teens suffer from dysthymia, a less severe and chronic form of depression that may continue for years, interfering with a teen's ability to enjoy and get the most out of life. A teen with dysthymia also may have occasional episodes of major depression.
 - Other teens suffer from bipolar (or manic-depressive) disorder, which involves severe mood swings from periods of depression to periods of high energy, overly inflated self-esteem, and agitation or hyperactivity. (For more information on bipolar disorder, visit the following Web site: <http://www.nimh.nih.gov/publicat/bipolarupdate.cfm>.) Twenty to 40 percent of adolescents with major depression develop bipolar disorder within 5 years.
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Depression and drug use

Depression and drugs are a dangerous combination. Depressed teens, like depressed adults, frequently also have problems with alcohol or other drugs. Sometimes drug and alcohol use can lead to depression; but more frequently, teens who are depressed seek out alcohol and other drugs to avoid dealing with their depression and how it makes them feel.

SUICIDE

National Youth Violence Prevention Resource Center/ www.safeyouth.org

Suicide can be a deadly outcome of depression. Teens who are depressed are much more likely than other teens to attempt suicide. Among teens who develop major depression, as many as 7 percent (or 1 in 14) will commit suicide as young adults. If a teenager thinks or talks about suicide, it is important to take the threat seriously and seek professional help.

What You Can Do

If you think you may be suffering from depression...

Find help. Being depressed can make you feel exhausted, worthless, helpless, and hopeless. It can make you believe that nothing you do will make a difference and that things cannot get better. It is important to realize that these negative views are part of the illness. Effective treatments are available that can help you feel better!

There are many people you can talk to in order to get the help you need:

- psychologist / psychiatrist
- your school counselor or nurse
- your parents or a trusted family member
- your family doctor
- your clergy
- a social worker
- a professional at a mental health center

Seek help immediately!

If you think that a friend is depressed...

Talk to your friend. Your friend may not realize that he or she is suffering from depression. Listen to your friend, and make sure your friend knows that you care. Help your friend understand that no matter how overwhelming problems seem, help is available.

Encourage your friend to find help. Remember that you're not a professional therapist and that the most helpful thing you can do is to make sure your friend gets help. Encourage your friend to talk to a professional, such as a school counselor or family doctor, or to a trusted family member.

If your friend doesn't seek help quickly, talk to an adult you trust and respect— especially if your friend mentions death or suicide. Depressed teens may be unmotivated or unable to seek out help on their own because the depression can make them feel that things are hopeless and that nothing they do will make a difference. You can be the most help by referring your friend to someone with the professional skills to provide the help that he or she needs while you continue to offer support. Talk with an adult you trust about your friend's situation so that you aren't carrying the burden by yourself.