

PERSONAL CARE HEALTH AND SAFETY

Handbook for Skill Development

Massachusetts Department of Social Services

PAYA

MODULE II

Introduction

W

elcome! The topic areas you'll be working on in this booklet include such vital independent living skills as education, job seeking skills, and job maintenance skills.

Each topic area includes sections for easy use: Assessment and Activity/Resource Workbook.

The Assessment will help you determine your skill level in each topic area and target those skills in need of further development.

The Activity/Resource Workbook contains information and exercises for each of the topic areas to help you develop or strengthen your independent living skills.

As you move from one skill topic to the next, you will be increasing your understanding of the fundamentals of independent living and enhancing your abilities to make a successful and smooth transition to self-sufficient young adulthood.

Remember, it's your future!

Good luck and enjoy yourself!

Independent Living Skills Module II

INDEX

Personal Care	4
Health Care.....	14
Safety	75

PERSONAL CARE

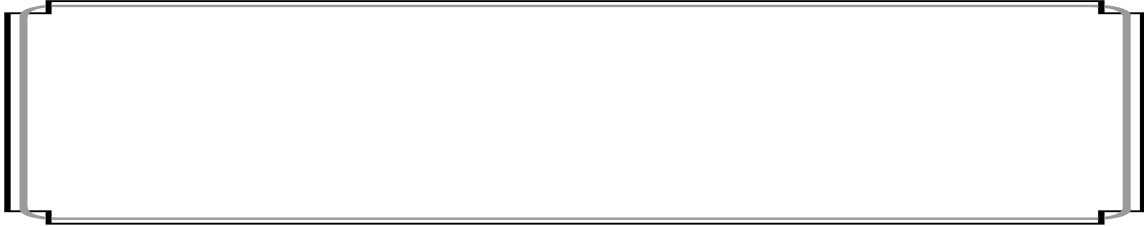
SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

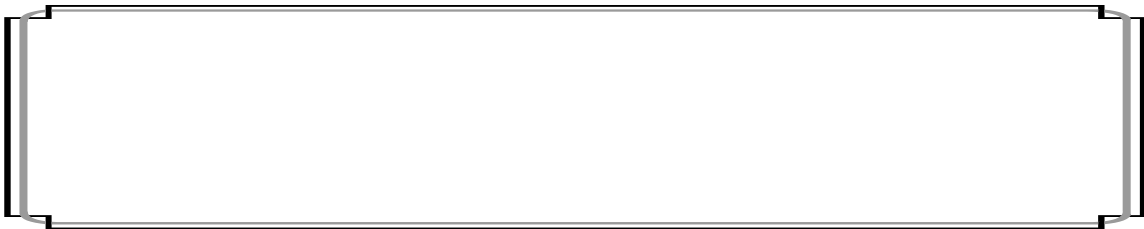
	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Have good personal hygiene skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use toiletries appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know which personal care items to buy that will improve my appearance and fit within my budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Take pride in my appearance; wear clean and neat clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know which clothes should be hand-washed, dry-cleaned, or machine-washed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can wash my own clothes using a washing machine, correct water temperatures, detergent, bleach, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know how to iron clothes and sew on buttons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Know where to take my clothes if they need to be dry cleaned and know how much it will cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL APPEARANCE

Why do you think it is important to take pride in your appearance?



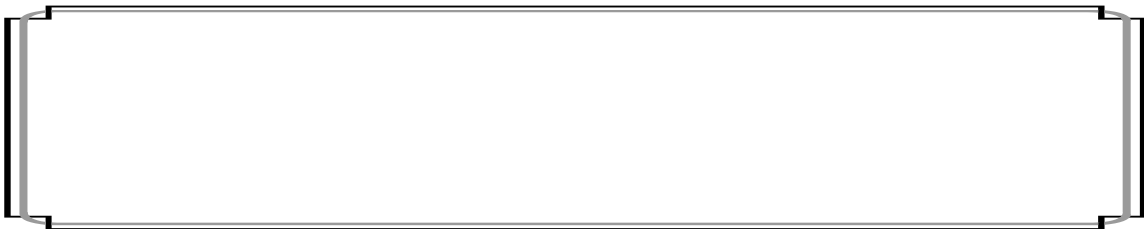
What does your personal appearance tell others about you?



It is important to take time for your personal appearance and hygiene. If you plan your morning and evening routines, you'll be sure to have enough time for showering, hair care, dressing, etc., and still be able to get to school or work on time.

Consider the following:

Amanda has difficulty getting to school on time. Although she gets up pretty early, she always seems to be late for school. She spends a lot of time putting on her make-up and choosing what to wear. What advice would you give Amanda?



Are you ever late for school, work, or appointments? _____

If so, what delays you? _____



ACTIVITY

The following is a list of some personal care activities and a sample time chart to practice your scheduling.

Review the list, checking those activities appropriate for you and plan your daily routine.

Daily Personal Care Activities

- Plan What To Wear
- Iron Clothes
- Shower / Bathe
- Wash hair
- Dry hair
- Shave
- Put on make-up
- Eat nutritious breakfast
- Other: _____

Daily Routine		
<u>When</u>	<u>Task</u>	<u>Length of time</u>
A.M.		minutes
A.M.		minutes
A.M.		minutes
A.M.		minutes
A.M.		minutes
P.M.		minutes
P.M.		minutes
P.M.		minutes

Now using the above schedule, what time should you get up in the morning to be on time for school, work, etc.? (*Don't forget to account for travel time.*)

PERSONAL CARE ITEMS:

In order to take good care of our personal hygiene, we have to use some personal care items, like underarm deodorant, toothpaste, soap, etc. However, buying the right product for you is not always easy..


Consider the following:

Ashley has dry skin, particularly during the wintertime. She goes to a local drug store to buy moisturizing lotion. When she arrives in the right aisle, she is confused because there are about 20 different brands of lotions on the shelf.

When you choose your personal care items, what qualities are important to you:

- | | |
|---|--|
| <input type="checkbox"/> price | <input type="checkbox"/> ingredients |
| <input type="checkbox"/> hypoallergenic | <input type="checkbox"/> appearance |
| <input type="checkbox"/> name brand quality | <input type="checkbox"/> other : _____ |
| <input type="checkbox"/> recyclable materials | _____ |

Take an inventory of all personal care items you use frequently.

<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
<div><div>SOAP</div><div></div><div></div><div></div></div>	<div></div> <div></div> <div></div>



ACTIVITY

Now that you have taken an inventory of your personal care items, are there any you might be able to purchase more economically without losing the quality you want?

Go to your local drug store and research the costs and quality of personal care items you use frequently. Record the information in the chart below.

Personal Care Item	Purpose	Price

--	--	--

CLOTHING

The kind of clothing we wear is usually important to us. Therefore, it is important to take proper care of it.

Consider the following:

Ben got a new wool sweater for Christmas. He put it in the laundry with his other clothes and washed it in hot water. When he took out his laundry, Ben found his sweater was half its original size.



What do you think happened? How would you wash wool?

HOW DO YOU WASH YOUR CLOTHES?

Take an inventory.

	<u>YES</u>	<u>NO</u>
Do you read labels to find out how to wash your clothes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you separate your laundry according to light and dark colors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use laundry detergent and bleach?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hand-wash clothes which cannot be cleaned in a washing machine?	<input type="checkbox"/>	<input type="checkbox"/>
Do you iron your clothes, using the right temperature setting?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take appropriate clothes to the dry-cleaner?	<input type="checkbox"/>	<input type="checkbox"/>

Read the clothing labels below and explain how you would clean, dry, and iron each individual item.

100% Cotton	100% Silk Hand-wash Only	50% Polyester 50% Rayon	80% Wool 20% Cotton Dry Clean Only
Clean:	Clean:	Clean:	Clean:
Dry:	Dry:	Dry:	Dry:
Iron:	Iron:	Iron:	Iron:

A Note About Bleach

If bleach is used inappropriately it can cause severe damage to your clothes! Even “color-safe” bleach can be harmful if over-used.

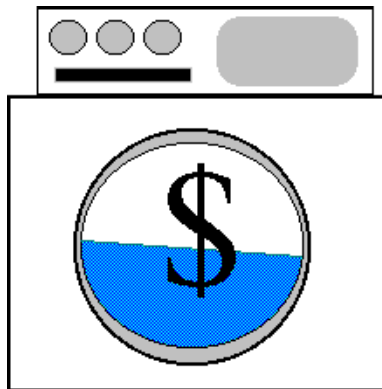
Under what circumstances would you use bleach?



ACTIVITY

You might not have access to a washer or dryer when living independently. In this case, you may need to use a local, coin-operated Laundromat.

Go to a Laundromat and estimate how much it would cost to do your laundry each week.



My estimate for one week's washing and drying is.

\$



ACTIVITY

Go to a local dry-cleaner and inquire about the cost of dry-cleaning:





A Shirt	A Sweater	A Coat
\$ _____	\$ _____	\$ _____

WHAT TO WEAR

Wearing the right kind of clothes to the right occasion can save you from embarrassment and missed opportunities.

Take an inventory of your clothes and decide what you would wear at the following occasions:

I Would Wear:

<p>A Job Interview</p> 	
<p>High School Graduation</p> 	
<p>A Celtics Game</p> 	
<p>At Work</p> 	

The kind of clothes a person wears is often considered to be a part of his/her identity. There are times, however, where you might want to deviate from “your style.” It is not appropriate to wear jeans, sneakers, or baggy clothing to a job interview, for example, even though you may feel more comfortable in those clothes.

In general, taking good care of your personal appearance is well worth the effort.

HEALTH CARE

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Know whom to call and where to go for emergency medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can take care of myself when I get colds, the flu, minor cuts, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know how to use an oral thermometer to take my temperature and know when a fever is serious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Know which non-prescription medications to take for colds, fever, headache, diarrhea, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know how to be sure that the tamper-proof seal has not been broken on a medication container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Know how to get a medication prescription filled and follow the instructions on the label properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Able to use prescription and non-prescription medication appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understand why smoking is harmful to my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Keep my Medical Passport up to date and know my own medical history, as well as health risks specific to my racial/ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Know when a medical problem requires emergency room treatment instead of a scheduled appointment with the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

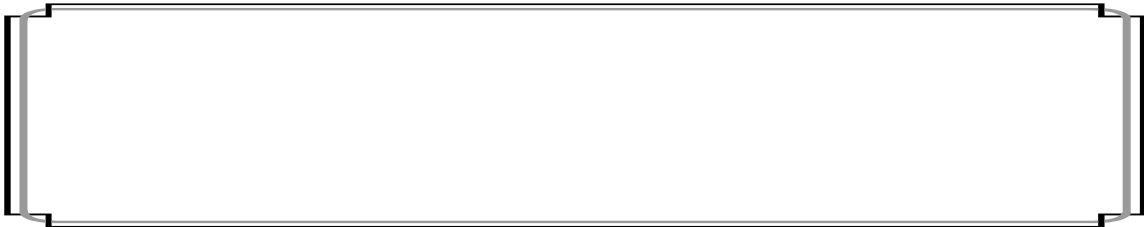
	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
11. Understand the importance of regular medical and dental care and have chosen a doctor and dentist for ongoing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Know how and when to call a doctor or a dentist for an appointment for a checkup or for treatment of a medical or dental problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know what medical insurance is, why it's necessary, and that it can be purchased individually or through many employers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Know that drug and alcohol abuse is very harmful to my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Know what first aid kit items I should have at home and know how to use them properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Understand what sexually transmitted diseases are and how to prevent getting or spreading them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Know what the functions are of the various parts of the body, including sexual organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Understand how pregnancy occurs and know how to prevent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Know the importance of good nutrition and proper exercise in maintaining health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you think it is important to take care of your health?

