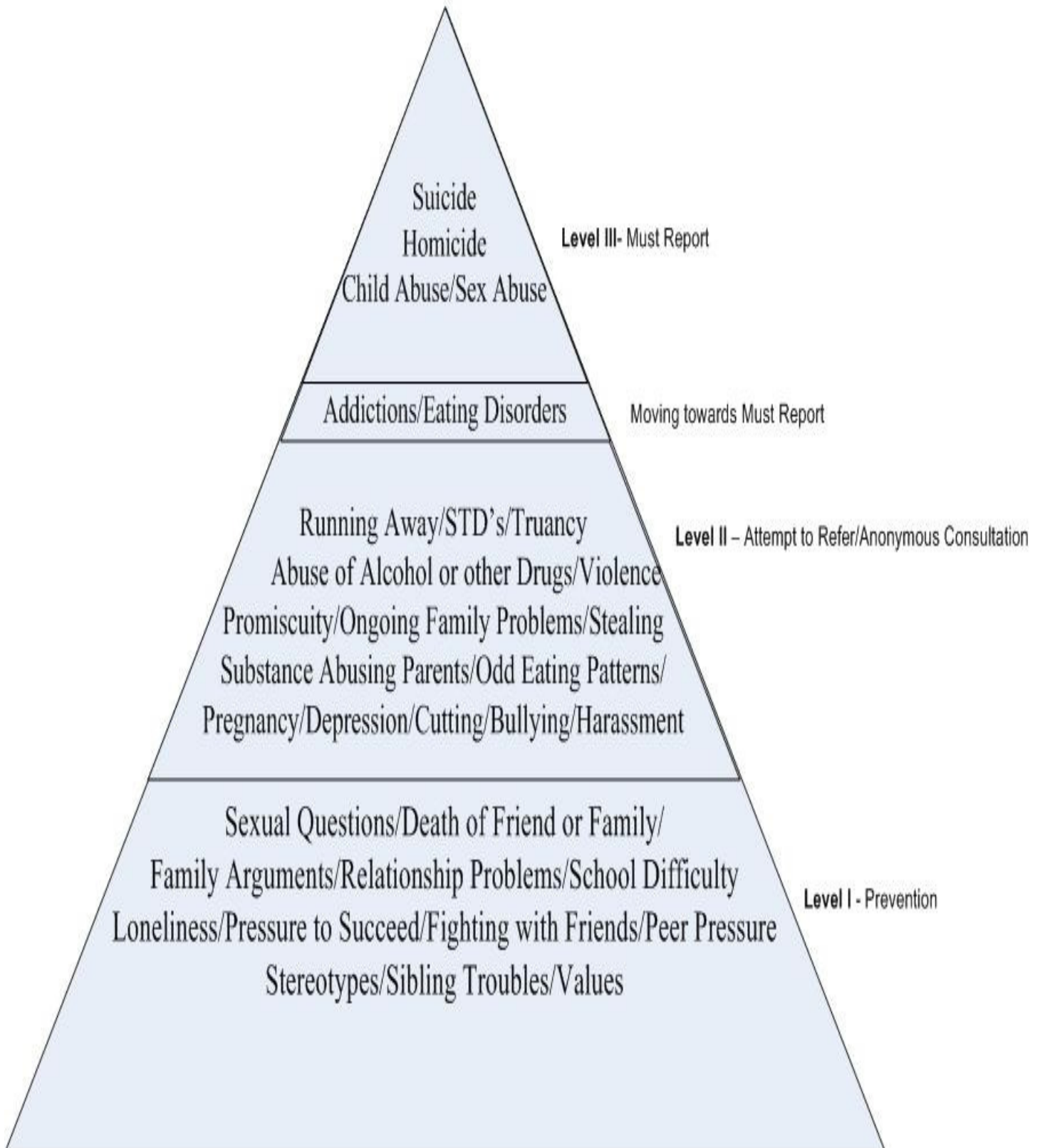


PEER-A-MID OF CONCERN



The Pyramid of Concerns

Level 1: Prevention

The lowest level of the pyramid is the most important level and the one for that is most appropriate for a friend to “handle” by themselves. It is called the prevention level of the pyramid, and its importance lies in the fact if a problem is successfully managed at this level, it will not escalate and cause more dangerous problems later on. Further, almost all these types of problems can be addressed through quality listening, offering of support, encouragement, problem solving, and time. Unlike the problems at the higher levels of the pyramid, these issues do not place a person in immediate danger, and for the most part, are temporary or time-limited problems.

