

Student Resource Guide

Wellness and Self-Care Resources and Information

Andrea Barrera
Dustianne North, M.S.W., Ph.D.

Contents

Daily Wellness	3
Diet, Nutrition, and Vitamins and Minerals	4
Exercise.....	17
Personal Hygiene.....	27
Taking Care of Your Teeth.....	39
How Much Sleep Do I Need?	45
Common Sleep Problems.....	49
Help Getting to Sleep.....	54
Accessing Medical Care and Understanding Your Medication	55
Medi-Cal.....	57
Understanding Medications and What They Do	58
Stress and Stress Management	63
Yoga for Stress Relief.....	64
Relationships and Sexual Health	67
STDs	69
Date Rape.....	75
Mental Health and Teen Issues	78
Anxiety Disorders.....	79
Fear and Phobias	84
Post-traumatic Stress Disorder	88
Dealing with Bullying.....	92
How Can I Deal with My Anger?	97
Rape.....	102
Suicide and Self-Harm.....	110
Grief and Loss	116
Trauma and Recovery.....	122
Eating Disorders and Body Image	125

Drugs and Alcohol	133
Mental Health First Aid/ Assisting Others	144
Crisis.....	147
Talking to Others and Knowing Your Rights	149
Assertiveness	150
Talking to Your Doctor	155
Foster Youth Rights.....	159
LGBTQ.....	164
California Ombudsman for Foster Care	167
Goal Setting	171
5 Facts About Goal Setting	172
Motivation	174

Daily Wellness

Vitamins and Minerals

Breakfast cereals advertise that they're packed with vitamins and minerals. Sports drinks claim they can rev up your flagging energy with a jolt of vitamins or minerals (sorry, but even powerful vitamins and minerals can't act that fast!). You know vitamins and minerals are good for you. But which ones does your body really need? And is it possible to get too much of a good thing?

What Are Vitamins and Minerals?

Vitamins and minerals make people's bodies work properly. Although you get vitamins and minerals from the foods you eat every day, some foods have more vitamins and minerals than others.

Vitamins fall into two categories: fat soluble and water soluble. The **fat-soluble** vitamins — A, D, E, and K — dissolve in fat and can be stored in your body. The **water-soluble** vitamins — C and the B-complex vitamins (such as vitamins B6, B12, niacin, riboflavin, and folate) — need to dissolve in water before your body can absorb them. Because of this, your body can't store these vitamins. Any vitamin C or B that your body doesn't use as it passes through your system is lost (mostly when you pee). So you need a fresh supply of these vitamins every day.

Whereas vitamins are organic substances (made by plants or animals), minerals are inorganic elements that come from the soil and water and are absorbed by plants or eaten by animals. Your body needs larger amounts of some minerals, such as calcium, to grow and stay healthy. Other minerals like chromium, copper, iodine, iron, selenium, and zinc are called **trace minerals** because you only need very small amounts of them each day.

What Do Vitamins and Minerals Do?

Vitamins and minerals boost the immune system, support normal growth and development, and help cells and organs do their jobs. For example, you've probably heard that carrots are good for your eyes. It's true! Carrots are full of substances called **carotenoids** that your body converts into vitamin A, which helps prevent eye problems.

Another vitamin, vitamin K, helps blood to clot (so cuts and scrapes stop bleeding quickly). You'll find vitamin K in green leafy vegetables, broccoli, and soybeans. And to have strong bones, you need to eat foods such as milk, yogurt, and green leafy vegetables, which are rich in the mineral calcium.

Fuel for Growth

People go through a lot of physical changes — including growth and puberty — during their teenage years. Eating right during this time is especially important because the body needs a variety of vitamins and minerals to grow, develop, and stay healthy.

Eating a variety of foods is the best way to get all the vitamins and minerals you need each day, as well as the right balance of carbohydrates, proteins, fats, and calories. Whole or unprocessed foods — like fresh fruits and vegetables, whole grains, low-fat dairy products, lean meats, fish, and poultry — are the best choices for providing the nutrients your body needs to stay healthy and grow properly.

It's OK to eat foods like potato chips and cookies once in a while, but you don't want to overdo high-calorie foods like these that offer little nutritionally.

To choose healthy foods, check food labels and pick items that are high in vitamins and minerals. For example, if you're choosing beverages, you'll find that a glass of milk is a good source of vitamin D and the minerals calcium, phosphorous, and potassium. A glass of soda, on the other hand, offers very few vitamins or minerals — if any.

You can also satisfy your taste buds without sacrificing nutrition while eating out: Vegetable pizzas or fajitas, sandwiches with lean cuts of meat, fresh salads, and baked potatoes are just a few delicious, nutritious choices.

If you're a vegetarian, you'll need to plan carefully for a diet that offers the vitamins and minerals found primarily in meats. The best sources for the minerals zinc and iron are meats, fish, and poultry. However, you can get

zinc and iron in dried beans, seeds, nuts, and leafy green vegetables like kale.

Vitamin B12, which is important for manufacturing red blood cells, is not found in plant foods. If you don't eat meat, you can find vitamin B12 in eggs, milk and other dairy foods, and fortified breakfast cereals. Vegans (vegetarians who eat no animal products at all, including dairy products) may need to take vitamin supplements. If you're thinking about becoming a vegetarian, talk to your doctor or a registered dietitian about how to plan a healthy, balanced diet.

Common Concerns

Lots of teens wonder if they should take vitamin or mineral supplements. If your diet includes a wide variety of foods, including whole-grain products, fresh fruits and vegetables, dairy products, nuts, seeds, eggs, and meats, then you are probably getting the vitamins and minerals your body needs.

But if you're skipping meals, dieting, or if you're concerned that you're not eating enough items from a particular category, such as vegetables or dairy products, then talk to your doctor or to a registered dietitian. These professionals can help you create an eating plan that includes the nutrients your body needs.

Check with your doctor before taking vitamin or mineral supplements. Some people think that if something is good for you, then the more you take in, the healthier you'll be. But that's not necessarily true when it comes to vitamins and minerals. For example, fat-soluble vitamins or minerals, which the body stores and excretes more slowly, can build up in your system to levels where they could cause problems.

If you do take supplements, you should be careful not to get more than 100% of the recommended dietary allowance (RDA) for a particular vitamin or mineral. The RDA is calculated to provide 100% of the dietary needs for 98.6% of the population. Chances are that's all you need.

There are hundreds of supplements on the market and of course their manufacturers want you to purchase them. Beware of unproven claims

about the benefits of taking more than recommended amounts of any vitamin or mineral. A healthy teen usually doesn't need supplements if he or she is eating a well-rounded diet.

Your best bet for getting the vitamins and minerals you need is to eat a wide variety of healthy foods and skip the vitamin pills, drinks, and other supplements. You'll feel better overall and won't run the risk of overdoing your vitamin and mineral intake.

Reviewed by: Mary L. Gavin, MD

Date reviewed: March 2013



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Dehydration

What Is Dehydration?

Dehydration is a condition that occurs when someone loses more fluids than he or she takes in. Dehydration isn't as serious a problem for teens as it can be for babies or young children. But if you ignore your thirst, dehydration can slow you down.

Our bodies are about two thirds water. When someone gets dehydrated, it means the amount of water in his or her body has dropped below the level needed for normal body function. Small decreases don't cause problems, and in most cases, they go completely unnoticed. But losing larger amounts of water can sometimes make a person feel quite sick.

Causes of Dehydration

One common cause of dehydration in teens is gastrointestinal illness. When you're flattened by a stomach bug, you lose fluid through vomiting and diarrhea.

You might also hear that you can get dehydrated from playing sports. In reality, it's rare to reach a level of even moderate dehydration during sports or other normal outdoor activity. But if you don't replace fluid you lose through sweat as you go, you can become dehydrated from lots of physical activity, especially on a hot day.

Some athletes, such as wrestlers who need to reach a certain weight to compete, dehydrate themselves on purpose to drop weight quickly before a big game or event by sweating in saunas or using laxatives or diuretics, which make a person go to the bathroom more. This practice usually hurts more than it helps, though. Athletes who do this feel weaker, which affects performance. They can also have more serious problems, like abnormalities in the salt and potassium levels in the body. Such changes can also lead to problems with the heart's rhythm.

Dieting can sap someone's water reserves as well. Beware of diets or supplements, including laxatives and diuretics that emphasize shedding

"water weight" as a quick way to lose weight. Losing water weight is not the same thing as losing actual fat.

Signs of Dehydration

To counter dehydration, you need to restore the proper balance of water in your body. First, though, you have to recognize the problem.

Thirst is one indicator of dehydration, but it is **not** an early warning sign. By the time you feel thirsty, you might already be dehydrated. Other symptoms of dehydration include:

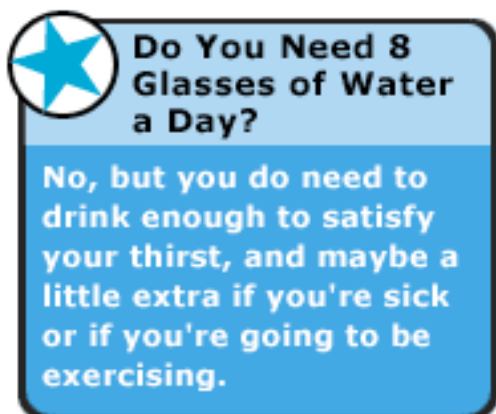
- feeling dizzy and lightheaded
- having a dry or sticky mouth
- producing less urine and darker urine

As the condition progresses, a person will start to feel much sicker as more body systems (or organs) are affected by the dehydration.

Preventing Dehydration

The easiest way to avoid dehydration is to drink lots of fluids, especially on hot, dry, windy days. Water is usually the best choice. Drinking water does not add calories to your diet and can be great for your health.

The amount that people need to drink will depend on factors like how much water they're getting from foods and other liquids and how much they're sweating from physical exertion.



When you're going to be outside on a warm day, dress appropriately for your activity. Wear loose-fitting clothes and a hat if you can. That will keep you cooler and cut down on sweating. If you do find yourself feeling parched or dizzy, take a break for a few minutes. Sit in the shade or someplace cool and drink water.

Sports and Exercise

If you're participating in sports or strenuous activities, drink some fluids before the activity begins. You should also drink at regular intervals (every 20 minutes or so) during the course of the activity and after the activity ends. The best time to train or play sports is in the early morning or late afternoon to avoid the hottest part of the day.

Gastrointestinal Infections

If you have a stomach bug and you're spending too much time getting acquainted with the toilet, you probably don't feel like eating or drinking anything. But you still need fluids. Take lots of tiny sips of fluids. For some people, ice pops may be easier to tolerate.

Caffeine

Caffeine is a diuretic, meaning it causes a person to urinate (pee) more. It's not clear whether this causes dehydration or not, but to be safe, it's probably a good idea to stay away from too much caffeine in hot weather, during long workouts, or in other situations where you might sweat a lot.

When to See a Doctor

Dehydration can usually be treated by drinking fluids. But if you faint or feel weak or dizzy every time you stand up (even after a couple of hours) or if you have very little urine output, you should tell an adult and visit your doctor. The doctor will probably look for a cause for the dehydration and encourage you to drink more fluids.

If you're more dehydrated than you realized, especially if you can't hold fluids down because of vomiting, you may need to receive fluids through an IV to speed up the rehydration process. An IV is an intravenous tube that goes directly into a vein.

Occasionally, dehydration might be a sign of something more serious, such as diabetes, so your doctor may run tests to rule out any other potential problems.

In general, dehydration is preventable. So just keep drinking that H₂O for healthy hydration.

Reviewed by: Steven Dowshen, MD

Date reviewed: May 2009



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

MyPlate Food Guide

To help people make smart food choices, the U.S. Department of Agriculture (USDA) has designed an easy-to-follow symbol: *MyPlate*. The plate graphic, with its different food groups, is a reminder of what — and how much — we should be putting on our plates to stay healthy.

How MyPlate Works

The MyPlate graphic has sections for vegetables, fruits, grains, and foods that are high in protein, as well as a "cup" on the side for dairy. Each section is a different size and color coded (green for veggies, red for fruits, orange for grains, purple for protein, and blue for dairy) so you can see at a glance how much of these foods to eat.



The plate graphic reminds us of the following nutrition needs:

- Choose variety: The best meals have a balance of items from different food groups.
- Half of your plate should be vegetables and fruits.
- About one-quarter of your plate should be grains and one-quarter protein.

- Drink fat-free or low-fat (1%) milk and water instead of soda, sports drinks, and other sugary drinks.
- Avoid oversized portions.

Five Food Groups

Different food groups meet different nutrition needs. If you regularly skimp on one group, over time you won't get the best nutrition.

1. Vegetables

The vegetable portion of MyPlate is shown in green. It's one of the largest sections on the plate. That's because vegetables provide many of the vitamins and minerals we need for good health. Veggies are naturally low in calories, and the fiber in them helps us feel full.

Choosing variety is important when it comes to vegetables: Dark green vegetables (like broccoli, spinach, and kale) provide different nutrients from orange and red vegetables (like squash, carrots, and sweet potatoes). The "eat your colors" message that you might have learned in grade school is a good one to follow throughout your life.

2. Fruits

Like veggies, fruits contain vitamins, minerals, and fiber. The red section of MyPlate is slightly smaller than the green, but together fruits and veggies should fill half your plate. Whole fruit is the best choice: Fruit juices have more calories per serving than whole fruit, and you're not getting the fiber. As with veggies, it's good to mix up your fruit choices: a colorful fruit cup is more than just pretty — it's a nutrition powerhouse.

3. Grains

The orange section on the MyPlate graphic shows the proportion of grains you should eat. Whole grains (like whole-wheat flour) are more nutritious and have lots of dietary fiber that can help you feel fuller longer. Refined grains (white flour) have been processed, removing vitamins, mineral, and fiber. Most refined grains are enriched, which means that some of the nutrients, but not fiber, are added back after processing.

So try to choose at least half of your day's grains from whole-grain sources like whole-wheat bread, brown rice, or oatmeal.

4. Protein

Foods that are high in protein help the body build, maintain, and repair tissue. They also have nutrients like B vitamins and iron.

The purple section on the MyPlate graphic shows the proportion of protein you need. Foods high in protein include beef, poultry, seafood, dry beans and peas, eggs, nuts, and seeds. Tofu and veggie burgers or vegetarian meat substitutes are also good sources of protein. When eating meats, choose lean or low-fat options and try to minimize deli meats and other processed meats that are high in sodium.

5. Dairy

The blue circle on the MyPlate graphic represents dairy products that are rich in calcium, like milk, yogurt, and cheese. Calcium-fortified soy milk is also included in the dairy group. Calcium is essential for growth and building strong bones and teeth. Choose fat-free or low-fat dairy products most of the time.

The blue circle shows dairy as a "side" to your meal, like a glass of milk. But dairy can be incorporated in your meal, like a cheese quesadilla, or served as a snack or dessert. Yogurt with fresh fruit or a fruit smoothie made with low-fat milk make great desserts.

How to Make it Work for You

It's easy to follow the MyPlate graphic if you're eating a "meat, starch, and veg" type meal where everything is prepared separately.

But what if you're having a sandwich or a meal that mixes different foods together, like a salad, pasta dish, stew, or stir fry? That's when you need to use the principles behind the plate as a guide instead of copying it exactly.

For a sandwich, let the MyPlate graphic guide you on what to choose. A healthy sandwich might start with two slices of whole-wheat bread — your grains. Add a slice of meat, cheese, or other protein. Then fill the sandwich with vegetables like lettuce, tomato, or grated carrots. Add a side of fruit and a cup of low-fat white milk and you've got your balanced meal.

For one-dish meals (or salads), make sure that half of what you're eating are vegetables and fruits, about a quarter is lean protein, and a quarter is grain, preferably whole grain.

So, for example, a spaghetti dish could be whole-wheat pasta with a meatball, tossed with chopped tomato along with other veggies like spinach or carrots. A stir fry might be mixed veggies with a few pieces of tofu or chicken and brown rice. Avoid or limit high-fat sauces (like cream sauces) in one-dish meals and don't add too much dressing to salads.

The MyPlate graphic is only a guide. Not every meal you eat will have every food group, but try to include three or more. Take breakfast for example: If you have a whole-wheat bagel with cream cheese for breakfast, add some fruit and maybe a glass of milk. You can make up any missing food groups, like veggies, later in the day.

Exercise Matters Too

How much we eat is tied to how much we exercise. Food and drinks (except water and diet versions) contain calories. Exercise and daily activities burn calories. When we take in more calories than we burn, our bodies store those extra calories as fat.

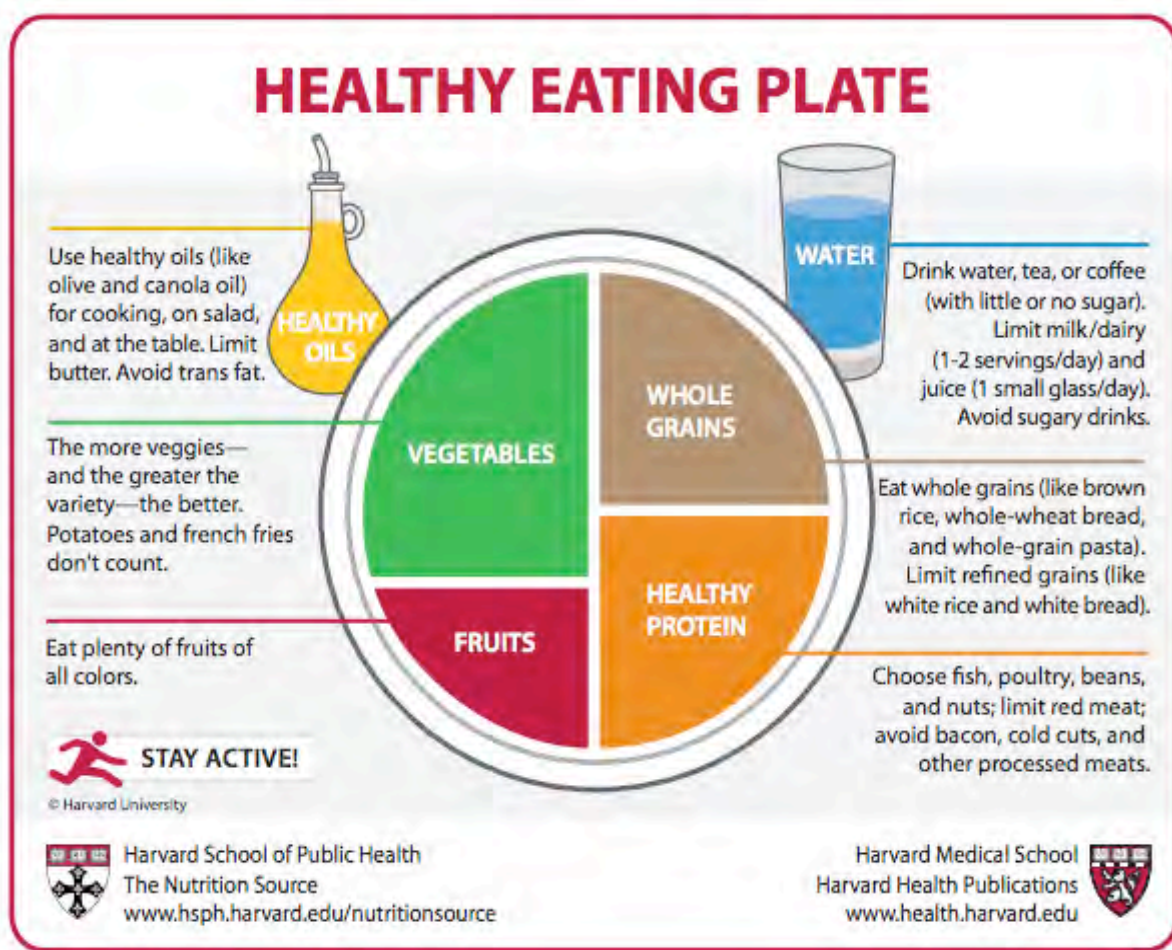
During our teens, we all need to eat a variety of foods to get the nutrients that help our bodies grow. But athletes and other people who are very active need additional food so they can fuel their activity levels in addition to their growth. And people who are less active need to eat less food to avoid gaining weight.

It's not just about weight though: Regular physical activity benefits every part of our bodies, including the mind. Exercise can help fight off a range of potential health problems like heart disease, diabetes, and even depression. Aim to get at least 60 minutes of moderate to vigorous exercise every day.

Practical Advice on Eating Right and Exercise

The USDA's MyPlate website offers lots of healthy living guidelines. You can get personalized recommendations about which foods to eat and how much — including estimates of the number of calories needed to stay at a healthy weight for your age, gender, and activity level. To create your personal profile, visit ChooseMyPlate.gov.

Harvard Medical School's Healthy Eating Plate



Nemours.

Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Why Exercise Is Wise

You've probably heard countless times how exercise is "good for you." But did you know that it can actually help you feel good, too? Getting the right amount of exercise can rev up your energy levels and even help improve your mood.

Rewards and Benefits

Experts recommend that teens get 60 minutes or more of moderate to vigorous physical activity each day. Here are some of the reasons:

- **Exercise benefits every part of the body, including the mind.** Exercising causes the body to produce endorphins, chemicals that can help a person to feel more peaceful and happy. Exercise can help some people sleep better. It can also help some people who have mild depression and low self-esteem. Plus, exercise can give people a real sense of accomplishment and pride at having achieved a certain goal — like beating an old time in the 100-meter dash.
- **Exercising can help you look better.** People who exercise burn more calories and look more toned than those who don't. In fact, exercise is one of the most important parts of keeping your body at a healthy weight.
- **Exercise helps people lose weight and lower the risk of some diseases.** Exercising to maintain a healthy weight decreases a person's risk of developing certain diseases, including type 2 diabetes and high blood pressure. These diseases, which used to be found mostly in adults, are becoming more common in teens.
- **Exercise can help a person age well.** This may not seem important now, but your body will thank you later. Women are especially prone to a condition called osteoporosis (a weakening of the bones) as they get older. Studies have found that weight-bearing exercise — like jumping, running, or brisk walking — can help girls (and guys!) keep their bones strong.

The three components to a well-balanced exercise routine are: aerobic exercise, strength training, and flexibility training.

Aerobic Exercise

Like other muscles, the heart enjoys a good workout. You can provide it with one in the form of aerobic exercise. Aerobic exercise is any type of exercise that gets the heart pumping and quickens your breathing. When you give your heart this kind of workout regularly, it will get stronger and more efficient in delivering oxygen (in the form of oxygen-carrying blood cells) to all parts of your body.

If you play team sports, you're probably meeting the recommendation for 60 minutes or more of moderate to vigorous activity on practice days. Some team sports that give you a great aerobic workout are swimming, basketball, soccer, lacrosse, hockey, and rowing.

But if you don't play team sports, don't worry — there are plenty of ways to get aerobic exercise on your own or with friends. These include biking, running, swimming, dancing, in-line skating, tennis, cross-country skiing, hiking, and walking quickly. In fact, the types of exercise that you do on your own are easier to continue when you leave high school and go on to work or college, making it easier to stay fit later in life as well.

Strength Training

The heart isn't the only muscle to benefit from regular exercise. Most of the other muscles in your body enjoy exercise, too. When you use your muscles and they become stronger, it allows you to be active for longer periods of time without getting worn out.

Strong muscles are also a plus because they actually help protect you when you exercise by supporting your joints and helping to prevent injuries. Muscle also burns more energy when a person's at rest than fat does, so building your muscles will help you burn more calories and maintain a healthy weight.

Different types of exercise strengthen different muscle groups, for example:

- For arms, try rowing or cross-country skiing. Pull-ups and push-ups, those old gym class standbys, are also good for building arm muscles.
- For strong legs, try running, biking, rowing, or skating. Squats and leg raises also work the legs.
- For shapely abs, you can't beat rowing, yoga or pilates, and crunches.

Flexibility Training

Strengthening the heart and other muscles isn't the only important goal of exercise. Exercise also helps the body stay flexible, meaning that your muscles and joints stretch and bend easily. People who are flexible can worry less about strained muscles and sprains.

Being flexible may also help improve a person's sports performance. Some activities, like dance or martial arts, obviously require great flexibility, but increased flexibility can also help people perform better at other sports, such as soccer or lacrosse.

Sports and activities that encourage flexibility are easy to find. Martial arts like karate also help a person stay flexible. Ballet, gymnastics, pilates, and yoga are other good choices. Stretching after your workout will also help you improve your flexibility.

What's Right for Me?

One of the biggest reasons people drop an exercise program is lack of interest: If what you're doing isn't fun, it's hard to keep it up. The good news is that there are tons of different sports and activities that you can try out to see which one inspires you.

When picking the right type of exercise, it can help to consider your workout personality. For example, do you like to work out alone and on your own schedule? If so, solo sports like biking or snowboarding may be for you. Or do you like the shared motivation and companionship that comes from being part of a team?

You also need to plan around practical considerations, such as whether your chosen activity is affordable and available to you. (Activities like horseback riding may be harder for people who live in cities, for example.) You'll also want to think about how much time you can set aside for your sport.

It's a good idea to talk to someone who understands the exercise, like a coach or fitness expert at a gym. He or she can get you started on a program that's right for you and your level of fitness.

Another thing to consider is whether any health conditions may affect how — and how much — you exercise. Doctors know that most people benefit from regular exercise, even those with disabilities or conditions like asthma. But if you have a health problem or other considerations (like being overweight or very out of shape), talk to your doctor before beginning an exercise plan. That way you can get information on which exercise programs are best and which to avoid.

Too Much of a Good Thing

As with all good things, it's possible to overdo exercise. Although exercising is a great way to maintain a healthy weight, exercising too much to lose weight isn't healthy. The body needs enough calories to function properly. This is especially true for teens, who are still growing.

Exercising too much in an effort to burn calories and lose weight (also called **compulsive exercise**) can be a sign of an eating disorder. If you ever get the feeling that your exercise is in charge of you rather than the other way around, talk with your doctor, a parent, or another adult you trust.

It's also possible to overtrain — something high school athletes need to watch out for. If you participate in one sport, experts recommend that you limit that activity to a maximum of 5 days a week, with at least 2-3 months off per year. You can still train more than that as long as it's cross-training in a different sport (such as swimming or biking if you play football).

Participating in more than one activity or sport can help athletes use different skills and avoid injury. Also, never exercise through pain. And, if

you have an injury, make sure you give yourself enough time to heal. Your body — and your performance — will thank you.

Considering the benefits to the heart, muscles, joints, and mind, it's easy to see why exercise is wise. And the great thing about exercise is that it's never too late to start. Even small things can count as exercise when you're starting out — like taking a short bike ride, walking the dog, or raking leaves.

If you're already getting regular exercise now, try to keep it up after you graduate from high school. Staying fit is often one of the biggest challenges for people as they get busy with college and careers.

Reviewed by: Mary L. Gavin, MD

Date reviewed: July 2012



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Yoga

Are you looking for a workout program that's easy to learn, requires little or no equipment, and soothes your soul while toning your body? If strengthening your cardiovascular system, toning and stretching your muscles, and improving your mental fitness are on your to-do list, keep reading to learn more about the basics of yoga.

What Is Yoga?

It seems like a hot new trend, but yoga actually began more than 3,000 years ago in India. The word yoga is Sanskrit (one of the ancient languages of the East). It means to "yoke," or unite, the mind, body, and spirit.

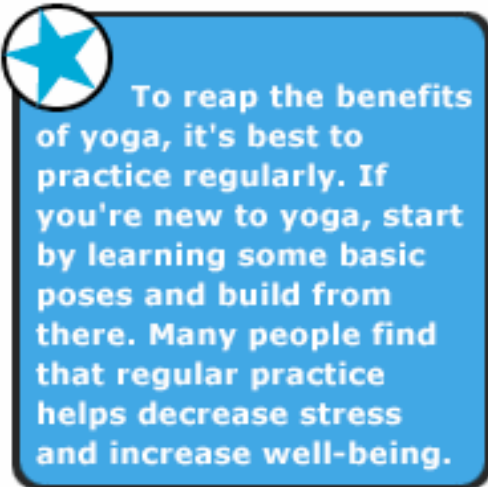
Although yoga includes physical exercise, it is also a lifestyle practice for which exercise is just one component. Training your mind, body, and breath, as well as connecting with your spirituality, are the main goals of the yoga lifestyle.

The physical part of the yoga lifestyle is called **hatha yoga**. Hatha yoga focuses on **asanas**, or poses. A person who practices yoga goes through a series of specific poses while controlling his or her breathing. Some types of yoga also involve meditation and chanting.

There are many different types of hatha yoga, including:

- **Ashtanga yoga:** Ashtanga yoga is a vigorous, fast-paced form of yoga that helps to build flexibility, strength, concentration, and stamina. When doing Ashtanga yoga, a person moves quickly through a set of predetermined poses while remaining focused on deep breathing.
- **Bikram yoga:** Bikram yoga is also known as "hot yoga." It is practiced in rooms that may be heated to more than 100°F (37.8°C) and focuses on stamina and purification.

- **Gentle yoga:** Gentle yoga focuses on slow stretches, flexibility, and deep breathing.
- **Kundalini yoga:** Kundalini yoga uses different poses, breathing techniques, chanting, and meditation to awaken life energy.



- **Iyengar yoga:** This type of yoga focuses on precise alignment of the poses. Participants use "props" like blankets, straps, mats, blocks, and chairs.
- **Restorative yoga:** This practice allows the body to fully relax by holding simple postures passively for extended periods of time.
- **Vinyasa/power yoga:** Similar to Ashtanga yoga, these are also very active forms of yoga that improve strength, flexibility, and stamina. This type of yoga is popular in the United States.

Yoga has tons of benefits. It can improve flexibility, strength, balance, and stamina. In addition, many people who practice yoga say that it reduces anxiety and stress, improves mental clarity, and even helps them sleep better.

Getting Started

Many gyms, community centers, and YMCAs offer yoga classes. Your neighborhood may also have a specialized yoga studio. Some yoga

instructors offer private or semi-private classes for students who want more personalized training.

Before taking a class, check whether the instructor is registered with the Yoga Alliance, a certification that requires at least 200 hours of training in yoga techniques and teaching. You may also want to sit in and observe the class that interests you.

You could also try using a yoga DVD. Websites, DVDs, and books can't compare to learning yoga poses from a teacher, but they can help you find out more. They can be especially helpful if you have already taken yoga classes and want to practice at home.

Dress comfortably for your first yoga session in clothing that allows you to move your body fully. Stretchy shorts or pants and a T-shirt or tank top are best. Yoga is practiced barefoot, so you don't have to worry about special shoes.

If you're doing your yoga workout on a carpeted floor, you probably don't need any equipment, although many people like to use a yoga mat or "sticky" mat. This special type of mat provides cushioning and grip while you do your poses. You can buy yoga mats in sporting goods stores or often at the yoga class location.

What can you expect at a yoga class or when you watch a yoga video? To begin the class, the instructor may lead you through a series of poses like Sun Salutations to warm up your arms, legs, and spine. After that, you'll concentrate on specific poses that work different areas of your body. Most yoga sessions end with some type of relaxation exercise.

Before you begin any type of exercise program, it's a good idea to talk to your doctor, especially if you have a health problem. Be sure to let your instructor know about any orthopedic problems or special needs you may have before the class begins. A good instructor will be able to provide modified poses for students who are just beginning or who have special needs.