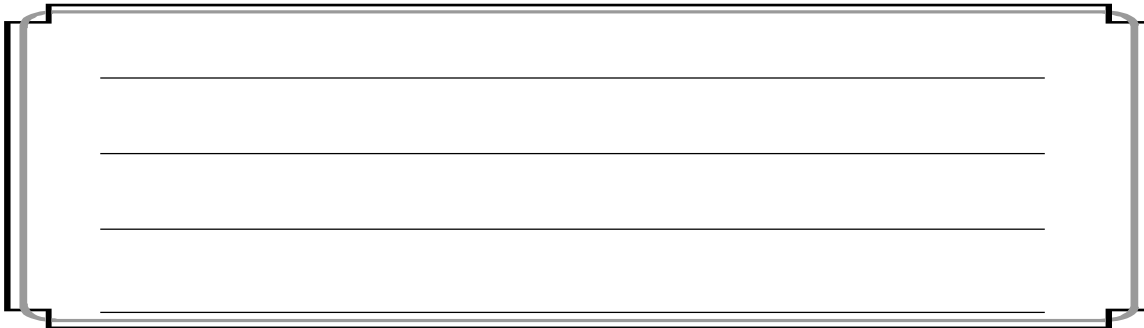


Consider the following:

Thelma doesn't take care of her health. She eats a lot of fatty and sweet foods, doesn't like fruits or vegetables, and never exercises. When a friend tried to speak to her about her habits, Thelma stated that she is still young and that only old people have to take care of their health. What do you think? Is Thelma right?



What kinds of things do you think are important in taking care of your health?



EXERCISE

Exercising regularly is an important part of keeping physically fit and can prevent certain health risks.


Test your knowledge of fitness by answering TRUE or FALSE to the following statements. (Answers are listed below.)

1. Exercising gives you more energy. _____
2. Exercising slows down the aging process. _____
3. Exercising regularly can give you more self-confidence. _____
4. Exercising is a very important part of a good weight loss program. _____
5. Even walking for twenty minutes twice a day will improve your physical fitness. _____

Answers

1. TRUE. If you exercise on a regular basis, you feel more energetic and will be more fit.
2. TRUE. Exercising helps strengthen your body - your bones, muscles, ligaments, and tendons. It helps you improve your cardiovascular system so that your body works more efficiently while it strengthens your heart.
3. TRUE. Setting a goal for exercising three or four times per week and achieving that goal will give you a real sense of accomplishment as well as renewed confidence in yourself and your abilities. Your exercise schedule doesn't have to be like that of an Olympic star; it just needs to be a realistic and attainable goal that you can set for yourself and stick to.
4. TRUE. Exercise will not only help you burn calories, but it will keep your body in great shape as well.
5. TRUE. Even walking just twice a day for twenty minutes will improve your physical fitness.

Do you want to exercise regularly but find you have a hard time getting going or sticking with it? Use the activity chart below to help you plan your fitness schedule for a week. Use the comments section to record how things went.

Date	Time	Exercise/Activity	Comments
			

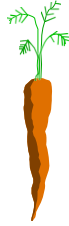
Exercise is not only healthy, but it can also be a lot of fun! Many communities offer a variety of free or low cost sports activities you can participate in. In addition, the YMCA offers access to their facilities and classes for a low fee.



ACTIVITY

Research your community for free or low cost exercise/sports opportunities which reflect your interest.

NUTRITION



Good nutrition and a balanced diet are important to keep us healthy.

What kind of foods do you think are healthy and why?

Food	→	Reason
<i>Vegetables</i>		<i>Vitamins, low calories</i>

What kind of foods do you think are not so healthy? Why?

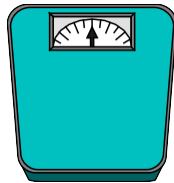
Food	→	Reason

Test your knowledge of nutrition by answering TRUE or FALSE to the following statements. (Answers are below.)

1. One cup of canned peas contains about 300 times more sodium (salt) than one cup of fresh peas. _____
2. One pound of body fat contains 3,500 calories. _____
3. One tablespoon of liquid honey has fewer calories than one tablespoon of whole granulated sugar. _____

4. All three types of fat (saturated, monounsaturated, and polyunsaturated) raise the level of cholesterol in the blood and can increase the risk of heart attack or stroke.

5. One cup of popcorn (without butter or margarine) has fewer calories than three potato chips. _____
6. A small order of French fries has the same amount of calories as a small ice cream cone. _____
7. You will have to walk one and one-half miles to burn off the number of calories in one regular donut. _____



Answers:

1. TRUE. Foods that contain preservatives or are processed have much more sodium than fresh foods. For example,
 - one cup of canned mushroom soup has 1,193 milligrams of sodium.
 - one cup of low fat cottage cheese has 921 milligrams of sodium
 - one fresh egg has 69 milligrams of sodium.
2. TRUE. Therefore, if you are trying to lose some weight and would like to lose one pound per week, you will have to either eat 3,500 fewer calories than you regularly eat or burn up 3,500 more calories through physical activity each week.
3. FALSE. One tablespoon of liquid honey has approximately 60 calories whereas one tablespoon of white sugar has about 46 calories. You should also be aware that sugar is an ingredient in many foods, including some you might never have suspected -- soups, spaghetti sauces, salad dressings, etc. Sugar appears under many different names on food product labels. Here are some of the most common:



4. FALSE. It is the saturated fats that raise the level of cholesterol in the blood. Red meats and dairy products contain a lot of saturated fats. Cholesterol is a kind of fat which our bodies produce. We actually need some cholesterol for our cells and to make hormones. Too much cholesterol, however, will stick to the walls of our arteries and eventually clog the flow of blood. That's when heart attacks or strokes can occur.

Monounsaturated fats do not affect the levels of cholesterol in the blood. Examples include olive and peanut oils. Polyunsaturated fats lower the level of cholesterol in the blood. Most vegetable oils are polyunsaturated. So when, you are planning meals, remember to choose polyunsaturated fats over saturated ones, and try not to eat too many foods containing saturated fats.

5. TRUE. One cup of popcorn (without butter or margarine) has only 25 calories while three potato chips have approximately 34 calories. If you are not sure which foods are high or low in calories, check a food calorie chart. What you learn may help you make better choices in planning what you'll eat for breakfast, lunch, dinner, and snacks.
6. FALSE. The order of French fries has approximately 220 calories while a small ice cream cone has 150 calories.

When you choose a snack or order at a fast food restaurant, be aware of what you'll be eating. Consider the nutritional value, the amount of fat, and the calories as well as your taste buds.

7. TRUE. A donut contains approximately 150 calories. If you walk for one and one half miles, you'll burn off approximately 150 calories.

How aware are you of all the things that you eat and drink during the day? To get a better idea of what your nutritional intake is, fill out the Daily Food Diary for one week. At the end of the week, review the diary with a friend, staff person, or foster parent.

Daily Food Diary

Using the example below as a guide, fill out a daily food dairy every day for a week.

EXAMPLE:

Time	7:00 a.m.	11:00 a.m.		
Food/Drink	1 cup of coffee 1 donut	1 cup of hot chocolate 1 candy bar		
Where	kitchen	cafeteria		
Mood	tired	nervous		
With Whom	myself	Jack & Tia		

Daily Food Diary

Day: _____

Time				
Food/Drink				
Where				
Mood				
With Whom				

Daily Food Diary

Day: _____

Time				
Food/Drink				
Where				
Mood				
With Whom				

Daily Food Diary

Day: _____

Time				
Food/Drink				
Where				
Mood				
With Whom				

Daily Food Diary

Day: _____

Time				
Food/Drink				
Where				
Mood				
With Whom				

Daily Food Diary

Day: _____

Time				
Food/Drink				
Where				
Mood				
With Whom				

Now that you have kept track of your eating habits for one week, you can answer the following questions:

Do you eat enough nutritional foods? _____

What kind of foods do you eat most often? _____

Do you eat mostly fruits and vegetables? Sweets? Fatty Foods? _____

Are there certain times of the day that you get cravings? If so, When? What kind of things could you do to curb them? _____

Do you eat when you are in certain moods - sad, bored, nervous, etc.? If so, what could you do instead of eating? _____

Do you eat more when you are alone or with certain friends? _____

Should you try to change your habits? If so, you might want to develop helpful strategies with your foster parent, social worker, or program staff.

My strategies are:

⇒

⇒

⇒

⇒

EATING DISORDERS

In a recent Gallup survey, approximately 12% of teenage girls responding and 4% of the boys indicated symptoms of serious eating disorders. Anorexia, bulimia, and compulsive overeating are seriously affecting the physical and psychological well-being of countless young people who are preoccupied with gaining or losing weight.

DEFINITIONS

Anorexia: In the obsessive pursuit of thinness, anorexics deliberately starve themselves and often become malnourished. Compulsive exercise, laxative, and/or diuretic abuse are characteristic. If anorexia is not properly treated, the disease can be fatal.

Bulimia: The bulimic compulsively eats and then, to prevent weight gain, purges through self-induced vomiting, use of laxatives, diuretics, strict dieting, fasting, vigorous exercise, or a combination thereof. This addictive binge-purge cycle is often done in secret and can progress from once or twice a week to multiple times a day. Without treatment, bulimia can be fatal due to cardiac arrest or kidney failure.

Compulsive Overeating: Compulsive overeaters are unable to control their food intake and repeatedly attempt to lose weight by dieting. While there may be some initial success at weight loss, the weight is ultimately gained back plus additional pounds. Fluctuations in weight and medical complications, such as hypertension and even diabetes, may be characteristic of this disease.

Common symptoms of eating disorders include:

1. Constantly thinking about “feeling fat”
2. Intense fear of becoming fat or gaining weight
3. Feeling of loss of control while eating
4. Allowing your weight to determine your self-esteem
5. Feelings of guilt or shame after eating
6. Repeated and unsuccessful attempts to diet
7. Bingeing (eating large amounts of food in a short period of time)
8. Feeling self-conscious or embarrassed about eating (sneaking food or lying about eating habits)
9. Strict dieting
10. Fasting
11. Self-induced vomiting
12. Laxative and/or diuretic use

13. Compulsive exercising
14. Eating for emotional comfort, or to relieve stress or depression
15. Looking forward with pleasure and anticipation to the moments when you can eat alone
16. Eating when you're not even hungry
17. Eating sensibly in front of others and then making up for it when you're alone.

From materials developed by The Radar Institute, Los Angeles, California

There's help for eating disorders. Ask a therapist, your doctor, social worker or other trusted adult to make a recommendation.

PERSONAL HEALTH CARE

Taking care of your personal health and obtaining the necessary health information and/or services is an important life-long task. You should also know your own health history (any illnesses, immunizations, allergies, etc.). Keeping yourself healthy involves not only getting proper medical treatment when you're sick, but also preventing health problems as well.

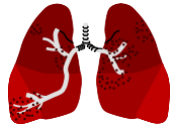
Consider the following examples:



Niklaus has a cavity and is supposed to make an appointment with the dentist. However, he does not follow through. What long-term and short-term consequences do you think Niklaus might suffer by not scheduling a dentist's appointment?