If a problem at this level is not successfully dealt with, these issues will tend to move up the pyramid (change into a more dangerous and demanding problem, such as substance abuse, depression, etc.), which is why it is so important to immediately deal with issues at this level.

Actions Recommended:

Listen fully and regularly
Allow feelings to be stated
Praise strengths
State your care and friendship
Be Consistent
Offer Companionship

Level 2: Serious Issues – Consult adults anonymously to decide on the best way to assist

At the second level of the pyramid, the issues faced become capable of having a serious negative impact on a person. Most of these problems are long-term in nature.

The most important thing to remember at this level of the pyramid is that you should consult with a knowledgeable adult about how best to proceed. You can do this anonymously (“I have a friend who...”). The point of consulting with an adult is to get a reality check from a more experienced and highly trained person. This is important because the severity of many of these issues involves judgment calls that you do not have the training to make. A trained adult may be able to point out when a friend of yours is not just depressed but is probably suicidal, or when what you think is mild substance abuse is really closer to alcoholism. Using the system of anonymous consulting, you do not have to solely carry the burden of helping your friend. Instead, you become part of a team, and this increases your friend’s ability to succeed.

Actions Recommended

Anonymously consult an experienced adult (counselor, teacher, administrator, nurse, etc.)
Encourage your friend to talk to an adult
Offer referrals and offer to go with your friend to seek help
Listen fully and regularly
Allow feelings to be stated
Praise strengths
State your care and friendship
Be Consistent
Offer Companionship

Level 3: Critical – Seek Help Immediately

At level three, the issues being dealt with have the potential to be life threatening in the short term, and so your actions need to follow the urgency of the problems. At level three, your only goal is to get assistance for your friend. Sometimes your friend will agree to go with you to an adult. Sometimes they won't, in which case your responsibility is to tell an adult what you know, including your friend's name.

At this level of the pyramid, it is not acceptable for you to make a judgment call about the severity of your friend's situation. You cannot afford to have a friend die or get severely beaten or hurt by someone else because you thought they were joking or just trying to get attention. (Our guideline is: If they are just looking for attention, we will give them more than they ever imagined possible).

Usually friends get mad when you "tell" on them. You may need to accept the loss of a friendship in order to get help for a friend. Often they will thank you later, but sometimes not. Just remember that it is better to have a live and safe enemy than a dead friend. Sometimes being an effective friend means having the courage to do what is right regardless of the consequence to you. Human life is too precious to play games with.

Actions Recommended

SEEK ADULT ASSISTANCE

Encourage your friend to talk to an adult and let them know that YOU have to tell someone whether they go with you or not.

Ask who your friend would feel comfortable going to talk to. Go with them.

If your friend will not go on their own, YOU GO, and tell someone who will take action.

Listen fully and regularly

Allow feelings to be stated

Praise strengths

State your care and friendship

Be Consistent

Offer Companionship

Guidance Health Presentations

Practice Case Study:

Your friend tells you she feels so sad since her boyfriend started dating someone else. She describes being filled with jealousy and a feeling of constant depression and sadness. She says she knows what it feels like to die from a broken heart and so finishing the job would be a relief.

Case Study #1: My friend gets made fun of by the other kids in school because she makes herself look like a guy. When she walks down the hall they taunt her with names like He-She. It bothers her that people call her names solely because of the way she looks. She doesn't think there is anything wrong with her appearance. She always wished that she were born a boy.

Case Study #2: My name is Jane. Amy and I are both 15 and we've been friends since middle school. I was sure something was upsetting Amy, as she wasn't her usual self. She seemed fed up all the time and had turned from an outgoing girl to someone who was very quiet and withdrawn. She was always involved in after school clubs but has recently lost interest. We always went to the mall and had sleepovers, but she doesn't want to do that anymore. I didn't know what to do and, whenever I tried to speak to Amy, she just said there was nothing wrong.

Case Study #3: Susan 14, who is 5'4" and only 85 lbs, considers herself overweight. "I think boys don't like overweight girls...so I try to lose weight. I go without food, but that doesn't last long. Sometimes I eat a lot and then purge. I don't like sticking my fingers down my throat, but it causes me to vomit and rid myself of extra calories."

Case Study #4: You've noticed that your friend has been really down lately and he gives you a note. The note is sealed in an envelope and the writing says, "Please do not open until after 2:30PM."