Staying on Track

Your schedule's already packed — so how are you supposed to fit in time for yoga? Here are a few tips:

- **Break it down.** If you can't do a half hour of yoga in one sitting, try doing it in chunks. How about 15 minutes after you get up and 15 minutes before bed? Or try three 10-minute workouts to break up a long study session.
- **Do what works for you.** Some people have more success working out in the morning before the day's activities sidetrack them; others find that an after-school workout is the perfect way to unwind. Experiment with working out at different times of the day and find the time that fits your schedule and energy level best.
- **Find a workout buddy.** Doing your yoga routines with a friend is a great way to stay motivated. You'll be less likely to miss your workout if you have an appointment with a friend. You and your buddy can compare tips on healthy eating and exercise habits, evaluate each other's poses for form, and keep each other on track.
- **Consistency is key.** If you want to reap the benefits that yoga provides, you'll have to do it consistently. A once-a-month yoga workout may relieve some stress, but for benefits like increased flexibility and stamina, you should aim to practice yoga three or four times a week.
- **Set some goals.** The same routine every week may become monotonous, so set some goals to help you stay focused. Perhaps you'd like to incorporate power yoga into your routine so you get a better cardiovascular workout. Maybe you've always gone to yoga class and your goal is to start practicing on your own at home. Whatever you choose as your goal, make sure you reward yourself when you accomplish it!

The great thing about yoga is it can be as vigorous or as gentle as you want it to be. That makes it a good choice for anybody.

Reviewed by: Mary L. Gavin, MD

Date reviewed: January 2012

Originally reviewed by: Pascale Kavanagh, RYT



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Skin, Hair, and Nails

Your skin is your largest organ. If the skin of a typical 150-pound (68-kilogram) adult male were stretched out flat, it would cover about 2 square yards (1.7 square meters) and weigh about 9 pounds (4 kilograms).

Skin protects the network of muscles, bones, nerves, blood vessels, and everything else inside our bodies. Eyelids have the thinnest skin, the soles of our feet the thickest.

Hair is actually a modified type of skin. Hair grows everywhere on the human body except the palms of the hands, soles of the feet, eyelids, and lips. Hair grows more quickly in summer than winter, and more slowly at night than during the day.

Like hair, nails are a type of modified skin — and they're not just for beauty. Nails protect the sensitive tips of our fingers and toes. Human nails are not necessary for living, but they do provide support for the tips of the fingers and toes, protect them from injury, and aid in picking up small objects. Without them, we'd have a hard time scratching an itch or untying a knot. Nails can be an indicator of a person's general health, and illness often affects their growth.

Skin Basics



Can Fingerprints Wear Off?

No. Even if you injure the skin on your fingers, your fingerprints grow back as they were. Why? Because the dermal papillae – which are responsible for creating your fingerprints – are not in the top layer of your skin (epidermis). The dermal papillae are like tiny pegs in the dermis, a deeper skin layer. The papillae poke up from the dermis and are protected by the epidermis, creating the ridges of your fingerprints.

Skin is essential to a person's survival. It forms a barrier that prevents harmful substances and microorganisms from entering the body. It protects body tissues against injury. Our skin also controls the loss of life-sustaining fluids like blood and water, helps us regulate body temperature through perspiration, and protects us from the sun's damaging ultraviolet rays.

Without the nerve cells in our skin, we couldn't feel warmth, cold, or other sensations. Our skin can also respond to situations and emotions: Muscles in the skin called **erector pili** contract to make the hairs on our skin stand up straight (goosebumps) when we are cold or frightened — for insulation and protection.

Every square inch of skin contains thousands of cells and hundreds of sweat glands, oil glands, nerve endings, and blood vessels. Skin is made up of three layers: the **epidermis** (pronounced: ep-ih-**dur**-mis), **dermis**, and the **subcutaneous** (pronounced: sub-kyoo-**tay**-nee-us) **tissue**.

Skin Cells and Layers

The upper layer of our skin, the epidermis, is the tough, protective outer layer. It is about as thick as a sheet of paper over most parts of the body. The epidermis has four layers of cells that are constantly flaking off and being renewed. In these four layers are three special types of cells:

- **Melanocytes** (pronounced: meh-**lah**-nuh-sites) produce **melanin**, the pigment that gives skin its color. All people have roughly the same number of melanocytes; those of dark-skinned people produce more melanin. Exposure to sunlight increases the production of melanin, which is why people get suntanned or freckled.
- **Keratinocytes** (pronounced: ker-uh-**tih**-no-sites) produce **keratin**, a type of protein that is a basic component of hair and nails. Keratin is also found in skin cells in the skin's outer layer, where it helps create a protective barrier.
- **Langerhans** (pronounced: **lahng**-ur-hanz) **cells** help protect the body against infection.

Because the cells in the epidermis are completely replaced about every 28 days, cuts and scrapes heal quickly.

Below the epidermis is the next layer of our skin, the **dermis**, which is made up of blood vessels, nerve endings, and connective tissue. The dermis nourishes the epidermis.

Without certain molecules in the dermis, our skin wouldn't stretch when we bend or reposition itself when we straighten up. These two types of fibers in the dermis, **collagen** and **elastin**, help the skin stretch and reposition itself when we move. Collagen is strong and hard to stretch and elastin, as its name suggests, is elastic. In older people, some of the elastin-containing fibers degenerate, which is one reason why the skin looks wrinkled (most wrinkles are caused by sun exposure, though!).

The dermis also contains a person's sebaceous glands. These glands, which surround and empty into our hair follicles and pores, produce an oil called **sebum** (pronounced: **see-bum**) that lubricates the skin and hair. Sebaceous glands are found mostly in the skin on the face, upper back, shoulders, and chest.

Most of the time, the sebaceous glands make the right amount of sebum. As a person's body begins to mature and develop during the teenage years, though, hormones stimulate the sebaceous glands to make more sebum. This can lead to acne when pores become

clogged by too much sebum and too many dead skin cells. Later in life, these glands produce less sebum, which contributes to dry skin in older people.

The bottom layer of our skin, the **subcutaneous tissue**, is made up of connective tissue, sweat glands, blood vessels, and cells that store fat. This layer helps protect the body from blows and other injuries and helps it hold in body heat.

There are two types of sweat-producing glands. The **eccrine** (pronounced: **eh-krun**) **glands** are found everywhere in our bodies, although they are mostly in the forehead, palms, and soles of the feet. By producing sweat, these glands help regulate body temperature, and waste products are excreted through them.

The other type of sweat-producing gland, **the apocrine glands**, develop at puberty and are concentrated in the armpits and pubic region. The sweat from the apocrine glands is thicker than that produced by the eccrine glands. Although this sweat doesn't smell, when it mixes with bacteria on the skin's surface, it can cause body odor.

A normal, healthy adult secretes about 1 pint (about half a liter) of sweat daily, but this may be increased by physical activity, fever, or a hot environment.

Hair Basics

The hair on our heads isn't just there for looks. It keeps us warm by preserving heat. The hair in our nose, ears, and around our eyes protects these sensitive areas of the body from dust and other small particles. Eyebrows and eyelashes protect our eyes by decreasing the amount of light and particles that go into them. The fine hair that covers our bodies provides warmth and protects our skin. Hair also cushions the body against injury.



Why Do People Get Goosebumps?

You get goosebumps because your skin is covered with hair. When you get cold, the muscles attached to each hair get tight in an attempt to keep you warm. Those muscles pull the hair and your skin up into the air.

Human hair consists of the **hair shaft**, which projects from the skin's surface, and the **root**, a soft thickened bulb at the base of the hair embedded in the skin. The root ends in the **hair bulb**. The hair bulb sits in a sac-like pit in the skin called the **follicle**, from which the hair grows.

At the bottom of the follicle is the **papilla**, where hair growth actually takes place. The papilla contains an artery that nourishes the root of the hair. As cells multiply and produce keratin to harden the structure, they are pushed up the follicle and through the skin's surface as a shaft of hair. Each hair has three layers: the **medulla** at the center, which is soft; the **cortex**, which surrounds the medulla and is the main part of the hair; and the **cuticle**, the hard outer layer that protects the shaft.

Hair grows by forming new cells at the base of the root. These cells multiply to form a rod of tissue in the skin. The rods of cells move upward through the skin as new cells form beneath them. As they move up, they are cut off from their supply of nourishment and start to form a hard protein called keratin in a process called **keratinization** (pronounced: ker-uh-tuh-nuh-**zay**-shun). As this process occurs, the hair cells die. The dead cells and keratin form the shaft of the hair.

Each hair grows about $\frac{1}{4}$ inch (about 6 millimeters) every month and keeps on growing for up to 6 years. The hair then falls out and another grows in its place. The length of a person's hair depends on the length of the growing phase of the follicle. Follicles are active for 2 to 6 years; they rest for about 3 months after that. A person becomes bald if the scalp

follicles become inactive and no longer produce new hair. Thick hair grows out of large follicles; narrow follicles produce thin hair.

The color of a person's hair is determined by the amount and distribution of melanin in the cortex of each hair (the same melanin that's found in the epidermis). Hair also contains a yellow-red pigment; people who have blonde or red hair have only a small amount of melanin in their hair. Hair becomes gray when people age because pigment no longer forms.

All About Nails

Nails grow out of deep folds in the skin of the fingers and toes. As epidermal cells below the nail root move up to the surface of the skin, they increase in number, and those closest to the nail root become flattened and pressed tightly together. Each cell is transformed into a thin plate; these plates are piled in layers to form the nail. As with hair, nails are formed by **keratinization**. When the nail cells accumulate, the nail is pushed forward.



What Do White Spots on Your Fingernails Mean?

The white spots on fingernails are evidence of some trauma that occurred while that part of the nail was growing under the surface of the skin. In other words, if you pinched your finger in a door while the nail was growing, that pinch might leave a mark. But you won't see the effect on your fingernail until that part of the nail grows above your cuticle.

The skin below the nail is called the **matrix**. The larger part of the nail, the **nail plate**, looks pink because of the network of tiny blood vessels in the underlying dermis. The whitish crescent-shaped area at the base of the nail is called the **lunula**.

Fingernails grow about three or four times as quickly as toenails. Like hair, nails grow more rapidly in summer than in winter. If a nail is torn off, it will regrow if the matrix is not severely injured. White spots on the nail are sometimes due to temporary changes in growth rate.

Skin Problems

Some of the things that can affect the skin, nails, and hair are described below.

Dermatitis

Medical experts use the term **dermatitis** (pronounced: dur-mah-**ty**-tus) to refer to any inflammation that might be associated with swelling, itching, and redness of the skin. There are many types of dermatitis, including:

- **Atopic dermatitis** is also called eczema. It's a common, hereditary dermatitis that causes an itchy rash primarily on the face, trunk, arms, and legs. It commonly develops in infancy, but can also appear in early childhood. It may be associated with allergic diseases such as asthma or food, seasonal, or environmental allergies.
- **Contact dermatitis** occurs when the skin comes into contact with an irritating substance or a substance that a person is allergic to. The best-known cause of contact dermatitis is poison ivy. But lots of other things cause contact dermatitis, including chemicals found in laundry detergent, cosmetics, and perfumes, and metals like jewelry, nickel plating on a belt buckle, or the back of the buttons on your jeans.
- **Seborrheic dermatitis**, an oily rash on the scalp, face, chest, and back, is related to an overproduction of sebum from the sebaceous glands. This condition is common in teens.

Bacterial Skin Infections

- **Impetigo**. Impetigo (pronounced: im-puh-**ty**-go) is a bacterial infection that results in a honey-colored, crusty rash, often on the face near the mouth and nose.

- **Cellulitis.** Cellulitis (pronounced: sell-yuh-**ly**-tus) is an infection of the skin and subcutaneous tissue that typically occurs when bacteria are introduced through a puncture, bite, or other break in the skin. The cellulosic area is usually warm and tender and has some redness.
- **Streptococcal and staphylococcal infections.** These two kinds of bacteria are the main causes of cellulitis and impetigo. Certain types of these bacteria are also responsible for distinctive rashes on the skin, including the rashes associated with scarlet fever and toxic shock syndrome.

Fungal Infections

Fungal Infections of the Skin and Nails

- **Candidal dermatitis.** A warm, moist environment, such as that found in the folds of the skin in the diaper area of infants, is perfect for growth of the yeast *Candida*. Yeast infections of the skin in older children, teens, and adults are less common.
- **Tinea infection (ringworm).** Ringworm, which isn't a worm at all, is a fungus infection that can affect the skin, nails, or scalp. *Tinea* (pronounced: **tih**-nee-uh) fungi can infect the skin and related tissues of the body. The medical name for ringworm of the scalp is tinea capitis; ringworm of the body is called tinea corporis; and ringworm of the nails is called tinea unguium. With tinea corporis, the fungi can cause scaly, ring-like lesions anywhere on the body.
- **Tinea pedis (athlete's foot).** This infection of the feet is caused by the same types of fungi (called dermatophytes) that cause ringworm. Athlete's foot is commonly found in adolescents and is more likely to occur during warm weather.

Other Skin Problems

- **Parasitic infestations.** Parasites (usually tiny insects or worms) can feed on or burrow into the skin, often resulting in an itchy rash. Scabies and lice are examples of parasitic infestations. Both are contagious — meaning they can be easily caught from other people.
- **Viral infections.** Many viruses cause characteristic rashes on the skin, including varicella (pronounced: var-ih-**seh**-luh), the virus that causes chicken pox and shingles; herpes simplex, which causes cold sores; human papillomavirus (HPV), the virus that causes warts; and a host of others.

- **Acne (acne vulgaris)**. Acne is the single most common skin condition in teens. Some degree of acne is seen in 85% of adolescents, and nearly all teens have the occasional pimple, blackhead, or whitehead.
- **Skin cancer**. Skin cancer is rare in children and teens, but good sun protection habits established during these years can help prevent skin cancers like **melanoma** (pronounced: meh-luh-**no**-ma, a serious form of skin cancer that can spread to other parts of the body) later in life, especially among fair-skinned people who sunburn easily.

In addition to these diseases and conditions, the skin can be injured in a number of ways. Minor scrapes, cuts, and bruises heal quickly on their own, but other injuries — severe cuts and burns, for example — require medical treatment.

Disorders of the Scalp and Hair

- **Tinea capitis**, a type of ringworm, is a fungal infection that forms a scaly, ring-like lesion in the scalp. It's contagious and common among school-age children.
- **Alopecia** (pronounced: ah-luh-**pee**-sha) is an area of hair loss. Ringworm is a common cause of temporary alopecia in children. Alopecia can also be caused by tight braiding that pulls on the hair roots (this condition is called **traction alopecia**). Alopecia areata (where a person's hair falls out in round or oval patches on the scalp) is a less common condition that can sometimes affect teens.

Reviewed by: Patrice Hyde, MD

Date reviewed: May 2012



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Why Should I Care About Germs?

You may think germs are something you don't have to worry about — only the people selling toilet cleaners on TV are concerned with germs.

But germs are tiny organisms that can cause disease — and they're so small that they can creep into your system without you noticing. You even need a microscope to see them. To stay healthy, it helps to give some thought to germs.

Germs Basics

The term germs is really just a generic word for four different types of organisms: bacteria, viruses, fungi, and protozoa.

Bacteria are tiny, single-celled organisms that are found throughout nature, including in the bodies of human beings. A certain number of bacteria are good for our bodies — they help keep the digestive system in working order and keep harmful bacteria from moving in. Some bacteria are even used to produce medicines and vaccines.

But bacteria can cause trouble, too — ever had a urinary tract infection or strep throat? These infections are caused by bacteria.

Viruses are even smaller than bacteria and can't live on their own. In order to survive, grow, and reproduce, they need to be inside other living organisms. Most viruses can only live for a very short time outside other living cells. For example, they can stay on surfaces like a countertop or toilet seat in infected bodily fluids for a short period of time, but they quickly die there unless a live host comes along. But some viruses, such as the kind that cause hepatitis (an infection of the liver), can survive on surfaces for a week or longer and still be able to cause infections.

Once they've moved into your body, viruses spread easily and can make you quite sick. Viruses are responsible for not-so-serious diseases like colds as well as extremely serious diseases like smallpox.

Fungi (pronounced: **fun**-jye) are multi-celled, plant-like organisms that usually aren't dangerous in a healthy person. Fungi can't produce their own food from soil, water, and air, so instead, they get nutrition from plants, food, and animals in damp, warm environments.

Two common fungal infections are athlete's foot and ringworm. People who have weakened immune systems (from diseases like AIDS or cancer) may develop more serious fungal infections.

Protozoa (pronounced: pro-toe-**zo**-uh) are one-celled organisms like bacteria. Protozoa love moisture, so intestinal infections and other diseases they cause are often spread through contaminated water.

Once organisms like bacteria, viruses, fungi, and protozoa invade your body, they get ready to stay for a while. These germs draw all their energy from you! They may damage or destroy some of your own healthy cells. As they use up your nutrients and energy, most will produce waste products, known as **toxins**.

Some toxins cause the annoying symptoms of common colds or flu-like infections, such as sniffles, sneezing, coughing, and diarrhea. But other toxins can cause high fever, increased heart rate, and even life-threatening illness.

If you're not feeling well and visit your doctor, he or she may order testing to examine your blood and other fluids under a microscope or perform cultures to determine which germs (if any) are making you sick.

How Can I Protect Myself From Germs?

The best way to prevent the infections that germs cause is by protecting yourself. Because most germs are spread through the air in sneezes or coughs or through bodily fluids like saliva, semen, vaginal fluid, or blood. If you or someone else is sick, your best bet is to limit contact with those substances.

Washing your hands often is absolutely the best way to stop germs from getting into your body. When should you wash? After using the bathroom, after blowing your nose or coughing, after touching any pets or animals, after gardening, or before and after visiting a sick relative or friend. And of course you should wash your hands before eating or cooking.

There's a right way to wash hands, too — you need to soap up well using warm water and plenty of soap, then rub your hands vigorously together for 15 seconds (away from the water). Rinse your hands and finish by drying them thoroughly on a clean towel. It's a good idea to carry hand sanitizer with you for times when you are eating out or not near a sink.

If you spend any time in the kitchen, you'll have many opportunities to get rid of germs. Be sure to use proper food-handling techniques, like using separate cutting boards, utensils, and towels for preparing uncooked meat and poultry.

Another way to fight infections from germs is to make sure you have the right immunizations, especially if you'll be traveling to other countries. Other yearly immunizations, such as the flu vaccine, are strongly recommended unless your doctor tells you otherwise.

With a little prevention, you can keep harmful germs out of your way!

Reviewed by: Kate M. Cronan, MD

Date reviewed: September 2010



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

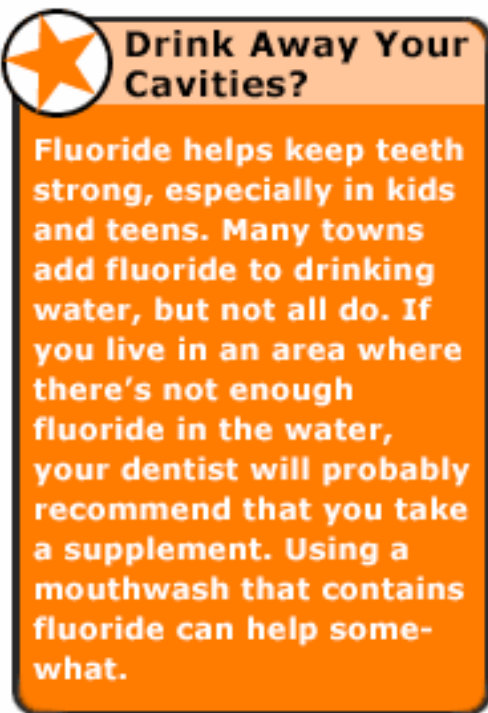
© 1995-2013 The Nemours Foundation. All rights reserved.

Taking Care of Your Teeth

Dentists say that the most important part of tooth care happens at home. Brushing and flossing properly, along with regular dental checkups, can help prevent tooth decay and gum disease.

If you're like most people, you don't exactly look forward to facing a dentist's drill. So wouldn't it be better to prevent cavities before they begin?

Giving Plaque the Brush-Off



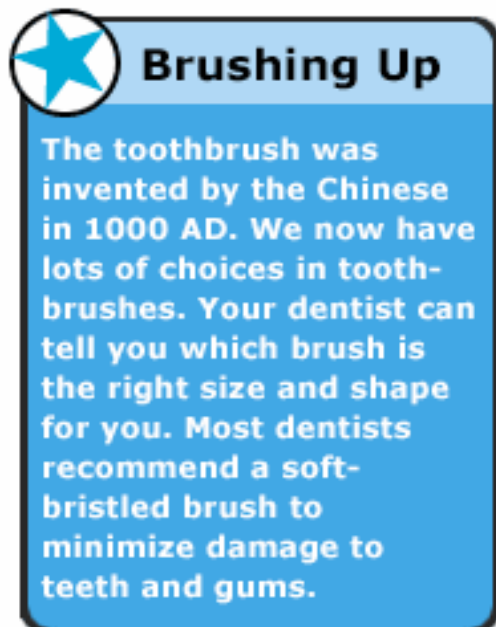
To prevent cavities, you need to remove **plaque**, the transparent layer of bacteria that coats the teeth. The best way to do this is by brushing your teeth twice a day and flossing at least once a day. Brushing also stimulates the gums, which helps to keep them healthy and prevent gum disease. Brushing and flossing are the most important things that you can do to keep your teeth and gums healthy.

Toothpastes contain abrasives, detergents, and foaming agents. Fluoride, the most common active ingredient in toothpaste, is what prevents cavities. So you should always be sure your toothpaste contains fluoride.

About 1 person in 10 has a tendency to accumulate **tartar** quickly. Tartar is plaque in a hardened form that is more damaging and difficult to remove. Using anti-tartar toothpastes and mouthwashes, as well as spending extra time brushing the teeth near the salivary glands (the inside of the lower front teeth and the outside of the upper back teeth) may slow the development of new tartar.

If you have teeth that are sensitive to heat, cold, and pressure, you may want to try a special toothpaste for sensitive teeth. But you'll still need to talk to your dentist about your sensitivity because it may indicate a more serious problem, such as a cavity or nerve inflammation (irritation).

Tips on Proper Brushing



Dentists say that the minimum time you should spend brushing your teeth is 2 minutes twice a day. Here are some tips on how to brush properly:

- Hold your brush at a 45-degree angle against your gumline. Gently brush from where the tooth and gum meet to the chewing surface in short (about half-a-tooth-wide) strokes. Brushing too hard can cause receding gums, tooth sensitivity, and, over time, loose teeth.
- Use the same method to brush all outside and inside surfaces of your teeth.

- To clean the chewing surfaces of your teeth, use short sweeping strokes, tipping the bristles into the pits and crevices.
- To clean the inside surfaces of your top and bottom front teeth and gums, hold the brush almost vertical. With back and forth motions, bring the front part of the brush over the teeth and gums.
- Using a forward-sweeping motion, gently brush your tongue and the roof of your mouth to remove the decay-causing bacteria that exist in these places.
- Use an egg timer or play a favorite song while brushing your teeth to get used to brushing for a full 2 to 3 minutes. Some electronic toothbrushes have timers that let you know when 2 minutes are up.

Facts on Flossing

Brushing is important but it won't remove the plaque and particles of food between your teeth, under the gumline, or under braces. You'll need to floss these spaces at least once a day.

The type of floss you choose depends on how much space you have between your teeth. Dentists usually recommend unwaxed floss because it's thinner and easier to slide through small spaces. However, studies have shown that there is no major difference in the effectiveness based on the type of floss used.

With any floss, you should be careful to avoid injuring your gums. Follow these instructions:

- Carefully insert the floss between two teeth, using a back and forth motion. Gently bring the floss to the gumline, but don't force it under the gums. Curve the floss around the edge of your tooth in the shape of the letter "C" and slide it up and down the side of each tooth.
- Repeat this process between all your teeth, and remember to floss the back sides of your back teeth.

Tooth-Whitening Products

Some toothpastes claim to whiten teeth. There's nothing wrong with using whitening toothpastes as long as they also contain fluoride and ingredients that fight plaque and

tartar. But these toothpastes alone don't contain much in the way of whitening ingredients and probably won't noticeably change the color of your teeth.

It's easy to be lured by ads telling people they need gleaming white teeth. But these ads are really targeted to older people. The truth is that most teens don't need tooth whitening because teeth usually yellow as a person gets older.

If you think your teeth aren't white enough, though, talk to your dentist before you try any over-the-counter whitening products. Your dentist may be able to offer you professional treatment, which will be suited to your unique needs and will work better than over-the-counter products.

Be careful when buying over-the-counter whitening products. Some bleaching agents may damage your gums and mouth. So always follow the instructions on any whitening product you use.

The Nutrition Connection

Eating sugar, as you probably already know, is a major cause of tooth decay. But it's not just how much sugar you eat — when and how you eat it can be just as important to keeping teeth healthy.

When you eat sugary foods or drink sodas frequently throughout the day, the enamel that protects your teeth is constantly exposed to acids. Hard candies, cough drops, and breath mints that contain sugar are especially harmful because they dissolve slowly in your mouth. Many experts suggest that you take a 3-hour break between eating foods containing sugar.

Sugary or starchy foods eaten with a meal are less harmful to your teeth than when they're eaten alone, possibly because the production of saliva, which washes away the sugar and bacteria, is increased. Eating sugary foods before you go to bed can be the most damaging (especially if you don't brush your teeth afterward) because you don't produce as much saliva when you sleep.

For most people, it's hard to cut out sweets completely, so try to follow these more realistic guidelines:

- Eat carbohydrates (sugars and starches) with a meal.

- If you can't brush your teeth after eating, rinse your mouth with water or mouthwash, or chew sugarless gum.
- Don't eat sugary foods between meals.
- If you snack, eat nonsugary foods, such as cheese, popcorn, raw veggies, or yogurt.

Going to the Dentist

The main reason for going to the dentist regularly — every 6 months — is **prevention**. The goal is to prevent tooth decay, gum disease, and other disorders that put the health of your teeth and mouth at risk.

Your first consultation with a dentist will probably consist of three main parts: a dental and medical history (where the dentist or dental hygienist asks you questions about your tooth care and reviews any dental records), a dental examination, and a professional cleaning.

The dentist will examine your teeth, gums, and other mouth tissues. He or she may also examine the joints of your jaws. The dentist will use a mirror and probe (a metal pick-like instrument) to check the crown (visible part) of each tooth for plaque and evidence of looseness or decay. The dentist also will check your bite and the way your teeth fit together (called **occlusion**).

Your dentist will examine the general condition of your gums, which should be firm and pink, not soft, swollen, or inflamed. He or she (or an assistant) will use the probe to check the depth of the **sulcus**, the slight depression where each tooth meets the gum. Deep depressions, called pockets, are evidence of gum disease.

After examining the visible parts of your teeth and mouth, your dentist will take X-rays that might reveal tooth decay, abscesses (collections of pus surrounded by swollen tissue), or impacted wisdom teeth.

Professional cleaning is usually performed by a dental hygienist, a specially trained and licensed dental professional. Cleaning consists mainly of removing hard deposits using a scaler (a scraping instrument) or an ultrasonic machine, which uses high-frequency sound waves to loosen plaque deposits. The particles are then rinsed off with water.

After cleaning, the dental hygienist will polish your teeth. The process cleans and smoothes the surfaces of the teeth, removing stains and making it harder for plaque to stick to the teeth. Finally, the hygienist may treat your teeth with a fluoride compound or a sealant to help prevent decay.

At the end of your visit, the dentist will let you know if you need to return to fill a cavity. Your dentist also may refer you to an orthodontist if he or she thinks you may need braces or have other issues.

More Dental Problems

Dental caries (tooth decay) can attack the teeth at any age. In fact, 84% of 17-year-olds have the disease. Left untreated, caries can cause severe pain and result in tooth loss. Losing teeth affects how you look and feel about yourself as well as your ability to chew and speak. Treating caries is also expensive. So prevention and early treatment are important.

It may surprise you to know that 60% of 15-year-olds experience **gingivitis**, the first stage of gum disease. Gingivitis, which involves the gums but not the underlying bone and ligament, is almost always caused by an accumulation of plaque. As with caries, treatment can be expensive.

If you remove plaque regularly and follow good oral hygiene habits, your gums usually will return to their healthy state. However, more serious gum disease can cause gums to swell, turn red, and bleed, and sometimes causes discomfort. How dentists treat gum disease depends on the extent of the disease.

Reviewed by: Charlie J. Inga, DDS

Date reviewed: November 2011



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

How Much Sleep Do I Need?

Most teens need about 8½ to more than 9 hours of sleep each night. Getting the right amount of sleep is essential for anyone who wants to do well on a test or play sports without stumbling. Unfortunately, though, many teens don't get enough sleep.

Why Don't Teens Get Enough Sleep?

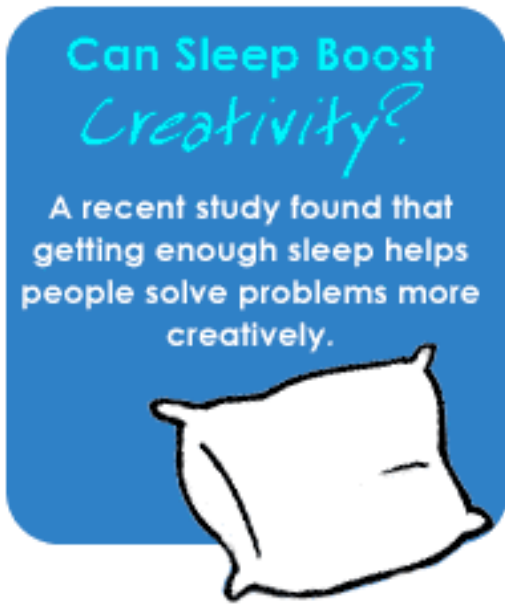
Until recently, teens often got a bad rap for staying up late, oversleeping for school, and falling asleep in class. But recent studies show that adolescent sleep patterns actually differ from those of adults or kids.

Experts say that during the teen years, the body's circadian rhythm (sort of like an internal biological clock) is temporarily reset, telling a person to fall asleep later and wake up later. This change might be due to the fact that the brain hormone melatonin is produced later at night for teens than it is for kids and adults. This can make it harder for teens to fall asleep early.

These changes in the body's circadian rhythm coincide with a busy time in life. For most teens, the pressure to do well in school is more intense than when they were kids, and it's harder to get by without studying hard. And teens also have other time demands — everything from sports and other extracurricular activities to working a part-time job to save money for college.

Early start times in some schools also might play a role in lost sleep. Teens who fall asleep after midnight may still have to get up early for school, meaning that they might squeeze in only 6 or 7 hours of sleep a night. A few hours of missed sleep a night may not seem like a big deal, but it can create a noticeable sleep deficit over time.

Why Is Sleep Important?



A sleep deficit affects everything from someone's ability to pay attention in class to his or her mood. According to a National Sleep Foundation Sleep in America poll, more than 25% of high school students fall asleep in class, and experts have tied lost sleep to poorer grades. Lack of sleep also damages teens' ability to do their best in athletics.

Slowed responses and dulled concentration from lack of sleep don't just affect school or sports performance, though. More than half of teens surveyed reported that they have driven a car while drowsy over the past year and 15% said they drove drowsy at least once a week. The National Highway Safety Traffic Administration estimates that more than 100,000 accidents, 40,000 injuries, and 1,500 people are killed in the U.S. every year in crashes caused by drivers who are simply tired. Young people under the age of 25 are far more likely to be involved in drowsy driving crashes.

Lack of sleep also is linked to emotional troubles, such as feelings of sadness and depression. Sleep helps keep us physically healthy, too, by slowing the body's systems to re-energize us for everyday activities.

Am I Getting Enough Sleep?

Even if you think you're getting enough sleep, you might not be. Here are some of the signs that you may need more sleep:

- difficulty waking up in the morning

- inability to concentrate
- falling asleep during classes
- feelings of moodiness and even depression

How Can I Get More Sleep?