Short Term:

Long Term:



Leah is a cheerleader at her high school. There is a history of asthma in her family. Recently, she has had trouble catching her breath, oftentimes during her cheerleading practice. However, her breathing always seems to improve after a little while. Leah is afraid that if she tells someone about her problem, she won't be able to be a cheerleader anymore. She thinks that her difficulty breathing might just go away by itself. Do you think Leah is right? What would you do?

--

Take some time and answer the questions below with a foster parent, staff, or social worker to evaluate your personal health care needs. Mark those questions that need some follow-up, and plan with your foster parent, program staff, and/or social worker how you will get the information or services you need.

	<u>YES</u>	<u>NO</u>
Do you have a Medical Passport?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any questions about the information in the passport?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone gone over the information in the Passport with you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know when your last medical checkup was?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know when your last dental checkup was?	<input type="checkbox"/>	<input type="checkbox"/>
Is your general health good?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a family history of any particular disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking medication or getting any regular treatments?	<input type="checkbox"/>	<input type="checkbox"/>
Did either the doctor or dentist suggest you make another appointment to have a problem followed?	<input type="checkbox"/>	<input type="checkbox"/>
Do health problems often interfere with your daily activities (keep you out of work, school, sports, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a lot accidents or injuries?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you have a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do the people you live with or your friends think you have a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use birth control?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a doctor that you feel comfortable seeing?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any health problem you'd like to have checked or a question you'd like to ask if the service was free and confidential (just between you and the doctor)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you see a counselor or therapist?	<input type="checkbox"/>	<input type="checkbox"/>
If not, would you like to have someone with whom you could discuss your feelings and concerns?	<input type="checkbox"/>	<input type="checkbox"/>

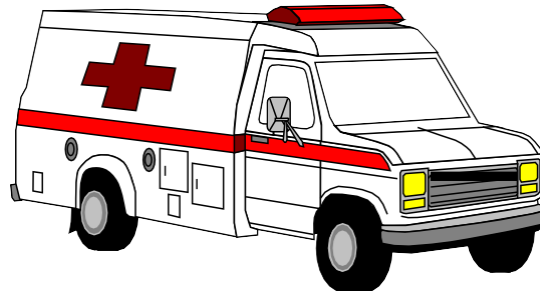
My Personal Health Care Needs:

I need to follow up on...

...by getting information or services from...



It is important to keep track of all your medical records. Be sure to put them in a safe and easily accessible place -- maybe your document portfolio. Not even doctors are able to read your mind. They need information to treat you properly. In a medical emergency or during a regularly scheduled doctor's visit, the more information you can provide to the medical care staff, the better they will be able to care for you.



Jan knew Jack was driving too fast that day but never would have thought there might really be a car crash. Nevertheless, here they were in an ambulance on the way to the emergency room. The EMTs (Emergency Medical Technicians) asked Jan if she was allergic to a list of things, and she had no idea whether she was or not.

Why did the EMTs ask Jan that question? _____

What information could Jan give them that would be helpful? _____

FAMILY MEDICAL HISTORY

Family medical history is very important. Your Medical Passport should include a fair amount of this information, so be sure to have a personal copy for your own records.

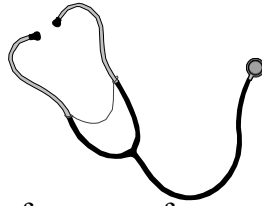
If you do not have much family health history information available to you, you should ask your social worker, foster parent, or staff to help you obtain the health history.

Family History

Have any of your blood relatives (brothers, sisters, parents, grandparents) ever had any of the following medical problems?

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> TB skin test (positive results) | <input type="checkbox"/> Alcohol or drug problem |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Epilepsy, convulsions, or seizures |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Psychiatric problems |
| <input type="checkbox"/> Heart attack before the age of 60 | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Kidney problem | <input type="checkbox"/> Birth defects |
| <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Death at a young age |
| <input type="checkbox"/> Learning problem | <input type="checkbox"/> Stomach or intestinal problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cancer (Type: _____) |

Let's look at Bob's example:



Bob is 17 years old and has been in foster care for two and a half years. Recently, he has been suffering really bad headaches which aspirin doesn't seem to help. He and his foster mother are at the doctor's office now, where Bob is trying to fill out the health questionnaire the nurse has given him. Bob is having a hard time answering some of the medical history questions, especially those about his sisters, brothers, parents, and grandparents.

What should Bob do? _____

Who could help him? _____

What should he tell the doctor or nurse? _____

What can he do for "next time" to be better prepared for this kind of thing? _____

What section in the Medical Passport offers some information that will help? _____

Do you need to obtain more information? If so, use the chart below to plan how you will get additional information about your medical history:

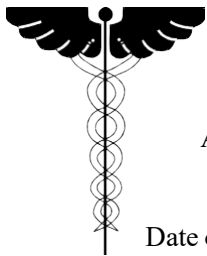
<i>I need more information about...</i>		Strategy
	⇒	
	⇒	
	⇒	
	⇒	
	⇒	



ACTIVITY

Here is a sample Health Questionnaire, similar to one that you might be asked to fill out when visit a new doctor or clinic. Answer the questions that you know and put a question mark (?) next to those you don't know. Then review this questionnaire with your social worker and foster parent or program staff to help you find the missing information.

Health Questionnaire



Name :

Address :

Date of Birth :

What questions or health problems would you like to see the doctor about today? _____

Are you taking any medication? ☐ Yes ☐ No

If Yes, what medicines do you take? _____

Medical History

Where were you born? _____ Hospital
_____ City

How much did you weigh at birth? lbs. and oz.

Did your mother have any problems during her pregnancy? If so, describe. _____

Did she take any medication? _____

Were there any complications with the birth? _____

Have you ever been admitted to the hospital? ☐Yes ☐No

If yes, please list the dates, hospitals, and reasons for hospitalizations: _____

Have you ever had an allergic reaction (to medicine, food, a bee sting, etc.)? ☐Yes
☐No

If yes, list the substance to which you are allergic: _____

Have you ever had surgery (operations)? ☐Yes ☐No

If yes, please describe: _____

Have you ever had any broken bones or any serious injuries? ☐Yes ☐No

If yes, please describe: _____

Check any of the following illnesses and health problems that you have had or presently have:

- | | |
|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Short or tall for age |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Overweight |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Underweight |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Measles | <input type="checkbox"/> +TB Test (positive results) |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Migraine headache |
| <input type="checkbox"/> Illness (other than colds, flu, etc.) | <input type="checkbox"/> Seizures (convulsion, epilepsy) |
| <input type="checkbox"/> Stomach/intestinal problems | <input type="checkbox"/> Thyroid problem |
| <input type="checkbox"/> Kidney problem | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Blood clots or vein problems | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Hepatitis, jaundice | <input type="checkbox"/> Back/joint pain |
| <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Pelvic infection |
| <input type="checkbox"/> Vaginal infection | <input type="checkbox"/> Uterus or ovary problem |

- | | |
|---|--|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Miscarriage or abortion | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Venereal disease (VD) | <input type="checkbox"/> Gum or mouth pain |
| <input type="checkbox"/> Trouble seeing from a distance
(near-sightedness) | <input type="checkbox"/> Recent toothache |
| <input type="checkbox"/> Trouble seeing things close up (far-
sightedness) | <input type="checkbox"/> Breast lump |
| <input type="checkbox"/> Wear glasses / contact lenses | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Difficulty with bowel movements |
| <input type="checkbox"/> Frequent tiredness | <input type="checkbox"/> Infrequent bowel movements |
| <input type="checkbox"/> Can't get to sleep easily / insomnia | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sleep too much | <input type="checkbox"/> Blood in stool |
| <input type="checkbox"/> Cold or heat intolerance | <input type="checkbox"/> Blood in urine |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Fainting or passing out | <input type="checkbox"/> Pain with urination |
| <input type="checkbox"/> Skin problem | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Severe acne | <input type="checkbox"/> Bleed or bruise easily |
| <input type="checkbox"/> Difficulty hearing | <input type="checkbox"/> Excessive thirst |
| <input type="checkbox"/> Earache | |
| <input type="checkbox"/> Wheezing | |
| <input type="checkbox"/> Cough | |
| <input type="checkbox"/> Heart skips a beat / palpitations | |
| <input type="checkbox"/> Heart races | |
| <input type="checkbox"/> Stomach pain | |
| <input type="checkbox"/> Nausea | |
| <input type="checkbox"/> Vomiting | |
| <input type="checkbox"/> Ringing in ears | |
| <input type="checkbox"/> Sore that doesn't heal or change in
wart or mole | |
| <input type="checkbox"/> Blurred vision | |

List any other illnesses or health problems below:

Females Only: Visit to the gynecologist

Your age when you first got your period	-	
Cycle length (How long does your period usually last?)	-	
Irregular (Does the time of your period change from month to month?)		Yes <input type="checkbox"/> No <input type="checkbox"/>
On what date did your last period start?	-	
Cramps		Yes <input type="checkbox"/> No <input type="checkbox"/>
Excess bleeding with period		Yes <input type="checkbox"/> No <input type="checkbox"/>
Vaginal discharge		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have had a pelvic (internal) exam before?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of last pelvic exam	-	
History of past pregnancy: Have you ever been pregnant? Have you had a miscarriage or abortion? (List responses and dates below.)		
<hr/>		

Males and Females

Are you sexually active? ☐ Yes ☐ No

Check all methods of birth control you use:

- ☐ Condoms (rubbers)
- ☐ Birth control pills
- ☐ Diaphragm and spermicidal jelly
- ☐ Contraceptive foam or suppositories
- ☐ Sponge
- ☐ IUD
- ☐ Withdrawal
- ☐ Rhythm
- ☐ Norplant
- ☐ Depo Provera

Substance Use

Do you smoke cigarettes? ☐ Yes ☐ No

If yes, how many cigarettes do you smoke a day? _____

How many years have you been smoking? _____

Have you ever tried to stop? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No

If yes, what kind of alcohol do you usually drink? _____

How often do you drink? _____

Why do you usually drink? _____

How much do you usually drink on those days that you do drink? _____

Do you ever drink by yourself? ☐ Yes ☐ No

Do any of your friends use alcohol? ☐ Yes ☐ No

Do you use drugs? ☐ Yes ☐ No

Have you used any of the following drugs in the past month?

Marijuana ☐ Yes ☐ No

Cocaine ☐ Yes ☐ No

Acid ☐ Yes ☐ No

Speed ☐ Yes ☐ No

Others (please list) _____

Do you use any needle drugs? ☐ Yes ☐ No

If yes, which types? _____

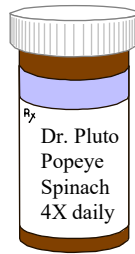
Are you worried about your drug or alcohol use? ☐ Yes ☐ No

If yes, please describe. _____

Is anyone else worried about your drug or alcohol use? ☐ Yes ☐ No


Would you like to talk to someone about your use of substances? ☐ Yes ☐ No


TAKING CARE OF YOURSELF



Prescription medicine is ordered by a doctor to treat a patient's specific condition. The label on the bottle or container will tell you how many times to take the medication each day. It will also have your name, your doctor's name, the date the prescription was filled as well as the expiration date, the name of the drug store and the prescription number. Other red, orange, or yellow labels may also be pasted to your prescription bottle. Read all labels carefully. The smaller labels will tell you about some possible side effects of the medication and specific directions about how to take the medicine.

Read the following medication labels. Describe in the box beneath each label where and how often you would take the medication as well as what possible side effects each medication might have or what precautions you would want to take.