Case Study #5: You first noticed the cuts when you were at her house and Emma was doing the dishes one night. "What happened to your arm?" you ask. Emma says that she had gotten the deep scratches while playing with the family cat. You are surprised that the cat had been so rough, but didn't think much more about it. Your other friends have noticed something strange as well. Even when the weather is hot, she always wears long-sleeved shirts. She had become secretive, too, like something was bothering her. Emma has cuts on her legs and when you ask her why, she just mumbles something about getting caught in a prickler bush near her house.

Case Study #6: All Johnny talks about is how he can't wait to go out on the weekends. He brags about how much he can drink, and not get caught. I'm worried about him. For the past few weekends he doesn't remember how he gets home after a night out with his friends. I have told him I'm concerned, but he doesn't think there is a problem.

FACTS & MYTHS QUIZ ABOUT SUICIDE

1. Suicide is the fifth leading cause of death among adolescents. T F

2. If you are popular, athletic, good-looking, and you get good grades, you will not be at risk for suicide. T F

3. If your friend talks with you about suicide then swears you to secrecy about his/her thoughts, you should make that promise and not tell anyone else what he/she said to you. T F

4. Extensive involvement with drugs and/or alcohol may increase the risk of suicide. T F

5. Girls are more likely to commit suicide than boys are. T F

6. Suicide usually happens without any advanced warning. T F

7. If a person has been suicidal once, he/she will be suicidal forever. T F

8. If your friend actually talks to you about suicide, chances are he/she won't commit it. T F

9. The suicide rate among young people is on the increase. T F

10. If a friend talks with you about suicide, you should try to change the subject and distract him/her. T F

11. Most young people who commit suicide have shown signs of some kind of mental disorder before their deaths.
T F

12. New Hampshire is below the national average overall for completed suicides. T F

SUICIDE FACT/MYTH SHEET

FACTS

- ❖ The suicide rate among adolescents has tripled in the last 25 years. After accidents and homicides, it is the third leading cause of death among young adults ages 15 – 24.
- ❖ For every completed adolescent suicide, there are more than 60 unsuccessful adolescent attempts to end one's own life. Males are more likely to commit suicide, while females are more likely to attempt it.
- ❖ Most students who are suicidal do not want to die; they are asking for help. Seventy-five percent of the people who attempt or commit suicide have shown some warning sign(s).
- ❖ There is no single answer as to why a young person wishes to end his or her life, but research tends to point to such factors as family problems and pressures, loss of a loved one or important relationship, identity problems, availability of drugs and/or alcohol, high academic competition, and needs/goals that are not accessible to the student.

MYTHS

- ❖ Asking a student if he/she is thinking about suicide will put the idea into his/her head.
- ❖ Once a student decides to commit suicide, there is no way of stopping him/her.
- ❖ Suicide happens without warning.
- ❖ Students who commit suicide are mentally ill.

Question: My friend confided in me that she wants to commit suicide. What's more, she wants me as her friend, to "go with her," and she already has everything planned out. I have tried reasoning with her but she will not listen, and I don't know what to do now. I really care about my friend and want to help her. What do I do?

Answer: Your friend's planning how she will commit suicide and asking you to "go with her" is more than cause for you to tell her parents/guardian(s) immediately about her plans to kill herself. Her telling you of her suicide plans could be her unconsciously wanting you to help stop her. If you need help telling her parents/guardian(s) by yourself, get help from your own parents or another adult whom you trust. You are NOT betraying her or your friendship by getting her help.

WARNING SIGNS/CHARACTERISTICS

The signs or characteristics that could help identify and prevent a possible suicide attempt can be divided into three general areas: verbal, behavioral/feelings, and situational.

VERBAL CHARACTERISTICS: All statements indicating a desire to die should be taken seriously.

*Direct Communications such as:

"I'm going to kill myself."

"I want to die."

"I want to be with Grandpa in Heaven."

"I wish I were dead."

"I'm going to shoot myself."

*Indirect communications such as:

"You won't have to worry about me much longer."

"Everyone would be better off without me here."

"I'm causing all of the problems my family is having."

"I can't take it much longer."

"I'm a burden to the people in my life."

"My friends don't need me. All I do is cause problems for them."