Some researchers, parents, and teachers have suggested that middle- and high-school classes begin later in the morning to accommodate teens' need for more sleep. Some schools have implemented later start times. You and your friends, parents, and teachers can lobby for later start times at your school, but in the meantime you'll have to make your own adjustments.

Here are some things that may help you to sleep better:

- **Set a regular bedtime.** Going to bed at the same time each night signals to your body that it's time to sleep. Waking up at the same time every day also can help establish sleep patterns. So try to stick as closely as you can to your sleep schedule, even on weekends. Try not to go to sleep more than an hour later or wake up more than 2 to 3 hours later than you do during the week.
- **Exercise regularly.** Try not to exercise right before bed, though, as it can rev you up and make it harder to fall asleep. Finish exercising at least 3 hours before bedtime. Many sleep experts believe that exercising in late afternoon may actually help a person sleep.
- **Avoid stimulants.** Don't drink beverages with caffeine, such as soda and coffee, after 4 p.m. Nicotine is also a stimulant, so quitting smoking may help you sleep better. And drinking alcohol in the evening can make a person restless and interrupt sleep.
- **Relax your mind.** Avoid violent, scary, or action movies or television shows right before bed — anything that might set your mind and heart racing. Reading books with involved or active plots may also keep you from falling or staying asleep.
- **Unwind by keeping the lights low.** Light signals the brain that it's time to wake up. Staying away from bright lights (including computer screens!), as well as meditating or listening to soothing music, can help your body relax. Try to avoid TV, computers and other electronics, and using your phone (including texting) at least 1 hour before you go to bed.

- **Don't nap too much.** Naps of more than 30 minutes during the day and naps too close to bedtime may keep you from falling asleep later.
- **Avoid all-nighters.** Don't wait until the night before a big test to study. Cutting back on sleep the night before a test may mean you perform worse than you would if you'd studied less but got more sleep.
- **Create the right sleeping environment.** Studies show that people sleep best in a dark room that is slightly on the cool side. Close your blinds or curtains (and make sure they're heavy enough to block out light) and turn down the thermostat (pile on extra blankets or wear PJs if you're cold). Lots of noise can be a sleep turnoff, too. Use a nature sounds or white-noise machine (or app!) if you need to block out a noisy environment.
- **Wake up with bright light.** Bright light in the morning signals your body that it's time to get going. If it's dark in your room, it can help to turn on a light as soon as your alarm goes off.

If you're drowsy, it's hard to look and feel your best. Schedule "sleep" as an item on your agenda to help you stay creative and healthy.

Reviewed by: Mary L. Gavin, MD

Date reviewed: March 2013



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Common Sleep Problems

Garrett had a hard time waking up for school during his sophomore year. At first he thought it was because he'd been going to bed late over summer vacation and then sleeping in the next day. He assumed he'd adjust to his school schedule after a couple of weeks. But as the school year progressed, Garrett found himself lying awake in bed until 2 or 3 in the morning, even though he got up at 6:30 AM every day. He began falling asleep in class and his grades started to suffer.

Most teens don't get enough sleep, but that's usually because they're overloaded and tend to skimp on sleep. But sleep problems can keep some teens awake at night even when they want to sleep.

Over time, those nights of missed sleep (whether they're caused by a sleep disorder or simply not scheduling enough time for the necessary ZZZs) can build into a sleep deficit. People with a sleep deficit are unable to concentrate, study, and work effectively. They can also experience emotional problems, like depression.

What Happens During Sleep?

You don't notice it, of course, but while you're asleep, your brain is still active. As people sleep, their brains pass through five stages of sleep. Together, stages 1, 2, 3, 4, and REM (rapid eye movement) sleep make up a **sleep cycle**. One complete sleep cycle lasts about 90 to 100 minutes. So during an average night's sleep, a person will experience about four or five cycles of sleep.

Stages 1 and 2 are periods of light sleep from which a person can easily be awakened. During these stages, eye movements slow down and eventually stop, heart and breathing rates slow down, and body temperature decreases. Stages 3 and 4 are deep sleep stages. It's more difficult to awaken someone during these stages, and when awakened, a person will often feel groggy and disoriented for a few minutes. Stages 3 and 4 are the most refreshing of the sleep stages — it is this type of sleep that we crave when we are very tired.

The final stage of the sleep cycle is known as REM sleep because of the rapid eye movements that occur during this stage. During REM sleep, other physical changes take place — breathing becomes rapid, the heart beats faster, and the limb muscles don't move. This is the stage of sleep when a person has the most vivid dreams.

Why Do Teens Have Trouble Sleeping?

Research shows that teens need 8½ to more than 9 hours of sleep a night. You don't need to be a math whiz to figure out that if you wake up for school at 6:00 AM, you'd have to go to bed at 9:00 PM to reach the 9-hour mark. Studies have found that many teens have trouble falling asleep that early, though. It's not because they don't want to sleep. It's because their brains naturally work on later schedules and aren't ready for bed.

During adolescence, the body's circadian rhythm (sort of like an internal biological clock) is reset, telling a teen to fall asleep later at night and wake up later in the morning. This change in the circadian rhythm seems to be due to the fact that the brain hormone melatonin is produced later at night in teens than it is for kids and adults, making it harder for teens to fall asleep. Sometimes this delay in the sleep-wake cycle is so severe that it affects a person's daily functioning. In those cases it's called **delayed sleep phase syndrome**.

Changes in the body clock aren't the only reason teens lose sleep, though. Lots of people have **insomnia** — trouble falling or staying asleep. The most common cause of insomnia is stress. But all sorts of things can lead to insomnia, including physical discomfort (the stuffy nose of a cold or the pain of a headache, for example), emotional troubles (like family problems or relationship difficulties), and even an uncomfortable sleeping environment (a room that's too hot, cold, or noisy).

It's common for everyone to have insomnia from time to time. But if insomnia lasts for a month or longer with no relief, then doctors consider it **chronic**. Chronic insomnia can be caused by a number of different problems, including medical conditions, mental-health problems, medication side effects, or substance abuse. People with chronic insomnia can often get help for their condition from a doctor, therapist, or other counselor.

For some people, insomnia can be made worse by worrying about the insomnia itself. A brief period of insomnia can build into something longer lasting when a person becomes anxious about not sleeping or worried about feeling tired the next day. Doctors call this **psychophysiologic insomnia**.

Periodic Limb Movement Disorder and Restless Legs Syndrome

People with these conditions find their sleep is disrupted by leg (or, less frequently, arm) movements, leaving them tired or irritable from lack of sleep. In the case of periodic limb movement disorder (PLMD), these movements are involuntary twitches or jerks: They're

called involuntary because the person isn't consciously controlling them and is often unaware of the movement.

People with restless legs syndrome (RLS) actually feel physical sensations in their limbs, such as tingling, itching, cramping, or burning. The only way they can relieve these feelings is by moving their legs or arms to get rid of the discomfort.

Doctors can treat PLMD and RLS. For some people, treating an iron deficiency can make them go away; other people may need to take other types of medication.

Obstructive Sleep Apnea

A person with this sleep disorder temporarily stops breathing during sleep because the airway becomes narrowed or blocked. One common cause of obstructive sleep apnea is enlarged tonsils or adenoids (tissues located in the passage that connects the nose and throat). Being overweight or obese can also lead a person to develop obstructive sleep apnea.

People with obstructive sleep apnea may snore, have difficulty breathing, and even sweat heavily during sleep. Because it disrupts sleep, someone with sleep apnea may feel extremely sleepy or irritable during the day. People who show signs of obstructive sleep apnea, such as loud snoring or excessive daytime sleepiness, should be evaluated by a doctor.

Reflux

If someone has gastroesophageal reflux disease (GERD), stomach acid moves backward up into the esophagus, producing the uncomfortable, burning sensation known as heartburn. GERD symptoms can be worse when someone is lying down. Even if someone doesn't notice the feelings of heartburn during sleep, the discomfort it causes can still interfere with the sleep cycle.

Nightmares

Most teens have nightmares on occasion. But frequent nightmares can disrupt sleep patterns by waking someone during the night. Some things can trigger more frequent nightmares, including certain medications, drugs, or alcohol. Ironically, sleep deprivation can also be a cause.

The most common triggers for more frequent nightmares are emotional, such as stress or anxiety. If nightmares are interfering with your sleep, it's a good idea to talk to a parent, doctor, or counselor.

Narcolepsy

People with narcolepsy are often very sleepy during the day and have sleep "attacks" that may make them suddenly fall asleep, lose muscle control, or see vivid dreamlike images while dozing off or waking up. Someone's nighttime sleep may be disrupted, with frequent awakenings throughout the night.

Narcolepsy can be disturbing because people fall asleep without warning, making it hazardous to do things like drive. A person's schooling, work, or social life can be affected by the unusual sleep patterns.

Narcolepsy is not that commonly diagnosed in teens, although many cases go unrecognized. People usually first begin to have symptoms between the ages of 10 and 25, but may not be properly diagnosed until 10-15 years later. Doctors usually treat narcolepsy with medications and lifestyle changes.

Sleepwalking

It's rare for teens to walk in their sleep; most sleepwalkers are children. Sleepwalking may run in families. It tends to happen most often when a person is sick, has a fever, is not getting enough sleep, or is feeling stress.

Because most sleepwalkers don't sleepwalk often, it's not usually a serious problem. Sleepwalkers tend to go back to bed on their own and don't usually remember sleepwalking. (Sleepwalking often happens during the deeper sleep that takes place during stages 3 and 4 of the sleep cycle.)

Sometimes, though, a sleepwalker will need help moving around obstacles and getting back to bed. It's also true that waking sleepwalkers can startle them (but it isn't harmful), so try to guide a sleepwalker back to bed gently.

What Should I Do?

If you think you're getting enough rest at night and you're still feeling tired during the day, it's a good idea to visit your doctor. Excessive tiredness can be caused by all sorts of health problems, not just difficulties with sleep.

If a sleep problem is suspected, your doctor will look at your overall health and sleep habits. In addition to doing a physical examination, the doctor will take your medical history by asking you about any concerns and symptoms you have, your past health, your family's health, any medications you're taking, any allergies you may have, and other issues. The doctor also might do tests to find out whether any conditions — such as obstructive sleep apnea — might be interfering with your sleep.

Different sleep problems are treated differently. Some can be treated with medications, whereas others can be helped by special techniques like light therapy (where someone sits in front of a lightbox for a certain amount of time each day) or other practices that can help reset a person's body clock.

Doctors also encourage teens to make lifestyle changes that promote good sleeping habits. You probably know that caffeine can keep you awake, but many teens don't realize that playing video games or watching TV before sleeping can do the same thing.

Reviewed by: Mary L. Gavin, MD

Date reviewed: January 2011



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Help Getting To Sleep

Information Sheet

Not sleeping for long periods of time is extremely dangerous for physical and emotional wellbeing. Lack of sleep can lead to accidents, make you more likely to get sick, and is one of the primary reasons for emotional crisis, mania, or psychosis.

This information sheet was created to aid in maintaining a healthy sleep schedule.

What is good sleep?

Everyone is different in how much sleep they need, and it can change with changing life situations. Most adults need 7-8 hours a night, but this varies by person. Teens need around 9 hours, children up to 3 years 14-16 hours. The best sleep happens when we get to bed early.

What interferes with good sleep?

- * *Stress, anxiety, and trauma.*
- * *Caffeine, esp. when taken after 2pm. Caffeine is in many products not just coffee. Many teas such as green and black tea contain caffeine, as do chocolate, energy drinks, and some cold and headache medicines.*
- * *Medication side effects. Read labels carefully.*
- * *Poor nutrition or lack of food. You might also have food allergies that interfere with sleeping.*
- * *Alcohol taken 2hrs before bedtime can prevent the body from reaching the deep stage of sleep necessary for the body to rejuvenate itself.*
- * *Sugar, corn syrup, and sweeteners.*

What helps people get to sleep?

Routine is important. Try to go to bed at the same time every night. Your body automatically will start to feel tired at this time.

Don't read or watch tv in bed. Train your body to associate your bed with sleep. If you are having a hard time, get out of bed. Turn a light on and read, or watch a movie for half an hour or so before trying to sleep in bed.

Meditation can help to relax. One method is to concentrate on watching your breath rise and fall in your belly, notice when you are distracted by thoughts, and then return to your breath.

If you missed sleep, take a short nap during the day.



Deep, slow breathing from the belly can help -- don't push or use effort, breathe naturally but deeply.

Nightmares, sometimes caused by trauma, can prevent deep sleep. Talk about the dream as soon as you awake to reaffirm what is real and what is not. If another person is not available, writing it down may help get it out of your head.

Acupuncture, including ear treatment, is extremely effective for many people to get to sleep, including people in manic states or with extreme lack of sleep. Ask to find a practitioner in your area.

Simple yoga stretches, a bath, or massage will help to relax your muscles. Visualize progressively releasing tension in each part of your body, starting with your feet all the way to your head: "My toes are relaxing...my feet are relaxing...my ankles are relaxing..."

Herbal teas (such as chamomile) can help, as can bananas. Oat straw, melatonin, passion-fruit extract, and fish oil support healthy sleep. An herbalist can guide you on what to try.

Use earplugs if your environment is loud and distracting. If you are used to noise in the background, turn on some background music such as a fan with a towel over it.

Sleeping too much can be a sign of depression, malnutrition, medication side effect, or physical illness.

Doctors prescribe benzodiazapines such as Xanax, Valium, and Ativan for sleep. These drugs can help in the short term, but are extremely addictive and in the long term can make sleep problems worse. Use them with great care, or find alternatives.

Keeping your bedroom dark and a comfortable temperature will help you get to sleep.

Physically exhausting yourself through exercise will help you get to sleep. Exercising 3-5 times a week will help your body expend excess energy and feel tired.

DRAFT created 5-4-06 for the Common Ground Health Clinic. Send feedback and suggestions to: will@freedom-center.org.

Accessing Medical Care and Understanding Your Medication

Health

Medi-Cal Coverage Until 21 Years for Foster Youth

All foster youth are eligible for Medi-Cal. Youth have the right to receive needed medical and dental care while in foster care and after they emancipate (see All County Information Notice No. I-117-00). Through the Extended Medi-Cal Program for Emancipated Foster Youth young people whose dependency terminated at 18 or later can continue to receive Medi-Cal until their 21st birthday. It is important to take care of yourself and stay healthy, and there are services that can help you do that. If you are going to emancipate from foster care or you have already emancipated from foster care contact your Independent Living Coordinator or your social worker to sign-up for the Extended Medi-Cal Program for Emancipated Foster Youth.

Medi-Cal Hot-Line

If you have questions about Medi-Cal eligibility and medical and dental bills you can contact the Medi-Cal Hotline at: 916-636-1980

Teenage Health Resource Line

The Teenage Health Resource Line is a toll-free number where nurses answer confidential health questions. The hours are 7a.m. to 11p.m. 7 days a week. The number is 1-888-711-TEEN. Health questions can also be e-mailed to teenhealth@lpch.stanford.edu.

Public Health Nurses

The Health Care Program for children in foster care was created to improve healthcare needs of foster children and youth. In this program, county public health nurses work with children's caseworkers to coordinate services needed by foster youth to resolve physical, mental, dental and developmental problems.

<http://www.dhcs.ca.gov/services/hcpcfc/Pages/default.aspx>

If you need help with a health related issue, or want more information about keeping your Medi-Cal until 21, call the Office of the Foster Care Ombudsman at 1-877-846-1602.



Free Health Coverage for Many Californians

Many low-income Californians already qualify for Medi-Cal, including many:

- Children under 19
- Seniors age 65+
- Pregnant women
- People with a disability
- Parents and caretakers

But starting January 1, 2014, a new health law will let *more* people get Medi-Cal.

Who else can get Medi-Cal starting in 2014?

- Any adult who earns less than \$14,484 a year (\$1,207 a month)*
- Low-income households[†], such as a family of 4 making less than \$29,726/year (\$2,477/month)*
- Young adults (ages 18–26) who used to be foster kids
- Qualified immigrants

* These amounts change every year.

[†] "Household" includes anyone claimed as a dependent on your tax returns. Medi-Cal counts the income of everyone in your household.

How do I apply for Medi-Cal?

You may apply:

- Online
- By mail
- In person at your county welfare department
- By phone (starting October 1, 2013)

Are there other options besides Medi-Cal?

Yes. Starting October 1, 2013, there will be an "Exchange" that lets you apply for and compare health care coverage options and costs. To learn more, read our fact sheet, *The Exchange helps Californians find affordable health insurance*.

What if I do not qualify for Medi-Cal?

If you do not qualify for Medi-Cal, the Exchange will either help you find other public health care coverage options or shop for coverage that is affordable. It also helps you compare coverage and costs and even helps you pay for your insurance, if you qualify.

What will Medi-Cal ask for?

You will have to give Medi-Cal copies of documents that prove your:

- Identity
- Income
- California residency
- Expenses, such as child support, spousal support, and childcare

What kind of proof does Medi-Cal need?

To prove your **identity**, you may submit copies of the following:

- California driver's license
- Social security card
- Passport or immigration documents
- Birth certificate

To prove your **income**, you may submit copies of the following:

- Your most recent pay stub
- A signed statement from your employer saying how much you earn (before deductions)
- Last year's income tax returns
- Bank statements that show deposits from social security, retirement, or disability income
- Award letters for student loans, grants, or scholarships

*Starting 2014, Medi-Cal will **not** usually count money you have in the bank or other family resources.*

To prove **you live in California**, you may submit copies of a rent receipt or utility bill.

Some people have special **expenses** that lower their income. If you pay child or spousal support or child or dependent care, submit proof, such as:

- Statements of child support or spousal support that you pay
- Receipts or cancelled checks for child care or dependent care

What if I am not a legal immigrant?

You can still apply for Medi-Cal. A Medi-Cal worker will tell you if you qualify. Medi-Cal will not give your information to the immigration authorities.

If you are applying to be a U.S. citizen now, getting Medi-Cal will **not** hurt your application.

If you do not speak English, you have the right to an interpreter. Ask your health care provider for help.

For more information...

- Read the other fact sheets in this series at: www.healthconsumer.org
- Call us at Bay Area Legal Aid: **510-250-5270**
- Call the Department of Health Care Services: **916-636-1980**
- Learn more about the new health care law at: <http://healthcare.ca.gov>



Free Health Coverage for Many Californians

Many low-income Californians already qualify for Medi-Cal, including many:

- Children under 19
- Seniors age 65+
- Pregnant women
- People with a disability
- Parents and caretakers

But starting January 1, 2014, a new health law will let more people get Medi-Cal.

Who else can get Medi-Cal starting in 2014?

- Any adult who earns less than \$14,484 a year (\$1,207 a month)*
- Low-income households[†], such as a family of 4 making less than \$29,726 /year (\$2,477 /month)*
- Young adults (ages 18–26) who used to be foster kids
- Qualified immigrants

* These amounts change every year.

[†] “Household” includes anyone claimed as a dependent on your tax returns. Medi-Cal counts the income of everyone in your household.

How do I apply for Medi-Cal?

You may apply:

- Online
- By mail
- In person at your county welfare department
- By phone (starting October 1, 2013)

Are there other options besides Medi-Cal?

Yes. Starting October 1, 2013, there will be an “Exchange” that lets you apply for and compare health care coverage options and costs. To learn more, read our fact sheet, *The Exchange helps Californians find affordable health insurance.*

What if I do not qualify for Medi-Cal?

If you do not qualify for Medi-Cal, the Exchange will either help you find other public health care coverage options or shop for coverage that is affordable. It also helps you compare coverage and costs and even helps you pay for your insurance, if you qualify.

What will Medi-Cal ask for?

You will have to give Medi-Cal copies of documents that prove you:

- Identity
- Income
- California residency
- Expenses, such as child support, spousal support, and childcare

What kind of proof does Medi-Cal need?

To prove your identity, you may submit copies of the following:

- California driver’s license
- Social security card
- Passport or immigration documents
- Birth certificate

To prove your income, you may submit copies of the following:

- Your most recent pay stub
- A signed statement from your employer saying how much you earn (before deductions)
- Last year’s income tax returns
- Bank statements that show deposits from social security, retirement, or disability income
- Award letters for student loans, grants, or scholarships

Starting 2014, Medi-Cal will not usually count money you have in the bank or other family resources.

To prove you live in California, you may submit copies of a rent receipt or utility bill.

Some people have special expenses that lower their income. If you pay child or spousal support or child or dependent care, submit proof, such as:

- Statements of child support or spousal support that you pay
- Receipts or cancelled checks for child care or dependent care

What if I am not a legal immigrant?

You can still apply for Medi-Cal. A Medi-Cal worker will tell you if you qualify. Medi-Cal will not give your information to the immigration authorities.

If you are applying to be a U.S. citizen now, getting Medi-Cal will not hurt your application.

If you do not speak English, you have the right to an interpreter. Ask your health care provider for help.

For more information...

- Read the other fact sheets in this series at: www.healthconsumer.org
- Call us at Bay Area Legal Aid: 510-250-5270
- Call the Department of Health Care Services: 916-636-1980
- Learn more about the new health care law at: <http://healthcare.ca.gov>

Medication Quiz

Q.1 Which statement is true?

- ☐ All pills expire after 1 year.
- ☐ The label tells you when your medicine expires.
- ☐ You have to ask the pharmacist to figure out when your medicine expires.
- ☐ Liquid medicines expire after 8 months.

Continue

When we think about taking medications, we often think of pills. But medications can be delivered in many ways, such as:

- liquids that are swallowed (like cough syrup)
- drops that are put into ears or eyes
- creams, gels, or ointments that are rubbed onto the skin
- inhalers (like nasal sprays or asthma inhalers)
- patches that are stuck to skin (called transdermal patches)
- tablets that are placed under the tongue (called sublingual medicines; the medication is absorbed into blood vessels and enters the bloodstream)
- injections (shots) or intravenous (inserted into a vein) medications

No medicine can be sold unless it has first been approved by the U.S. Food and Drug Administration (FDA). The manufacturers of the medication perform tests on all new medicines and send the results to the FDA.

The FDA allows new medicines to be used only if they work and if they are safe enough. When a medicine's benefits outweigh its known risks, the FDA usually approves the sale of the drug. The FDA can withdraw a medication from the market at any time if it later is found to cause harmful side effects.

Different Types of Medicines

Medicines act in a variety of ways. Some can cure an illness by killing or halting the spread of invading germs, such as bacteria and viruses. Others are used to treat cancer by killing cells as they divide or preventing them from multiplying. Some drugs simply replace missing substances or correct abnormally low levels of natural body chemicals such as certain hormones or vitamins. Medicines can even affect parts of the nervous system that control a particular body process.

Nearly everyone has taken an antibiotic. This type of medicine fights bacterial infections. Your doctor may prescribe an antibiotic for things like strep throat or an ear infection. Antibiotics work either by killing bacteria or halting their multiplication so that the body's immune system can fight off the infection.

Sometimes a part of the body can't produce enough of a certain chemical. That can also make you sick. Someone with insulin-dependent diabetes, for instance, has a pancreas that can't produce enough insulin (a hormone that regulates glucose in the body). Some people have a low production of thyroid hormone, which helps control how the body uses energy. In each case, doctors can prescribe medicines to replace the missing hormone.

Some medicines treat symptoms but can't cure the illness that causes the symptoms. (A symptom is anything you feel while you're sick, such as a cough or nausea.) So taking a lozenge may soothe a sore throat, but it won't kill that nasty strep bacteria.

Certain medicines are designed to relieve pain. If you pull a muscle, your doctor might tell you to take ibuprofen or acetaminophen. These pain relievers, or **analgesics**, don't get rid of the source of the pain — your muscle will still be pulled. What they do is block the pathways that transmit pain signals from the injured or irritated body part to the brain (in other words, they affect the way the brain reads the pain signal) so that you don't hurt as much while your body recovers.

As people get older, they sometimes develop chronic or long-term conditions. Medicines can help control certain conditions like high blood pressure (hypertension) or high cholesterol. These drugs don't provide a cure for the underlying problem, but they can help prevent some of the body-damaging effects of the disease or condition over time.

Among the most important medicines are immunizations (or vaccines). These keep people from getting sick in the first place by immunizing, or protecting, the body against certain infectious diseases. Vaccines usually contain a small amount of an agent that resembles a specific germ or germs that have been modified or killed. When someone is vaccinated, it primes the body's immune system to "remember" the germ so it will be able to fight off infection by that germ in the future.

Most immunizations that prevent you from catching diseases like measles, whooping cough, and chickenpox are given by injection. No one thinks shots are fun. But the diseases they prevent can be very serious and cause symptoms that last much longer than the temporary discomfort of the shot.

Although some medications require a prescription, some are available in stores. For example, many medications for pain, fever, cough, or allergies can be purchased without a prescription. But just because a medicine is available over-the-counter (OTC), that doesn't mean it's free of side effects. Take OTC medicines with the same caution as those prescribed by a doctor.

Taking Medicines

No matter what type of medicine your doctor prescribes, it's always important to be safe and follow some basic rules:

- If you feel worse after taking a medicine, tell your doctor right away.

- Double-check that you have the right medicine. If you get the same prescription filled more than once, check that it's the same shape, size, and color as the last time. If not, be sure to ask the pharmacist about it.
- Read the label and follow directions. Ask if you have questions.
- Take medicines exactly as prescribed. If the instructions say take one tablet four times a day, don't take two tablets twice a day. It's not the same.
- Ask if the medicine is likely to affect everyday tasks such as driving or concentrating in school.
- Don't take more medication than is recommended. It won't make you heal faster or feel better quicker. In fact, an overdose of medication can make you sick.
- Always follow your doctor's or pharmacist's instructions. For instance, he or she may tell you to take a medicine with food to help lessen the stomach upset it can cause or instead to take the medicine on an empty stomach so as not to interfere with the medicine's absorption into your body.
- Never share prescription medicine with anyone else, even if that person has the same thing as you do. Today's medications are very complex, and the dosages tend to be precisely prescribed for each person's needs. Either under-dosing or overdosing can be harmful. Additionally, someone else's body may react differently to the same medication (for example, if the person has an allergy to one of the components of the medication).
- If you're already taking a medication but also want to take something you can buy over-the-counter, ask the pharmacist. There could be a bad interaction between the medications.
- Remember that drinking alcohol can dramatically worsen the side effects of many medications.
- Be sure to tell your doctor if you are pregnant or might be pregnant. Certain medications can be harmful to the baby.
- Always tell your doctor and pharmacist if you're taking any other medicines or any herbal supplements so that he or she can check for any interactions between the medications.
- Even if you get sick with what you think is the same old thing, don't decide on your own that you know what's wrong and take some leftover medicine. Taking that medicine for a different disease might not work — and it can even be harmful. Talk to your doctor first.
- Take antibiotics for the full length of the time prescribed, even if you start to feel better, so that all the germs are killed and the infection doesn't bounce back.



Phone It In

If you have a cell phone, use it to remember your medication. Set up a reminder tone to sound whenever you need to take medicine. If you don't have a phone, keep medication where you'll see it each day, such as next to an alarm clock or toothbrush. (Somewhere safe from little brothers or sisters!)

- Keep medicines in their original labeled containers, if possible.
- Don't use medicine that has expired, especially prescription medicine.
- Medicines should not be stored in your bathroom because heat and humidity can affect the potency of the drug. Most medicines should be kept at room temperature and away from sunlight. Some must be refrigerated. Check with your pharmacist or doctor if you aren't sure.
- Make sure all medicines are stored safely and out of the reach of younger brothers or sisters and pets.
- If you have any allergies, tell your doctor and pharmacist before they start you on a new medicine.
- If you get a rash, start itching, vomiting, or have trouble breathing after starting a medication, tell your parents immediately. Breathing difficulty, breaking out in hives, or suddenly developing swelling of the tongue, lips, face, or other body parts may be signs of a severe allergic reaction — get emergency medical care right away.

Taking medicines may feel like a hassle sometimes. But medicines are the most effective treatments available for many illnesses. If you ever have any questions about what a medicine does or how you should take it, talk with your doctor or a pharmacist.

Reviewed by: Steven Dowshen, MD

Date reviewed: June 2013

Originally reviewed by: James R. Hildebrand III, PharmD



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Stress and Stress Management

Yoga for Stress Relief

Why Yoga for Stress Relief?

Life can be stressful. For starters, there's your busy schedule — waking up super early for school, studying late at night for tests, juggling sports practice, homework, and meals. It's a lot to balance!

Everyday issues can add emotional stress, too — counseling a friend through a breakup, regretting a disagreement with a parent, weighing an important decision, or stressing over whether you'll make final cuts for the varsity team. With lots on your mind, it's easy to feel stressed.

There are many different ways to cope with stress. Talking with friends, exercising, and seeing a school counselor are just a few. Yoga can help reduce stress because it promotes relaxation, which is the natural opposite of stress. Yoga can benefit three aspects of ourselves that are often affected by stress: our body, mind, and breathing.

You don't have to wait to feel stressed out to do yoga, and you shouldn't! People who do a little bit of yoga each day often find they're better able to handle things when life gets a little crazy. Practicing yoga builds your ability to calm, focus, balance, and relax yourself.

Yoga Is More Than Just Stretching

Lots of people think of yoga as stretching or twisting the body into various impossible-looking pretzel shapes. But yoga is easier than it looks. There are simple poses as well as complicated ones, so there's something for every ability. Yoga requires no special equipment, so you can do it almost anywhere.

Yoga poses are good exercise and can help loosen up the tense muscles in your body. The areas of the body that tend to carry the most stress are the neck, shoulders, and back. But other parts of the body (like the face, jaw, fingers, or wrists) also can benefit from simple yoga stretches.

Yoga is so much more than just physical exercise, though. The key to getting the best out of each pose is to focus not only on your body, but also on your mind and breathing.

Getting the Most Out of Yoga

When you're in a yoga pose, think about how you can unite your body, mind, and breathing. Even a simple pose like mountain pose is a stress reliever when you focus on keeping your breathing slow and even, and visualize yourself as firm and steady as a mountain.

Stay 'in the moment.' When we're under stress, we're often thinking about what we need to do in the future ("I have to cram for that test") or what we could have done better in the past ("I wish I hadn't said that!"). Instead of letting your thoughts wander as you do yoga, think about what your body and breath are doing *in this moment*. Notice how a particular muscle or area of the body feels. Focus on breathing in slowly as your body stretches tall, and breathing out slowly as you curl up.

Being in the moment like this helps you build your ability to focus and concentrate, which helps in all aspects of life.

Use your breathing when things get difficult. When a yoga pose feels challenging, imagine sending your breath to the area in your body that feels stiff or tight. Does it help? You can use this skill in the rest of your life, too. Whenever something challenges you — a tough homework problem, an argument with a parent — try to focus on your breathing. You may be surprised by how much better you deal with the situation.

When to Try Yoga

Try taking a weekly yoga class or using a yoga DVD to help you learn some yoga poses. There are classes as well as yoga DVDs created especially for teens.

You can also incorporate mini-bits of yoga into your daily life to help you manage stressful moments. Here are some ideas:

- **Before a test.** Do easy neck and shoulder rolls right at your desk to relieve tense muscles in your neck, shoulders, and back. Also try squeezing and relaxing your fingers and hands. These exercises can take as little as 30 seconds, and can be repeated as often as you need!
- **While studying.** Try a few simple yoga moves to help relax any areas that may have become tense while studying. Neck and shoulder rolls can release tension in your back and shoulders. Forward folds and twists will relieve lower back strain. Give your face a mini-massage to help loosen up a tense jaw. Balancing poses, like tree pose, can help focus your energy so you can concentrate on what you need to do!
- **Before bed.** Do a few yoga stretches before bed to help you relax — especially if you have a lot on your mind. Poses where you fold forward, like child's pose, tend to be calming. They allow you to tune out the rest of the world and feel quiet and peaceful. Stay in a forward fold for 3 or 4 full, slowing breaths, and allow your body and mind to relax.