		XXX Pharmacy 555 Main St Boston, Mass	
Rx 000		Refills 0	
Dr. XXXXXX			
John Smith 1243 North St Boston, MA			
Take 1 capsule 3Xday for 10 days.			
MedicNAME			
Orig. Date 6/1/95			
Disc. After 6/1/95			
FINISH ALL MEDICATION			
TAKE WITH FOOD ONLY			

		XXX Pharmacy 555 Main St Boston, Mass	
Rx 001		Refills 0	
Dr. XXXXXXXX			
John Smith 1243 North St Boston MA			
Take 1 Tablet every four hours for one week.			
WARNING: MAY MAKE YOU DROWSY. DO NOT DRIVE AN AUTOMOBILE OR OPERATE HEAVY MACHINERY WHILE TAKING THIS MEDICATION.			
NOT TO BE TAKEN WITH DAIRY PRODUCTS.			

Remember to ask your doctor, nurse or pharmacist the following questions before you take any medication:

- Why do I need to take this medication?
- Are there any special instructions I should follow?
- What effects will the medication have on my body?
- Does this medication react with any other substances?
- How will I know if I am allergic to this medication? What are the symptoms of an allergic reaction?



If you think you have the symptoms of an allergic reaction, stop taking the medication immediately and call your doctor.

If there is no allergic reaction or any other complication, be sure to finish all the doses of medicine prescribed for you. Do this even if you feel better and you think you are “well” before you have completed the doses.

MINOR ILLNESSES

If you do not have any symptoms which indicate the need for medical attention, you might be able to treat minor illnesses with over-the-counter medication. However, always evaluate carefully whether or not you should see a medical professional. If any symptoms persist, you need to get medical assistance! As with all prescription drugs, you need to read the instructions and warnings carefully before using any over-the-counter medication.



ACTIVITY

Visit your local pharmacy or drug store and research products designed to treat various minor illnesses. Record your findings in the chart below.

Minor Illness	Medication	Price	Possible Side Effects/ Warning Signs
Upset stomach			
Fever			
Common cold			
Headache			
Allergies			
Heartburn			
Others:			

Taking Care of Yourself

Making the right decisions about how to respond to illnesses and health problems is very important. Read the following examples and discuss with your social worker, staff, or foster parent how you would best handle the following situations.

You wake up in the morning with an upset stomach. You feel as if you have diarrhea and might vomit. What would you do?



You wake up in the middle of the night with a pounding headache. You are dizzy and have abdominal pain. You take your temperature and see that it reads 104°. What would you do?



You are on your way home from work and feel as though you are getting a cold. Though you don't have a fever, your muscles are aching and your sinuses are congested. What would you do?



You are watching TV in the early evening when, all of a sudden, you discover that you have a rash. You have a temperature of 100°. What would you do?



Responding to medical emergencies quickly and efficiently could save your life. What kind of circumstances would lead you to immediately seek medical care at the emergency room of your local hospital?

EMERGENCY

Sometimes symptoms of illnesses might be mistakenly identified as harmless when they actually may indicate serious health problems. Therefore, it is important to always seek medical help if you have any questions. It is better to be safe than sorry.

For example, various cancers can have the following seven warning signals:

- 1) Change in bowel or bladder habits.
- 2) A sore that does not heal.
- 3) Unusual bleeding or discharge.
- 4) Thickening or lump in breast or elsewhere.
- 5) Indigestion or difficulty in swallowing.
- 6) Obvious change in a wart or mole.
- 7) Nagging cough or hoarseness.

If you have a warning signal or any medical concerns, see your doctor.



GENERAL SURVIVAL SKILLS

Emergencies can happen at any time. Knowing some basic first-aid treatment can be literally life-saving. A course on first-aid treatment can give you invaluable knowledge that may someday save a life. In the meantime, let's think about a situation that might easily occur.

You are on a date in a restaurant. Suddenly your date starts coughing and pointing to his throat. You realize this is serious and start pounding him on the back. What else could you do to help him? _____

Do you know the Heimlich Maneuver or CPR? _____

What other survival treatments could you use? _____

Do you keep a general first aid kit in your apartment or car? What should be included in the kit? _____

WHAT TO DO WHEN SOMEONE IS CHOKING

Heimlich Maneuver

Method 1: Victim standing or sitting, rescuer standing

1. The rescuer stands directly behind the victim and wraps his arms around the victim's waist.
2. *The rescuer makes a fist with one hand and places his fist against the victim's navel and rib cage, with the thumb-side inward.*
3. With one hand on top of the other, the rescuer places the heel of the bottom hand on the victim's abdomen, slightly above the navel and below the rib cage.
4. With a sharp upward thrust, the rescuer presses his hand into the victim's abdomen. Be sure to pull up, rather than towards you, to avoid damage to the victim's rib cage.
5. The rescuer should repeat the maneuver several times until the victim stops choking.

Method 2: Victim lying face up, rescuer kneeling.

1. The rescuer should position the victim on his back.
2. The rescuer kneels, facing the victim and straddling him with one knee on either side of the victim's hips.
3. With one hand on top of the other, the rescuer places the heel of the bottom hand on the victim's abdomen, slightly above the navel and below the rib cage.
4. With a sharp upward thrust, the rescuer presses his hand into the victim's abdomen.

The rescuer should repeat the maneuver several times until the victim stops choking.



ACTIVITY

*Practice the Heimlich Maneuver with another person using both Method 1 and Method 2 until it becomes easy for you to perform. Be careful! Go through the motions **only** so that you are sure you understand and can do it in an emergency.*

HEALTH INSURANCE

Taking good care of your health is very important. However, health care costs are rising steadily and the cost of medical care for a serious injury or illness can be extremely expensive if you are not covered by health insurance. Once you leave the Department's care, you will no longer be insured through Mass Health. You can reapply for coverage through your local Office of Transitional Assistance, but you have to be income eligible and certain other restrictions apply.

Most people obtain health insurance (coverage for ongoing and unexpected medical expenses) through their employers. Most often, you will be eligible for employee health insurance if you work full time.



Most employers require co-payments, depending on the type of coverage or insurance plan. In addition to those monthly co-payments, which range from \$30 to \$100, most insurance

providers require co-payments for each doctor's visit and pharmacist's prescription. These usually range from \$5 to \$10 dollars. Emergency room co-payments have an average cost of \$25.

Some employers offer dental insurance, again with co-payments required. Dental insurance often pays for 80% of needs, while you would be responsible for the remaining 20%.

Colleges will often offer basic health insurance to students, sometimes included in tuition. If you are planning to go to college, inquire about the specific details.



If you are not eligible for Mass Health, don't go to college, or don't work for full-time for one employer, private insurance is available through provider companies such as Blue Cross/Blue Shield. This might be an option for you. Private insurance costs an average of \$2500 a year, cover 80% of costs, and have deductibles (a certain amount of money you are required to pay before the insurance covers the rest).

You are aware by now that health insurance can be expensive. However, having **no** insurance is very risky and could end up being far more expensive than insurance.

If none of the options listed above are viable possibilities for you at this time, you will have to pay for doctor's visits and health care facilities from your own pocket. Thankfully, many community health programs offer medical care services on a sliding fee basis. That means that the fee for services is based on your income. Some even provide free check-ups and emergency care in certain locations. However, these services are not available in all communities.



ACTIVITY

Research lower cost or free health care options in your community and list their location and phone numbers below.

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HEALTH RISKS

You are in control of your personal health. While exercise, proper nutrition and regular doctor's check-ups can help you to maintain good health and may prevent health problems, certain behaviors and bad habits can negatively influence your health.

What kind of behaviors/habits could be harmful to your health?

In the following sections we will discuss some behaviors and habits which could have a negative impact on you and impose a serious risk to your health.



SMOKING

If you are a smoker, have ever been tempted to start smoking, or know someone who smokes, the following questions and information are important to you!

Why do you think most people start to smoke? (Or why did you start to smoke?)

Does smoking make people more interesting, mature, or more attractive?

Do you think that smokers are better liked, more respected, or make more money than nonsmokers?

Look over the examples below. Do you think that any of them give valid reasons to start smoking?

- Rebecca started to smoke because the boy she really liked smoked.
- Dennis doesn't know why he started. He just thought it was a cool thing to do.
- Elisabeth started because her mother, father, and older brother smoked.
- Amy started to smoke because she wanted to be part of a group of older kids who smoked.
- Chuck started because his best friend told him he should. Otherwise, he would look like a wimp and never get a girlfriend.

The truth is that there are NO valid reasons to start smoking!

What might Rebecca, Dennis, Elizabeth, Amy, and Chuck have done to avoid starting to smoke? What would you do in their individual situation?



What are the health risks and disadvantages of smoking?



Take an inventory of your knowledge of facts and health risks related to smoking.

Multiple Choice

_____1) Cigarette smokers are more likely than non-smokers to die of cancer of the

- a) pharynx or larynx b) lungs c) esophagus d) lips, tongue, or mouth
- e) all of the above

_____2) What gives cigarettes their rich country flavor?

- a) propane b) butane c) formaldehyde d) hydrogen cyanide

_____3) How many chemicals in cigarette smoke cause cancer?

- a) none b) 1 c) 10 d) 30

True or False

_____1) Lung cancer can be cured very easily.

_____2) People who don't smoke can get lung cancer.

_____3) When a person stops smoking, lung tissues return to normal on their own.

_____4) City smog is worse for you than cigarettes.

_____5) Low-tar, low-nicotine cigarettes are safer than other kinds.

_____6) Children whose parents smoke are more likely to smoke than children of non smokers.

_____7) It doesn't matter if teenagers smoke because they can easily stop.

Multiple Choice Answers

1. e) all of the above.

2. All of the answers given, and they're all deadly.

3. d) There are 30 known carcinogens in cigarette smoke, and probably more that haven't been discovered yet.

True or False Answers

1. FALSE. Nine out of ten cases of lung cancers are incurable.
2. TRUE. Occasionally, people who don't smoke will get lung cancer. But 80% of all lung cancers are caused by smoking.
3. TRUE. Unless the lungs are already too severely diseased, they start to repair themselves almost immediately. This happens rapidly in short-term smokers.
4. FALSE. Air pollution plays no significant role in lung cancer.
5. TRUE. However, there is no completely safe cigarette.
6. TRUE. Children who have smoking parents and older siblings are more likely to start smoking themselves.
7. FALSE. Once smoking has become a habit it is very difficult to quit.

BELIEVE IT OR! NOT

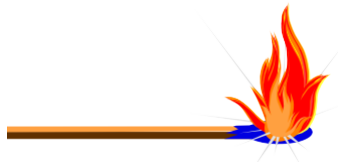


! A person who smokes one pack of cigarettes a day inhales a full cup of tar in just one year.

!! When you take one puff of a cigarette, your heart beats ten extra times per minute.

!!! There will be 93, 000 new cases of lung cancer discovered this year.

!!!! There are more than thirty million ex-smokers in the United States.



!!!!!! More than 25% of all the fires in the United States are caused by careless smokers.