BEHAVIORAL/FEELINGS CHARACTERISTICS: Changes in someone's regular behavior or personality and the admittance of certain feelings and/or attitudes may indicate suicidal tendencies. These may include:

- Emotional withdrawal. The individual may have a lack of interest in friends, of lack of interest in social activities that used to be important to the person.
- Increased alcohol and/or drug use, or an increase in "risky" behavior. These behaviors should be compared to the person's own previous behavior because what could be considered "risky" for one person could be considered "normal" for another.
- Lack of interest in personal appearance, or a decrease in personal hygiene, as compared to what was previously usual for the individual.
- A change in eating and/or sleeping habits: sleeping too much or too little, or sudden increase gain or loss of weight due to an increase/decrease in appetite.

- Decline in academic performance in school, compared to previous grades. Boredom, restlessness, and loss of concentration could also be noticed.
- Giving away personal/prized belongings or treasured items, or making significant attempts at closure in what was an important relationship.
- Strange mood swings, increased anxiety or moodiness, or symptoms of depression. This could be displayed as intense crying, depression, unhappiness, apathy, as well as feelings of hopelessness, helplessness, or uselessness.
- Talking or writing about suicide/suicidal fantasies. This could also include keeping a suicidal journal, or an avid interest in reading about suicide, or being preoccupied with questions about death.

SITUATIONAL CHARACTERISTICS: There are certain situations or environmental conditions considered to be common with adolescents who attempt suicide including:

1. Previous suicide attempts or threats.
2. A history of counseling, therapy, or psychiatric hospitalization.
3. Significant problems or chaos in the family (death, divorce, separation.)
4. Intense pressure from family to be successful. The student feels he/she must be perfect to please parents.
5. Dissatisfaction with overall home situation, rules, restrictions, along with the feeling that things will not change because parents' rules, behavior, reactions, and actions are set in stone.
6. The overwhelming feeling that the family does not understand, respect, or appreciate him/her; perceived parental rejection.
7. Physical fights with others and/or family members.
8. Increased tension, pressure, competitiveness, and demands from school and/or peers, sometimes leading to failure in school.
9. Loss of a loved one or close, important relationship.
10. Adolescent identity problems: transition to adulthood/gender issues
11. Suicide plans that involve highly lethal or quick methods (gunshot, hanging, jumping off a bridge). Suicide plans are specific, with well worked out details.
12. Recent suicide of a friend, relative, or admired person.

Depression

How to tell if someone may be depressed:

There are many signs indicating that someone may be depressed. These could include the following:

- Feelings of sadness that don't go away
- Excessive worrying
- Low self-esteem
- Increased irritability
- Loss of pleasure in activities once enjoyed
- Social withdrawal
- Lack of energy or motivation
- Drop in school performance

Some behaviors that could be suggestive of depression may include:

- Risk-taking behavior
- Increased aggression
- Hostile behavior toward self or others
- Change in eating habits/sleeping habits/physical appearance
- Cutting/scratching oneself

How is depression treated?

- Counseling can help people to learn positive coping skills to improve present situations.
- Medication is also an option. There are many different kinds of prescriptive options, and each could have possible side effects and varying levels of effectiveness; individuals would need to seek out a medical professional for use of this.

What are some of the feelings people with depressions may experience?

- Depressions can make you feel overwhelmed.
- People with depressions often look at life in the short term-it is difficult for them to see the "light at the end of the tunnel." This thought pattern can sometimes lead to situations of crisis or cause them to make impulsive decisions.
- Having feelings of intense loneliness, worthlessness, and helplessness are common for those who think about suicide, which can be a result of long-term, untreated depressions. These feelings can be caused by:
 - Loss of a loved one/friend
 - Painful break-up
 - Increased social pressures from peers
 - Abuse (Physical/Emotional)
 - Self-perfectionism

How to get help:

- Talking about the problem with parents, friends, a school adult, or a counselor can be helpful
- Try to change the situation that may be making you sad for the better. For example: your grades are not as high as you would like them to be, so you could seek help from your teachers.
- Learning some relaxation techniques can help to calm you when your emotions are most intense.
- Stay as active as possible. When you are involved, you are less likely to think about the negative issues in your life. When you are inactive, it provides opportunities to think about what is troubling you.

Cutting

Why Do People Cut Themselves?