Yoga and YOU

The best part about yoga is that it helps you discover more about your mind, body, and emotions. Yoga can help you become more balanced, calm, focused, and relaxed as you go through life's usual ups and



Yoga Unites Body, Mind, and Breathing

The word "yoga" is Sanskrit (an ancient language spoken thousands of years ago in India, where yoga began). The word "yoga" means "union" in Sanskrit because yoga unites the mind, body, and breath. You'll often hear the poses and techniques of yoga called by their Sanskrit names.

downs.

Of course, you won't instantly feel more positive, calm, or energetic after doing a few yoga poses. As with all good things, the effects of yoga need to build up over time.

But if you give yourself a half hour each day to do a few yoga poses, after a couple of weeks you should start noticing a subtle change. Keep going longer and yoga will become a natural part of your daily routine, ready to help you manage life's stresses well into the future.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: November 2010



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Relationships and Sexual Health

BOUNDARIES

Boundaries serve as a protection, a natural distance that you create between yourself and others to preserve your identity. Healthy people have moveable boundaries that they control and make choices about. People who have not learned about their own boundaries tend to be either rigid or very lax in their own boundary system.

Components of the Boundary System

External	Physical	protects your body
	Sexual	protects the sexual aspects of your body
Internal	Emotional	protects feelings and behavior
	Cognitive	protects your thinking

Setting Appropriate Adult Boundaries

Physical	I have the right to determine when, where, how, and who is going to touch me.
Sexual	I have the right to determine with whom, where, when, and how I am going to be sexual with someone.
Emotional	What I think and feel and do or don't do is more about me and my history than what you are saying or doing in front of me. Also, what you think and feel and do or don't do is more about you and your history than what I am saying or doing in front of you. I am responsible for listening, paying attention, and/or acknowledging the impact of my behavior on you and yours on me.
Cognitive	I have the right to think what I want to think. I will face the consequences of my own thinking.

About Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases (also known as STDs — or STIs for "sexually transmitted infections") are infectious diseases that spread from person to person through intimate contact. STDs can affect guys and girls of all ages and backgrounds who are having sex — it doesn't matter if they're rich or poor.

Unfortunately, STDs have become common among teens. Because teens are more at risk for getting some STDs, it's important to learn what you can do to protect yourself.

STDs are more than just an embarrassment. They're a serious health problem. If untreated, some STDs can cause permanent damage, such as infertility (the inability to have a baby) and even death (in the case of HIV/AIDS).

How STDs Spread

One reason STDs spread is because people think they can only be infected if they have sexual intercourse. That's wrong. A person can get some STDs, like herpes or genital warts, through skin-to-skin contact with an infected area or sore.

Another myth about STDs is that you can't get them if you have oral or anal sex. That's also wrong because the viruses or bacteria that cause STDs can enter the body through tiny cuts or tears in the mouth and anus, as well as the genitals.

STDs also spread easily because you can't tell whether someone has an infection. In fact, some people with STDs don't even know that they have them. These people are in danger of passing an infection on to their sex partners without even realizing it.

Some of the things that increase a person's chances of getting an STD are:

- **Sexual activity at a young age.** The younger a person starts having sex, the greater his or her chances of becoming infected with an STD.
- **Lots of sex partners.** People who have sexual contact — not just intercourse, but any form of intimate activity — with many different partners are more at risk than those who stay with the same partner.
- **Unprotected sex.** Latex condoms are the only form of birth control that reduce your risk of

getting an STD, and must be used every time. Spermicides, diaphragms, and other birth control methods may help prevent pregnancy, but they don't protect a person against STDs.

Preventing and Treating STDs

As with many other diseases, prevention is key. It's much easier to prevent STDs than to treat them. The only way to completely prevent STDs is to abstain from all types of sexual contact. If someone is going to have sex, the best way to reduce the chance of getting an STD is by using a condom every time.

People who are considering having sex should get regular gynecological or male genital examinations. There are two reasons for this. First, these exams give doctors a chance to teach people about STDs and protecting themselves. And second, regular exams give doctors more opportunities to check for STDs while they're still in their earliest, most treatable stage.

In order for these exams and visits to the doctor to be helpful, people need to tell their doctors if they are thinking about having sex or if they have already started having sex. This is true for all types of sex — oral, vaginal, and anal. And let the doctor know if you've ever had any type of sexual contact, even if it was in the past.

Don't let embarrassment at the thought of having an STD keep you from seeking medical attention. Waiting to see a doctor may allow a disease to progress and cause more damage. If you think you may have an STD, or if you have had a partner who may have an STD, you should see a doctor right away.

If you don't have a doctor or prefer not to see your family doctor, you may be able to find a local clinic in your area where you can get an exam confidentially. Some national and local organizations operate STD hotlines staffed by trained specialists who can answer your questions and provide referrals. Calls to these hotlines are confidential. One hotline you can call for information is the National STD Hotline at 1-800-227-8922.

Not all infections in the genitals are caused by STDs. Sometimes people can get symptoms that seem very like those of STDs, even though they've never had sex. For girls, a yeast infection can easily be confused with an STD. Guys may worry about bumps on the penis that turn out to be pimples or irritated hair follicles. That's why it's important to see a doctor if you ever have questions about your sexual health.

More Information

For more information about the signs, symptoms, and treatments of some common STDs, click on the links below.

- Chlamydia
- Genital Herpes (HSV-2)
- Genital Warts
- Gonorrhea
- Hepatitis B (HBV)
- HIV and AIDS
- Pelvic Inflammatory Disease (PID)

- Pubic Lice (Crabs)
- Syphilis
- Trichomoniasis

Reviewed by: Larissa Hirsch, MD

Date reviewed: June 2010



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

5 Myths About STDs

So much wrong information about sexually transmitted diseases (STDs) gets passed around that it's no surprise the diseases do too. Of course, the only way to be 100% sure you won't get an STD like herpes, chlamydia, or HIV, is not to have any type of sex (abstinence). But if you do decide to have sex, you'll need to stay informed and learn what's true — and what's not.

Here are 5 of the more common things that people get wrong about STDs.

Myth: Only "trashy" people get STDs.

Fact: STDs don't discriminate.

Rich people get STDs. Poor people get them. Athletes get them. Math geeks get them. CEOs and professors get them. Even someone having sex for the first time can get an STD. The only people who have no risk of getting an STD are people who haven't had sex or any kind of sexual contact.

What can you do? If you decide to have sex, always use a condom every time. Even if you're already on another kind of birth control, like the Pill, you should still use a condom. That's because condoms are the only type of birth control that reduces the risk of getting an STD.



Myth: If your partner has an STD, you'll see it.

Fact: There's often no sign that a person has an STD.

Even doctors often can't tell by looking if people have STDs. So they need to do tests, like bloodwork. People with STDs might not know they have them: STDs don't always cause symptoms. But it is possible to carry and spread the virus without ever having an outbreak. Untreated STDs can add up to serious health problems, like infertility (the inability to have a baby) or pelvic inflammatory disease (PID), which may land you in the hospital.

What can you do? Even if you both think you're clean, get checked out before having sex. Then use a

condom every time, just to be sure. It can take a while for some STDs to show up on tests.

Myth: You can avoid STDs by having oral or anal sex.

Fact: Where there's sex (oral, anal, vaginal, or even just sexual contact), there can be STDs.

The viruses or bacteria that cause STDs can enter the body through tiny cuts or tears in the mouth and anus, as well as the genitals. Some STDs, like herpes or genital warts, can spread just through skin-to-skin contact with an infected area or sore.

What can you do? Use a condom or a **dental dam** every time you have oral or anal sex. If the taste of latex isn't your thing, there are flavored condoms made specifically for oral sex.

Myth: Once you've had an STD, there's no chance of getting it again.

Fact: You can get some STDs more than just once.

Some STDs are yours for life, like herpes and HIV. Others, like chlamydia and gonorrhea, can be treated, but you may get infected again if you have sexual contact with someone who has them.

What can you do? Protect yourself with condoms, of course! And if you're having sex, let your doctor know so you can get tested regularly. If you do get diagnosed with an STD, your partner should be treated at the same time you are. That way your partner will avoid future problems — and avoid reinfecting you.

Myth: If you get checked and you're STD free, your partner doesn't need to get checked as well.

Fact: Your partner could have an STD and not know it.

Who wants to make the effort to get tested, find out they're clean, and then end up catching an STD from a partner anyway?

What can you do? Get tested together. It may not be your most romantic date, but nothing says "I care" like trying to protect a boyfriend or girlfriend from illness.

STDs are more than just an embarrassment. They're a serious health problem. Left untreated, some STDs can cause permanent damage, such as infertility and even death.

There are tons of myths out there about sex and STDs — the ones above are just a few of them. Luckily, you only need to remember these essential truths:



Having Sex? Get Tested.

You can't always tell by looking if a person has an STD. Some STDs only show up on tests. Of course, if you notice signs of an infection — like an unusual discharge — see a doctor or visit a health clinic right away. STDs need to be treated quickly so they don't cause long-term health problems.

1. The only way to 100% avoid STDs (and pregnancy) is not to have sex.
2. If you do have sex, use a condom every time.
3. If you have had sex, get tested for STDs.

Reviewed by: Nicole A. Green, MD

Date reviewed: March 2013

Originally reviewed by: Krishna Wood White, MD, MPH



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Date Rape

What Is Date Rape?

When people think of rape, they might think of a stranger jumping out of a shadowy place and sexually attacking someone. But it's not only strangers who rape. In fact, about half of all people who are raped know the person who attacked them. Girls and women are most often raped, but guys also can be raped.

Most friendships, acquaintances, and dates never lead to violence, of course. But, sadly, sometimes it happens. When forced sex occurs between two people who already know each other, it is known as date rape or acquaintance rape.

Even if the two people know each other well, and even if they were intimate or had sex before, no one has the right to force a sexual act on another person against his or her will.

Although it involves forced sex, rape is not about sex or passion. Rape has nothing to do with love. Rape is an act of aggression and violence.

You may hear some people say that those who have been raped were somehow "asking for it" because of the clothes they wore or the way they acted. That's wrong: The person who is raped is not to blame. Rape is always the fault of the rapist. And that's also the case when two people are dating — or even in an intimate relationship. One person never owes the other person sex. If sex is forced against someone's will, that's rape.

Healthy relationships involve respect — including respect for the feelings of others. Someone who really cares about you will respect your wishes and not force or pressure you to have sex.

Alcohol and Drugs

Alcohol is often involved in date rapes. Drinking can loosen inhibitions, dull common sense, and — for some people — allow aggressive tendencies to surface.

Drugs may also play a role. You may have heard about "date rape" drugs like rohypnol ("roofies"), gamma-hydroxybutyrate (GHB), and ketamine. Drugs like these can easily be mixed in drinks to make a person black out and forget things that happen. Both girls and guys who have been given these drugs report feeling paralyzed, having blurred vision, and lack of memory.

Mixing these drugs with alcohol is highly dangerous and can kill.

Protecting Yourself

The best defense against date rape is to try to prevent it whenever possible. Here are some things both girls and guys can do:

- Avoid secluded places (this may even mean your room or your partner's) until you trust your partner.
- Don't spend time alone with someone who makes you feel uneasy or uncomfortable. This means following your instincts and removing yourself from situations that you don't feel good about.
- Stay sober and aware. If you're with someone you don't know very well, be aware of what's going on around you and try to stay in control. Also, be aware of your date's ability to consent to sexual activity — you may become guilty of committing rape if the other person is not in a condition to respond or react.
- Know what you want. Be clear about what kind of relationship you want with another person. If you are not sure, then ask the other person to respect your feelings and to give you time. Don't allow yourself to be subject to peer pressure or encouraged to do something that you don't want to do.
- Go out with a group of friends and watch out for each other.
- Don't be afraid to ask for help if you feel threatened.
- Take self-defense courses. These can build confidence and teach valuable physical techniques a person can use to get away from an attacker.



Always order your own drinks and watch them being made. Drugs can be slipped into both alcoholic and non-alcoholic drinks at parties or in bars without a person knowing. And don't drink from your glass if it has been left where you can't keep an eye on it.

Getting Help

Unfortunately, even if someone takes every precaution, date rape can still happen. If you're raped, here are some things that you can do:

- If you're injured, go straight to the emergency room — most medical centers and hospital emergency departments have doctors and counselors who have been trained to take care of someone who has been raped.
- Call or find a friend, family member, or someone you feel safe with and tell them what happened.
- If you want to report the rape, call the police right away. Preserve all the physical evidence. Don't change clothes or wash.
- Write down as much as you can remember about the event.
- If you aren't sure what to do, call a rape crisis center. If you don't know the number, your local

phone book will have hotline numbers.

Don't be afraid to ask questions and get information. You'll have lots of questions as you go through the process — such as whether to report the rape, who to tell, and the kinds of reactions you may get from others.

Rape isn't just physically damaging — it can be emotionally traumatic as well. It may be hard to think or talk about something as personal as being raped by someone you know. But talking with a trained rape crisis counselor or other mental health professional can give you the right emotional attention, care, and support to begin the healing process. Working things through can help prevent lingering problems later on.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: February 2009



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Mental Health and Teen Issues

Anxiety Disorders

What Is Anxiety?

Liam had always looked out for his younger brother Sam. But whenever Sam took the late bus after soccer practice, Liam worried about him so much he couldn't concentrate on his homework. Liam watched the clock, worrying and imagining the worst — picturing bus accidents and fearing, for no particular reason, that Sam might be injured or dead. Only when Sam arrived home safe could Liam finally relax.

It's completely normal to worry when things get hectic and complicated. But if worries become overwhelming, you may feel that they're running your life. If you spend an excessive amount of time feeling worried or nervous, or you have difficulty sleeping because of your anxiety, pay attention to your thoughts and feelings. They may be symptoms of an anxiety problem or disorder.

Anxiety is a natural human reaction that involves mind and body. It serves an important basic survival function: Anxiety is an alarm system that is activated whenever a person perceives danger or threat.

When the body and mind react to danger or threat, a person feels physical sensations of anxiety — things like a faster heartbeat and breathing, tense muscles, sweaty palms, a queasy stomach, and trembling hands or legs. These sensations are part of the body's **fight-flight response**. They are caused by a rush of adrenaline and other chemicals that prepare the body to make a quick getaway from danger. They can be mild or extreme.

The fight-flight response happens instantly when a person senses a threat. It takes a few seconds longer for the thinking part of the brain (the **cortex**) to process the situation and evaluate whether the threat is real, and if so, how to handle it. If the cortex sends the all-clear signal, the fight-flight response is deactivated and the nervous system can relax.

If the mind reasons that a threat might last, feelings of anxiety might linger, keeping the person alert. Physical sensations such as rapid, shallow breathing; a pounding heart; tense muscles; and sweaty palms might continue, too.

Normal Anxiety

Everyone experiences feelings of anxiety from time to time. Anxiety can be described as a sense of uneasiness, nervousness, worry, fear, or dread of what's about to happen or what might happen. While fear is the emotion we feel in the presence of threat, anxiety is a sense of anticipated danger, trouble, or threat.

Feelings of anxiety can be mild or intense (or anywhere in between), depending on the person and the situation. Mild anxiety can feel like a sense of uneasiness or nervousness. More intense anxiety can feel like fear, dread, or panic. Worrying and feelings of tension and stress are forms of anxiety. So are stage fright and the shyness that can come with meeting new people.

It's natural for new, unfamiliar, or challenging situations to prompt feelings of anxiety or nervousness. Facing an important test, a big date, or a major class presentation can trigger normal anxiety. Although these situations don't actually threaten a person's safety, they can cause someone to feel "threatened" by potential embarrassment, worry about making a mistake, fitting in, stumbling over words, being accepted or rejected, or losing pride. Physical sensations — such as a pounding heart, sweaty hands, or a nervous stomach — can be part of normal anxiety, too.

Because anxiety makes a person alert, focused, and ready to head off potential problems, a little anxiety can help us do our best in situations that involve performance. But anxiety that's too strong can interfere with doing our best. Too much anxiety can cause people to feel overwhelmed, tongue-tied, or unable to do what they need to do.

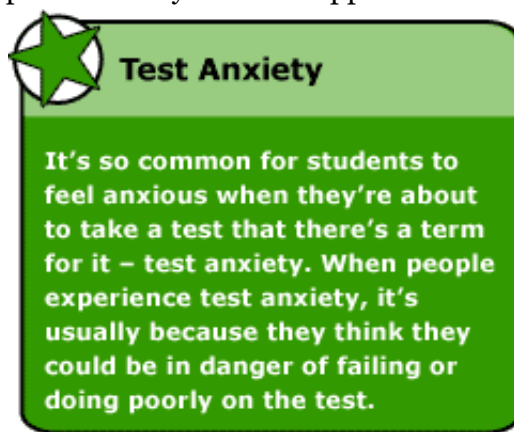
Anxiety Disorders

Anxiety disorders are mental health conditions that involve excessive amounts of anxiety, fear, nervousness, worry, or dread. Anxiety that is too constant or too intense can cause a person to feel preoccupied, distracted, tense, and always on alert.

Anxiety disorders are among the most common mental health conditions. They affect people of all ages — including adults, children, and people in their teens. There are many different types of anxiety disorders, with different symptoms. They all have one thing in common, though: Anxiety occurs too often, is too strong, is out of proportion to the present situation, and affects a person's daily life and happiness.

Symptoms of an anxiety disorder can come on suddenly, or they can build gradually and linger until a person begins to realize that something is wrong. Sometimes anxiety creates a sense of doom and foreboding that seems to come out of nowhere. It's common for those with an anxiety disorder to not know what's causing the emotions, worries, and sensations they have.

Different anxiety disorders are named to reflect their specific symptoms.



- **Generalized anxiety.** With this common anxiety disorder, a person worries excessively about many things. Someone with generalized anxiety may worry excessively about school, the health or safety of family members, and the future. They may always think of the worst that could happen.

Along with the worry and dread, people with generalized anxiety have physical symptoms, such as chest pain, headache, tiredness, tight muscles, stomachaches, or vomiting. Generalized anxiety can lead a person to miss school or avoid social activities. With generalized anxiety, worries can feel

like a burden, making life feel overwhelming or out of control.

- **Obsessive compulsive disorder (OCD).** For a person with OCD, anxiety takes the form of obsessions (bad thoughts) and compulsions (actions that try to relieve anxiety).
- **Phobias.** These are intense fears of specific situations or things that are not actually dangerous, such as heights, dogs, or flying in an airplane. Phobias usually cause people to avoid the things they are afraid of.
- **Social phobia (social anxiety).** This intense anxiety is triggered by social situations or speaking in front of others. An extreme form called **selective mutism** causes some kids and teens to be too fearful to talk at all in certain situations.
- **Panic attacks.** These episodes of anxiety can occur for no apparent reason. With a panic attack, a person has sudden and intense physical symptoms that can include a pounding heart, shortness of breath, dizziness, numbness, or tingling feelings caused by overactivity of the body's normal fear response. **Agoraphobia** is an intense fear of panic attacks that causes a person to avoid going anywhere a panic attack could possibly occur.
- **Posttraumatic stress disorder (PTSD).** This type of anxiety disorder results from a traumatic or terrifying past experience. Symptoms include flashbacks, nightmares, or constant fear after the fact.

How Anxiety Disorders Affect People

For people dealing with anxiety disorders, symptoms can feel strange and confusing at first. For some, the physical sensations can be strong and upsetting. For others, feelings of doom or fear that can happen for no apparent reason can make them feel scared, unprotected, and on guard. Constant worries can make a person feel overwhelmed by every little thing. All this can affect someone's concentration, confidence, sleep, appetite, and outlook.

People with anxiety disorders might avoid talking about their worries, thinking that others might not understand. They may fear being unfairly judged, or considered weak or scared. Although anxiety disorders are common, people who have them may feel misunderstood or alone.

Some people with anxiety disorders might blame themselves. They may feel embarrassed or ashamed, or mistakenly think that anxiety is a weakness or a personal failing. Anxiety can keep people from going places or doing things they enjoy.

The good news is, doctors today understand anxiety disorders better than ever before and, with treatment, a person can feel better.

What Causes Anxiety Disorders?

Experts don't know exactly what causes anxiety disorders. Several things seem to play a role, including genetics, brain biochemistry, an overactive fight-flight response, stressful life circumstances, and learned

behavior.

Someone with a family member who has an anxiety disorder has a greater chance of developing one, too. This may be related to genes that can affect brain chemistry and the regulation of chemicals called neurotransmitters. But not everyone with a family member who has an anxiety disorder will develop problems with anxiety.

Things that happen in a person's life can also set the stage for anxiety disorders. Frightening traumatic events that can lead to PTSD are a good example.

Growing up in a family where others are fearful or anxious can "teach" a child to view the world as a dangerous place. Likewise, someone who grows up in an environment that is actually dangerous (if there is violence in the family or community, for example) may learn to be fearful or expect the worst.

Although everyone experiences normal anxiety in certain situations, most people — even those who experience traumatic situations — don't develop anxiety disorders. And people who develop anxiety disorders can get relief with proper treatment and care. They can learn ways to manage anxiety and to feel more relaxed and at peace.

How Are Anxiety Disorders Treated?

Anxiety disorders can be treated by mental health professionals, or therapists. A therapist can look at the symptoms someone is dealing with, diagnose the specific anxiety disorder, and create a plan to help the person get relief.

A particular type of talk therapy called cognitive-behavior therapy (CBT) is often used. In CBT, a person learns new ways to think and act in situations that can cause anxiety, and to manage and deal with stress. The therapist provides support and guidance and teaches new coping skills, such as relaxation techniques or breathing exercises. Sometimes, but not always, medication is used as part of the treatment for anxiety.

What to Do

Getting the problem treated can help a person feel like himself or herself again — relaxed and ready for the good things in life. Someone who might be dealing with an anxiety disorder should:

- **Tell a parent or other adult about physical sensations, worries, or fears.** Because anxiety disorders don't go away unless they are treated, it's important to tell someone who can help. If a parent doesn't seem to understand right away, talk to a school counselor, religious leader, or other trusted adult.
- **Get a checkup.** See a doctor to make sure there are no physical conditions that could be causing symptoms.
- **Work with a mental health professional.** Ask a doctor, nurse, or school counselor for a referral to someone who treats anxiety problems. Finding out what's causing the symptoms can be

a great relief.

- **Get regular exercise, good nutrition, and sleep.** These provide your body and brain with the right fuel and time to recharge.

Try to stay patient and positive. It can take time to feel better, and courage to face fears. But letting go of worry allows space for more happiness and fun.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: May 2013



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Fears and Phobias

The roller coaster hesitates for a split second at the peak of its steep track after a long, slow climb. You know what's about to happen — and there's no way to avoid it now. It's time to hang onto the handrail, palms sweating, heart racing, and brace yourself for the wild ride down.

What Is Fear?

Fear is one of the most basic human emotions. It is programmed into the nervous system and works like an instinct. From the time we're infants, we are equipped with the survival instincts necessary to respond with fear when we sense danger or feel unsafe.

Fear helps protect us. It makes us alert to danger and prepares us to deal with it. Feeling afraid is very natural — and helpful — in some situations. Fear can be like a warning, a signal that cautions us to be careful.

Like all emotions, fear can be mild, medium, or intense, depending on the situation and the person. A feeling of fear can be brief or it can last longer.

How Fear Works

When we sense danger, the brain reacts instantly, sending signals that activate the nervous system. This causes physical responses, such as a faster heartbeat, rapid breathing, and an increase in blood pressure. Blood pumps to muscle groups to prepare the body for physical action (such as running or fighting). Skin sweats to keep the body cool. Some people might notice sensations in the stomach, head, chest, legs, or hands. These physical sensations of fear can be mild or strong.

This response is known as "fight or flight" because that is exactly what the body is preparing itself to do: fight off the danger or run fast to get away. The body stays in this state of fight-flight until the brain receives an "all clear" message and turns off the response.

Sometimes fear is triggered by something that is startling or unexpected (like a loud noise), even if it's not actually dangerous. That's because the fear reaction is activated instantly — a few seconds faster than the thinking part of the brain can process or evaluate what's happening. As soon as the brain gets enough information to realize there's no danger ("Oh, it's just a balloon bursting — whew!"), it turns off the fear reaction. All this can happen in seconds.

Fears People Have

Fear is the word we use to describe our emotional reaction to something that seems dangerous. But the

word "fear" is used in another way, too: to name something a person often feels afraid of.



Fear or Fun?

Some people find the rush of fear exciting. They might seek out the thrill of extreme sports and savor the scariest horror flicks. Others do not like the experience of feeling afraid or taking risks. During the scariest moments of a roller-coaster ride one person might think, "I'll never get on this thing again - that is, if I make it out alive!" while another person thinks, "This is awesome! As soon as it's over, I'm getting back on!"

People fear things or situations that make them feel unsafe or unsure. For instance, someone who isn't a strong swimmer might have a fear of deep water. In this case, the fear is helpful because it cautions the person to stay safe. Someone could overcome this fear by learning how to swim safely.

A fear can be healthy if it cautions a person to stay safe around something that could be dangerous. But sometimes a fear is unnecessary and causes more caution than the situation calls for.

Many people have a fear of public speaking. Whether it's giving a report in class, speaking at an assembly, or reciting lines in the school play, speaking in front of others is one of the most common fears people have.

People tend to avoid the situations or things they fear. But this doesn't help them overcome fear — in fact, it can be the reverse. Avoiding something scary reinforces a fear and keeps it strong.

People can overcome unnecessary fears by giving themselves the chance to learn about and gradually get used to the thing or situation they're afraid of. For example, people who fly despite a fear of flying can become used to unfamiliar sensations like takeoff or turbulence. They learn what to expect and have a chance to watch what others do to relax and enjoy the flight. Gradually (and safely) facing fear helps someone overcome it.

Fears During Childhood

Certain fears are normal during childhood. That's because fear can be a natural reaction to feeling unsure and vulnerable — and much of what children experience is new and unfamiliar.

Young kids often have fears of the dark, being alone, strangers, and monsters or other scary imaginary creatures. School-aged kids might be afraid when it's stormy or at a first sleepover. As they grow and learn, with the support of adults, most kids are able to slowly conquer these fears and outgrow them.

Some kids are more sensitive to fears and may have a tough time overcoming them. When fears last beyond the expected age, it might be a sign that someone is overly fearful, worried, or anxious. People whose fears are too intense or last too long might need help and support to overcome them.

Phobias

A phobia is an intense fear reaction to a particular thing or a situation. With a phobia, the fear is out of proportion to the potential danger. But to the person with the phobia, the danger feels real because the fear is so very strong.

Phobias cause people to worry about, dread, feel upset by, and avoid the things or situations they fear because the physical sensations of fear can be so intense. So having a phobia can interfere with normal activities. A person with a phobia of dogs might feel afraid to walk to school in case he or she sees a dog on the way. Someone with an elevator phobia might avoid a field trip if it involves going on an elevator.

A girl with a phobia of thunderstorms might be afraid to go to school if the weather forecast predicts a storm. She might feel terrible distress and fear when the sky turns cloudy. A guy with social phobia experiences intense fear of public speaking or interacting, and may be afraid to answer questions in class, give a report, or speak to classmates in the lunchroom.

It can be exhausting and upsetting to feel the intense fear that goes with having a phobia. It can be disappointing to miss out on opportunities because fear is holding you back. And it can be confusing and embarrassing to feel afraid of things that others seem to have no problem with.

Sometimes, people get teased about their fears. Even if the person doing the teasing doesn't mean to be unkind and unfair, teasing only makes the situation worse.

What Causes Phobias?

Some phobias develop when someone has a scary experience with a particular thing or situation. A tiny brain structure called the **amygdala** (pronounced: uh-MIG-duh-luh) keeps track of experiences that trigger strong emotions. Once a certain thing or situation triggers a strong fear reaction, the amygdala warns the person by triggering a fear reaction every time he or she encounters (or even thinks about) that thing or situation.

Someone might develop a bee phobia after being stung during a particularly scary situation. For that person, looking at a photograph of a bee, seeing a bee from a distance, or even walking near flowers where there *could* be a bee can all trigger the phobia.

Sometimes, though, there may be no single event that causes a particular phobia. Some people may be more sensitive to fears because of personality traits they are born with, certain genes they've inherited, or situations they've experienced. People who have had strong childhood fears or anxiety may be more likely to have one or more phobias.

Having a phobia isn't a sign of weakness or immaturity. It's a response the brain has learned in an attempt to protect the person. It's as if the brain's alert system triggers a false alarm, generating intense fear that is out of proportion to the situation. Because the fear signal is so intense, the person is convinced the danger is greater than it actually is.

Overcoming Phobias

People can learn to overcome phobias by gradually facing their fears. This is not easy at first. It takes willingness and bravery. Sometimes people need the help of a therapist to guide them through the process.

Overcoming a phobia usually starts with making a long list of the person's fears in least-to-worst order.

For example, with a dog phobia, the list might start with the things the person is least afraid of, such as looking at a photo of a dog. It will then work all the way up to worst fears, such as standing next to someone who's petting a dog, petting a dog on a leash, and walking a dog.

Gradually, and with support, the person tries each fear situation on the list — one at a time, starting with the least fear. The person isn't forced to do anything and works on each fear until he or she feels comfortable, taking as long as needed.

A therapist could also show someone with a dog phobia how to approach, pet, and walk a dog, and help the person to try it, too. The person may expect terrible things to happen when near a dog. Talking about this can help, too. When people find that what they fear doesn't actually turn out to be true, it can be a great relief.

A therapist might also teach relaxation practices such as specific ways of breathing, muscle relaxation training, or soothing self-talk. These can help people feel comfortable and bold enough to face the fears on their list.

As somebody gets used to a feared object or situation, the brain adjusts how it responds and the phobia is overcome.

Often, the hardest part of overcoming a phobia is getting started. Once a person decides to go for it — and gets the right coaching and support — it can be surprising how quickly fear can melt away.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: May 2013



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Posttraumatic Stress Disorder

A couple of months ago, a guy who'd been harassing and threatening Joe for a while pulled a gun on him as he was walking home. Luckily, the police arrived and no one was hurt.

But lately Joe has been feeling on edge. Sudden noises make him jump, and he's changed the route he takes. The worst part is that he can't stop thinking about it, even when he's trying to do something else. In fact, he finds it tough to concentrate at all these days, and things he used to love — like playing games online or getting together with his band — just don't seem like much fun anymore.

After experiencing a traumatic event, people can have lasting problems known as posttraumatic stress disorder.

What Is PTSD?

Posttraumatic stress disorder (PTSD) is the development of symptoms following exposure to a traumatic event. Any kind of extreme stress can lead to development of PTSD. Typically, it involves direct personal experience that involves threatened or actual death or serious injury, witnessing a stressful event, or learning about an unexpected or violent death or injury to a family member or close friend.

Traumatic events that can be experienced directly include assaults, serious car accident, a natural disaster like an earthquake, personal assaults and abuse, terrorist attacks, and military combat.

You don't have to be hurt to experience PTSD. Witnessing any type of personal or environmental disaster, being diagnosed with a life-threatening illness, or being threatened violence or being hurt can lead to PTSD.

Most people feel super-stressed after going through something traumatic. Strong emotions; feeling easily irritated; jitters; and trouble sleeping, eating, or concentrating all can be part of a typical and temporary reaction to an overwhelming event. Also, frequent thoughts and images of what happened, nightmares, or fears can be a part of recovering from stress.