Quitting:

The best way to deal with smoking is, of course, not starting. Once you get in the habit, it isn't easy to quit. Consider this example:

Barry is playing basketball on his local high school team. He is a really good player and might have a chance to get a scholarship to a local college. However, Barry has started smoking. Now, during the games, he is short of breath and doesn't seem to have as much energy as he used to. Barry does not believe that this is a result of smoking since he has only smoked for eight months. And anyway, he feels that it would be hard for him to quit, particularly because his girlfriend also smokes. *What do you think of Barry's dilemma? What advice would you give Barry?*

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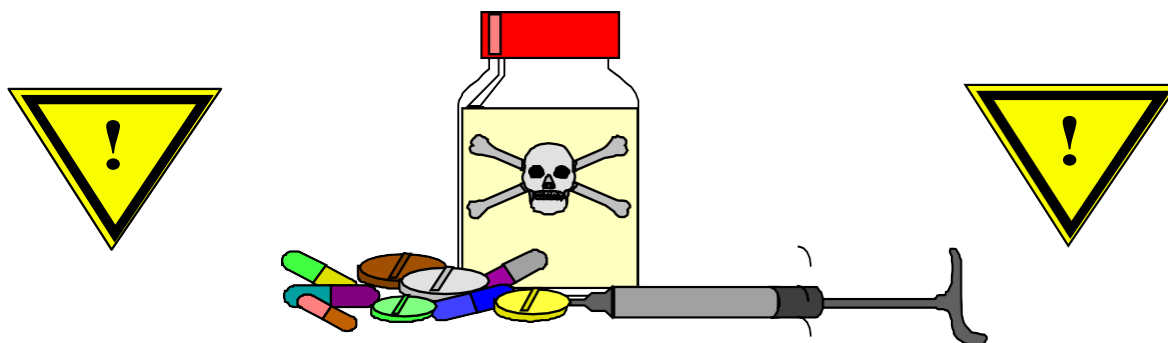
Quitting smoking takes a lot of commitment and you have got to believe that you can do it. Smokers will often think (mistakenly) that they will gain a lot of weight once they stop smoking, but studies show that the average weight gain after quitting is not more than five pounds.

If you do want to stop smoking, contact the American Lung Association in your area or speak with your primary doctor.

Summary:

My Reasons And Strategies To Not Starting Smoking Are:	<u>or</u>	My Reasons and Strategies To Quit Smoking Are:

DRUGS



All Drugs Are Harmful!
Experimenting With Drugs is Dangerous.

Do you think that anyone who experimented with drugs did so in order to:

- Become addicted?
- Ruin his/her health?
- Lose friends?
- Commit crimes?
- Hurt others?
- Go to jail?
- Get HIV/AIDS from sharing needles?
- Die of an overdose?

Cigarettes

Rum

Freebasing

Heroin

Newports

Crack

Ludes

Philly Blunts

MaryJanes

Xtasy

It's hard to say why some kids use while others don't. People are individuals and decide to use for all sorts of reasons. The main ones usually involve:

- **Stress:** Family problems, changing schools [or placements], pressure to do well in school.
- **Boredom:** Wanting to have fun, but with few outlets.
- **Depression:** Feeling isolated or alone, hopeless about the future and wanting to escape.
- **Curiosity:** Not everyone who takes drugs is a heavy user, and many quit after the first try. But studies show that experimenting with pot and alcohol can lead to harder drugs. For example, the Center on Addiction and Substance Abuse reports that if a person has smoked marijuana more than one hundred times, the likelihood of using cocaine goes up 70 percent.
- **Fitting in:** Being popular is a key desire for most of us. Unfortunately, some take risks against their own judgment in order to hang with the cool clique.
- **Learned Behavior:** Some young people who watch their parents dealing with their problems by taking drugs may follow their example during difficult times.
- **Lack of Self-Esteem:** People who don't feel good about themselves are more likely to do things that are harmful. Most drug users and drinkers will admit they do it to fill up an empty feeling inside or to try to appear cool.
- **Feeling Unsure about Sexuality:** Young people dealing with same-sex attractions may be drawn to drinking and drugs in order to ease fear and confusion.

(adapted from *Finding Our Way: The Teen Girls Survival Guide*. Abner and Willarosa, 1995)


Peer Pressure:

Some youth might be goaded into experimenting with drugs by their friends or peers.

Consider the following:

Alexander has had the same group of friends for several years. They used to play a lot of baseball and hockey together. Now some of his friends are getting into alcohol and drugs, smoking marijuana and drinking hard liquor. Actually, that is all they seem to talk about. Alex's friends keep pressuring him to start smoking and drinking as well. They tell him that if he wants to hang with them, he will have to use too. Alex really doesn't want to get into drugs, but neither does he want to lose his friends.

Do Alex's friends still have the same qualities they had before they started to use? How have they changed?



What would you do in Alex's situation?



PEER PRESSURE IS NOT A REASON TO BEGIN USING DRUGS!!!

Curiosity:

Another reason some people start to take drugs is to check out what it is like.

Consider:

Susan was curious to find out what it would be like to try drugs. Some of the people she knew talked about how “cool” it was. Susan thought that if you were just trying, you wouldn’t become addicted and could easily stop. So Susan tried. Now six months later, Susan is hooked on crack cocaine. She dropped out of high school, lost most of her friends and is into criminal activities to support her habit.

What do you think happened?



Are you aware of the dangers of trying any drug?



Escape:

Some people start to drink and to take drugs so that they don’t have to think about painful things.

Consider:

Jason has gone through some pretty tough times and experienced several painful events. He tries to avoid thinking about them by drinking alcohol whenever he can. He feels that drinking takes his mind off things and helps him to not care. However, he has to drink more and more these days to achieve that temporary effect and Jason is often depressed.

Do you think that Jason is at risk of developing a serious alcohol problem?

Do you think that Jason's problems and painful memories are still the same after the effects of alcohol have worn off?

What could Jason do to address his problems? Where could he turn for help?



Problems will not go away by drowning them in alcohol or other drugs. You will still have them when you sober up.

Remember that it is illegal for anyone under 21 to drink alcohol.

Fitting In:

Some people start to take drugs to be a part of the crowd or to boost their self-esteem.

Consider:

Emily's family moved to town two weeks ago. She is in her senior year in high school but doesn't know many people in her classes yet. She feels left out and thinks the other kids don't like her. This morning a couple of kids invited Lisa to go down to the park after school. Emily knows that these kids are doing drugs at the park. She thinks she would still like to go because maybe if she were to hang out with them and do the things that the other kids do, she might be accepted in her new school. Emily also believes that drugs might help her to be less shy and feel better about herself. But she is still scared. She knows that taking drugs is dangerous.

What do you think Emily should do?

Do you think that Emily really would be accepted by other kids in her school if she started taking drugs?

Do you think she would feel better about herself if she took drugs?

What would you do in her situation?

What could Emily do to make friends instead of using or hanging out with drug users?

TRYING DRUGS IS ALWAYS DANGEROUS!!!

- There are risks involved even in trying drugs. Even a first time experience could end with a car accident, violent behavior, damage to your health, etc.
- You can become addicted to drugs a lot quicker than you might think! Certain drugs are thought to be habit-forming from the first usage.

Possible Signs of Addiction

- ❖ You get high more than two times a week
- ❖ You do it without thinking about whether you want to do it
- ❖ You don't have any friends who don't get high
- ❖ You're using more and more drugs to get the same high
- ❖ You get high on your own
- ❖ You get high just to get high – not to socialize

Use the following quiz to test your knowledge about drugs.

True or False

- _____ 1) Alcohol is a drug.
- _____ 2) Marijuana can cause a decrease in the male hormone, testosterone, and lower sperm production.
- _____ 3) Marijuana is psychologically addictive.
- _____ 4) Black coffee will help sober up a person who is drunk.
- _____ 5) Experimenting with “coke” for the first time is not dangerous.
- _____ 6) Sniffing glue, paint thinner, or other delirants can cause serious brain damage.
- _____ 7) Frequent use of “coke” by injection can produce “coke bugs” - the sensation that insects or snakes are crawling under the skin.
- _____ 8) “Angel dust” is actually an animal tranquilizer.
- _____ 9) THC (the main chemical in marijuana) stays in the body for about one month after use.
- _____ 10) Drinking alcohol during pregnancy can cause birth defects in the unborn baby.

Answers:

- 1) TRUE
- 2) TRUE.
- 3) TRUE.
- 4) FALSE.
- 5) FALSE.
- 6) TRUE
- 7) TRUE
- 8) TRUE
- 9) TRUE
- 10) TRUE

CONCERNED?

CHOOSE TO BE A FORCE FOR CHANGE

“What can I do?”

If you or someone you care about needs help, there is a lot that you can do! There are a number of treatments to choose from. The form of treatment will be determined by the drug a person is using, what the user is willing to go through to ‘kick the habit’, and sometimes, even how much time and money a user has to devote to the treatment. Some outpatient programs are free, some group therapy sessions are offered on a daily basis. Contacting the support groups and hotlines below can be a great start for getting help.

Alateen/Alanon

Alcoholics Anonymous

Drug & Alcohol Referral Service

(800) 999-9999

Nat’l Alcohol & Drug Hotline, 24 hrs

(800) 252-6465

What’s more, you can be a force for change in your community, your school, and in your life. Agencies exist that need YOU to get the message out about the desire to feel good without drugs, alcohol, or cigarettes. Calling some of the numbers below and **getting involved** will get you on your way to becoming a powerful voice for change in your own life and the lives of others!

S.A.D.D., Students Against Drunk Driving: The only student-based activist organization dealing with underage drinking, drug abuse, and death due to drinking or drugging, and driving. Look up the SADD in your area.

Girls Incorporated. Girls Inc. offers a program called “friendly PEERsuasion” that teaches teens to educate each other about avoiding the hazards of alcohol, tobacco, and other drugs. It is the only substance abuse program that specifically targets girls. There are over 1, 000 affiliates throughout the country.

Partnership for a Drug-Free America, (212) 922-1560). A private, non-profit coalition organized to prevent drug use among kids. 405 Lexington Ave, 16th Flr. New York, NY 10174

National Cocaine Hotline, 1-800-COCAINE, or 800-262-2463. A referral service for drug treatment and prevention programs.

Drug and Alcohol Hotline, 1-800-327-5050. Provides referrals for inpatient and outpatient treatment programs.

Bridge Over Troubled Waters, 617-423-9575. Offers youth assistance with referrals, counseling, short-term housing and employment.

FACTS YOU SHOULD KNOW

ALCOHOL AND SEDATIVE/HYPNOTICS

Drug Name	Trade Name	Street Names
<i>Barbiturates</i>		
Secobarbital	Seconal	Reds, red devils, seccies
Pentobarbital	Nembutal	Yellows, yellow jackets, yellow bullets
Amobarbital	Amytal	Blue heavens, blue dolls, blues
<i>Benzodiazepines</i>		
Diazepam	Valium	Vals
Chlordiazepoxide	Librium	Libs
	Xanax	
Rohypnol	Same	Date rape drug, roofies, la rocha, forget pill, Mexican valium
<i>Non-Barbiturate Sedative-Hypnotics</i>		
Methaqualone	Quaalude, Sopor	Ludes, sopes, soapers, Qs
Ethchlovynol	Placidyl	Green Weenies
Methaprylon	Noludar	Noodlelars
Gamma Hydroxybutyrate	GHB	Liquid ecstasy, Georgia Home Boy, Grievous bodily harm, scoop,
Somatomax		
(GHB is a colorless, odorless, salty-tasting liquid used frequently at Raves. Produces a psychedelic high, a sense of relaxation, and mild euphoria. Risks include: headache, muscle stiffness, seizures, respiratory failure, coma, and death. Alcohol significantly increases the risks of the drug.)		

Symptoms

Acute Use:

Behavioral:

- Euphoria
- Disinhibition
- Relief of anxiety

Physiological:

- Sedation, drowsiness to comatose
- Impaired motor coordination: slurred, staggering, sluggish, sloppy

Chronic Use:

Behavioral:

- Mood swings
- Anxiety
- Aggression

Physiological:

- Impotence in males
- Malnutrition
- Tolerance
- Memory problems
- Fetal abnormalities

Alcohol exclusively: digestive ulcers, pancreatitis, gastric problems, liver and brain damage, cancer.