- It can be hard to understand, but people who cut themselves sometimes do so because it actually makes them feel better. The person feels numb (emotionally) and wants to “feel” something.
- People who cut themselves are often full of intense emotional pain, but they have difficulty relieving the tension this causes in the usual ways. It's as if the physical pain releases the emotional pain they've been feeling. It actually calms them, at least for a short time. It helps them feel as if they are in control of their situation and their moods.
- Cutting isn't the only form of self-injury. People hurt themselves in other ways like:
 - ~Burning themselves
 - ~Hitting themselves with objects or their fists until they bruise themselves or break their bones
 - ~Picking at scabs and preventing sores on their bodies from healing

No one knows for sure why some people injure themselves. Research suggests that it could be a combination of several factors. These include:

- Low levels of a chemical called serotonin in the brain, which has also been linked to depression and anxiety.
- Family background may play a role; people who self-abuse may have been discouraged from expressing their feelings as children.
- A history of physical and sexual abuse may also be associated with self-abuse.

Self-abusers don't usually intend to hurt themselves permanently. (In fact, many would say that cutting helps them relieve the depression that might lead to suicide.) But many theorists believe cutting is an addictive behavior and that self-injurers will need to make more and deeper cuts as time goes on to relieve the pain they're feeling. This can lead to serious medical complications.

Signs of Cutting

Everyone gets hurt accidentally from time to time, but you should suspect self-cutting if your friend has a continuing pattern of unexplained (or poorly explained) cuts or scratches that never seem to heal. If you see this happening, you should seek help for them.

Hidden Dangers

- People are at risk each time they injure themselves.
- They may misjudge the depth of a cut and require stitches (or, in extreme cases, hospitalization).
- Cuts can become infected because the person uses dirty cutting instruments.
- If two people who are self-injurers cut themselves and share the cutting instrument, they risk spreading illnesses such as HIV disease and hepatitis.
- Self-cutters often indicate that what they are doing makes suicide less likely because it relieves their depression. Sadly, though, those who cut themselves are more likely to commit suicide later if they don't get help with their underlying problems.
- People who cut themselves often have other problems, too, like eating disorders, bipolar disorder, or drug or alcohol abuse. They're often trying to find ways of numbing their emotional pain and avoiding the problems that are behind their self-destructive behaviors.

Getting Help for Yourself or a Friend

If you have a friend who cuts him or herself, you can't force them to stop, but you can let them know that you're there to help.

Find an adult whom your friend can trust. If your friend can't speak directly to the adult, maybe he/she can write about what they're doing in a letter or a journal that the adult can read. The important thing is to encourage them to talk to someone who can help them to stop the behavior and deal with the underlying problems.

Ultimately, your friend will need to be assessed by a professional counselor who can recommend the best treatment plan. Some people have also found that using other means of relieving stress - like relaxation and breathing techniques, yoga, meditation, hypnosis, exercise, or art therapy, help them to fight the urge to injure themselves.

Although cutting can be difficult to stop, it is possible. Once the self-abuser gets help in solving the problems that are at the root of the behavior, chances are good that they will be able to stop hurting themselves and lead a healthier, happier life.

Eating Disorders

Symptoms of Eating Disorders

With any type of eating disorder, there are physical, behavioral and psychological signs. In brief, the signs are the following:

Anorexia nervosa: Severe weight loss, periods stop in girls, lying about eating meals, excessive exercising, denying there is a problem, distorted perception of body size and weight

Bulimia nervosa: Bingeing on large quantities of food and then deliberately being sick or taking laxatives afterwards to rid the body of the food, feelings of shame about food habits, guilt and depression, repeatedly being sick causes swollen glands in the face and neck, mouth infections and damaged teeth

Binge eating: Weight gain, eating excessively large quantities of food, eating large quantities of sugary, starchy, fatty foods, being secretive about eating habits, feeling depressed, out of control and very emotional behavior

Why Do People Get Eating Disorders?

It is agreed that the reason behind the development of an eating disorder is the sufferer feeling that they lack control in their life. Controlling and severely limiting food intake in anorexia is a demonstration of independence. What is important to remember is that while food is a hugely important issue for people suffering from eating disorders, the disorder is actually an expression of feelings and emotions about things the sufferer believes they cannot control.

Treatment of Eating Disorders

Since the development of an eating disorder is the expression of feelings and emotions, it is impossible to treat an eating disorder without addressing those underlying feelings. For most people the first step to getting treatment is to talk to your doctor. There is a range of treatment options your doctor might offer you. The treatment they will recommend depends on the severity of your disorder.