Taking good care of yourself and getting support and help from others after after going through something like this can help these symptoms run their course and go away within a few days or weeks and allow one to feel better and move on.

But PTSD is different. When someone has PTSD, the symptoms of stress are intense and last for longer than a month. For some people, the symptoms of PTSD begin soon after the trauma, but others have a

delayed response.

Symptoms of PTSD

Whether it occurs right after the trauma or later on, PTSD has certain characteristic symptoms that usually develop within 3 months of the traumatic event.

People with PTSD generally experience some or all of these symptoms:

- **Reliving the traumatic event.** People with PTSD might have nightmares, flashbacks, or disturbing mental images about the trauma.
- **Avoiding reminders of the trauma.** People with PTSD may avoid people, places, or activities that remind them of the stressful event. They may also avoid talking about what happened.
- **Emotional numbness.** Many people with PTSD feel numb or detached; they may not feel the same way about other people or the world. This could be caused by the overproduction of certain chemicals that block sensation during extreme stress.
- **Hypervigilance.** People with PTSD may be easily startled, on edge, jumpy, irritable, or tense. This may be due to high levels of stress hormones in the body. Difficulty concentrating and trouble sleeping may also be part of this hyper-alert state.

Who Develops PTSD?

People of any age — kids, teens, and adults — can develop PTSD. But not everyone who experiences a serious trauma develops it. In fact, most people do not. Many recover from life-threatening traumas without developing PTSD. This ability to cope and bounce back is called resilience.

What makes some people more resilient to extremely stressful events when others have trouble coping? Researchers have found that certain things can us recover faster from trauma. Everything from someone's belief in his or her ability to overcome problems to the types of hormones a person's body produces may play a role in how we cope with extreme stress.

What we do know is how important it is to have people to talk to when you go through something like this — friends, family, or a counselor to talk to. Support groups also are good places to vent about thoughts and feelings.

The intensity or circumstances of a trauma can also affect how we react to it. National disasters like the terrorist attacks of 9/11 can cause widespread anxiety, regardless of whether someone was there or not. In some cases, seeing these events and the traumatic images portrayed on TV and the Internet can lead to symptoms of PTSD.

How Is PTSD Treated?

PTSD usually doesn't just go away on its own. Without treatment, symptoms can last for months or years, or they may come and go in waves. Getting treatment and support can make all the difference.

Mental health professionals (such as psychologists, psychiatrists, and counselors) who specialize in treating anxiety problems are usually experienced in working with people who have PTSD.

Therapy for PTSD may involve gradually talking it through in a safe environment and learning coping skills that help with anxiety, fear, or panic. This can include relaxation techniques that help people with PTSD reset their stress response and techniques to resolve other problems, such as sleeping difficulties. Sometimes medications can help reduce symptoms of anxiety, panic, or depression.

Healing From Trauma

Sometimes people avoid seeking professional help because they're afraid that talking about an incident will bring back memories or feelings that are too painful.

It can be difficult to talk about a traumatic event at first, but doing so in a safe environment with the help and support of a trained professional can often lead to long-term healing. Working through the memories and worries can help reduce symptoms like nightmares and flashbacks. It can also help people avoid potentially harmful behaviors and emotions, like extreme anger or drug use.

So how do you find the right therapist or counselor for you? The best way is to ask a parent, doctor, or adult you trust for help. People who are close to you know you well and understand your needs. (Having a support system of family and friends can really help in recovering from PTSD.) A doctor or school counselor may also be able to help you find a mental health professional who specializes in anxiety problems. And there are lots of resources available to help locate therapists in your area.

Seeking help from a professional for overcoming PTSD is a step that makes some people worry that it means they're "crazy." But often it's the best thing you can do to manage your stress. PTSD is like many other issues: you are under stress, and stress management can help you reduce unwanted worries and difficulties.

In the case of PTSD, the stress response system isn't switching off as it should. A stress system that is faulty or over-vigilant is like a motor running for too long and can lead to burnout (such as the inability to study or enjoy activities). A therapist can help someone deal with the feelings of guilt, shame, or anger that may accompany PTSD — and discover inner strengths that can make them feel better.

PTSD is treatable. Some people learn that in the process of healing from trauma they discover strengths they didn't know they had, or a support network that they didn't know was there. Others find that treatment helps them develop new insights into life and how to cope with other problems.

Reviewed by: Michelle New, PhD

Date reviewed: September 2011



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Dealing With Bullying

Bullying Is a Big Problem

Every day thousands of teens wake up afraid to go to school. Bullying is a problem that affects millions of students, and it has everyone worried, not just the kids on its receiving end. Yet because parents, teachers, and other adults don't always see it, they may not understand how extreme bullying can get.

Bullying is when a person is picked on over and over again by an individual or group with more power, either in terms of physical strength or social standing.

Two of the main reasons people are bullied are because of appearance and social status. Bullies pick on the people they think don't fit in, maybe because of how they look, how they act (for example, kids who are shy and withdrawn), their race or religion, or because the bullies think their target may be gay or lesbian.

Some bullies attack their targets physically, which can mean anything from shoving or tripping to punching or hitting, or even sexual assault. Others use psychological control or verbal insults to put themselves in charge. For example, people in popular groups or cliques often bully people they categorize as different by excluding them or gossiping about them (psychological bullying). They may also taunt or tease their targets (verbal bullying).

Verbal bullying can also involve sending cruel texts, messages, or emails or posting insults about a person on Facebook or other sites — practices that are known as cyberbullying.

How Does Bullying Make People Feel?

One of the most painful aspects of bullying is that it is relentless. Most people can take one episode of teasing or name calling or being shunned at the mall. However, when it goes on and on, bullying can put a person in a state of constant fear.

Guys and girls who are bullied may find their schoolwork and health suffering. Amber began having stomach pains and diarrhea and was diagnosed with a digestive condition called irritable bowel syndrome as a result of the stress that came from being bullied throughout ninth grade. Mafooz spent his afternoons hungry and unable to concentrate in class because he was too afraid to go to the school cafeteria at lunchtime.

Studies show that people who are abused by their peers are at risk for mental health problems, such as

low self-esteem, stress, depression, or anxiety. They may also think about suicide more.

Bullies are at risk for problems, too. Bullying is violence, and it often leads to more violent behavior as the bully grows up. It's estimated that 1 out of 4 elementary-school bullies will have a criminal record by the time they are 30. Some teen bullies end up being rejected by their peers and lose friendships as they grow older. Bullies may also fail in school and not have the career or relationship success that other people enjoy.

Who Bullies?

Both guys and girls can be bullies. Bullies may be outgoing and aggressive. Or a bully can appear reserved on the surface, but may try to manipulate people in subtle, deceptive ways, like anonymously starting a damaging rumor just to see what happens.

Many bullies share some common characteristics. They like to dominate others and are generally focused on themselves. They often have poor social skills and poor social judgment. Sometimes they have no feelings of empathy or caring toward other people.

Although most bullies think they're hot stuff and have the right to push people around, others are actually insecure. They put other people down to make themselves feel more interesting or powerful. And some bullies act the way they do because they've been hurt by bullies in the past — maybe even a bullying figure in their own family, like a parent or other adult.

Some bullies actually have personality disorders that don't allow them to understand normal social emotions like guilt, empathy, compassion, or remorse. These people need help from a mental health professional like a counselor, social worker, psychiatrist, or psychologist.

What Can You Do?

For younger kids, the best way to solve a bullying problem is to tell a trusted adult. For teens, though, the tell-an-adult approach depends on the bullying situation.

One situation in which it is vital to report bullying is if it threatens to lead to physical danger and harm. Numerous high-school students have died when stalking, threats, and attacks went unreported and the silence gave the bully license to become more and more violent.

Sometimes the victim of repeated bullying cannot control the need for revenge and the situation becomes dangerous for everyone.

Adults in positions of authority — parents, teachers, or coaches — can often find ways to resolve dangerous bullying problems without the bully ever learning how they found out about it.

If you're in a bullying situation that you think may escalate into physical violence, try to avoid being alone (and if you have a friend in this situation, spend as much time together as you can). Try to remain part of a group by walking home at the same time as other people or by sticking close to friends or classmates during the times that the bullying takes place.

Bullying Survival Tips

Here are some things you can do to combat psychological and verbal bullying. They're also good tips to share with a friend as a way to show your support:

- **Ignore the bully and walk away.** It's definitely not a coward's response — sometimes it can be harder than losing your temper. Bullies thrive on the reaction they get, and if you walk away or ignore hurtful emails or instant messages, you're telling the bully that you just don't care. Sooner or later the bully will probably get bored with trying to bother you. Walk tall and hold your head high. Using this type of body language sends a message that you're not vulnerable.
- **Hold the anger.** Who doesn't want to get really upset with a bully? But that's exactly the response he or she is trying to get. Bullies want to know they have control over your emotions. If you're in a situation where you have to deal with a bully and you can't walk away with poise, use humor — it can throw the bully off guard. Work out your anger in another way, such as through exercise or writing it down (make sure you tear up any letters or notes you write in anger).
- **Don't get physical.** However you choose to deal with a bully, don't use physical force (like kicking, hitting, or pushing). Not only are you showing your anger, you can never be sure what the bully will do in response. You are more likely to be hurt and get in to trouble if you use violence against a bully. You can stand up for yourself in other ways, such as gaining control of the situation by walking away or by being assertive in your actions. Some adults believe that bullying is a part of growing up (even that it is character building) and that hitting back is the only way to tackle the problem. But that's not the case. Aggressive responses tend to lead to more violence and more bullying for the victims.
- **Practice confidence.** Practice ways to respond to the bully verbally or through your behavior. Practice feeling good about yourself (even if you have to fake it at first).
- **Take charge of your life.** You can't control other people's actions, but you can stay true to yourself. Think about ways to feel your best — and your strongest — so that other kids may give up the teasing. Exercise is one way to feel strong and powerful. (It's a great mood lifter, too!) Learn a martial art or take a class like yoga. Another way to gain confidence is to hone your skills in something like chess, art, music, computers, or writing. Joining a class, club, or gym is a great way to make new friends and feel great about yourself. The confidence you gain will help you ignore the mean kids.
- **Talk about it.** It may help to talk to a guidance counselor, teacher, or friend — anyone who can give you the support you need. Talking can be a good outlet for the fears and frustrations that can build when you're being bullied.
- **Find your (true) friends.** If you've been bullied with rumors or gossip, all of the above tips (especially ignoring and not reacting) can apply. But take it one step further to help ease feelings of hurt and isolation. Find one or two true friends and confide how the gossip has hurt your feelings. Set the record straight by telling your friends quietly and confidently what's true and not true about you. Hearing a friend say, "I know the rumor's not true. I didn't pay attention to it," can help

you realize that most of the time people see gossip for what it is — petty, rude, and immature.

What If You're the Bully?

All of us have to deal with a lot of difficult situations and emotions. For some people, when they're feeling stressed, angry, or frustrated, picking on someone else can be a quick escape — it takes the attention away from them and their problems. Some bullies learn from firsthand experience. Perhaps name-calling, putdowns, or physical force are the norms in their families. Whatever the reason, though, it's no excuse for being the bully.

If you find it hard to resist the temptation to bully, you might want to talk with someone you look up to. Try to think about how others feel when you tease or hurt them. If you have trouble figuring this out (many people who bully do), you might ask someone else to help you think of the other person's side.

Bullying behavior backfires and makes everyone feel miserable — even the bullies. People might feel intimidated by bullies, but they don't respect them. If you would rather that people see your strength and character — even look up to you as a leader — find a way to use your power for something positive rather than to put others down.

Do you really want people to think of you as unkind, abusive, and mean? It's never too late to change, although changing a pattern of bullying might seem difficult at first. Ask an adult you respect for some mentoring or coaching on how you could change.

Steps to Stop Bullying in Schools

If the environment at your school supports bullying, working to change it can help. For example, there may be areas where bullies harass people, such as in stairwells or courtyards that are unobserved by staff. Because a lot of bullying takes part in the presence of peers (the bully wants to be recognized and feel powerful, after all), enlisting the help of friends or a group is a good way to change the culture and stand up to bullies.

You can try to talk to the bully. If you don't feel comfortable in a face-to-face discussion, leave a note in the bully's locker. Try to point out that his or her behavior is serious and harmful. This can work well in group situations, such as if you notice that a member of your group has started to pick on or shun another member.

Most people hesitate to speak out because it can be hard. It takes confidence to stand up to a bully — especially if he or she is one of the established group leaders. But chances are the other students witnessing the bullying behavior feel as uncomfortable as you do. They may just not be speaking up. Perhaps they feel that they're not popular enough to take a stand or worry that they're vulnerable and the bully will turn on them. Staying quiet (even though they don't like the bully's behavior) is a way to distance themselves from the person who is the target.

When a group of people keeps quiet like this, the bully's reach is extending beyond just one person. He or she is managing to intimidate lots of people. But when one person speaks out against a bully, the reverse happens. It gives others license to add their support and take a stand, too.

Another way to combat bullying is to join your school's anti-violence program or, if your school doesn't have one, to start one of your own.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: October 2010



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

How Can I Deal With My Anger?

When Tempers Flare

Do you lose your temper and wonder why? Are there days when you feel like you just wake up angry?

Some of it may be the changes your body's going through: All those hormones you hear so much about can cause mood swings and confused emotions. Some of it may be stress: People who are under a lot of pressure tend to get angry more easily. Part of it may be your personality: You may be someone who feels your emotions intensely or tends to act impulsively or lose control. And part of it may be your role models: Maybe you've seen other people in your family blow a fuse when they're mad.

No matter what pushes your buttons, one thing is certain — you're sure to get angry sometimes. Everyone does. Anger is a normal emotion, and there's nothing wrong with feeling mad. What counts is how we handle it (and ourselves) when we're angry.

Tools to Tame a Temper: Self-Awareness & Self-Control

Because anger can be powerful, managing it is sometimes challenging. It takes plenty of self-awareness and self-control to manage angry feelings. And these skills take time to develop.

Self-awareness is the ability to notice what you're feeling and thinking, and why. Little kids aren't very aware of what they feel, they just act it out in their behavior. That's why you see them having tantrums when they're mad. But teens have the mental ability to be self-aware. When you get angry, take a moment to notice what you're feeling and thinking.

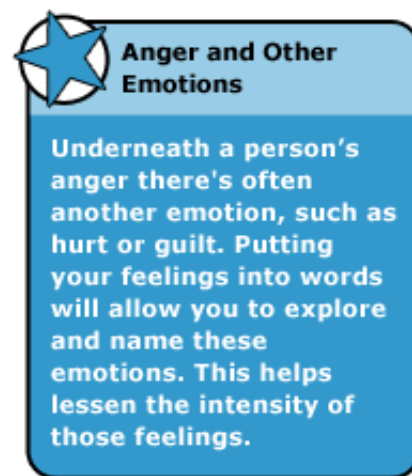
Self-control is all about thinking before you act. It puts some precious seconds or minutes between feeling a strong emotion and taking an action you'll regret.

Together, self-awareness and self-control allow you to have more choice about how to act when you're feeling an intense emotion like anger.

Getting Ready to Make a Change

Deciding to get control of your anger — rather than letting it control you — means taking a good hard look at the ways you've been reacting when you get mad. Do you tend to yell and scream or say hurtful, mean, disrespectful things? Do you throw things, kick or punch walls, break stuff? Hit someone, hurt yourself, or push and shove others around?

For most people who have trouble harnessing a hot temper, reacting like this is not what they want. They feel ashamed by their behavior and don't think it reflects the real them, their best selves.



Everyone can change — but only when they want to. If you want to make a big change in how you're handling your anger, think about what you'll gain from that change. More self-respect? More respect from other people? Less time feeling annoyed and frustrated? A more relaxed approach to life? Remembering why you want to make the change can help.

It can also help to remind yourself that making a change takes time, practice, and patience. It won't happen all at once. Managing anger is about developing new skills and new responses. As with any skill, like playing basketball or learning the piano, it helps to practice over and over again.

The Five-Step Approach to Managing Anger

If something happens that makes you feel angry, this approach can help you manage your reaction. It's called a problem-solving approach because you start with the problem you're mad about. Then you weigh your choices and decide what you'll do.

Each step involves asking yourself a couple of questions, then answering them based on your particular situation.

Let's take this example: There's a party you're planning to go to, but your mom just told you to clean your room or stay home. The red-hot anger starts building.

Here's what to do:

1) Identify the problem (self-awareness). Start by noticing what you're angry about and why. Put into words what's making you upset so you can act rather than react.

Ask yourself: What's got me angry? What am I feeling and why? You can do this either in your mind or out loud, but it needs to be clear and specific. For example: "I'm really angry at Mom because she won't let me go to the party until I clean my room. It's not fair!" Your feeling is anger, and you're feeling angry because you might not get to go to the party.

Notice that this is not the same as saying, "Mom's so unfair to me." That statement doesn't identify the specific problem (that you can't go to the party until you clean your room) and it doesn't say how you're feeling (angry).

2) Think of potential solutions before responding (self-control). This is where you stop for a minute to give yourself time to manage your anger. It's also where you start thinking of how you might react — but without reacting yet.

Ask yourself: What can I do? Think of at least three things. For example, in this situation you might think:

- (a) I could yell at Mom and throw a fit.
- (b) I could clean my room and then ask if I could go to the party.
- (c) I could sneak out to the party anyway.

3) Consider the consequences of each solution (think it through). This is where you think about what is likely to result from each of the different reactions you came up with.

Ask yourself: What will happen for each one of these options? For example:

- (a) Yelling at your mom may get you in worse trouble or even grounded.
- (b) Cleaning your room takes work and you may get to the party late (but maybe that adds to your mystique). With this option, you get to go to the party *and* your room's clean so you don't have to worry about it for a while.
- (c) Sneaking out may seem like a real option in the heat of anger. But when you really think it through, it's pretty unlikely you'd get away with being gone for hours with no one noticing. And when you do get caught — look out!

4) Make a decision (pick one of your options). This is where you take action by choosing one of the three things you could do. Look at the list and pick the one that is likely to be most effective.

Ask yourself: What's my best choice? By the time you've thought it through, you're probably past yelling at your mom, which is a knee-jerk response. You may have also decided that sneaking out is too risky. Neither of these options is likely to get you to the party. So option (b) probably seems like the best choice.

Once you choose your solution, then it's time to act.

5) Check your progress. After you've acted and the situation is over, spend some time thinking about how it went.

Ask yourself: How did I do? Did things work out as I expected? If not, why not? Am I satisfied with the choice I made? Taking some time to reflect on how things worked out after it's all over is a very important step. It helps you learn about yourself and it allows you to test which problem-solving approaches work best in different situations.

Give yourself a pat on the back if the solution you chose worked out well. If it didn't, go back through the five steps and see if you can figure out why.

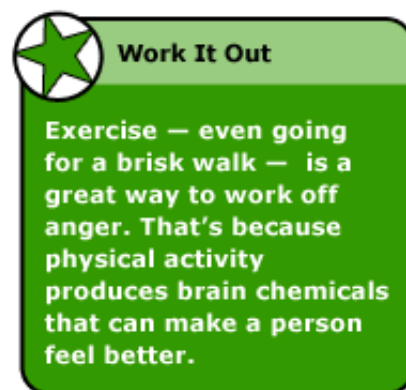
These five steps are pretty simple when you're calm, but are much tougher to work through when you're angry or sad (kind of like in basketball practice when making baskets is much easier than in a real game when the pressure is on!). So it helps to practice over and over again.

Other Ways to Manage Anger

The five-step approach is good when you're in a particular situation that's got you mad and you need to decide what action to take. But other things can help you manage anger too.

Try these things even if you're not mad right now to help prevent angry feelings from building up inside.

- **Exercise.** Go for a walk/run, work out, or go play a sport. Lots of research has shown that exercise is a great way to improve your mood and decrease negative feelings.
- **Listen to music (with your headphones on).** Music has also been shown to change a person's mood pretty quickly. And if you dance, then you're exercising and it's a two-for-one.
- **Write down your thoughts and emotions.** You can write things in lots of ways; for example, in a journal or as your own poetry or song lyrics. After you've written it down, you can keep it or throw it away — it doesn't matter. The important thing is, writing down your thoughts and feelings can improve how you feel. When you notice, label, and release feelings as they show up in smaller portions, they don't have a chance to build up inside.
- **Draw.** Scribbling, doodling, or sketching your thoughts or feelings might help too.
- **Meditate or practice deep breathing.** This one works best if you do it regularly, as it's more of an overall stress management technique that can help you use self-control when you're mad. If you do this regularly, you'll find that anger is less likely to build up.
- **Talk about your feelings with someone you trust.** Lots of times there are other emotions, such as fear or sadness, beneath anger. Talking about them can help.
- **Distract yourself.** If you find yourself stewing about something and just can't seem to let go, it can help to do something that will get your mind past what's bugging you — watch TV, read, or go to the movies.



These ideas can be helpful for two reasons:

1. **They help you cool down when you feel like your anger might explode.** When you need to cool down, do one or more of the activities in the list above. Think of these as alternatives to taking an action you'll regret, such as yelling at someone. Some of them, like writing down feelings, can help you release tension and begin the thinking process at the same time.
2. **They help you manage anger in general.** What if there's no immediate problem to solve — you simply need to shift into a better mood? Sometimes when you're angry, you just need to stop dwelling on how mad you are.

When to Ask for Extra Help

Sometimes anger is a sign that more is going on. People who have frequent trouble with anger, who get in fights or arguments, who get punished, who have life situations that give them reason to often be angry may need special help to get a problem with anger under control.

Tell your parents, a teacher, a counselor, or another adult you trust if any of these things have been happening:

- You have a lasting feeling of anger over things that have either happened to you in the past or are going on now.
- You feel irritable, grumpy, or in a bad mood more often than not.
- You feel consistent anger or rage at yourself.
- You feel anger that lasts for days or makes you want to hurt yourself or someone else.
- You're often getting into fights or arguments.

These could be signs of depression or something else — and you shouldn't have to handle that alone.

Anger is a strong emotion. It can feel overwhelming at times. Learning how to deal with strong emotions — without losing control — is part of becoming more mature. It takes a little effort, a little practice, and a little patience, but you can get there if you want to.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: October 2012

Originally reviewed by: Matthew K. Nock, PhD



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Rape

Rape, sometimes also called sexual assault, can happen to both men and women of any age. The U.S. Federal Bureau of Investigation (FBI) defines rape as: "The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim."

Rape is forced and unwanted. It's about power, not sex. A rapist uses actual force or violence — or the threat of it — to take control over another human being. Some rapists use drugs to take away a person's ability to fight back. Rape is a crime, whether the person committing it is a stranger, a date, an acquaintance, or a family member.

No matter how it happened, rape is frightening and traumatizing. People who have been raped need care, comfort, and a way to heal.

What Should I Do?

What's the right thing to do if you've been raped? Take care of yourself in the best way **for you**. For some people, that means reporting the crime immediately and fighting to see the rapist brought to justice. For others it means seeking medical or emotional care without reporting the rape as a crime. Every person is different.

There are three things that everyone who has been raped should do, though:

1. Know that the rape wasn't your fault.
2. Seek medical care.
3. Deal with your feelings.

It's Not Your Fault

Whatever happened, it wasn't your fault. **No one** has the right to have sex with you against your will. The blame for a rape lies solely with the rapist.

Sometimes a rapist will try to exert even more power by making the person who's been raped feel like it was actually his or her fault. A rapist may say stuff like, "You asked for it" or "You wanted it." This is just another way for the rapist to take control. The truth is that what a person wears, what a person says, or how a person acts is *never* a justification for rape.

Most people who are raped know their rapists. That can sometimes lead the person who's been raped to

try to protect the perpetrator. *Make protecting yourself your priority.* Don't worry about protecting the person who raped you.



If you want to report the crime to the police, do so. Reporting a rape may help protect others from that person — and may help you feel a little less like you were a victim.

But making a report to the police may be difficult for some people. If you don't feel comfortable reporting it, you don't have to. You may prefer to get advice about what to do from an experienced adult who can be sympathetic to you. Do whatever helps you to feel safe and heal without blaming yourself.

Seek Medical Care

The first thing someone who has been raped needs to do is see a medical doctor. Most medical centers and hospital emergency departments have doctors and counselors who have been trained to take care of someone who has been raped. It's important to get medical care because a doctor will need to check you for sexually transmitted diseases (STDs) and internal injuries.

Most areas have local rape hotlines that can give you advice about where to go for medical help. You may want to have a friend or family member go along for support, especially if you're feeling upset and unsafe. Some rape crisis centers also provide advocates who can go along with you. You can also call the national sexual assault hotline at (800) 656-HOPE.

If you are under 18 and don't want your parents to know about the rape, ask the rape crisis center about the laws in your area. Many jurisdictions treat rape exams confidentially, but some will require that a parent or guardian be notified.

You should get medical attention right away **without** changing your clothes, showering, douching, or washing. It can be hard not to clean up, of course — it's a natural human instinct to wash away all traces of a sexual assault. But being examined right away is the best way to ensure you get proper medical treatment.

Immediate medical attention also helps when people decide to report the crime, providing evidence needed to prosecute the rapist if a criminal case is pursued. If you've been raped and think you don't want to report it, you could change your mind later — this often happens — and having the results of a medical exam can help you do this. (There are laws, known as statutes of limitations, that give a person only a certain amount of time to pursue legal action for a crime, though, so be sure you know how long you have to report the rape. A local rape crisis center can advise you of the laws in your area.)

Even if you don't get examined right away, it doesn't mean you can't get a checkup later. It's always best to see a doctor immediately after a rape, of course. But a person can still go to a doctor or local clinic to get checked out for STDs, pregnancy, or injuries any time after being raped. In some cases, doctors can even gather evidence several days after a rape has occurred.

What Happens During the Medical Exam?

When you go to the hospital after a rape, a trained counselor or social worker will listen while you talk about what happened. Talking to a trained listener can help you begin to release some of the emotions you are probably feeling so that you can start to feel calm and safe again.

The counselor may also talk with you about the medical exam and what it involves. Each state or jurisdiction has different requirements, of course, but here are some of the things that may happen during the medical exam:

- A medical professional will test you for STDs, including HIV/AIDS. These tests may involve taking blood or saliva samples. Although the thought of getting an STD after a rape is extremely scary, the quicker a person finds out about any infection, the more effectively he or she can be treated. Doctors can start you on immediate treatment courses for STDs, including HIV/AIDS, that will greatly increase your protection against developing these diseases.
- If you're female, a medical professional may treat you to prevent an unwanted pregnancy, if you wish.
- A medical professional will examine you internally to check for any injury that might have been caused by the rape.
- A medical professional or trained technician may look for and take samples of the rapist's hair, skin, nails, or bodily fluids from your clothes or body.
- If you think you've been given a rape drug, a doctor or technician can test for this, too. Be aware that this **toxicology test** covers any and all illegal drugs.



At any time during the medical exam, you can say if you don't want a certain test performed or evidence collected. All procedures are being done to help *you*, so you have control over which procedures you'd like done, as well as a say in any you *don't* want.

Dealing With Feelings

Rape isn't just physically damaging, it can be emotionally traumatic as well. The right emotional attention, care, and support can help a person begin the healing process and prevent lingering problems later on.

Someone who has been raped might feel a lot of things: angry, degraded, frightened, numb, or confused. It's also normal for someone who has been raped to feel ashamed or embarrassed. Some people withdraw from friends and family. Others don't want to be alone. Some feel depressed, anxious, or nervous.

Sometimes the feelings surrounding rape may show up in physical ways, such as trouble sleeping or eating. It may be hard to concentrate in school or to participate in everyday activities. Sometimes it may feel like you'll never get over the trauma of the rape. Experts often refer to these emotions — and their physical side effects — as **rape trauma syndrome**. The best way to work through them is with professional help.

It can be hard to think or talk about a frightening experience, especially something as personal as rape. People who have been raped sometimes avoid seeking help because they're afraid that talking about it will bring back memories or feelings that are too painful. But this can actually do more harm than good.

Talking about rape in a safe environment with the help and support of a trained professional is the best way to ensure long-term healing. Working through the pain sooner rather than later can help reduce symptoms like nightmares and flashbacks. It can also help people avoid potentially harmful behaviors and emotions, like major depression or self-injury.

Every rape survivor works through his or her feelings differently. Some people feel most comfortable talking one-on-one with a therapist. Others find that joining a support group where they can be with other survivors helps them to feel better, get their power back, and move on with their lives. In a support group, you can get help and support as well as give it. Your experiences and ideas may help others heal.

Reviewed by: Richard S. Kingsley, MD

Date reviewed: January 2012



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

DEPRESSION

and High School Students

Answers to students' frequently asked questions about depression.

Depression can occur during adolescence, a time of great personal change. You may be facing changes in where you go to school, your friends, your after-school activities, as well as in relationships with your family members. You may have different feelings about the type of person you want to be, your future plans, and may be making decisions for the first time in your life.

Many students don't know where to go for mental health treatment or believe that treatment won't help. Others don't get help because they think depression symptoms are just part of the typical stresses of school or being a teen. Some students worry what other people will think if they seek mental health care.

This fact sheet addresses common questions about depression and how it can affect high school students.

Q. What is depression?

A. Depression is a common but serious mental illness typically marked by sad or anxious feelings. Most students occasionally feel sad or anxious, but these emotions usually pass quickly—within a couple of days. Untreated depression lasts for a long time and interferes with your day-to-day activities.

Q. What are the symptoms of depression?

A. Different people experience different symptoms of depression. If you are depressed, you may feel:

- Sad
- Anxious
- Empty
- Hopeless
- Guilty
- Worthless
- Helpless
- Irritable
- Restless.



You may also experience one or more of the following symptoms:

- Loss of interest in activities you used to enjoy
- Lack of energy
- Problems concentrating, remembering information, or making decisions
- Problems falling sleep, staying asleep, or sleeping too much
- Loss of appetite or eating too much
- Thoughts of suicide or suicide attempts
- Aches, pains, headaches, cramps, or digestive problems that do not go away.



Depression in adolescence frequently co-occurs with other disorders such as anxiety, disruptive behavior, eating disorders, or substance abuse. It can also lead to increased risk for suicide.

Q. Are there different types of depression?

A. Yes. The most common depressive disorders are:

- **Major depressive disorder**—also called major depression. The symptoms of major depression are disabling and interfere with everyday activities such as studying, eating, and sleeping. People with this disorder may have only one episode of major depression in their lifetimes. But more often, depression comes back repeatedly.
- **Dysthymic disorder**—also called dysthymia. Dysthymia is mild, chronic depression. The symptoms of dysthymia last for a long time—2 years or more. Dysthymia is less severe than major depression, but it can still interfere with everyday activities. People with dysthymia may also experience one or more episodes of major depression during their lifetimes.

- **Minor depression**—similar to major depression and dysthymia. Symptoms of minor depression are less severe and/or are usually shorter term. Without treatment, however, people with minor depression are at high risk for developing major depressive disorder.

Other types of depression include:

- **Psychotic depression**—severe depression accompanied by some form of psychosis, such as hallucinations and delusions.
- **Seasonal affective disorder**—depression that begins during the winter months and lifts during spring and summer.

Q. What causes depression?

- A. Depression does not have a single cause. Several factors can lead to depression. Some people carry genes that increase their risk of depression. But not all people with depression have these genes, and not all people with these genes have depression. Environment—your surroundings and life experiences—also affects your risk for depression. Any stressful situation may trigger depression. And high school students encounter a number of stressful situations!

Q. How can I find out if I have depression?

- A. The first step is to talk with your parents or a trusted adult who can help you make an appointment to speak with a doctor or mental health care provider. Your family doctor or school counselor may also be able to help you find appropriate care.