Withdrawal Effects

- Anxiety
- Physical/emotional tremors
- Irregular heartbeat
- Hallucinations: visual, auditory, tactile
- Convulsions
- Coma
- Death

STIMULANTS

Drug Name	Trade Name	Street Names
<i>Cocaine</i>		
Cocaine HCL (hydrochloride)	None	Coke, blow, toot, snow, girl, lady, C, candy cane, scorpion, Yeyo, paradise
Freebase Cocaine	None	Crack, rock, base, baseball, bazooko, beemers, bones, boulya, caviar, love, issues, Yale
<i>Amphetamines</i>		
d,l amphetamine	Benzedrine, Obetrol, Biphetamine	Crosstop, black beauties, whites, bennies, cartwheels, roses, turnarounds
Methamphetamine	Methadrine	Crank, Meth, Crystal, Ice, jugs, speed
Dextroamphetamine	Dexedrine	Dexies, Christmas trees, beans, brownies

Symptoms

Acute Use:

Physiological:

- Increased heart rate and blood pressure
- Dilated pupils
- Seizures

Behavioral:

- Euphoria, hyperstimulation
- Decreased appetite, increased wakefulness
- Enhanced feelings of control and power
- Enhanced mental and physical performance
- Sexual acting out, addiction

Chronic Use:

Physiological:

- Insomnia
- Alcohol or other drug use
- Skin picking/ulcerations
- Problems with memory, concentration
- Tolerance
- Bingeing or weight loss

Behavioral:

- Emotional and physical depression
- Craving
- Jitteriness, anxiety
- Mood swings
- Paranoia, psychosis

Withdrawal Effects

Short-Term Use:

- Agitation
- Depression
- Extreme Drug Craving

Long-Term Use:

- Inability to Experience Pleasure
- Death

OPIATES AND OPIOIDS

Drug Name	Trade Name	Street Names
<i>Opiates</i>		
Opium	Pantopon	“O”, op, poppy
Codeine	Empirin	Number 4s, Number 3s, loads, sets, doors
Morphine	Varies	Murphy, morph, Miss Emma
Diacetyl Morphine	Heroin	Anti-freeze, bigH, boy, dooley, brown sugar, white boy, H, horse, juck, china white, smack, witch hazel, black tar
Oxycodone	Percodan, Tylox	Percs
<i>Opioids (Synthetic)</i>		
Methadone	Dolophine	Juice
Propoxyphene	Darvon, Darvocet	Pink lady, pumpkin seeds
Meperidine	Demerol	

Symptoms

Acute Use:

Physiological:

- Inability to feel pain
- Constricted pupils
- Nausea
- Vomiting
- Dry mouth and skin
- Decreased heart rate, blood pressure

Behavioral:

- Sleepiness
- Sedation

Chronic Use:

Physiological:

- Intolerance of physical/emotional pain
- Dryness of skin, mouth, digestive system (constipation)
- Tolerance
- HIV and hepatitis infection due to needle sharing
- Decreased appetite

Behavioral:

- Decreased sexual interest
- Emotional irritability

Withdrawal Effects

- Biologically-based pain (physical and emotional)
- Flu-like symptoms:
 - Runny nose, watery eyes
 - Goose flesh
 - Profuse perspiration
 - Dilated pupils
 - Stomach cramps/diarrhea

PSYCHEDELICS

Drug Name	Trade Name	Street Names
LSD	Lysergic acid diethylamide	Acid, gooney birds, Ozzie's stuff, blotter, trip, Lucy, ghost, sugar
Mushrooms	Psilocybin	Shrooms, magic mushrooms
Peyote cactus	Mescaline	Mesc, peyote, buttons
MDA, MDMA, MDM	Methylene-dioxy amphetamine	Love drug, XTC, ecstasy, Adam, Eve
Marijuana		Weed, reefer, doobie, herb, ganja, chiba, philly blunts, J, Maryjane, snop, boo, pot, grass, bud
PCP	Phencyclidine	Angel dust, goon, whack, crazy coke, crystal T, dust joint, zoom, special K, mint leaf, killer weed, ketamine
Dimethyltryptamine	DMT	Yopa, cohoba
(Has similar effects/risks as LSD, but wears off in less than an hour and carries an increased risk of anxiety attacks)		

Symptoms

Physiological:

Drooling
Chills
Sweating
Headaches
Nausea
Vomiting
Flashbacks with chronic use

Behavioral:

Yawning
Laughter, euphoria
Distortion of sensory perception (time, space, light,
sound, color, body feeling)
Feeling of mind expansion, heightened awareness
Rapidly changing emotional states
Pseudohallucination
Hallucination
Panic

INHALANTS

Volatile Solvents

- gasoline, kerosene
- alcohol
- lighter fluid
- correction fluid
- nail polish remover
- airplane glue
- cleaning fluids
- antifreeze

Aerosol Sprays

- metallic spray paints
- freon
- hairspray
- fluoride-based sprays
- vegetable oil

Organic Nitrates

- amyl nitrate (Locker Room)
- butyl nitrate (Rush)

Street Names

Ames, boppers, pearls
Poppers, snappers, climax

Anesthetics

- nitrous oxide (“laughing gas”)
- whipped cream containers
- dry cleaning fluid
- Laughing gas, buzz, bomb, whippets

Symptoms

Acute use:

- Numbness or “blankness”
- Chemical odor on clothes or breath
- Dried glue or ring around nose or mouth
- Runny nose, red or watery eyes
- Dilated pupils
- Dizziness, stupor
- Slobbering
- Inability to think or act clearly
- Distorted/disturbed vision
- Lack of muscle and reflex control

Chronic Use:

- Drastic weight loss
- Loss of memory
- Central nervous system damage
- Possibly permanent damage to liver, kidneys, blood, bone marrow, eyes, mucous membranes, and lungs
- Death (“Sudden sniffing death” from heart failure)

Withdrawal

- Not physically addictive
- Psychological dependence very common
- In treatment, inhalant abusers have lowest rate of recovery

HERBAL DRUGS

(These drugs are unregulated by the Food and Drug Administration and their effects and proper dosages are unknown.)

Drug Name	Trade Name	Key ingredient in products found on the market:
Ma Huang	Ephedrine/ Ephedra	Cloud 9, Herbal Ecstasy, Ultimate Xphoria

Marketed as a natural energy booster. Also found in decongestants, asthma medications, herbal formulas and teas, and dietary supplements. High doses have serious side effects, including death. Combining Ephedra with decongestants or MAO inhibitor antidepressants can be fatal. Even combining it with caffeine puts a lot of strain on the heart.

Corynanthe Yohimbe	Yohimbe
--------------------	---------

Found in health stores as a “natural” drug marketed to boost energy and sexual performance. Its major ingredient can cause fatigue, liver damage, and skin rashes. When mixed with over-the-counter drugs containing phenylpropanolamine, such as decongestants and diet aids, it can lead to seizures and death.

“DATE RAPE DRUGS”

Two types of drugs are currently in wide circulation and worthy of further mention in this section. They are referred to as “date-rape-drugs” because they are frequently the drugs of choice for people at raves or clubs who are trying to take advantage of unsuspecting partygoers.

GHB (a.k.a. liquid ecstasy, grievous bodily harm, georgia home boy) can come in powder, tablet, capsule, and clear liquid forms. When it is slipped into an alcoholic drink, it can become even more toxic. GHB is increasingly involved in poisonings, overdoses, date rapes, and fatalities.

Rohypnol (a.k.a. roofies, La Rocha, Mexican valium, rope, forget pill) is a tranquilizer like Valium, but it is 10 times more potent. It produces amnesia, muscle relaxation, and slowing of movement. These effects can last up to 8 hours. It has been slipped into drinks at raves and nightclubs to cause a sedative effect, earning its reputation as a date rape drug. Withdrawal

symptoms range from headaches, muscle pain, and confusion, to hallucinations and convulsions. Seizures can occur a week or more after one has stopped using the drug.

BOTTOM LINE: Be extra alert when drinking anything, even soda, with people you don't know very well, and watch for strange effects such as dizziness and confusion after a drink. And never, ever, ever, leave your glass unattended

Alcohol

Alcohol (beer, wine and liquor) is the most commonly abused drug in the United States. Over a billion dollars are spent every year to address the ill effects of the abuse of this particular drug.

Studies show that more than half of all 8th graders and 8 out of 10 12th graders report having tried alcohol. Many teenagers also report binge drinking (defined as 5 or more drinks in a sitting). In 1998, 30% of 12th graders surveyed reported having been drunk in the past. (Source: Monitoring the Future, 1998).







The short-term effects of alcohol use can be dizziness, talkativeness, giddiness, slurred speech, hangovers, disturbed sleep, nausea, and vomiting. Long-term effects include permanent damage to vital organs such as the brain and liver. Excessive alcohol use in a single drinking episode can even cause death due to alcohol poisoning.

While alcohol may make you feel “buzzed”, more relaxed and confident, in reality it is connected to several very disturbing statistics. More Americans are addicted to alcohol than all other drugs combined. In the 15-24 year age, 50% of deaths (from accidents, homicides, and suicides) involve alcohol or drug abuse. Also, children and siblings of alcoholics are *seven* times more likely to suffer from alcoholism than the children and siblings of non-alcoholics. So if you have a close relative who is an alcoholic, it is even more important that you make smart decisions about drinking.

In many states, drinking is illegal for anyone under the age of 21, yet a large percentage of youth experiment with alcohol every year. The risks are very real. With alcohol and all other drugs, know the facts and make a wise choice for your life.

As you have seen clearly in the previous pages, all drugs are harmful and often have deadly consequences. Unfortunately, drugs are available in too many places. Some people might try to pressure you to take drugs, or circumstances in your own life might make you more vulnerable to the temptation of drugs. Therefore, it is incredibly important for you to think about how you would resist and avoid drugs.

Fill out the chart below:

<p>I would say <u>no</u> to drugs by:</p> <p></p> <p></p> <p></p>
<p>My strategies to avoid drugs are:</p> <p></p> <p></p> <p></p>

SAFETY SKILLS

SKILL ASSESSMENT

The following questions will help you identify safety skills in which you excel and target those which you need to develop. By yourself or with your team try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Know what telephone numbers to call for medical emergencies, fire, and/or for police assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Know what to do/whom to call if I think someone (child or adult) has ingested a poisonous substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know what to do or whom to call if I think someone is following me or trying to hurt me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Know what gas smells like, what to do, and the telephone number to call if I suspect a gas leak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know the importance of learning the best fire escape routes in the house/apartment in case of fire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Use preventive safety measures to keep myself safe at home, i.e. lock doors and windows when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know and follow the basic rules for preventing fires at home: no smoking in bed, frayed electrical cords should not be used, gas stove should not be used for heat, extension cords should be used properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understand the importance of having a smoke detector in my home, how to check it and replace the battery when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Use caution when throwing away matches, smoking materials, or any hot substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
10. Understand the importance of safely storing cleaning, painting, and other toxic materials away from children and pets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Know what to do if caught in a fire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Know which type of fire not to use water to extinguish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know how to use a fire extinguisher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have successfully completed a First Aid course and/or CPR training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY TIPS FOR YOUNG PARENTS

How to Prevent Scalds and Other Burns



Hot liquid, both water and foods, can hurt you and your child as severely as fire, causing painful and serious burns. Here are some points to keep in mind, particularly if your child is a toddler (1-3 years old) who is learning to walk, climb, and explore the house. *(And these tips apply to you, too!)*

Always check the water before you place your baby in the tub. Remember, a baby's skin is more tender and sensitive than an adult's and can be easily burned.