Eating Disorder Quiz

True False

- ... I lie about what I eat.
- ... I feel in control of myself if I restrict the amount of calories, food and/or fat I eat.
- ... I spend a lot of time worrying about food and fat.
- ... I often feel anxious or guilty after I eat a food that is high in fat.
- ... I go on eating binges and don't stop eating until I feel sick.
- ... I would rather die than be fat.
- ... I feel fat even though people tell me I'm thin.
- ... I believe that being in control of my food shows others that I am in control of my life.
- ... I have a secret stash of food.
- ... If I eat something "bad," I compensate by trying to exercise the calories away.
- ... I have taken laxatives or forced myself to vomit after eating.
- ... I won't admit it to anyone, but sometimes I think that my eating or exercising is not normal.

___ Total number of "True" answers

SCORING Total # True:

1-3

You have some preoccupation with food and eating. Get more information about healthy eating and weight change. The **school nurse** is a good place to start. If your preoccupation increases, seek help from your guidance counselor.

4-6

There is reason for concern. We recommend you share your situation with either the **school nurse or your guidance counselor**.

over 6

You are greatly jeopardizing your physical and/or psychological health. We strongly urge you to seek professional assistance. Contact either your **school nurse or your guidance counselor**.

Alcohol and Drug Use

Did you know that.....

- Between 2% and 3% of the current American college population will die from alcohol related causes.
- 30% of college failure is alcohol related.
- Drinking and driving is the number one killer of Americans between the ages of **17-24**.
- 69% of all drowning incidents are alcohol related.
- One in every three suicides involves alcohol.
- Alcohol plays a role in 50% of all arrests.
- 90% of the vandalism that occurs on college campuses is a result of alcohol use.
- 75% to 90% of campus rapes involve alcohol use.
- 75% of men and 50% of women involved in sexual assaults had been drinking prior to the assault.
- The abuse of alcohol is present in 70% of all murders and other violent crimes.
- 1 out of 3 Americans don't drink - and that's okay too.

When is a friend's drinking or using drugs "too much?"

- You notice when the person drinks they drink/use more than they intended to
- You see consequences happening to them when they drink/use (missing classes, getting sick, legal problems)
- They have significant physical consequences (blackouts, vomiting, passing out or even needing to go to the hospital)
- Their personality changes when they drink/use, and possibly become more easily angered, or belligerent
- Others also have expressed concern (friends, parents)

What to do?

- There are trained educators/counselors to help decide if the person needs help and how to help. There is also a Resource Library and other information.
- Set some time aside to talk to the person about your concerns. Ensure that it is a time where you will not be rushed, and that the person will not be drinking.
- Pick specific examples of when his or her behavior concerned you. Frame the discussion with "I" statements. Example: "I have been very concerned that you seem to be getting hurt when you are out drinking/using. I am worried about you." Or "I am worried that if you miss anymore classes you will fail your course".
- Try not to blame, lecture, preach, or to get pulled into an emotional conversation.
- If there are other friends who are also concerned, encourage them to also talk with your friend. Try not to have too many people at one meeting. Research supports that the more often a person hears a message, the more likely they are to internalize the information. Also, you don't want your friend to feel ganged up on.
- Listen. Not only will it help your friend listen to you but they may have given this a lot of thought already.
- Be ready to give your friend resources and options.
- Also be ready that your friend may be angry or dismissive. It is hard to predict how someone will respond to this information.
- Set boundaries. You may not want to be with your friend when they drink anymore. It also sets up a mixed message if you choose to continue to drink with that friend. Let your friend know that you still value your friendship but that you are uncomfortable/worried/etc. when he/she is drinking.

OYSTER RIVER TEEN/FAMILY RESOURCE LIST

Crisis/Education/Referral Hotlines

DCYF (Division for Children, Youth and Families): 1-800-894-5533 or 332-9120

HELPLINE: 1-800-852-3388 (24hr. general help, counseling, info, emergency referrals for emotional support, food, shelter, abuse, rape, homelessness, etc.)

HEADREST TEENLINE: 1-800-639-6095 (24hr. support, info, referral for teen concerns, depression, etc. w/self or friends, confidential)

HOPELINE: 1-800-SUICIDE (24hr. crisis intervention, referral relating to suicide ideation)

PEER LISTENING LINE: 1-800-399-7337 (youth needing support, referral, info for issues relating to sexual/gender orientation)

CHILD ABUSE HOTLINE: 1-800-894-5533 (to report child abuse or neglect)

Alcohol/Drug Resources

AL-ANON/ALATEEN: 877-825-2666, 622-0399 (support groups for teens who have issues w/alcohol or have alcohol problems w/in the family)

NAR-ANON/NARCOTICS ANONYMOUS: 645-4777 (24hr. help & info relating to substance use/abuse)