The doctor or mental health care provider can do an exam to help determine if you have depression or if you have another health or mental health problem. Some medical conditions or medications can produce symptoms similar to depression.

The doctor or mental health care provider will ask you about:

- Your symptoms
- Your history of depression
- Your family's history of depression
- Your medical history
- Alcohol or drug use
- Any thoughts of death or suicide.

Q. How is depression treated?

- A. A number of very effective treatments for depression are available. The most common treatments are **antidepressants** and **psychotherapy**. An NIMH-funded clinical trial of 439 teens with major depression found that a combination of medication and psychotherapy was the most effective treatment option.¹ A doctor or mental health care provider can help you find the treatment that's right for you.

Q. What are antidepressants?

- A. Antidepressants work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine. Scientists have found that these particular chemicals are involved in regulating mood, but they are unsure of the exact ways that they work.

Q. If a doctor prescribes an antidepressant, how long will I have to take it?

- A. You will need to take regular doses of antidepressants for 4 to 6 weeks before you feel the full effect of these medicines. Some people need to take antidepressants for a short time. If your depression is long lasting or comes back again and again, you may need to take antidepressants longer.

Q. What is psychotherapy?

- A. Psychotherapy involves talking with a mental health care professional to treat a mental illness. Types of psychotherapy that have been shown to be effective in treating depression include:

- **Cognitive-behavioral therapy (CBT)**, which helps people change negative styles of thinking and behavior that may contribute to depression
- **Interpersonal therapy (IPT)**, which helps people understand and work through troubled personal relationships that may cause or worsen depression.

Depending on the type and severity of your depression, a mental health professional may recommend short-term therapy, lasting 10 to 20 weeks, or longer-term therapy.

Q. How can I help myself if I am depressed?

A. If you have depression, you may feel exhausted, helpless, and hopeless. But it is important to realize that these feelings are part of the depression and do not reflect your real circumstances. Treatment can help you feel better.

To help yourself feel better:

- Give treatment a fair chance—attend sessions and follow your doctor's or therapist's advice, including advice about specific exercises or "homework" to try between appointments
- Engage in mild physical activity or exercise
- Participate in activities that you used to enjoy
- Break up large projects into smaller tasks and do what you can
- Spend time with or call your friends and family
- Expect your mood to improve gradually with treatment
- Remember that positive thinking will replace negative thoughts as your depression responds to treatment.

Q. How can I help a friend who is depressed?

A. If you think a friend may have depression, you can help him or her get diagnosed and treated. Make sure he or she talks to an adult and gets evaluated by a doctor or mental health provider. If your friend seems unable or unwilling to seek help, offer to go with him or her and tell your friend that his or her health and safety is important to you.

Encourage your friend to stay in treatment or seek a different treatment if he or she does not begin to feel better after 6 to 8 weeks.

You can also:

- Offer emotional support, understanding, patience, and encouragement
- Talk to your friend, not necessarily about depression, and listen carefully
- Never discount the feelings your friend expresses, but point out realities and offer hope
- Never ignore comments about suicide



- Report comments about suicide to your friend's parents, therapist, or doctor
- Invite your friend out for walks, outings, and other activities—keep trying if your friend declines, but don't push him or her to take on too much too soon
- Remind your friend that with time and treatment, the depression will lift.

Q. What if I or someone I know is in crisis?

A. If you are thinking about harming yourself or having thoughts of suicide, or if you know someone who is, seek help right away.

- Call your doctor or mental health care provider
- Call 911 or go to a hospital emergency room to get immediate help, or ask a friend or family member to help you do these things
- Call your campus suicide or crisis hotline
- Call the National Suicide Prevention Lifeline's toll-free, 24-hour hotline at **1-800-273-TALK (1-800-273-8255)** or **TTY: 1-800-799-4TTY (1-800-799-4889)** to talk to a trained counselor
- If you are in crisis, make sure you are not left alone
- If someone else is in crisis, make sure he or she is not left alone.

Q. What efforts are underway to help high school students who have depression?

A. Researchers continue to study new ways to diagnose and treat depression in high school age students. Some scientists are also looking into different ways to classify symptoms, which may provide news clues about how the disorder develops and which treatments are most effective. Increasing the early detection and treatment of depression can help more students succeed academically and achieve their goals in school and after graduation.

You can find more information about the causes, diagnosis, and treatment of depression, including research related to adolescents and young adults, on the National Institute of Mental Health (NIMH) website.

- **Information about Depression:** <http://www.nimh.nih.gov/health/topics/depression/index.shtml>

You can also connect with NIMH through social media:

- **NIMH Facebook:** <http://www.facebook.com/nimhgov>
- **NIMH Twitter:** <http://twitter.com/nimhgov>
- **NIMH YouTube:** <http://www.youtube.com/nimhgov>

Reference

1. March J, Silva S, Petrycki S, Curry J, Wells K, Fairbank J, Burns B, Domino M, McNulty S, Vitiello B, Severe J. Treatment for Adolescents with Depression Study (TADS) team. Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents with Depression Study (TADS) randomized controlled trial. *Journal of the American Medical Association*, 2004; 292(7): 807–820.

Reprints

This publication is in the public domain and may be reproduced or copied without permission from NIMH. We encourage you to reproduce it and use it in your efforts to improve public health. Citation of the National Institute of Mental Health as a source is appreciated. However, using government materials inappropriately can raise legal or ethical concerns, so we ask you to use these guidelines:

- NIMH does not endorse or recommend any commercial products, processes, or services, and our publications may not be used for advertising or endorsement purposes.
- NIMH does not provide specific medical advice or treatment recommendations or referrals; our materials may not be used in a manner that has the appearance of such information.
- NIMH requests that non-Federal organizations not alter our publications in ways that will jeopardize the integrity and “brand” when using the publication.
- Addition of non-Federal Government logos and website links may not have the appearance of NIMH endorsement of any specific commercial products or services or medical treatments or services.

If you have questions regarding these guidelines and use of NIMH publications, please contact the NIMH Information Resource Center at 1-866-615-6464 or e-mail at nimhinfo@nih.gov.



For more information on depression

Visit the National Library of Medicine's MedlinePlus <http://medlineplus.gov>
En Español <http://medlineplus.gov/spanish>

For information on clinical trials
<http://www.nimh.nih.gov/trials/index.shtml>

National Library of Medicine clinical trials database
<http://www.clinicaltrials.gov>

Information from NIMH is available in multiple formats. You can browse online, download documents in PDF, and order materials through the mail. Check the NIMH website for the latest information on this topic and to order publications. If you do not have Internet access, please contact the NIMH Information Resource Center at the numbers listed below.

National Institute of Mental Health

Office of Science Policy, Planning and Communications
Science Writing, Press and Dissemination Branch
6001 Executive Boulevard
Room 6200, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513 or
1-866-615-NIMH (6464) toll-free
TTY: 301-443-8431 or
1-866-415-8051 toll-free
FAX: 301-443-4279
E-mail: nimhinfo@nih.gov
Website: <http://www.nimh.nih.gov>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute of Mental Health
Revised 2012

NIMH...Turning Discovery Into Health®

SUICIDE

A major, preventable mental health problem

Facts about suicide and suicide prevention among teens and young adults.

Some common questions and answers about suicide:

Q: How common is suicide in children and teens?

A: In 2009, suicide was the third leading cause of death for young people ages 15–24. In this age group, suicide accounted for 14.4 percent of all deaths in 2009.

While these numbers may make suicide seem common, it is important to realize that suicide and suicidal behavior are not healthy or typical responses to stress.

Q: What are some of the risk factors for suicide?

A: Risk factors vary with age, gender, or ethnic group. They may occur in combination or change over time. Some important risk factors are:

- Depression and other mental disorders
- Substance abuse disorder (often in combination with other mental disorders)
- Prior suicide attempt
- Family history of suicide
- Family violence including physical or sexual abuse
- Firearms in the home
- Incarceration
- Exposure to suicidal behavior of others, such as family members or peers.

However, it is important to note that many people who have these risk factors are not suicidal.

Q: What are signs to look for?

A: The following are some of the signs you might notice in yourself or a friend that may be reason for concern.

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings.

Seeking help is a sign of strength; if you are concerned, go with your instincts and get help!



Q: What can I do for myself or someone else?

A: If you are concerned, immediate action is very important. Suicide can be prevented and most people who feel suicidal demonstrate warning signs. Recognizing some of these warning signs is the first step in helping yourself or someone you care about.

If you are in crisis and need help: call this toll-free number, available 24 hours a day, every day **1-800-273-TALK (8255)**. You will reach the National Suicide Prevention Lifeline, a service available to anyone. You may call for yourself or for someone you care about and all calls are confidential. You can also visit the Lifeline's website at **<http://www.suicidepreventionlifeline.org>**.

For more information on suicide

Visit the National Library of Medicine's MedlinePlus **<http://medlineplus.gov>**
En Español **<http://medlineplus.gov/spanish>**

For information on clinical trials, go to the National Library of Medicine's clinical trials database at **<http://www.clinicaltrials.gov>**.

Information from NIMH is available in multiple formats. You can browse online, download documents in PDF, and order materials through the mail. Check the NIMH website at **<http://www.nimh.nih.gov>** for the latest information on this topic and to order publications. If you do not have Internet access, please contact the NIMH Information Resource Center at the numbers listed below.

National Institute of Mental Health

Office of Science Policy, Planning and Communications
Science Writing, Press and Dissemination Branch
6001 Executive Boulevard
Room 6200, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513 or
1-866-615-NIMH (6464) toll-free
TTY: 301-443-8431 or
1-866-415-8051 toll-free
FAX: 301-443-4279
E-mail: **nimhinfo@nih.gov**
Website: **<http://www.nimh.nih.gov>**



Reprints

This publication is in the public domain and may be reproduced or copied without permission from NIMH. We encourage you to reproduce it and use it in your efforts to improve public health. Citation of the National Institute of Mental Health as a source is appreciated. However, using government materials inappropriately can raise legal or ethical concerns, so we ask you to use these guidelines:

- NIMH does not endorse or recommend any commercial products, processes, or services, and our publications may not be used for advertising or endorsement purposes.
- NIMH does not provide specific medical advice or treatment recommendations or referrals; our materials may not be used in a manner that has the appearance of such information.
- NIMH requests that non-Federal organizations not alter our publications in ways that will jeopardize the integrity and "brand" when using the publication.
- Addition of non-Federal Government logos and website links may not have the appearance of NIMH endorsement of any specific commercial products or services or medical treatments or services.
- Images used in publications are of models and are used for illustrative purposes only. Use of some images is restricted.

If you have questions regarding these guidelines and use of NIMH publications, please contact the NIMH Information Resource Center at 1-866-615-6464 or e-mail at **nimhinfo@nih.gov**.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute of Mental Health

NIH...Turning Discovery Into Health®

Cutting

What Is Cutting?

Emma's mom first noticed the cuts when Emma was doing the dishes one night. Emma told her mom that their cat had scratched her. Her mom seemed surprised that the cat had been so rough, but she didn't think much more about it.

Emma's friends had noticed something strange as well. Even when the weather was hot, Emma wore long-sleeved shirts. She had become secretive, too, like something was bothering her. But Emma couldn't seem to find the words to tell her mom or her friends that the marks on her arms were from something that she had done. She was cutting herself with a razor when she felt sad or upset.



The dangers of cutting are obvious, such as the risk of losing too much blood or getting an infection. But there are hidden emotional dangers to cutting, too - it can become enough of a habit that some people feel they are "addicted" to cutting.

Injuring yourself on purpose by making scratches or cuts on your body with a sharp object — enough to break the skin and make it bleed — is called cutting. Cutting is a type of **self-injury**, or SI. People who cut often start cutting in their young teens. Some continue to cut into adulthood.

People may cut themselves on their wrists, arms, legs, or bellies. Some people self-injure by burning their skin with the end of a cigarette or lighted match.

When cuts or burns heal, they often leave scars or marks. People who injure themselves usually hide the cuts and marks and sometimes no one else knows.

Why Do People Cut Themselves?

It can be hard to understand why people cut themselves on purpose. Cutting is a way some people try to cope with the pain of strong emotions, intense pressure, or upsetting relationship problems. They may be dealing with feelings that seem too difficult to bear or bad situations they think can't change.

Some people cut because they feel desperate for relief from bad feelings. People who cut may not know better ways to get relief from emotional pain or pressure. Some people cut to express strong feelings of rage, sorrow, rejection, desperation, longing, or emptiness.

There are other ways to cope with difficulties, even big problems and terrible emotional pain. The help of a mental health professional might be needed for major life troubles or overwhelming emotions. For

other tough situations or strong emotions, it can help put things in perspective to talk problems over with parents, other adults, or friends. Getting plenty of exercise also can help put problems in perspective and help balance emotions.

But people who cut may not have developed ways to cope. Or their coping skills may be overpowered by emotions that are too intense. When emotions don't get expressed in a healthy way, tension can build up — sometimes to a point where it seems almost unbearable. Cutting may be an attempt to relieve that extreme tension. For some, it seems like a way of feeling in control.

The urge to cut might be triggered by strong feelings the person can't express — such as anger, hurt, shame, frustration, or alienation. People who cut sometimes say they feel they don't fit in or that no one understands them. A person might cut because of losing someone close or to escape a sense of emptiness. Cutting might seem like the only way to find relief or express personal pain over relationships or rejection.

People who cut or self-injure sometimes have other mental health problems that contribute to their emotional tension. Cutting is sometimes (but not always) associated with depression, bipolar disorder, eating disorders, obsessive thinking, or compulsive behaviors. It can also be a sign of mental health problems that cause people to have trouble controlling their impulses or to take unnecessary risks. Some people who cut themselves have problems with drug or alcohol abuse.

Some people who cut have had a traumatic experience, such as living through abuse, violence, or a disaster. Self-injury may feel like a way of "waking up" from a sense of numbness after a traumatic experience. Or it may be a way of reliving the pain they went through, expressing anger over it, or trying to get control of it.

What Can Happen to People Who Cut?

Although cutting may provide some temporary relief from a terrible feeling, even people who cut agree that it isn't a good way to get that relief. For one thing, the relief doesn't last. The troubles that triggered the cutting remain — they're just masked over.

People don't usually intend to hurt themselves permanently when they cut. And they don't usually mean to keep cutting once they start. But both can happen. It's possible to misjudge the depth of a cut, making it so deep that it requires stitches (or, in extreme cases, hospitalization). Cuts can become infected if a person uses nonsterile or dirty cutting instruments — razors, scissors, pins, or even the sharp edge of the tab on a can of soda.

Most people who cut aren't attempting suicide. Cutting is usually a person's attempt at feeling better, not ending it all. Although some people who cut do attempt suicide, it's usually because of the emotional problems and pain that lie behind their desire to self-harm, not the cutting itself.

Cutting can be habit forming. It can become a **compulsive behavior** — meaning that the more a person does it, the more he or she feels the need to do it. The brain starts to connect the false sense of relief from bad feelings to the act of cutting, and it craves this relief the next time tension builds. When cutting becomes a compulsive behavior, it can seem impossible to stop. So cutting can seem almost like an

addiction, where the urge to cut can seem too hard to resist. A behavior that starts as an attempt to feel more in control can end up controlling you.

How Does Cutting Start?

Cutting often begins on an impulse. It's not something the person thinks about ahead of time. Shauna says, "It starts when something's really upsetting and you don't know how to talk about it or what to do. But you can't get your mind off feeling upset, and your body has this knot of emotional pain. Before you know it, you're cutting yourself. And then somehow, you're in another place. Then, the next time you feel awful about something, you try it again — and slowly it becomes a habit."

Natalie, a high-school junior who started cutting in middle school, explains that it was a way to distract herself from feelings of rejection and helplessness she felt she couldn't bear. "I never looked at it as anything that bad at first — just my way of getting my mind off something I felt really awful about. I guess part of me must have known it was a bad thing to do, though, because I always hid it. Once a friend asked me if I was cutting myself and I even lied and said 'no.' I was embarrassed."

Sometimes self-injury affects a person's body image. Jen says, "I actually liked how the cuts looked. I felt kind of bad when they started to heal — and so I would 'freshen them up' by cutting again. Now I can see how crazy that sounds, but at the time, it seemed perfectly reasonable to me. I was all about those cuts — like they were something about me that only I knew. They were like my own way of controlling things. I don't cut myself anymore, but now I have to deal with the scars."

You can't force someone who self-injures to stop. It doesn't help to get mad at a friend who cuts, reject that person, lecture her, or beg him to stop. Instead, let your friend know that you care, that he or she deserves to be healthy and happy, and that no one needs to bear their troubles alone.

Pressured to Cut?

Girls and guys who self-injure are often dealing with some heavy troubles. Many work hard to overcome difficult problems. So they find it hard to believe that some kids cut just because they think it's a way to seem tough and rebellious.

Tia tried cutting because a couple of the girls at her school were doing it. "It seemed like if I didn't do it, they would think I was afraid or something. So I did it once. But then I thought about how lame it was to do something like that to myself for no good reason. Next time they asked I just said, 'no, thanks — it's not for me.' "

If you have a friend who suggests you try cutting, say what you think. Why get pulled into something you know isn't good for you? There are plenty of other ways to express who you are.

Lindsay had been cutting herself for 3 years because of abuse she suffered as a child. She's 16 now and hasn't cut herself in more than a year. "I feel proud of that," Lindsay says. "So when I hear girls talk about it like it's the thing to do, it really gets to me."

Getting Help

There are better ways to deal with troubles than cutting — healthier, long-lasting ways that don't leave a person with emotional and physical scars. The first step is to get help with the troubles that led to the cutting in the first place. Here are some ideas for doing that:

1. **Tell someone.** People who have stopped cutting often say the first step is the hardest — admitting to or talking about cutting. But they also say that after they open up about it, they often feel a great sense of relief. Choose someone you trust to talk to at first (a parent, school counselor, teacher, coach, doctor, or nurse). If it's too difficult to bring up the topic in person, write a note.
2. **Identify the trouble that's triggering the cutting.** Cutting is a way of reacting to emotional tension or pain. Try to figure out what feelings or situations are causing you to cut. Is it anger? Pressure to be perfect? Relationship trouble? A painful loss or trauma? Mean criticism or mistreatment? Identify the trouble you're having, then tell someone about it. Many people have trouble figuring this part out on their own. This is where a mental health professional can be helpful.
3. **Ask for help.** Tell someone that you want help dealing with your troubles and the cutting. If the person you ask doesn't help you get the assistance you need, ask someone else. Sometimes adults try to downplay the problems teens have or think they're just a phase. If you get the feeling this is happening to you, find another adult (such as a school counselor or nurse) who can make your case for you.
4. **Work on it.** Most people with deep emotional pain or distress need to work with a counselor or mental health professional to sort through strong feelings, heal past hurts, and to learn better ways to cope with life's stresses. One way to find a therapist or counselor is to ask at your doctor's office, at school, or at a mental health clinic in your community.

Although cutting can be a difficult pattern to break, it is possible. Getting professional help to overcome the problem doesn't mean that a person is weak or crazy. Therapists and counselors are trained to help people discover inner strengths that help them heal. These inner strengths can then be used to cope with life's other problems in a healthy way.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: June 2012



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

the tasks of grief

T = To accept the reality of
the loss

E = Experience the pain of the loss

A = Adjust to the new environment
without the lost person

R = Reinvest in the new
reality

Death and Grief

People React Emotionally and Physically

When coping with a death, you may go through all kinds of emotions. You may be sad, worried, or scared. You might be shocked, unprepared, or confused. You might be feeling angry, cheated, relieved, guilty, exhausted, or just plain empty. Your emotions might be stronger or deeper than usual or mixed together in ways you've never experienced before.

Some people find they have trouble concentrating, studying, sleeping, or eating when they're coping with a death. Others lose interest in activities they used to enjoy. Some people lose themselves in playing computer games or eat or drink to excess. And some people feel numb, as if nothing has happened.

All of these are normal ways to react to a death.

What Is Grief?

When we have emotional, physical, and spiritual reactions in response to a death or loss, it's known as grief or grieving. People who are grieving might:

- feel strong emotions, such as sadness and anger
- have physical reactions, such as not sleeping or even waves of nausea
- have spiritual reactions to a death — for example, some people find themselves questioning their beliefs and feeling disappointed in their religion while others find that they feel more strongly than ever about their faith

The grieving process takes time and healing usually happens gradually. The intensity of grief may be related to how sudden or predictable the loss was and how you felt about the person who died.

Some people write about grief happening in stages, but usually it feels more like "waves" or cycles of grief that come and go depending on what you are doing and if there are triggers for remembering the person who has died.

Different Ways of Grieving

If you've lost someone in your immediate family, such as a parent, brother, or sister, you may feel cheated out of time you wanted to have with that person. It can also feel



hard to express your own grief when other family members are grieving, too.

Some people may hold back their own grief or avoid talking about the person who died because they worry that it may make a parent or other family member sad. It's also natural to feel some guilt over a past argument or a difficult relationship with the person who died.

We don't always grieve over the death of another person. The death of a beloved pet can trigger strong feelings of grief. People may be surprised by how painful this loss can be. But the loving bonds we share with pets are real, and so are the feelings of loss and grief when they die.

All of these feelings and reactions are OK — but what can people do to get through them? How long does grief last? Will things ever get back to normal? And how will you go on without the person who has died?

Coping With Grief

Just as people feel grief in many different ways, they handle it differently, too.

Some people reach out for support from others and find comfort in good memories. Others become very busy to take their minds off the loss. Some people become depressed and withdraw from their peers or go out of the way to avoid the places or situations that remind them of the person who has died.

For some people, it can help to talk about the loss with others. Some do this naturally and easily with friends and family, while others talk to a professional therapist.

Some people may not feel like talking about it much at all because it's hard to find the words to express such deep and personal emotion or they wonder whether talking will make them feel the hurt more. This is fine, as long you find other ways to deal with your pain.

People sometimes deal with their sorrow by engaging in dangerous or self-destructive activities. Doing things like drinking, drugs, or cutting yourself to escape from the reality of a loss may seem to numb the pain, but the feeling is only temporary. This isn't really dealing with the pain, only masking it, which makes all those feelings build up inside and only prolongs the grief.

If your pain just seems to get worse, or if you feel like hurting yourself or have suicidal thoughts, tell someone you trust about how you feel.

What to Expect

It may feel like it might be impossible to recover after losing someone you love. But grief does get gradually better and become less intense as time goes by. To help get through the pain, it can help to know some of the things you might expect during the grieving process.



Coping With Suicide

Losing someone to suicide can be especially difficult to deal with. People who lose friends or family members to suicide may feel intense despair and sadness because they feel unable to understand what could have led to such an extreme action. They may feel angry at the person - a completely normal emotion. Or they could feel guilty and wonder if there was something they might have done to prevent the suicide. Sometimes, after a traumatic loss, a person can become depressed and may need extra help to heal.

The first few days after someone dies can be intense, with people expressing strong emotions, perhaps crying, comforting each other, and gathering to express their support and condolences to the ones most affected by the loss. It is common to feel as if you are "going crazy" and feel extremes of anxiety, panic, sadness, and helplessness. Some people describe feeling "unreal," as if they're looking at the world from a faraway place. Others feel moody, irritable, and resentful.

Family and friends often participate in rituals that may be part of their religious, cultural, community, or family traditions, such as memorial services, wakes, or funerals. These activities can help people get through the first days after a death and honor the person who died. People might spend time together talking and sharing memories about their loved one. This may continue for days or weeks following the loss as friends and family bring food, send cards, or stop by to visit.

Many times, people show their emotions during this time. But sometimes a person can be so shocked or overwhelmed by the death that he or she doesn't show any emotion right away — even though the loss is very hard. And it's not uncommon to see people smiling and talking with others at a funeral, as if something sad had not happened. But being among other mourners can be a comfort, reminding us that some things will stay the same.

Sometimes, when the rituals associated with grieving end, people might feel like they should be "over it" because everything seems to have gone back to normal. When those who are grieving first go back to their normal activities, it might be hard to put their hearts into everyday things. Many people go back to doing regular things after a few days or a week. But although they may not talk about their loss as much, the grieving process continues.

It's natural to continue to have feelings and questions for a while after someone dies. It's also natural to begin to feel somewhat better. A lot depends on how your loss affects your life. It's OK to feel grief for days, weeks, or even longer, depending on how close you were to the person who died.

No matter how you choose to grieve, there's no one right way to do it. The grieving process is a gradual one that lasts longer for some people than others. There may be times when you worry that you'll never enjoy life the same way again, but this is a natural reaction after a loss.

Caring for Yourself

The loss of someone close to you can be stressful. It can help you to cope if you take care of yourself in certain small but important ways. Here are some that might help:

- **Remember that grief is a normal emotion.** Know that you can (and will) heal over time.
- **Participate in rituals.** Memorial services, funerals, and other traditions help people get through the first few days and honor the person who died.
- **Be with others.** Even informal gatherings of family and friends bring a sense of support and help people not to feel so isolated in the first days and weeks of their grief.

- **Talk about it when you can.** Some people find it helpful to tell the story of their loss or talk about their feelings. Sometimes a person doesn't feel like talking, and that's OK, too. No one should feel pressured to talk.
- **Express yourself.** Even if you don't feel like talking, find ways to express your emotions and thoughts. Start writing in a journal about the memories you have of the person you lost and how you're feeling since the loss. Or write a song, poem, or tribute about your loved one. You can do this privately or share it with others.
- **Exercise.** Exercise can help your mood. It may be hard to get motivated, so modify your usual routine if you need to.
- **Eat right.** You may feel like skipping meals or you may not feel hungry, but your body still needs nutritious foods.
- **Join a support group.** If you think you may be interested in attending a support group, ask an adult or school counselor about how to become involved. The thing to remember is that you don't have to be alone with your feelings or your pain.
- **Let your emotions be expressed and released.** Don't stop yourself from having a good cry if you feel one coming on. Don't worry if listening to particular songs or doing other activities is painful because it brings back memories of the person that you lost; this is common. After a while, it becomes less painful.
- **Create a memorial or tribute.** Plant a tree or garden, or memorialize the person in some fitting way, such as running in a charity run or walk (a breast cancer race, for example) in honor of the lost loved one.

Getting Help for Intense Grief

If your grief isn't letting up for a while after the death of your loved one, you may want to reach out for help. If grief has turned into depression, it's very important to tell someone.

How do you know if your grief has been going on too long? Here are some signs:

- You've been grieving for 4 months or more and you aren't feeling any better.
- You feel depressed.
- Your grief is so intense that you feel you can't go on with your normal activities.
- Your grief is affecting your ability to concentrate, sleep, eat, or socialize as you normally do.
- You feel you can't go on living after the loss or you think about suicide, dying, or hurting yourself.

It's natural for loss to cause people to think about death to some degree. But if a loss has caused you to think about suicide or hurting yourself in some way, or if you feel that you can't go on living, it's important that you tell someone right away.

Counseling with a professional therapist can help because it allows you to talk about your loss and express strong feelings. Many counselors specialize in working with teens who are struggling with loss and depression. If you'd like to talk to a therapist and you're not sure where to begin, ask an adult or school counselor. Your doctor may also be able to recommend someone.

Will I Ever Get Over This?

Well-meaning friends and family might tell a grieving person they need to "move on" after a loss. Unfortunately, that type of advice can sometimes make people hesitant to talk about their loss or make them think they're grieving inappropriately or for too long, or that they're not normal. It can help to remember that the grieving process is very personal and individual — there's no right or wrong way to grieve. We all take our own time to heal.

It's important for grieving people not to drop out of life, though. If you don't like the idea of moving on, maybe the idea of "keeping on" seems like a better fit. Sometimes it helps to remind yourself to just keep on doing the best you can for now. If you feel sad, let yourself have your feelings and try not to run away from your emotions. But also keep on doing things you normally would such as being with friends, caring for your pet, working out, or doing your schoolwork.

Going forward and healing from grief doesn't mean forgetting about the person you lost. Getting back to enjoying your life doesn't mean you no longer miss your loved one. And how long it takes until you start to feel better isn't a measure of how much you loved the person.

With time, the loving support of family and friends, and your own positive actions, you can find ways to cope with even the deepest loss.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: July 2010



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

TAKING CARE OF YOURSELF AFTER A TRAUMATIC EVENT

Everyone who is in any way involved with a disaster or traumatic event may experience trauma reactions. You might experience these reactions if you:

- Were a witness or were involved in the event.
- Arrived upon the scene of the event.
- Had a “near miss” or were almost involved in the event.
- Knew or know others who were killed, harmed, or involved in some way.
- Have a relationship with family or friends of victims.
- Have heard a lot about the event through media or friends.
- Are reminded of other traumatic incidents in your life by this event.

Trauma reactions are normal reactions to extremely abnormal circumstances. It is difficult to predict what type of trauma reactions you will experience following a disastrous event. It is important to allow yourself permission to have your reactions, and take care of them both by yourself and by asking for help from others, as best you can. Many people find it helpful to have information about what constitutes a typical reaction to trauma.

Typical Reactions to Trauma

Not everyone experiences the same set of responses to trauma, but people typically experience reactions that fall into four basic categories. Here are some reactions that you may be experiencing.

Psychological and Emotional

- Heightened anxiety or fear
- Irritability, restlessness, or over-excitability
- Feelings of sadness, moodiness, more crying than usual
- Feelings of helplessness or hopelessness
- Feelings of numbness or detachment
- “Survivor guilt,” or feelings of self-blame that you escaped the tragedy
- Re-experiencing of the traumatic event, possibly including:
 - intrusive thoughts or images of the event
 - distressing dreams or nightmares
 - flashbacks about the event
 - distress when exposed to events that remind you of the trauma
- Feelings of estrangement or isolation from others
- Hypervigilance (feelings especially attuned to events around you, scanning environment for possible danger)

Cognitive

- Difficulty concentrating
- Feeling confused or distracted, slower thought than normal

Physical

- Headaches
- Nausea or upset stomach
- Exaggerated startle response (tendency to startle easily at loud noises)
- Fatigue or feelings slowed down
- Insomnia

Behavioral

- Hyperactivity, or less activity
- Heightened tendency to behave irritably
- Withdrawal, social isolation
- Avoidance of activities or places that remind you of traumatic event
- Strong need to talk about the event, read accounts about the event

You may recognize yourself as experiencing some of the above reactions. Remember that your response is normal. Immediately following a traumatic event you will probably feel disrupted, dazed, and somewhat confused. You will notice that you are not behaving as you typically would. It is important to take care of yourself as best you can. Here are some self-care suggestions for you.

Self Care

Keep reminding yourself that your responses are normal responses to a stressful situation. Give yourself permission to do whatever you need to do to take care of yourself. Your body and mind will tell you what you need to do—your job is to listen to them.

Get plenty of rest when you're tired, and use the energy you have if you experience hyperactivity at times. Don't force yourself to be active if you don't have the energy. Rest when you feel tired.

Talk of people as much as you need to. Reach out. You may experience a need to talk repetitively about the trauma. If you can find someone who is willing to listen, use her/him to talk to about how you are feeling. If you do not have anyone in your support network to use, consider calling a crisis line, going to a crisis center, or using other campus or community resources—they are there to help you.

Spend time with others, even if you don't feel like talking. It can be very comforting to know you're not alone. Try to find someone or someplace that feels safe and comforting to you, and spend time there.

Don't make any major life decisions or big life changes if at all possible. This is not a time to put pressure on yourself to do anything out of the ordinary. Concentrate on taking of yourself.

Do things that feel good to you – take baths, read, exercise, watch television, spend time with friends and family, fix yourself a special treat, or whatever else feels nurturing and self-caring.

Allow yourself to cry, rage, and express your feelings when you need to. Try not to numb your feelings with alcohol or drugs. This will only complicate your situation.