Don't leave your child alone in the bathtub, even for a minute to answer the telephone or door. Children like to play with faucets and can easily burn themselves by turning on the hot water. They could also slip in the tub and drown.

Keep hot drinks and foods away from the edges of the tables and counters where they can be grabbed and spilled.

Don't let the cord on appliances dangle where a child can reach it and pull the appliance (like a hot toaster, iron, or coffee pot) down on top of him or her. Use a shorter cord or roll it up and tie it with an elastic band.

Keep your child away from the stove while you are cooking. Turn the pot handles toward the back of the stove so that they cannot be reached by a child or accidentally spilled.

Always test your child's heated food - especially baby bottles -before you feed him or her. Don't use a microwave oven to heat baby bottles! Even if the first drop of milk seems okay, the center could be very hot!

What would you do if a child or a friend got burned/scalded by hot water?

Falls

Did you know that falls are the leading cause of injury to children under age five? It's true. Not **every** fall can be prevented, but some can.

Few children, if any, will pass through childhood without the occasional bump or minor bruise. Falls from stairs or heights, however, can be very serious. Here are a few suggestions for prevention:

- Never leave a baby or toddler alone on a high surface, such as a changing table or bed. Not even for a moment!
- Open windows from the top rather than the bottom. If you have to open the bottom part of the window, use a window guard. It is much stronger than a screen and will prevent a child from falling out of the window, while screens will not.
- Keep all unopened windows locked.
- Place safety gates at the top and bottom of stairs. Use the gates that have a flat bar across the top. Do not use accordion-style gates. Young children have been strangled by these.
- Use a door latch or hook & eye latch on doors which lead to unsafe areas, such as the basement, storage areas, or closets where dangerous tools or poisonous cleaners are kept.

What would you do if a child or a friend took a bad fall and possibly injured his/her head?

Drowning

Never leave children alone in or near a bathtub, wading pool, or even a pail of water. Babies and toddlers can drown in as little as *two inches* of water! Even if a child knows how to swim, he or she should not be left unattended near water.

Pools should be enclosed by four-sided walls or fences which are at least four feet high. Chain-link and other types of fences that children can climb should not be used around pools. All gates should have working locks that children cannot open.

Pool alarms should be utilized when the pool is not being used.

Every pool owner should know how to perform CPR (cardiopulmonary resuscitation).

Coast Guard approved life preservers or personal flotation devices (PFD) should be used by children as well as adults who cannot swim.

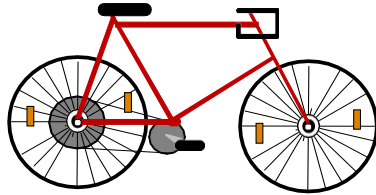
Two
Inches
(2")

Car & Bicycle Safety

More children are killed each year in traffic and bicycle accidents than by any other injury.

All children riding in cars or trucks must be placed or seated in an approved* car seat, according to federal and state laws.

New parents must have a car seat for their infants when they take them home from the hospital.



All children who ride bicycles should know the rules of safe bicycling.

Children should wear bicycle helmets that meet the safety standards to the Snell Memorial Foundation or the American National Standards Institute (ANSI).

Bicycle riders should also wear reflective clothing or tape at night so that they can be seen by drivers. (Bicycles should also have reflectors.)

Hints For Safe Home Heating

Keep children away from all heating devices!

If you have a wood stove or fireplace, be sure you use a specially designed screen or guard to help prevent children and adults from being burned.

Do not use your gas oven or charcoal for heat. The gas fumes can seriously hurt or even kill you, particularly when you're sleeping.

Make sure that space heaters are stable. Place them on flat surfaces only and ensure that they won't tip over. Keep heaters at least three feet away from anything that can catch fire: furniture, curtains, newspapers and magazines. Unvented kerosene heaters are illegal in Massachusetts. Do not use them! They are very dangerous.

If you need help paying your heating bills, call your city or town hall for the fuel assistance program that serves your community. You may be eligible for some financial support. Don't risk your life or the lives of your family by using unsafe heating devices.

* An approved car seat must have been manufactured after January 1981, or it must have a label that says "Meets Federal Motor Vehicle Safety Standard 213."

Poisoning



A Quiz:

Which of the substances listed below could be poisonous to a child? Place a checkmark in the box beside each of your choices:

- ☐ paint thinner
- ☐ paint
- ☐ bleach
- ☐ dishwashing liquid
- ☐ alcohol
- ☐ vitamins
- ☐ aspirin
- ☐ cleaning fluids
- ☐ some plants
- ☐ drain cleaner
- ☐ cigarettes
- ☐ prescription medication

If you checked all the substances, you are correct. Children can be poisoned by a lot of substances that most of us might not consider dangerous or harmful, such as mouthwash.

Poisoning occurs most often when an unattended child finds cleaning products, medicine, alcohol, etc., in an unlocked cabinet. Children under age seven are at the greatest risk of poisoning.

Here are some suggestions to make your home or child safe from accidental poisoning:

- Be sure that all the medicine you buy (aspirin, prescription medication) is packaged in child-proof containers.
- Keep all medicine, even vitamins, in a medicine cabinet that is locked or latched and above a child's reach.
- Store all cleaners and other potentially poisonous substances in their original containers in a locked cabinet or closet. If you don't have a locking cabinet, keep these substances away from food on a high shelf far above a child's reach.

What would you do if you suspected that a child or a friend had ingested some poisonous substance?



EMERGENCY CARE:

Keep the telephone numbers of emergency medical services (hospital, clinic, etc.) and Poison Information Center taped to your phone.

Keep a bottle of Ipecac syrup in your medicine cabinet. The Poison Center may advise you to give syrup of Ipecac to a poisoned child. This causes the child to vomit, emitting much of the poison. Do not give syrup of Ipecac to a child unless the poison center or doctor tells you to do so; it can react dangerously with some poisons.

You can buy syrup of Ipecac without a prescription for about \$2.00 at most drug stores.

WHAT TO DO IF YOU THINK A CHILD MAY HAVE BEEN POISONED:

- (1) Open the child's mouth and remove any remaining pills, pieces of plant, etc.
- (2) Take the child and the poison or container to the telephone. Do not give your child anything (not even water, milk, or syrup of Ipecac) until call your doctor or the Poison Center.
- (3) Call the Poison Center. Trained medical staff are available 24 hours a day to give you free treatment advice. You will be asked the following information
 - Age of child
 - Weight
 - Name of the substance swallowed
 - Amount swallowed, if known

Remember, call for medical advice **before** you give the child anything to drink.



Every home should have a First-Aid Emergency Kit. Do you? _____

What items do you think should be included in a first-aid kit?

In addition to the first-aid kit, what are some other items you should have in your home to care for minor medical problems or to provide emergency treatment until professional care can be obtained?

Did you think of these items for your first-aid kit:

- antiseptic cream or ointment
- Band-Aids (different sizes)
- gauze pads
- rubbing alcohol
- roll of gauze bandages
- scissors
- white tape
- cotton balls

Other important household medical care items include:

- aspirin
- Ipecac Syrup
- non-aspirin pain reliever
- tweezers
- oral thermometer



ACTIVITY

Research emergency numbers in your community and write them in the Emergency list below. Post the list in a visible place nearby a telephone.

EMERGENCY NUMBERS
FIRE
POLICE Emergency
POLICE Non-Emergency
MEDICAL Emergency
AMBULANCE
HOSPITAL
DOCTOR
POISON
GAS COMPANY Emergency
OTHERS:

FIRE SAFETY AND PREVENTION

Did you know that most fatal fires occur when people are sleeping, usually between Midnight and 6 a.m.?

It's true! This is one reason why it's so important to have smoke detectors/alarms in your home or apartment. They will wake you when there is a fire, giving you time to escape. People who don't have smoke detectors may not wake up in time to escape the killing heat, smoke, and flames of a house fire.

More Fire Safety Information Follows:

- Most fire deaths occur from smoke rather than burns. As a house fire burns, it gives off toxic gases, often carbon monoxide, which can kill.
- Smoke detectors are, therefore, one of the most important life saving devices you can own. Every home/apartment should have at least one smoke detector. Under Massachusetts law, landlords must provide smoke detectors in a building with three or more apartments. In some cities, such as Boston, all homes and apartments **must** have smoke detectors.
- Fire extinguishers can be used to put out small fires and can help clear an escape route. Don't waste time trying to put out a house fire, however; that's the fireman's job. Your job is to escape.
- Multi-purpose fire extinguishers are important household safety devices. The extinguishers labeled "ABC" are the best ones to buy; they can put out most fire -- wood, paper, cloth, flammable liquids, and electrical wires/appliances.
- Don't use water on a grease fire. Instead use baking soda, a fire extinguisher, sand, etc.
- If your bedroom is above the first floor and you don't have a fire escape stairway outside one of your bedroom windows, you should have a fire escape ladder. Should the stairway ever be blocked by fire, you'll have an escape route from the window. Fire escape ladders are collapsible and can be stored in a closet or under the bed.
- You should always sleep with your bedroom door closed. Should a fire occur, the closed door will temporarily hold back the heat and the smoke.
- Plan your fire escape route and have practice fire drills regularly.

What would you do first if you woke up at night and discovered there was a fire in your home and the smoke alarms were blaring?



Fire Escape Tips:

Roll from the bed. Do not sit up and jump out of bed. The air temperature at the level of the bed will be cooler (although it will be probably warmer than 100 degrees) than the air a few feet above the bed (probably 200 degrees or more).

Fire officials recommend that you roll from the bed to the floor. Temperatures will be lowest there. Then crawl along the floor where the air will be less smoky and the heat less intense. Cover your nose and mouth with a cloth (if possible, a wet cloth).

Touch the door before you open it. If it is hot to the touch, do not open it. Use another escape route. If it's cool, brace your shoulder against the door and open it slowly. Be ready to slam it if smoke or heat rush in.

Get out quickly!

Do not waste time trying to put out the fire.

Call the fire department from a neighbor's house.

Every second counts!

If you cannot escape through the door, use the window. If you're on the first floor, you're in luck. If not, choose a window that overlooks a ledge or roof that you can climb onto and wait for help to arrive.

Remember, if you sleep above the first floor and do not have a fire escape stairway outside one of your bedroom windows, you should have a fire escape ladder. If no ladder is available, straddle the window sill by putting one leg out the window and keeping the other inside.

Keep your head outside and wait for help.

Three very important words to remember **if your clothes ever catch fire** are:

STOP -- Stop where you are. Do not run.

DROP -- Drop to the ground or floor and cover your face with your hands.

ROLL -- Roll across the ground to smother the flames.

Treatment: Cool the burn immediately with cool water only.

PREVENTING CRIME AT HOME

Did you know that approximately 50% of burglars get into homes through unlocked doors and windows? It may seem hard to believe, but it's true.



ACTIVITY

How well do you protect yourself from crime in your home? Answer the questions below to find out.