THE CHALLENGE COURSE (The Upper Room in Derry): 432-8882 (an alcohol and drug education & awareness program)

PHASE II "The Challenge" (The Upper Room in Derry): 432-8882 (a chemical-free substance abuse support group for teens on Mondays from 6:00-7:00 pm)

PARENT SUPPORT (The Upper Room in Derry): 432-8882 (discussion, info, support for parents who face the challenges of raising substance-free teens, group mtgs. on Mondays from 7:15-8:30 pm)

JEREMIAH KEARNS: 329-1194 (individual counseling and assessment for substance use/abuse)

BOB LANG & MIKE TORCH: 623-5052 (individual counseling and assessment for substance use/abuse)

Healthcare – Pregnancy, STD, HIV

PLANNED PARENTHOOD: 434-1354 (physicals, contraception, pregnancy testing & options counseling, HIV/STD testing, teen clinic, all services available to teens, sliding scale fees)

FACTS OF LIFE LINE: 1-800-359-3359 (24hr. confidential info from Planned Parenthood)

ASK-A-NURSE: 626-2626 (questions, referrals)

HUB—Healthy Universal Beginnings: 749-9754 (info/education for pregnant & parenting teens)

NEW GENERATIONS, INC.: 436-4989 (info/education for pregnant & parenting teens)

AVIS GOODWIN COMMUNITY HEALTH: (Dover) 749-2346

NH HEALTHY KIDS: 1-877-464-2447 (free or low-cost health coverage for uninsured kids & teens)

ALLIANCE COMMUNITY HEALTH: 969-5318

AIDS INFO LINE/GREATER MANCHESTER AIDS PROJECT: 1-800-639-1122

Food/Shelter/Financial Assistance

DOVER FOOD PANTRY: 742-1666

DURHAM FOOD PANTRY: 868-2666 (Church of St. Thomas More)

LEE FOOD PANTRY: 659-2861 (Lee Congregational Church)

ROCHESTER HUMAN SERVICES: 332-9120 (financial hardship, housing, food, fuel referral & assistance)

CHILD & FAMILY SERVICES TRANSITIONAL LIVING PROGRAM: 1-800-640-6486 (Gail Star, program head; supportive housing & independent living skills for homeless youth 18-21 y.o.)

SOMERSWORTH HOUSING AUTHORITY: 692-3976

UNH COOPERATIVE EXTENSION: Strafford 749-4445/Rockingham 679-6672 or 1-800-248-6672

WIC PROGRAM: 1-800-256-9880 (nutrition assistance for pregnant/nursing women & young children)

Counseling/Family Services

CHILD & FAMILY SERVICES: 1-800-640-6486 (services & counseling for family problems, parenting programs)

ANGER MANAGEMENT WORKSHOPS FOR YOUTH (Upper Room in Derry): 432-8882

CHANCES: 755-3395 (Farmington) (Parent-child mediation, peer mediation training, stop shoplifting teen options program, challenge course for substance abuse awareness, anger management, tobacco education, and community service option program)

FAMILY STRENGTH: (Concord) 1-800-544-1119

COMMUNITY PARTNERS: 335-6470 (Dover)

NH CATHOLIC CHARITIES: 332-7701 (Rochester)

SOUTHEASTERN NEW HAMPSHIRE SERVICES: 749-3983 (Dover)

PETE'S PLACE: (Free Grief Support Center) 740-2689

NH FAMILY VOICES: www.nhfv.org/GRIEF.htm (website that lists grief and bereavement support groups and resources)

****FOR ADDITIONAL COUNSELORS CONTACT YOUR INSURANCE CO. FOR COVERED PROVIDERS****

Domestic/Dating Violence and Sexual Assault

A SAFE PLACE: 436-7924, 1-800-852-3388 (education, referral, support, legal/financial assistance, shelter for victims of domestic/dating violence)

VICTIMS, INC.: 335-7777

SASS (Sexual Assault Support Services): (Portsmouth) 436-4107

Support for Gay, Lesbian, Bisexual or Transgendered Youth & their Families

YOUTH SUPPORT GROUPS FOR GBLT

MANCHESTER OUTRIGHT: 537-7004

SEACOAST OUTRIGHT: 431-1013

Eating Disorder Resources

MASSACHUSETTS EATING DISORDER ASSOC. (MEDA): 617-558-1881 (education, referral and support services) www.medainc.org