The Process of Recovery

It is important to know that recovering from a trauma is a process that may take a long time. The initial response of disruption (perhaps alternating with numbness) may last days, weeks, or longer. Don't be surprised if you continue to experience these reactions for longer than you expected. It is impossible to predict how long you will experience effects of the trauma, but usually trauma reactions gradually decrease over time. If you experience another stressful event while recovering from this trauma, you may find that your trauma reactions reappear for awhile. This reactivation, or delayed trauma response, is perfectly normal.

At any time during this process, you may find it useful to ask for professional help from a counselor or mental health professional. There are some circumstances under which you should definitely get professional help:

- if you find yourself feeling suicidal or contemplating suicide
- if you find that your daily functioning continues to be so impaired that you cannot carry out your life tasks
- if post-trauma fears interfere with your ability to return to certain places or situations that remind you of the trauma

A Guy's Guide to Body Image

Al's friend Rachel invited him to go to the lake for the day with her family. Rachel thought Al was fun to be around — plus he was cute. Rachel really hoped he'd say yes.

Al turned Rachel down. He liked Rachel, too, but was self-conscious about taking off his T-shirt. He worried that her family and others at the lake would see what he saw when he looked in the mirror — a scrawny excuse for a man. Al hadn't gone to the pool in more than a year because he was so self-conscious about his appearance.

The Truth About Guys

Many people think of guys as being carefree when it comes to their appearance. But the reality is that a lot of guys spend plenty of time in front of the mirror. It's a fact — some guys care just as much as girls do about their appearance.

You may hear a lot about being a tough guy, but how often do you hear that being a guy is tough? Guys might think that they shouldn't worry about how they look, but body image can be a real problem for them. Unlike girls, guys are less likely to talk to friends and relatives about their bodies and how they're developing. Without support from friends and family, they may develop a negative self-image.

The good news is that self-image and body image can be changed.

Why Is Body Image Important?

Body image is a person's opinions, thoughts, and feelings about his or her own body and physical appearance. Having a positive body image means feeling pretty satisfied with the way you look, appreciating your body for its capabilities and accepting its imperfections.

Body image is part of someone's total self-image. So how a guy feels about his body can affect how he feels about himself. If he gets too focused on not liking the way he looks, a guy's self-esteem can take a hit and his confidence can slide. (The same thing can happen to girls, too.)

How Puberty Affects Body Image

Although body image is just one part of our self-image, during the teen years, and especially during puberty, it can be easy for a guy's whole self-image to be based on how his body looks. That's because our bodies are changing so much during this time that they can become the main focus of our attention.

A change in your body can be tough to deal with emotionally — mainly because, well, your body is yours

and you have become used to it.

Some guys don't feel comfortable in their changing bodies and can feel as if they don't know who they are anymore. Being the only guy whose voice is changing or who's growing body hair (or the only guy who isn't) can also make some guys feel self-conscious for a while.

Some guys go into puberty not feeling too satisfied with their body or appearance to begin with. They may have wrestled with body image even before puberty started (for example, battles with weight or dissatisfaction with height). For them, puberty may add to their insecurities.

It Could Be in Your Genes

It can be tough to balance what you expect to happen to your body with what actually does happen. Lots of guys can have high expectations for puberty, thinking they'll develop quickly or in a certain way.

The best way to approach your own growth and development is to not assume you'll be a certain way. Look at everyone in your family — uncles, grandfathers, and even female relatives — to get an idea of the kinds of options your genes may have in store for you.

When Everyone Else Seems Bigger

Not everyone's body changes at the same time or even at the same pace. It can be tough if all of your friends have already matured physically and are taller and more muscular. Most guys eventually catch up in terms of growth, although some will always be taller or more muscular than others — it's in their genes.

It's natural to observe friends and classmates and notice the different ways they're growing and developing. Guys often compare themselves with other guys in certain settings, and one of the most common is the locker room. Whether at a local gym or getting ready for a game at school, time in the locker room can be daunting for any guy.

Try to keep in mind in these situations that you aren't alone if you feel you don't "measure up." Many guys feel exactly the same way about their own bodies — even those whose physiques you envy. Just knowing that almost everyone else will go through the same thing can make all the difference.

You could try talking to a trusted male adult — maybe a coach, a doctor, a teacher, or your dad. Chances are they went through similar experiences and had some of the same feelings and apprehensions when their bodies were changing.

Picture Perfect?

Guys put enough pressure on themselves, but what about the pressure society puts on them to be perfect?

It used to be that only girls felt the pressure of picture-perfect images, but these days the media emphasis



When Body Worries Go Too Far

It's normal for a guy to have a few minor complaints about his looks, but a focus that's too intense can signal a problem. Body Dysmorphic Disorder is a mental health condition in which people are so preoccupied with what they believe are defects in the way they look that they spend hours of time and attention every day checking, fixing, or hiding appearance flaws. This body image disorder interferes with a person's ability to function or be happy, and requires a professional's help.

on men's looks creates a sense of pressure for guys, too. And sometimes (actually, many times) that "as-advertised" body is just not attainable. The men you see in those pictures may not even be real. Magazines and ad agencies often alter photographs of models, either by airbrushing the facial and muscular features, or by putting a good-looking face on someone else's buff body.



Big Bullies

Sometimes if people haven't caught up physically, bigger kids may tease them. Often, the guys who put others down do it because they aren't comfortable with their bodies. Putting someone else down makes them feel more powerful. A simple and effective way to deal with annoying guys like this is to be comfortable with who you are and get in touch with your strengths. Use humor and wit to combat a bully – he won't know what hit him.

Building a Better Body Image

So in the face of all the pressure society places on guys — and guys place on themselves — what can you do to fuel a positive body image? Here are some ideas:

- **Recognize your strengths.** Different physical attributes and body types are good for different things — and sometimes the things you did well as a kid can change during puberty. What does your body do well? Maybe your speed, flexibility, strength, or coordination leads you to excel at a certain sport. Or perhaps you have non-sports skills, like drawing, painting, singing, playing a musical instrument, writing, or acting. Just exploring talents that you feel good about can help your self-esteem and how you think of yourself.
- **A good body doesn't always translate into athletic success.** Too often, the way guys see their body image is closely associated with their performance on a sports field or in the gym. The upside to this is that if you're good at a team sport, you might have a pretty good view of your body. But what if you don't like team sports or you got cut from a team you really wanted to make? In these cases, it helps to look at individual accomplishments.

If you don't like team sports, that's OK. Find another form of physical activity that gets you going. Depending on your interests and where you live, that may be mountain biking, rock climbing, yoga, dancing, or jogging. This will help you stay in shape and help you to appreciate skills you may not have realized you had in a team environment.

If you like team sports but didn't make a particular team, don't let it get you down. Use this as an opportunity to discover what you're good at, not to lament what you aren't best at. Maybe try out for another team — so soccer wasn't for you, but maybe cross-country running will be. Or, continue to practice the sport you were cut from and try again next year. The people around you probably won't remember that you didn't make the team — not being picked is a much bigger deal to you than it was to them.

- **Look into starting a strength training program.** Exercise can help you look good and feel good about yourself. Good physiques don't just happen — they take hard work, regular workouts, and a healthy diet. There's no need to work out obsessively. A healthy routine can be as simple as exercising 20 minutes to an hour 3 days a week. Another benefit to working out properly is that it can boost your mood — lifting weights can lift your spirits.

- **Don't trash your body, respect it!** To help improve your view of your body, take care of it. Smoking and other things you know to be harmful will take a toll after a while. Treating yourself well over time results in a healthier, stronger body — and that contributes to a better body image. Practicing good grooming habits — regular showering; taking care of your teeth, hair, and skin; wearing clean clothes, etc. — also can help you build a positive body image.
- **Be yourself.** Your body is just one part of who you are — along with your talent for comedy, a quick wit, or all the other things that make you unique. Your talents, skills, and beliefs are just as much a part of you as the casing they come in. So try not to let minor imperfections take over.

While it's important to have a positive body image, getting too focused on body image and appearance can cause a guy to overlook the other positive parts of himself. If you're like most guys who take care of their bodies and wear clothes that look good, you probably look great to others. You just might not be aware of that if you're too busy being self-critical.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: January 2012



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

How Can I Improve My Self-Esteem?

Steve's mind wanders as he does his homework. "I'm never going to do well on this history test," he thinks. "My dad's right, I'm just like him — I'll never amount to much." Distracted, he looks down and thinks how skinny his legs are. "Ugh," he says to himself. "I bet the football coach won't even let me try out when he sees what a wimp I am."

Julio is studying for the same history test as Steve, and he's also not too fond of the subject. But that's where the similarity ends. Julio has a completely different outlook. He's more likely to think, "OK, history again, what a pain. Thank goodness I'm acing the subject I really love — math." And when Julio thinks about the way he looks, it's also a lot more positive. Although he is shorter and skinnier than Steve, Julio is less likely to blame or criticize his body and more likely to think, "I may be skinny, but I can really run. I'd be a good addition to the football team."

Self-Esteem Defined

We all have a mental picture of who we are, how we look, what we're good at, and what our weaknesses might be. We develop this picture over time, starting when we're very young. The term **self-image** is used to refer to a person's mental picture of himself or herself. A lot of our self-image is based on interactions we have with other people and our life experiences. This mental picture (our self-image) contributes to our **self-esteem**.

Self-esteem is all about how much we feel valued, loved, accepted, and thought well of by others — and how much we value, love, and accept ourselves. People with healthy self-esteem are able to feel good about themselves, appreciate their own worth, and take pride in their abilities, skills, and accomplishments. People with low self-esteem may feel as if no one will like them or accept them or that they can't do well in anything.

We all experience problems with self-esteem at certain times in our lives — especially during our teens when we're figuring out who we are and where we fit in the world. The good news is that, because everyone's self-image changes over time, self-esteem is not fixed for life. So if you feel that your self-esteem isn't all it could be, you can improve it.

Self-Esteem Problems

Before a person can overcome self-esteem problems and build healthy self-esteem, it helps to know what might cause those problems in the first place. Two things in particular — how others see or treat us and how we see ourselves — can have a big impact on our self-esteem.

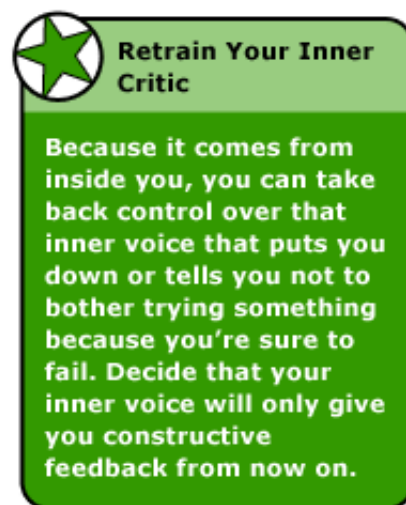
Parents, teachers, and other authority figures influence the ideas we develop about ourselves — particularly when we're little kids. If parents spend more time criticizing than praising a child, it can be harder for a kid to develop good self-esteem. Because teens are still forming their own values and beliefs, it's easy to build self-image around what a parent, coach, or other person says.

Obviously, self-esteem can be damaged when someone whose acceptance is important (like a parent or teacher) constantly puts you down. But criticism doesn't have to come from other people. Some teens also have an "inner critic," a voice inside that seems to find fault with everything they do. And people sometimes unintentionally model their inner voice after a critical parent or someone else whose opinion is important to them.

Over time, listening to a negative inner voice can harm a person's self-esteem just as much as if the criticism were coming from another person. Some people get so used to their inner critic being there that they don't even notice when they're putting themselves down.

Unrealistic expectations can also affect someone's self-esteem. People have an image of who they want to be (or who they think they should be). Everyone's image of the ideal person is different. For example, some people admire athletic skills and others admire academic abilities.

People who see themselves as having the qualities they admire — such as the ability to make friends easily — usually have high self-esteem. People who don't see themselves as having the qualities they admire may develop low self-esteem. Unfortunately, people who have low self-esteem often *do* have the qualities they admire. They just can't see it because their self-image is trained that way.



Why Is Self-Esteem Important?

How we feel about ourselves can influence how we live our lives. People who feel that they're likable and lovable (in other words, people with good self-esteem) have better relationships. They're more likely to ask for help and support from friends and family when they need it. People who believe they can accomplish goals and solve problems are more likely to do well in school. Having good self-esteem allows you to accept yourself and live life to the fullest.

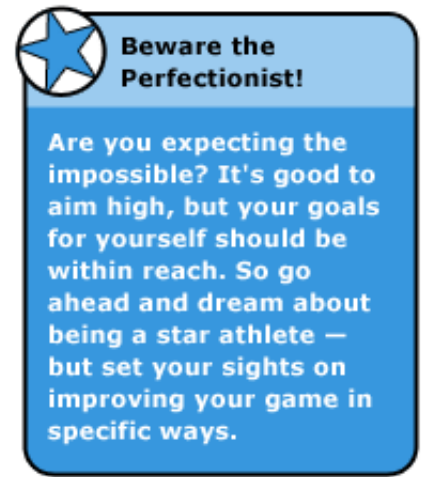
Steps to Improving Self-Esteem

If you want to improve your self-esteem, here are some steps to start empowering yourself:

- **Try to stop thinking negative thoughts about yourself.** If you're used to focusing on your shortcomings, start thinking about positive aspects of yourself that outweigh them. When you catch yourself being too critical, counter it by saying something positive about yourself. Each day, write down three things about yourself that make you happy.
- **Aim for accomplishments rather than perfection.** Some people become paralyzed by perfection. Instead of holding yourself back with thoughts like, "I won't audition for the play until I

lose 10 pounds," think about what you're good at and what you enjoy, and go for it.

- **View mistakes as learning opportunities.** Accept that you will make mistakes because everyone does. Mistakes are part of learning. Remind yourself that a person's talents are constantly developing, and everyone excels at different things — it's what makes people interesting.
- **Try new things.** Experiment with different activities that will help you get in touch with your talents. Then take pride in new skills you develop.
- **Recognize what you can change and what you can't.** If you realize that you're unhappy with something about yourself that you can change, then start today. If it's something you can't change (like your height), then start to work toward loving yourself the way you are.
- **Set goals.** Think about what you'd like to accomplish, then make a plan for how to do it. Stick with your plan and keep track of your progress.
- **Take pride in your opinions and ideas.** Don't be afraid to voice them.
- **Make a contribution.** Tutor a classmate who's having trouble, help clean up your neighborhood, participate in a walkathon for a good cause, or volunteer your time in some other way. Feeling like you're making a difference and that your help is valued can do wonders to improve self-esteem.
- **Exercise!** You'll relieve stress, and be healthier and happier.
- **Have fun.** Ever found yourself thinking stuff like "I'd have more friends if I were thinner"? Enjoy spending time with the people you care about and doing the things you love. Relax and have a good time — and avoid putting your life on hold.



It's never too late to build healthy, positive self-esteem. In some cases where the emotional hurt is deep or long lasting, it can require the help of a mental health professional, like a counselor or therapist. These experts can act as a guide, helping people learn to love themselves and realize what's unique and special about them.

Self-esteem plays a role in almost everything you do. People with high self-esteem do better in school and find it easier to make friends. They tend to have better relationships with peers and adults; feel happier; find it easier to deal with mistakes, disappointments, and failures; and are more likely to stick with something until they succeed.

It takes some work to develop good self-esteem, but once you do it's a skill you'll have for life.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: May 2012



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Drugs: What You Should Know

These days, drugs can be found everywhere, and it may seem like everyone's doing them. Lots of people are tempted by the excitement or escape that drugs seem to offer.

But learning the facts about drugs can help you see the risks of chasing this excitement or escape. Here's what you need to know.

The Deal on Substances

Thanks to medical and drug research, there are thousands of drugs that help people. Antibiotics and vaccines have revolutionized the treatment of infections. Medicines can lower blood pressure, treat diabetes, and reduce the body's rejection of new organs. Medicines can cure, slow, or prevent disease, helping us to lead healthier and happier lives. But there are also lots of illegal, harmful drugs that people take to help them feel good or have a good time.

How do drugs work? Drugs are chemicals or substances that change the way our bodies work. When you put them into your body (often by swallowing, inhaling, or injecting them), drugs find their way into your bloodstream and are transported to parts of your body, such as your brain. In the brain, drugs may either intensify or dull your senses, alter your sense of alertness, and sometimes decrease physical pain.

A drug may be helpful or harmful. The effects of drugs can vary depending upon the kind of drug taken, how much is taken, how often it is used, how quickly it gets to the brain, and what other drugs, food, or substances are taken at the same time. Effects can also vary based on the differences in body size, shape, and chemistry.

Although substances can feel good at first, they can ultimately do a lot of harm to the body and brain. Drinking alcohol, smoking tobacco, taking illegal drugs, and sniffing glue can all cause serious damage to the human body. Some drugs severely impair a person's ability to make healthy choices and decisions. Teens who drink, for example, are more likely to get involved in dangerous situations, such as driving under the influence or having unprotected sex.

Why People Take Drugs

And just as there are many kinds of drugs available, there are as many reasons for trying them or starting to use them regularly. People take drugs just for the pleasure they believe they can bring. Often it's because someone tried to convince them that drugs would make them feel good or that they'd have a better time if they took them.

Some teens believe drugs will help them think better, be more popular, stay more active, or become better athletes. Others are simply curious and figure one try won't hurt. Others want to fit in and take drugs due to peer pressure. A few use drugs to gain attention from their parents.

Many teens use drugs because they're depressed or think drugs will help them escape their problems. The truth is, drugs don't solve problems — they simply hide feelings and problems. When a drug wears off, the feelings and problems remain, or become worse. Drugs can ruin every aspect of a person's life.

Here are the facts on some of the more common drugs.

Alcohol

The oldest and most widely used drug in the world, alcohol is a depressant that alters perceptions, emotions, and senses.

How It's Used: Alcohol is a liquid that is drunk.

Effects & Dangers:

- Alcohol first acts as a stimulant, and then it makes people feel relaxed and a bit sleepy.
- High doses of alcohol seriously affect judgment and coordination. Drinkers may have slurred speech, confusion, depression, short-term memory loss, and slow reaction times.
- Large volumes of alcohol drunk in a short period of time may cause alcohol poisoning.

Addictiveness: Teens who use alcohol can become psychologically dependent upon it to feel good, deal with life, or handle stress. In addition, their bodies may demand more and more to achieve the same kind of high experienced in the beginning. Some teens are also at risk of becoming physically addicted to alcohol. Withdrawal from alcohol can be painful and even life threatening. Symptoms range from shaking, sweating, nausea, anxiety, and depression to hallucinations, fever, and convulsions.

Amphetamines

Amphetamines are stimulants that accelerate functions in the brain and body. They come in pills or tablets. Prescription diet pills also fall into this category of drugs.

Street Names: speed, uppers, dexies, bennies

How They're Used: Amphetamines are swallowed, inhaled, or injected.

Effects & Dangers:

- Swallowed or snorted, these drugs hit users with a fast high, making them feel powerful, alert, and energized.

- Uppers pump up heart rate, breathing, and blood pressure, and they can also cause sweating, shaking, headaches, sleeplessness, and blurred vision.
- Prolonged use may cause hallucinations and intense paranoia.

Addictiveness: Amphetamines are very addictive. Users who stop report that they experience various mood problems such as aggression, anxiety, and intense cravings for the drugs.

Cocaine and Crack

Cocaine is a white crystalline powder made from the dried leaves of the coca plant. Crack, named for its crackle when heated, is made from cocaine. It looks like white or tan pellets. They are both dangerous stimulants.

Street Names for Cocaine: coke, snow, blow, nose candy, white, big C

Street Names for Crack: freebase, rock

How They're Used: Cocaine is inhaled through the nose or injected into the bloodstream. Crack is heated, then the vapors are smoked.

Effects & Dangers:

- Cocaine is a stimulant that affects the central nervous system, giving users a quick, intense feeling of power and energy. Snorting highs last between 15 and 30 minutes; smoking highs last between 5 and 10 minutes.
- Cocaine also elevates heart rate, breathing rate, blood pressure, and body temperature.
- Injecting cocaine can give you hepatitis B or C or HIV/AIDS if you share needles with other users. Snorting cocaine can cause nosebleeds and damage the tissues inside your nose. It can even cause a hole inside the lining of your nose.
- First-time users — even teens — of both cocaine and crack can stop breathing or have fatal heart attacks. Using either of these drugs even one time can kill you.

Addictiveness: These drugs are highly addictive, and as a result, the drug, not the user, calls the shots. Even after one use, cocaine and crack can create both physical and psychological cravings that make it very, very difficult for users to stop.

Cough and Cold Medicines (DXM)

Several over-the-counter cough and cold medicines contain the ingredient dextromethorphan (also called DXM). If taken in large quantities, these over-the-counter medicines can cause hallucinations, loss of motor control, and "out-of-body" (or disassociative) sensations.

Street Names: triple C, candy, C-C-C, dex, DM, drex, red devils, robo, rojo, skittles, tussin, velvet, vitamin D

How They're Used: Cough and cold medicines, which come in tablets, capsules, gel caps, and lozenges as well as syrups, are swallowed. DXM is often extracted from cough and cold medicines, put into powder form, and snorted.

Effects & Dangers:

- Small doses help suppress coughing, but larger doses can cause fever, confusion, impaired judgment, blurred vision, dizziness, paranoia, excessive sweating, slurred speech, nausea, vomiting, abdominal pain, irregular heartbeat, high blood pressure, headache, lethargy, numbness of fingers and toes, redness of face, dry and itchy skin, loss of consciousness, seizures, brain damage, and even death.
- Sometimes users mistakenly take cough syrups that contain other medications in addition to dextromethorphan. High doses of these other medications can cause serious injury like liver damage, damage to or other negative effects on the heart, and even death.

Addictiveness: People who use cough and cold medicines and DXM regularly to get high can become psychologically dependent upon them (meaning they like the feeling so much they can't stop, even though they aren't physically addicted).

Depressants

Depressants, such as tranquilizers and barbiturates, calm nerves and relax muscles. Many are legally available by prescription (such as Valium and Xanax) and are bright-colored capsules or tablets.

Street Names: downers, goof balls, barbs, ludes

How They're Used: Depressants are swallowed.

Effects & Dangers:

- When used as prescribed by a doctor and taken at the correct dosage, depressants can help people feel calm and reduce angry feelings.
- Larger doses can cause confusion, slurred speech, lack of coordination, and tremors.
- Very large doses can cause a person to stop breathing and result in death.
- Depressants and alcohol should never be mixed — this combination greatly increases the risk of overdose and death.

Addictiveness: Depressants can cause both psychological and physical dependence.

Ecstasy (MDMA)

This is a designer drug created by underground chemists. It comes in powder, tablet, or capsule form. Ecstasy is a popular club drug among teens because it is widely available at raves, dance clubs, and concerts.

Street Names: XTC, X, Adam, E, Roll

How It's Used: Ecstasy is swallowed or sometimes snorted.

Effects & Dangers:

- This drug combines a hallucinogenic with a stimulant effect, making all emotions, both negative and positive, much more intense.
- Users feel a tingly skin sensation and an increased heart rate.
- Ecstasy can also cause dry mouth, cramps, blurred vision, chills, sweating, and nausea.
- Sometimes users clench their jaws while using. They may chew on something (like a pacifier) to relieve this symptom.
- Many users also experience depression, paranoia, anxiety, and confusion. There is some concern that these effects on the brain and emotion can become permanent with chronic use of ecstasy.
- Ecstasy also raises the temperature of the body. This increase can sometimes cause organ damage or even death.

Addictiveness: Although the physical addictiveness of Ecstasy is unknown, teens who use it can become psychologically dependent upon it to feel good, deal with life, or handle stress.

GHB

GHB, which stands for gamma hydroxybutyrate, is often made in home basement labs, usually in the form of a liquid with no odor or color. It has gained popularity at dance clubs and raves and is a popular alternative to Ecstasy for some teens and young adults. The number of people brought to emergency departments because of GHB side effects is quickly rising in the United States. And according to the U.S. Drug Enforcement Agency (DEA), since 1995 GHB has killed more users than Ecstasy.

Street Names: Liquid Ecstasy, G, Georgia Home Boy

How It's Used: When in liquid or powder form (mixed in water), GHB is drunk; in tablet form it is swallowed.

Effects & Dangers:

- GHB is a depressant drug that can cause both euphoric (high) and hallucinogenic effects.
- The drug has several dangerous side effects, including severe nausea, breathing problems, decreased heart rate, and seizures.
- GHB has been used for date rape because it is colorless and odorless and easy to slip into drinks.
- At high doses, users can lose consciousness within minutes. It's also easy to overdose: There is only a small difference between the dose used to get high and the amount that can cause an overdose.
- Overdosing GHB requires emergency care in a hospital right away. Within an hour GHB overdose can cause coma and stop someone's breathing, resulting in death.
- GHB (even at lower doses) mixed with alcohol is very dangerous — using it *even once* can kill you.

Addictiveness: When users come off GHB they may have withdrawal symptoms such as insomnia and anxiety. Teens may also become dependent upon it to feel good, deal with life, or handle stress.

Heroin

Heroin comes from the dried milk of the opium poppy, which is also used to create the class of painkillers called narcotics — medicines like codeine and morphine. Heroin can range from a white to dark brown powder to a sticky, tar-like substance.

Street Names: horse, smack, Big H, junk

How It's Used: Heroin is injected, smoked, or inhaled (if it is pure).

Effects & Dangers:

- Heroin gives you a burst of euphoric (high) feelings, especially if it's injected. This high is often followed by drowsiness, nausea, stomach cramps, and vomiting.
- Users feel the need to take more heroin as soon as possible just to feel good again.
- With long-term use, heroin ravages the body. It is associated with chronic constipation, dry skin, scarred veins, and breathing problems.
- Users who inject heroin often have collapsed veins and put themselves at risk of getting deadly infections such as HIV/AIDS, hepatitis B or C, and bacterial endocarditis (inflammation of the lining of the heart) if they share needles with other users.

Addictiveness: Heroin is extremely addictive and easy to overdose on (which can cause death). Withdrawal is intense and symptoms include insomnia, vomiting, and muscle pain.

Inhalants

Inhalants are substances that are sniffed or "huffed" to give the user an immediate rush or high. They include household products like glues, paint thinners, dry cleaning fluids, gasoline, felt-tip marker fluid, correction fluid, hair spray, aerosol deodorants, and spray paint.

How It's Used: Inhalants are breathed in directly from the original container (sniffing or snorting), from a plastic bag (bagging), or by holding an inhalant-soaked rag in the mouth (huffing).

Effects & Dangers:

- Inhalants make you feel giddy and confused, as if you were drunk. Long-time users get headaches, nosebleeds, and may suffer loss of hearing and sense of smell.
- Inhalants are the most likely of abused substances to cause severe toxic reaction and death. Using inhalants, even one time, can kill you.

Addictiveness: Inhalants can be very addictive. Teens who use inhalants can become psychologically dependent upon them to feel good, deal with life, or handle stress.

Ketamine

Ketamine hydrochloride is a quick-acting anesthetic that is legally used in both humans (as a sedative for minor surgery) and animals (as a tranquilizer). At high doses, it causes intoxication and hallucinations similar to LSD.

Street Names: K, Special K, vitamin K, bump, cat Valium

How It's Used: Ketamine usually comes in powder that users snort. Users often do it along with other drugs such as Ecstasy (called kitty flipping) or cocaine or sprinkle it on marijuana blunts.

Effects & Dangers:

- Users may become delirious, hallucinate, and lose their sense of time and reality. The trip — also called K-hole — that results from ketamine use lasts up to 2 hours.
- Users may become nauseated or vomit, become delirious, and have problems with thinking or memory.
- At higher doses, ketamine causes movement problems, body numbness, and slowed breathing.
- Overdosing on ketamine can stop you from breathing — and kill you.

Addictiveness: Teens who use it can become psychologically dependent upon it to feel good, deal with life, or handle stress.

LSD

LSD (which stands for lysergic acid diethylamide) is a lab-brewed hallucinogen and mood-changing chemical. LSD is odorless, colorless, and tasteless.

Street Names: acid, blotter, doses, microdots

How It's Used: LSD is licked or sucked off small squares of blotting paper. Capsules and liquid forms are swallowed. Paper squares containing acid may be decorated with cute cartoon characters or colorful designs.

Effects & Dangers:

- Hallucinations occur within 30 to 90 minutes of dropping acid. People say their senses are intensified and distorted — they see colors or hear sounds with other delusions such as melting walls and a loss of any sense of time. But effects are unpredictable, depending on how much LSD is taken and the user.
- Once you go on an acid trip, you can't get off until the drug is finished with you — at times up to about 12 hours or even longer!
- Bad trips may cause panic attacks, confusion, depression, and frightening delusions.
- Physical risks include sleeplessness, mangled speech, convulsions, increased heart rate, and coma.
- Users often have flashbacks in which they feel some of the effects of LSD at a later time without having used the drug again.

Addictiveness: Teens who use it can become psychologically dependent upon it to feel good, deal with life, or handle stress.

Marijuana

The most widely used illegal drug in the United States, marijuana resembles green, brown, or gray dried parsley with stems or seeds. A stronger form of marijuana called hashish (hash) looks like brown or black cakes or balls. Marijuana is often called a gateway drug because frequent use can lead to the use of stronger drugs.

Street Names: pot, weed, blunts, chronic, grass, reefer, herb, ganja

How It's Used: Marijuana is usually smoked — rolled in papers like a cigarette (joints), or in hollowed-out cigars (blunts), pipes (bowls), or water pipes (bongs). Some people mix it into foods or brew it as a tea.

Effects & Dangers:

- Marijuana can affect mood and coordination. Users may experience mood swings that range from stimulated or happy to drowsy or depressed.
- Marijuana also elevates heart rate and blood pressure. Some people get red eyes and feel very sleepy or hungry. The drug can also make some people paranoid or cause them to hallucinate.
- Marijuana is tough on the lungs — steady smokers suffer coughs, wheezing, and frequent colds.

Addictiveness: Teens who use marijuana can become psychologically dependent upon it to feel good, deal with life, or handle stress. In addition, their bodies may demand more and more marijuana to achieve the same kind of high experienced in the beginning.

Methamphetamine

Methamphetamine is a powerful stimulant.

Street Names: crank, meth, speed, crystal, chalk, fire, glass, crypto, ice

How It's Used: It can be swallowed, snorted, injected, or smoked.

Effects & Dangers:

- Users feel a euphoric rush from methamphetamine, particularly if it is smoked or shot up. But they can develop tolerance quickly — and will use more meth for longer periods of time, resulting in sleeplessness, paranoia, and hallucinations.
- Users sometimes have intense delusions such as believing that there are insects crawling under their skin.
- Prolonged use may result in violent, aggressive behavior, psychosis, and brain damage.
- The chemicals used to make methamphetamine can also be dangerous to both people and the environment.

Addictiveness: Methamphetamine is highly addictive.

Nicotine

Nicotine is a highly addictive stimulant found in tobacco. This drug is quickly absorbed into the bloodstream when smoked.

How It's Used: Nicotine is typically smoked in cigarettes or cigars. Some people put a pinch of tobacco (called chewing or smokeless tobacco) into their mouths and absorb nicotine through the lining of their mouths.

Effects & Dangers:

- Physical effects include rapid heartbeat, increased blood pressure, shortness of breath, and a greater likelihood of colds and flu.
- Nicotine users have an increased risk for lung and heart disease and stroke. Smokers also have bad breath and yellowed teeth. Chewing tobacco users may suffer from cancers of the mouth and neck.
- Withdrawal symptoms include anxiety, anger, restlessness, and insomnia.

Addictiveness: Nicotine is as addictive as heroin or cocaine, which makes it extremely difficult to quit. Those who start smoking before the age of 21 have the hardest time breaking the habit.