1. When someone rings your doorbell or knocks on the door, do you ever open the door without knowing who is out there?

2. Do you ever hide your house keys under the doormat? In the mailbox? On top of the door frame?

3. Have you ever given your key ring with all your keys to a mechanic or parking lot attendant?

4. Have you ever received a “wrong number” telephone call and told the caller your telephone number?

5. Have you ever left your door unlocked while you made a quick trip to the store or to a neighbor’s house?

If you answered “Yes” to any of these questions, you’re putting yourself at risk. Don’t make it easy for a burglar to get into your home. Follow the safety tips on the next page.

CRIME PREVENTION TIPS FOR HOME SAFETY

- Don't open the door to anyone you do not know without first finding out who the person is and what he/she wants.
- Install a peephole or wide-angle viewer in your door so you can see who is outside without opening the door. A short chain between the door and its frame is not a good substitute, as it can be easily broken.
- Ask to see an identification badge or card for any repairman, meter reader, policeman, etc., before you allow him or her into your home.
- Put deadbolt locks on your doors, not the spring latch type with the key hole in the knob.
- Be sure to keep your entry way, porch, and yard well lighted.
- Do not put any personal identification on your key ring.



- Give only your ignition key to the car mechanic or parking lot attendant.
- Don't give any information to "wrong number" callers. Ask what number the person was trying to reach.
- Hang up immediately on any threatening or harassing telephone calls. If the caller persists, call the police and the telephone company.
- Check references of any person calling about a survey or credit check before volunteering information. Offer to call the person back instead of responding immediately.
- If you'll be away from home for a few days or so, ask someone to pick up your mail or have the post office hold your mail until you return.
- You can also buy inexpensive timing devices to turn on and off inside lights, a radio, or a television set at different times during the evening or night.
- Burglars hope to avoid confrontations, so make your home look occupied.

Violence in Relationships

Did you know this information about violence in relationships?

1. Every 18 seconds, a woman is beaten in the United States.
Source: F.B.I.
2. Domestic violence is the leading cause of injury to women between the ages 15 - 44 in the United States -- more than car accidents, muggings, and rapes combined.
Source: Surgeon General,, United States, 1992.
3. Sixty-three percent of the young men between the ages of 11 and 20 who are serving time for homicide have killed their mother's abuser.
Source: Uniform Crime Reports, F.B.I., 1990.
4. Women of all cultures, races, occupations, income levels, and ages are battered by husbands, boyfriends, lovers, and partners.
Source: For Shelter and Beyond, Massachusetts Coalition of Battered Woman Service Groups, Boston, MA, 1990.
5. One out of three girls and one out of seven boys will be sexually assaulted before reaching their 18th birthday.
Source: Mass Capp.
6. In a study of 256 high school students, 35% reported experiencing violence in dating.
Source: Brockopp, et al, 1983.
7. Two-thirds of all reported rapes are acquaintance rapes.
Source: Planned Parenthood Association of Miami Vallye, Inc., 1989..
8. "Approximately one-third of the men counseled [for battering] at Emerge are professional men who are well respected in their jobs and their communities. These have included doctors, psychologists, lawyers, ministers, and business executives."
Source: David Adams, "Identifying the Assaultive Husband in Court: You Be the Judge." Boston Bar Journal, 33 (4). July/August, 1989.
9. Nationally, 50 percent of all homeless women and children are on the street because of violence in the home.
Source: Senator Joeseph Biden, *U.S. Senate Committee on the Judiciary, Violence Against Women: Victims of the System* , 1991.
10. Battered women are often severely injured -- 22 to 35 percent of women who visit medical emergency rooms are there for injuries related to on-going partner abuse.
Source: Journal of the American Medical Association, 1992.

The first step in stopping abuse is being able to identify it!

Would you know it if you were being abused by someone? Here are some questions to help you find out. Please answer "Yes" or "No".

	<u>YES</u>	<u>NO</u>
Do you feel confused about your relationship with your boyfriend or girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>
Does he or she pressure you to do things that don't feel comfortable to you?	<input type="checkbox"/>	<input type="checkbox"/>
Is your boyfriend or girlfriend extremely jealous or possessive?	<input type="checkbox"/>	<input type="checkbox"/>
Does he or she try to run your life?	<input type="checkbox"/>	<input type="checkbox"/>
Does he or she threaten you?	<input type="checkbox"/>	<input type="checkbox"/>
Does your boyfriend or girlfriend assume he or she knows what's best for you?	<input type="checkbox"/>	<input type="checkbox"/>
Does he or she make decisions that affect you without talking to you first?	<input type="checkbox"/>	<input type="checkbox"/>
Have your friends advised you to drop him or her?	<input type="checkbox"/>	<input type="checkbox"/>
Are you afraid of your boyfriend or girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost your temper with your boyfriend or girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>
Have you threatened to hit him or her?	<input type="checkbox"/>	<input type="checkbox"/>
Does your boyfriend or girlfriend seem afraid of you sometimes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been jealous or possessive of your boyfriend or girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>
Do you criticize him or her or call him or her names when s/he disagrees with you?	<input type="checkbox"/>	<input type="checkbox"/>
Can your boyfriend or girlfriend get angry with you without your becoming more angry?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sometimes yell or swear when you are upset at your boyfriend or girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>YES</u>	<u>NO</u>
Have you put your boyfriend or girlfriend down in front of your other friends?	<input type="checkbox"/>	<input type="checkbox"/>
Has your boyfriend or girlfriend said that you're trying to control him or her?	<input type="checkbox"/>	<input type="checkbox"/>
Are you afraid you might be violent toward your boyfriend or girlfriend someday?	<input type="checkbox"/>	<input type="checkbox"/>
Have you driven your boyfriend or girlfriend away with your anger?	<input type="checkbox"/>	<input type="checkbox"/>

If you've answered "Yes" to any of these questions, you've either been abused or have abused. Don't let it happen again! There are many people who can help you. Instead of feeling helpless or taking out your anger on others, **do something about your problem.** Ask your social worker/foster parents/staff to help you get in touch with someone who can help you change this!

Respect

How can a guy respect a girl's wish? All he has to do is listen to what she has to say. It's easiest when she clearly states how she feels, but it might be difficult for a girl to say no sometimes. She'll use other words or actions which mean the same thing. Here are some examples of "No" words:

I don't feel like it.

I'm not ready.

Please!

I don't feel good about this.

I don't know...

Let's take our time.

I don't want to get pregnant.

I'm scared.

I don't know if I like you that much.

Enough!

I'm confused.

I don't want to do more than petting.

I don't want to get AIDS.

I don't like this.

I know we've done this before, but I don't want to go all the way.

There may be times when someone can't say "no," but her actions will mean "no." Here are some behaviors that mean "no."

Looking down.

Avoiding being alone.

Crying.

Moving away.

Cringing.

Remember to take "no" for an answer when somebody gives it to you. Nobody would be giving you that message unless that person meant it. Never force sex; to do so is a violent crime. You'll be hurting yourself and the other person. It won't be what it should be. Here are some tips to help keep dates safe.

- Choose a place for your date that feels comfortable and safe.
- Have a conversation discussing what you both feel comfortable with.
- Respect each other's bodies. Your body is yours, and no one has the right to touch it if you don't want him/her to.
- Don't be caught off guard. Just because you agree to a date doesn't mean you owe your date your body.
- Stay straight - you have less control when you are high and/or drunk.
- Pay attention to "red flags." Don't ignore another person's language or behaviors that make you feel uncomfortable about your safety.
- Be prepared to take drastic action, if necessary. Break a window, turn the music way up, make a scene, do anything you can to draw attention and get help.

Source: Planned Parenthood Association of Miami Valley, Inc., 1989

Love is something everybody wants. Sometimes you can get confused with what love means. Don't let that confusion put you in a bad situation. Here are a list of words to help you think about what love is and isn't. Which of these words describe what you would like to get from a loving relationship? Which describe what you would be willing to give?

responsibility	jealousy	hard work	possessiveness
pleasure	pain	commitment	marriage
caring	honesty	obsession	sex
selfishness	trust	cruelty	communication
pregnancy	sharing	compromise	dependency
closeness	intimidation	helplessness	envy
openness	fear	respect	proving yourself
friendship	manipulation	strong feelings	total fulfillment

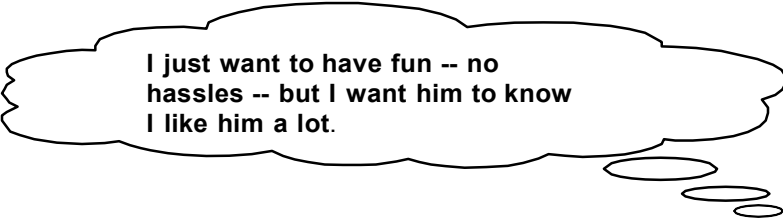
Put yourself first! Don't let someone else take control. Take care of yourself.

Have you found yourself in a situation like one of the following?

Relationship A

Peter and Lea had been dating for several weeks. It seemed like things had been going pretty well. They enjoyed being together. Both of them had privately thought that they had wanted to get a little more serious.

Lea thought:



I just want to have fun -- no hassles -- but I want him to know I like him a lot.

Peter was thinking:



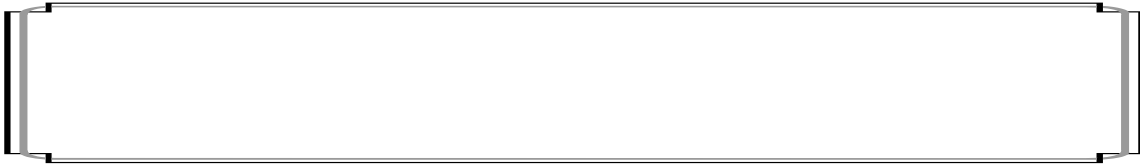
I want to have fun and think I want to go a little further with her, but I'm not ready to make love with her.

Even though it made him nervous, Peter decided to take a chance and talk about what he was feeling. He told Lea he really liked her a lot and that it was very important to him to talk about what he was hoping their relationship could become. He was surprised when Lea seemed relieved to be able to tell him what she was hoping too.

Relationship B

My name is Kay. Dave and I have been dating for three months and we're both juniors in high school. My mother thinks Dave and I are spending too much time together and is urging me to spend more time with other friends. Well, last night at a party I danced with one of the seniors. Dave cut in and said it was time to leave. He was angry so I wasn't sure what to do, but I thought we should leave, and we did. Dave was very quiet. Then, on the way home he exploded and began shaking and slapping me. He called me names and threatened to beat me up if I ever talked to another guy again. I ran home crying. I care about Dave a lot and didn't know how strongly he felt about me. I can't think about what life would be like without him. But I'm scared. Why did he do this? What should I do?

How would you describe Lea and Peter's relationship?



What do you think about Kay and Dave's relationship?



What are some things that make these two relationships so different?



What advice would you give to each couple?

LEA & PETER



KAY & DAVE



What makes one situation so good and the other so bad?



Remember, your hopes, beliefs, and expectations have a lot to do with how successful dating is for both of you. Make it a good experience. Respect your date and yourself!

When You're In Danger

If all your efforts to control the situation fail and you feel you're in danger, here are some suggestions from police and medical experts. Whether you're threatened by a stranger or a person you know, you should do the following:

- Fight back - hitting, biting, poking eyes, or kicking may give you a chance to get away. However, if the assailant has a gun or a knife, use caution.
- Yell -- shout out, "Help!" "Police!" or "Fire!" People are alarmed by these words and are likely to respond readily.
- Passively resist -- vomit, urinate, tell the attacker you have a disease or you are menstruating. This may stop him or give you a chance to escape.

In dangerous situations, forget modesty and consideration. Think escape and survive!

Protect yourself as best you can.