NATIONAL EATING DISORDERS ASSOC. (NEDA): 800-931-2237 (info & referral helpline)

www.NationalEatingDisorders.org

Websites for Teens

- **Adolescent AIDS Programs: Children's Hospital at Montefiore** <http://www.adolescentaids.org/>
Based in the Bronx, New York, the Adolescent AIDS Programs at the Children's Hospital at Montefiore Medical Center serves as a local and national resource for those living with HIV/AIDS; adolescents who are at-risk for HIV infection, healthcare providers who treat adolescents living with or at-risk for HIV infection; and lesbian, gay, bisexual, transgender or questioning adolescents, their families and caregivers.
- **Advocates for Youth** <http://www.advocatesforyouth.org/teens>
Creates programs and promotes policies which help young people make informed and responsible decisions about their sexual and reproductive health. They provide information, training, and strategic assistance to youth-serving organizations, policy-makers, youth-activists, and the media in the United States and the developing world.
- **Ask Beth** <http://www.ppsp.org/askbeth/askbeth.html>
Q & A Internet service that addresses sexuality and sexual-health issues. The site is developed by Planned Parenthood of Southeastern Pennsylvania.
- **Better Beginnings Coalition** <http://www.betterbeginnings.org>
Seeks to reduce teen pregnancy rates in Portsmouth (and beyond!) through education. The more teens know about sexuality, STDs, self-esteem, domestic violence, and drug/alcohol abuse, the more likely they are to make positive choices in their lives.
- **Campaign For Our Children** <http://www.cfoc.org>
Develops research-based prevention messages and abstinence educational media campaigns which encourage healthy, responsible sexual decisions among early-adolescent youth, promote a more informed support system for youth, and raise public awareness about adolescent preventative health issues.
- **Coalition for Positive Sexuality** <http://www.positive.org>
Provides teens with sexuality and sexual health information and facilitates dialogue in and out of the public schools on condom availability and sex education.
- **Girls Incorporated** <http://www.girlsinc.org>
Inspires all girls to be strong, smart and bold. Innovative programs help girls confront subtle societal messages about their value and potential, and prepare them to lead successful, independent, and fulfilling lives.
- **Go Ask Alice!** <http://goaskalice.columbia.edu>
Q & A Internet service that addresses sexuality and health related issues. The site is developed by Columbia University's Health Education Program.
- **It's Your (Sex) Life** <http://www.itsyoursexlife.com>
Provides reliable, objective sexual health information to young adults. The site is developed by The Henry J. Kaiser Family Foundation.
- **iwannaknow** <http://www.iwannaknow.org>
Answers questions about teen sexual health and sexually transmitted diseases. The site is developed by The American Social Health Association.
- **Kids Health** <http://www.kidshealth.org>
Provides parents, kids, and adolescents with age-appropriate health and sexuality information. The site is developed by The Nemours Foundation's Center for Children's Health Media

- **National Campaign to Prevent Teen Pregnancy** <http://teenpregnancy.org>
Aims to improve the well-being of children, youth, and families by reducing teen pregnancy.
- **National Longitudinal Study of Adolescent Health** <http://www.cpc.unc.edu/addhealth>
Provides information about Add Health, a school-based study of the health-related behaviors of adolescents in grades seven to 12.
- **New York Online Access to Health (NOAH)** <http://www.noah-health.org>
Provides information from a variety of organizations that addresses sexuality, sexual health, and other health-related topics. The site is developed by four New York City Library organizations.
- **Scarleteen.com** <http://www.scarleteen.com>
Provides sexuality and sexual health information to teens, supplementing the information that young people learn at home and in school-based programs.
- **Sex, etc.** <http://www.sxetc.org>
Provides information by and for teens, on a variety of sexual health issues. This site is developed by the Network for Family Life Education.
- **TeenHealthFX** <http://teenhealthfx.com>
Q & A Internet service for young people that addresses sexuality, sexual health, relationships, and other important issues. The site is a project funded by Atlantic Health System that includes Morristown Memorial Hospital, Overlook Hospital, and Mountainside Hospital.
- **Teen Outreach Reproductive Challenge (TORCH)** <http://www.naralny.org/torch.htm>
Group of New York City teens who are dedicated to learning about reproductive rights and selected health issues. They use this information to teach their peers and to advocate the retention of their reproductive rights.
- **Teenwire** <http://www.teenwire.com>
Provides teens with sexuality and sexual health information. The site is developed by Planned Parenthood Federation of America.