Rohypnol

Rohypnol (pronounced: ro-**hip**-nol) is a low-cost, increasingly popular drug. Because it often comes in pre-sealed bubble packs, many teens think that the drug is safe.

Street Names: roofies, roach, forget-me pill, date rape drug

How It's Used: This drug is swallowed, sometimes with alcohol or other drugs.

Effects & Dangers:

- Rohypnol is a prescription antianxiety medication that is 10 times more powerful than Valium.
- It can cause the blood pressure to drop, as well as cause memory loss, drowsiness, dizziness, and an upset stomach.
- Though it's part of the depressant family of drugs, it causes some people to be overly excited or aggressive.
- Rohypnol has received a lot of attention because of its association with date rape. Many teen girls and women report having been raped after having rohypnol slipped into their drinks. The drug also causes "anterograde amnesia." This means it's hard to remember what happened while on the drug, like a blackout. Because of this it can be hard to give important details if a young woman wants to report the rape.

Addictiveness: Users can become physically addicted to rohypnol, so it can cause extreme withdrawal symptoms when users stop.

Getting Help

If you think you — or a friend — may be addicted to drugs, talk to your doctor, school counselor, or nurse. They can help you get the help you need.

Several kinds of treatment are available for drug addiction. The two main categories are **behavioral** (helping a person change behaviors) and **pharmacological** (treating a person with medication).

In behavioral treatments, an expert in drug treatment teaches people how to function without drugs — handling cravings, avoiding situations that could lead to inhalant use, and preventing and handling relapses.

As with any addiction, it can be difficult to stop without professional help and treatment. Overcoming an addiction is not something that can be done alone — everyone needs support. The experts who help people with addictions are trained to help, not judge. To find a drug treatment center in your area, check online, check out the yellow pages, or ask a counselor for advice.

Reviewed by: Yamini Durani, MD

Date reviewed: January 2012

Originally reviewed by: Michele Van Vranken, MD



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Mental Health First Aid and Assisting Others

Mental Health First Aid Five Step Plan: ALGEE

How to help someone going through a mental health crisis

The Action Plan

Mental Health First Aid teaches a five-step action plan, ALGEE, for individuals to provide help to someone who may be in crisis.

- A**ssess for risk of suicide or harm
- L**isten nonjudgmentally
- G**ive reassurance and information
- E**ncourage appropriate professional help
- E**ncourage self-help and other support strategies

Assess for Risk of Suicide or Harm: When helping a person going through a mental health crisis, it is important to look for signs of suicidal thoughts and behaviors and/or non-suicidal self-injury. Some Warning Signs of Suicide Include:

- Threatening to hurt or kill oneself
- Seeking access to means to hurt or kill oneself
- Talking or writing about death, dying or suicide
- Feeling Hopeless
- Acting Recklessly or engaging in risky activities
- Increased use of alcohol or drugs
- Withdrawing from family, friends, or society
- Appearing agitated or angry
- Having a dramatic change in mood

****Always seek emergency medical help if the person's life is in immediate danger. If you have reason to believe someone may be actively suicidal, call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255).**

Listening Nonjudgmentally: It may seem simple, but the ability to listen and have a meaningful conversation with an individual requires skill and patience. It is important to make an individual feel respected, accepted, and understood. Mental Health First Aid teaches individuals to use a set of verbal and nonverbal skills to engage in appropriate conversation – such as open body posture, comfortable eye contact and other listening strategies.

Give Reassurance and Information: It is important for individuals to recognize that mental illnesses are real, treatable illnesses from which people can and do recover. When having a conversation with someone whom you believe may be experiencing symptoms of a mental illness, it is important to approach the conversation with respect and dignity for that individual and to not blame the individual for his or her symptoms.

Encourage Appropriate Professional Help: There are a variety of mental health and substance use professionals who can offer help when someone is in crisis or may be experiencing the signs or symptoms of a mental illness.

- Types of Professionals
 - Doctors (primary care physicians or psychiatrists)
 - Social workers, counselors, and other mental health professionals
 - Certified peer specialists
- Types of Professional Help
 - "Talk" therapies
 - Medication
 - Other professional supports

Encourage Self-Help and Other Support Strategies

There are many ways individuals who may be experiencing symptoms of a mental illness can contribute to their own recovery and wellness.

These strategies may include:

- Exercise
- Relaxation and Meditation
- Participating in peer support groups
- Self-help books based on Cognitive Behavioral Therapy (CBT)
- Engaging with family, friends, faith, and other social networks

.Content compiled from: http://www.mentalhealthfirstaid.org/cs/first_aid_strategies



Navigating Crisis

Too often, we don't get help or identify problems until we've reached a total breaking point.

When it All Comes Crashing Down: Navigating Crisis

by The Icarus Project
www.theicarusproject.net

Crisis Response Quick List:

1. Work in teams.
2. Try not to panic.
3. Don't underreact or overreact.
4. Listen without judgment.
5. Get some sleep.

Crisis Response Suggestions

1. Work in teams.

If you're trying to help someone in crisis, coordinate with other friends and family to share responsibility and stress. If you're the one going through crisis, you may want to reach out to multiple people whom you trust. Human connection can be very healing for a crisis. The more people you have to support you, the easier the process will be and the less you will exhaust your support system.

2. Try not to panic.

Crisis can be made a lot worse if people start reacting with fear, control, and anger. Study after study has shown that if you react to someone in crisis with caring, openness, patience, and a relaxed and unhurried attitude, it can really help settle things down. Keep breathing, take time to do things that help you

stay in your body like yoga and taking walks, be sure to eat, drink water, and try to get sleep.

3. Be real about what's going on.

When people act weird or lose their minds, it is easy to overreact. It's also easy to underreact. If someone is actually seriously attempting suicide or doing something extremely dangerous like lying down on a busy freeway, getting the police involved might save their life. But if someone picks up a knife and is walking around the kitchen talking about UFOs, don't assume the worst and call the cops. Likewise, if someone is cutting themselves, it doesn't always mean they're suicidal. People cut for a variety of reasons, most of which are deeply personal and incapable of being understood through diagnosis. Sometimes people who are talking about the ideas of death and suicide are in a

Unacceptable treatment facilities and why:

What I want from my supporters when I am experiencing these symptoms:

What I don't want from my supporters when I am experiencing these symptoms:

What I want my supporters to do if I'm a danger to myself or others:

Things I need others to do for me and who I want to do it:

How I want disagreements between my supporters settled:

Things I can do for myself:

I (give, do not give) permission for my supporters to talk with each other about my symptoms and to make plans on how to assist me.

Indicators that supporters no longer need to use this plan:

I developed this document myself with the help and support of:

Signed:	Date:
Attorney:	Date:
Witness:	Date:
Witness:	Date:

Sample Advance Directive

from Mary Ellen Copeland (www.mentalhealthrecovery.com)

When I am feeling well, I am (describe yourself when you are feeling well):

The following symptoms indicate that I am no longer able to make decisions for myself, that I am no longer able to be responsible for myself or to make appropriate decisions:

When I clearly have some of the above symptoms, I want the following people to make decisions for me, see that I get appropriate treatment and to give me care and support:

I do not want the following people involved in any way in my care or treatment. List names and (optionally) why you do not want them involved:

Preferred medications and why:

Acceptable medications and why:

Unacceptable medications and why:

Acceptable treatments and why:

Unacceptable treatments and why:

Home/Community Care/Respite Options:

Preferred treatment facilities and why:



To contact the friendly folks at the Icarus Project with questions or comments, write us at: info@theicarusproject.net

Local mental health organizing specifically: support@theicarusproject.net

To send us letters or anything:

The Icarus Project c/o Fountain House
425 West 47th Street
New York, NY 10036

To meet our community and join the

discussion on our forums, go to

theicarusproject.net/forums



OUR MISSION: The Icarus Project envisions a new culture and language that resonates with our actual experiences of "mental illness" rather than trying to fit our lives into a conventional framework. We are a network of people living with experiences that are commonly labeled as bipolar or other psychiatric conditions. We believe we have mad gifts to be cultivated and taken care of, rather than diseases or disorders to be suppressed or eliminated. By joining together as individuals and as a community, the intertwined threads of madness and creativity can inspire hope and transformation in an oppressive and damaged world. Our participation in The Icarus Project helps us overcome alienation and tap into the true potential that lies between brilliance and madness.

very dangerous place, but sometimes they may just need to talk about dark, painful feelings that are buried. Use your judgment, and ask others for advice. Sometimes you just need to wait out crisis. Sometimes you do need to make the difficult decision to take action to try to interrupt a pattern or cycle.

4. Listen to the person without judgment.

What do they need? What are their feelings? What’s going on? What can help? Sometimes we are so scared of someone else’s suffering that we forget to ask them how we can help. Beware of arguing with someone in crisis: their point of view might be off, but their feelings are real and need to be listened to. (Once they’re out of crisis, they’ll be able to hear you better). If you are in crisis, tell people what you’re feeling and what you need. It is so hard to help people who aren’t communicating.

5. Lack of sleep is a major contributor to crisis.

Many people come right out of crisis if they get some sleep, and any hospital will first get them to sleep if they are sleep deprived. If the person hasn’t tried Benadryl, herbal or homeopathic remedies from a health food store, hot baths, rich food, exercise, or acupuncture, these can be extremely helpful. If someone is really manic and hasn’t been sleeping for months, though, none of these may work and you may have to seek out psychiatric drugs to break the cycle.

6. Drugs may also be a big factor in crisis.

Did someone who regularly takes psych meds suddenly stop? Withdrawal can cause a crisis. Ideally, someone quitting meds has a plan in place for their support system, but in the absence of that plan, try to respect their wish to go

through withdrawal. The crisis may be physically necessary and may pass. If they are not deliberately trying to come off of their meds, try to get the person back on them. (If they want to transition off meds, they should do it carefully and slowly, not suddenly. See the [Harm Reduction Guide to Coming off Psychiatric Drugs.](#))

7. Create a sanctuary and meet basic needs.

Try to de-dramatize and de-stress the situation as much as possible. Crashing in a different home for a few days can give a person some breathing space and perspective. Perhaps caring friends could come by in shifts to spend time with the person, make good food, play nice music, drag them outside for exercise, and spend time listening. Often people feel alone and uncared for in crisis, and if you make an effort to offer them a sanctuary it can mean a lot. Make sure basic needs are met: food, water, sleep, shelter, exercise, and if appropriate, professional (alternative or psychiatric) attention.

Police and hospitals are not saviors. They can even make things worse.

8. Calling the police or hospital shouldn’t be the automatic response.

Police and hospitals are not saviors. They can even make things worse. When you’re out of other options, though, you shouldn’t rule them out. Faced with a decision like this, get input from people who are thinking clearly and know about the person. Have other options been tried? Did the hospital help in the past? Were police and hospitals traumatizing? Are people overreacting? Don’t assume that it’s always the right thing to do just because it puts everything in the hands of

the “authorities.” Be realistic, however, when your community has exhausted its capacity to help and there is a risk of real danger. The alternative support networks we need do not exist everywhere people are in crisis. If someone does get hospital or doctor care, be cautious about any diagnosis they receive. Sometimes labels can be helpful, but madness is ultimately mysterious and diagnoses aren’t scientific or objective. Labels can confine us to a narrow medical perspective of our experience and needs and limit our sense of possibility. Having a disease label is not the only way to take someone’s pain seriously and get help.

On Suicide

“mental illness” ≠ crisis ≠ suicide.

While it’s easy to romanticize extreme states or madness, it is a dangerously incomplete picture. In the medical establishment’s opinion, mental illness is a highly lethal disease. Whether or not you choose to see things this way, the stark fact remains that the extremes of mood swings have driven people to suicide, and these swings can happen with astounding speed.

There is no accepted theory about why one person who is suicidal ends up doing it and another doesn’t. There is no perfect thing to do when someone is suicidal and no reliable way to prevent someone from killing themselves if they really want to. Suicide is, and will probably always be, a mystery.

There are, however, a lot of things that people have learned—things that come from a real sense of caring and love for people who have died or who might die, and truths people have realized when they were at the brink and made their way back. Here are a few we’ve collected:

1. Feeling suicidal is not giving up on life.

Feeling suicidal is being desperate for things to be different. People are holding out for a better person they know they can be and a better life they know they deserve, but they feel totally blocked. Discover what the vision for a better life is, and see how it is only possible to realize it if they stick around to find out what can happen. Turn some of that suicidal energy towards risking change in life. Find out what behavior pattern or life condition they want to kill instead of taking their whole life. (Perhaps ask, “What in you needs to die?”) Is there a way to change those patterns that they haven’t yet tried? Whom can they turn to for help changing those patterns?

2. People who are suicidal are often really isolated.

They need someone to talk with confidentially on a deep level, someone who is not going to judge them or reject them. Did something happen? What do they need? Be patient with long silences; let the person speak. Let people ask for anything—an errand, food, a place to stay, etc. Often, suicidal people really don’t want to be honest because they’re so ashamed of what they are feeling and it is an incredibly hard thing to admit. Be patient and calm.

3. People need to hear things that might seem obvious:

You are a good person. Your friendship has helped me. You are a cool person and you have done cool things, even if you can’t remember them now. You have loved life, and you can love it again. There are ways to make your feelings change and your head start working better. If you kill yourself, nothing in your life will ever change. You will be missed. You will never know what could have happened. Your problems are very real, but there are other ways to deal with them.

Advance Directives

If you know your crises get bad enough to get you into a hospital, there is a tool you should use called a psychiatric advance directive. Basically it’s like a living will for crisis: it gives you power and control over what happens to you when you go into a crisis. If you start to lose your mind and have a hard time speaking for yourself, people will look at your advance directive to figure out what to do.

There is an elaborate advance directive form at the Bazelon legal center you can use at [www.bazelon.org/issues/advancedirectives/index.htm](#) and a simpler one at the Mary Copeland website [www.mentalhealthrecovery.com/pdfs/crisisplan.pdf](#) (see back of this page). Or you can just write a letter and sign it. Write down whom you want contacted if you are in crisis and whom you don’t want contacted, what hospital you prefer to go to, what medications you do and don’t want to be given, what health practitioner you want to work with, and any special instructions for supporters, such as “Take me out into the woods,” “Help me sleep with these herbs or those pills,” “Feed me kale,” “When you ask me questions, give me a long time to answer; be patient, and don’t walk away,” or “Make sure I can see

When you go into crisis, your directive can be a guide to people how to respond to the situation, and they can use it to help convince hospitals, doctors, etc. to respect your choices on how to be treated. (Directives have some legal weight, but not as much as a living will. Ongoing reforms in mental health law may strengthen the role of directives in the future.)

4. Suicidal people are often under the sway of a critical voice or belief that lies about who and what they are.

It might be the voice of a parent, an abuser, someone who betrayed them, or simply a negative version of themselves that is filtered through depression and madness. Usually this voice is not perceiving reality accurately—get a reality check from someone close, and help the person stop believing these voices. They aren’t a “failure,” and change isn’t impossible. You Are Not Alone—other people have felt pain this deep and



terrible, and they have found ways to change their lives and survive. You are not the only one.

Talking to Providers and Knowing Your Rights!

Assertiveness

What Is Assertiveness?

Assertiveness is a healthy way of communicating. **It's the ability to speak up for ourselves in a way that is honest and respectful.** Every day, we're in situations where being assertive can help us — like asking someone on a date, approaching a teacher with a question, or doing well on a job or college interview.

Being assertive doesn't come naturally to everyone. **Some people communicate in a way that is too passive. Other people have a style that is too aggressive.** An assertive style is the happy medium between these two.

Here's what it means to be assertive:

- You can give an opinion or say how you feel.
- You can ask for what you want or need.
- You can disagree respectfully.
- You can offer your ideas and suggestions.
- You can say no without feeling guilty.
- You can speak up for someone else.

Why Does It Matter?

An assertive communication style can help us do the things we want to do. But it goes further than that: **Being assertive shows we respect ourselves and other people.**

People who speak assertively send the message that they believe in themselves. They're not too timid and they're not too pushy. They know that their feelings and ideas matter. They're confident.

People who are assertive tend to make friends more easily. They communicate in a way that respects other people's needs as well as their own. They tend to be better at working out conflicts and disagreements. People who give respect get respect in return.

Too Passive? Too Aggressive? Or Just Right?

How do you know where you fall on the assertiveness scale? Here are some examples:

Paula has a style that's too passive. If you ask Paula what movie she wants to see, she's most likely to say, "I don't know — what do you want to see?" She usually lets others decide things, but later she regrets not saying what she wanted. It bothers her that her friends do most of the talking. But when Paula tries to break into the conversation, she speaks so softly that others talk over her without realizing.

Janine has a style that's too aggressive. Janine has no trouble speaking her mind. But when she does, she comes across as loud and opinionated. Janine dominates the conversation, often interrupts, and rarely listens. If she disagrees with you, she lets you know — usually with sarcasm or a putdown. She has a reputation for being bossy and insensitive.

Ben has an assertive style. When you ask for Ben's opinion, he gives it honestly. If he disagrees with you, he'll say so — but in a way that doesn't put you down or make you feel wrong. Ben is interested in your opinion, too. He listens to what you have to say. Even when Ben disagrees with you, you still feel he respects your point of view.

The Problems of Being Too Passive

People who act too passively often end up feeling taken advantage of. They may begin to feel hurt, angry, or resentful.

When you hold back what you think and feel, others don't get to know or understand you as well as they could. The group doesn't benefit from your input or ideas.

If you start to feel like your opinions or feelings don't count, it can lower your confidence and rob you of the chance to get recognition and positive feedback for your good ideas. This can even lead to feeling depressed.

The Trouble With Being Too Aggressive

People who come across as too aggressive can find it difficult to keep friends. They may dominate conversations or give their opinions too boldly and forcefully, leaving others feeling put off or disrespected.

People with an aggressive style may get other people to do things their way, but many times they end up being rejected or disliked. They often lose the respect of others.

Why Isn't Everyone Assertive?

Why do some people have assertive communication styles when others are more passive or aggressive? Part of it's just personality. The habits we develop or the experiences we have are another part. But we also learn to be assertive, passive, or aggressive from watching how others act — especially the people who raise us.

Here are some things that can influence people to act too *passively*:

- a lack of confidence in themselves or the value of their opinions
- worrying too much about pleasing others or being liked
- worrying whether others will disagree with or reject their ideas and opinions
- feeling sensitive to criticism or hurt by past experiences when their ideas were ignored or rejected
- not developing the skills of being assertive

Things that can influence people to act too ***aggressively*** are:

- being overconfident
- focusing too much on getting their needs met and their opinions across
- not learning to respect or consider other people's views or needs
- not learning listening skills or how to ask for input from others

Things that can lead people to act ***assertively*** ("just right") are:

- self-confidence
- believing their opinions count, their ideas and feelings matter, and they have the right to express themselves
- being resilient (able to deal with criticism, rejection, and setbacks)
- respecting the preferences and needs of others
- having role models for assertiveness
- knowing their ideas were welcomed or assertiveness rewarded in the past

How to Be More Assertive

Being assertive is a matter of practicing certain communication skills and having the right inner attitude.

Some people are naturally more skillful when it comes to being assertive. Others need more practice. But everyone can improve.

Here's how:

Start by considering which communication style (assertive, passive, or aggressive) comes closest to yours. Then decide whether you need to work on being less passive, less aggressive, or simply need to build on your naturally assertive style.

To work on being *less passive* and more assertive:

- Pay attention to what you think, feel, want, and prefer. You need to be aware of these things before you can communicate them to others.
- Notice if you say "I don't know," "I don't care," or "it doesn't matter" when someone asks what you want. Stop yourself. Practice saying what you'd prefer, especially on things that hardly matter. For example, if someone asks, "Would you like green or red?" you can say, "I'd prefer the green one —

thanks."

- Practice asking for things. For example: "Can you please pass me a spoon?" "I need a pen — does anyone have an extra?" "Can you save me a seat?" This builds your skills and confidence for when you need to ask for something more important.
- Give your opinion. Say whether or not you liked a movie you saw and why.
- Practice using "I" statements such as: "I'd like..." "I prefer..." or "I feel..."
- Find a role model who's good at being assertive — not too passive and not too aggressive. See if you can imitate that person's best qualities.
- Remind yourself that your ideas and opinions are as important as everyone else's. Knowing this helps you be assertive. Assertiveness starts with an inner attitude of valuing yourself as much as you value others.

To work on being *less aggressive* and more assertive:

- Try letting others speak first.
- Notice if you interrupt. Catch yourself, and say: "Oh, sorry — go ahead!" and let the other person finish.
- Ask someone else's opinion, then listen to the answer.
- When you disagree, try to say so without putting down the other person's point of view. For example, instead of saying: "That's a stupid idea," try: "I don't really like that idea." Or instead of saying: "He's such a jerk," try: "I think he's insensitive."
- Find a role model who's good at being assertive — not too passive and not too aggressive. See if you can imitate that person's best qualities.

Even naturally assertive people can build and expand their skills. To work on improving a naturally assertive style:

- Find role models who are good at being assertive — not too passive and not too aggressive. See if you can imitate their best qualities. (You'll notice this is the same tip we give for helping with a style that's too passive or too aggressive. That's because we never stop learning!)
- Notice where you're best at being assertive. People behave differently in different situations. Many people find that it's easy to be assertive in certain situations (like with friends) but more challenging in others (like with teachers or when meeting new people). In tougher situations, try thinking, "What would I say to my close friends?"

When you speak assertively, it shows you believe in yourself. Building assertiveness is one step to becoming your best self, the person you want to be!

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: February 2012



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Talking to Your Doctor

Life gets way more complex when you're a teen. On top of all of the emotional and physical changes you go through, there are more choices and decisions to make and more stresses from school, sports, jobs, family, and even friends.

So who can you talk to about your physical and emotional concerns? Sometimes friends or parents can be helpful, but you can always talk to your doctor too.

Why Do I Need to Talk With My Doctor?

When you were a little kid, your parents took care of things like scheduling your doctors' appointments, getting your prescriptions, and making sure you took your medicine. If you had a pain or a worry, your parents were the ones to take care of it. But now that you're getting older, you may want — or be expected — to take on more responsibility for your health. It's all part of becoming an adult and taking charge.

As you get older, the issues you face can get more complicated and personal. Health issues that might have been simpler before now can include concerns about things such as sexual development, emotions, or weight problems. It's important to find someone to talk to who is both knowledgeable *and* someone you can trust.

Many teens are comfortable talking with their parents about almost any topic, at any time. But let's face it — not everyone is. Some teens — even though they have a fairly open relationship with their parents — just aren't comfortable talking about certain topics with their mother or father. What are they supposed to do?

Of course, they can always ask a friend — or go to the Internet. Sometimes, those places can be a good start. But friends might not *really* know the answers you're looking for — and not *every* website is accurate or up to date.

That's where your doctor or nurse can help out.

Doctors and nurses are trained to help you with your health and emotional concerns. You can talk with them, they can ask you questions, and they can check out what worries you. That's their job.

Even if you feel embarrassed at first about raising personal subjects (like physical development or sexual health), it's helpful to know that doctors deal with those concerns — and all sorts of things — every day.

And sometimes ignoring the risks of *not* talking to your doctor can outweigh the few moments of discomfort you may feel in raising sensitive health concerns.

Special Concerns for Teens

Maybe you're developing later or earlier than your friends and want to know what's going on. There might be times you feel more depressed or angry than you used to. New sexual feelings and behaviors can be confusing, too. Topics you never had to think about before, such as sexually transmitted diseases (STDs) and pregnancy, may suddenly be on your radar.

How Do I Discuss Embarrassing Things?

It's perfectly normal to feel nervous when talking with your doctor about things like sex, drugs, eating problems, weight concerns, depression, suicidal thoughts, and even body odor. You should be able to talk to your doctor about everything, but we all know that's easier said than done. Being examined and questioned about your body can also be intimidating, especially when the doctor needs to examine you in places you have always considered private, such as your genitals or breasts.

But there are things you can bear in mind to make it easier:

- **Your doctor's seen it before.** Most experienced doctors have cared for hundreds or even thousands of patients, so chances are they've heard, seen, and even smelled just about everything before. No matter how troubling something might be to you, it probably won't surprise your doctor.
- **Your doctor is there to help, not judge or punish.** If you've been going to the same doctor all your life, you may wonder if the doctor will be disappointed in you when you want to talk about sex or personal things that may be bothering you. That's what doctors do all the time, though.
 - Your doctor is interested in keeping you healthy, not judging you for something you have or haven't done. For this reason, a person who is concerned about a sensitive topic, such as having an STD, shouldn't avoid going to the doctor because he or she is ashamed or worried about what the doctor might think. Not having things like STDs checked might only make a condition worse and may even result in a permanent health problem, such as infertility. A doctor's role is to listen respectfully, examine, educate, and treat people, not criticize them. If you think your doctor is judging or preaching to you, talk to your parents about finding someone with whom you're more comfortable.
- **It's your job to talk openly about your symptoms and concerns.** A doctor can't help you unless you tell the whole story. Even if you're uncomfortable, being open and honest will only benefit you. Most doctors realize that people can feel uncomfortable about raising sensitive issues, and they try to be good listeners.
 - If you feel you can't put your concerns into words, try showing up for your appointment with a written list to give to the doctor. It can include your problems, symptoms, questions, and concerns. This approach can jump-start the communication process and help put you at ease. Many people find that once they've brought the subject up and gotten past those first nervous moments, they feel a lot more comfortable talking openly.

Do My Parents Have to Be Involved?

Lots of teens feel comfortable talking to their parents about all of their medical issues, but others prefer to keep certain aspects of their health private. Because parents usually need to stay involved in certain aspects of their child's medical care until that person reaches 18, it can help to find a "middle ground" that allows you to meet your privacy concerns and your parents' needs.

Here are some ideas on approaching your parents about taking charge of your medical care:

- **Express your interest in taking an active role in your medical care.** Start by talking with your parents about things you'd like to handle by yourself, like making appointments, calling your doctor with questions, and seeing the doctor alone for part of the time. Most doctors will allow a teen to go to an appointment alone if a parent calls and gives permission for treatment.
- **Balance your needs with your parents' needs.** Parents are not only interested in ensuring you get the best medical care available, they may need to stay involved in your health care for other reasons, like insurance. Most states require that doctors have a parent's permission before providing some types of medical tests and treatment (there are some things that you should be able to keep confidential from your folks if you want to, though — more on that later).
 - Some doctors suggest that both you and a parent meet with the doctor together for the first part of the appointment. Parents can often help by providing information on your (and your family's) medical history. At that point, if you prefer, the doctor can ask your parent to leave so you can talk and be examined in private. If you have private questions or concerns that you want to discuss with your doctor without your parent being in the room, this is a good time to bring these things up.

Sometimes you need to talk to a doctor ahead of time, not just after a problem has developed. For example, if you're considering becoming sexually active, going on a special diet, or treating yourself with medication, you need to talk openly and honestly with medical experts you trust.

- **Ask a parent to help you find a new doctor if you need one.** It's your right to have a doctor who makes you feel comfortable and treats you with respect. Of course the doctor you've had since you were a little kid knows your medical history better than anyone, but if you're not comfortable talking with him or her for any reason, what do you do? Ask your parents about finding another doctor both you and they can trust. Sometimes it helps to tell your parents you'd like to find a doctor who has lots of experience treating teens.
 - Ideally it's best to involve your parents in your health care because their advice and input can help you make the decision that's best for you. Plus, if you're still in your early teens, parents may feel more inclined to oversee your medical care than they might if you were older. But many people find it difficult to talk with their parents about certain medical or emotional concerns, even if they don't mind talking about most of their medical care. That's where confidentiality comes in.

Can I Keep My Visit Private?

It's a good idea to talk to your parents first about these types of issues, and many people do. Your health

is the most important thing. If talking to a parent or other responsible adult in your family isn't possible, you still need to get good care for yourself. That's where confidentiality comes in.

Confidential care means that your medical treatment stays between you and your doctor — you don't have to get a parent's permission. Confidentiality helps to ensure honesty and openness between a patient and a doctor. Most states ensure that teens can get confidential care for some sensitive medical matters, such as sexual health education and treatment, mental health issues like suicide and depression, and drug abuse. Sexual health education and treatment includes counseling, birth control, pregnancy care, and examinations and treatment for STDs.

So where can you get these services? Many family doctors will agree to treat their teen patients confidentially, so you may be able to approach your own family doctor and ask if he or she will do so. If you're not sure whether your treatment will be confidential, ask beforehand: Some doctors will treat their teen patients confidentially only when they have a parent's approval to do so. Most doctors agree to keep things confidential unless they feel their patient is either in danger or is a danger to others — in these cases, the doctor is obligated to inform the teen's parents.

Some schools offer health clinics to students during school hours. A teen also can visit a health clinic like Planned Parenthood or a gynecologist (a doctor who specializes in reproductive health) at a public health clinic to receive confidential advice and treatment on matters involving sexual health. If you don't want your parents to know and can't use their insurance, these clinics usually offer cheaper services or make it easy for teens to pay. Most school clinics and public health clinics that treat teens are very careful to maintain confidentiality.

Many parents are happy to have their teens see a doctor if they need to. Discuss with your parents the idea that you can see a doctor privately when you need to. Your doctor's office may need to call you with confidential test results. Let the doctor know the best way to reach you confidentially, such as a personal cell phone if you have one. Because the doctor's bill will need to be paid, talk with your parents and the doctor about how that can happen and still keep the visit confidential.

The more you know your body, the more you can be in control of your own health. Finding a doctor you can respect and who respects you, someone you can be open with, puts you on a great path to taking charge of your health for the rest of your life.

Reviewed by: Steven Dowshen, MD

Date reviewed: January 2013



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Foster Youth Have Rights!

YOU HAVE THE RIGHT TO LIVE IN A SAFE, COMFORTABLE HOME WITH:

- enough clothes and healthy food
- your own place to store your things
- an allowance (if you are in a group home)
- a telephone you can use to make confidential calls (unless a judge says you cannot)

YOU HAVE THE RIGHT TO:

- be treated with respect
- go to religious services and activities of your choice
- send and receive unopened mail (unless a judge says someone else can open your mail)
- contact people who are not in the foster care system (like friends, church members, teachers and others)
- make contact with social workers, attorneys, probation officers, CASAs, foster youth advocates, supporters or anyone else involved with your case
- be told about your placement by your social worker or probation officer

NO ONE CAN:

- lock you in a room or building (unless you are in a community treatment facility)
- abuse you physically, sexually or emotionally for any reason

- punish you by physically hurting you for any reason
- look through your things unless they have a good and legal reason
- harass or discriminate against you because you are lesbian, gay, bisexual, transgender or because someone thinks you are.

YOU HAVE RIGHTS AT COURT. YOU CAN:

- go to court and talk to the judge
- see and get a copy of your court report and your case plan
- keep your court records private, unless the law says otherwise
- be told by your social worker or probation officer and your attorney about any changes in your case plan or placement

YOU HAVE HEALTH RIGHTS.

YOU CAN:

- see a doctor, dentist, eye doctor or talk with a counselor if you need to
- refuse to take medicines, vitamins or herbs (unless a doctor or a judge says you must)

YOU HAVE FAMILY RIGHTS.

YOU CAN:

- visit and contact your siblings (unless a judge says you cannot)
- contact parents and other family members, too (unless a judge says you cannot)

YOU HAVE THE RIGHT TO DO SOME THINGS ON YOUR OWN. YOU CAN:

- have your own emancipation bank account (unless your case plan says you cannot)
- learn job skills right for your age
- work, unless the law says you are too young to manage the money you earn (if right for your age, development level and it is in your case plan)
- go to Independent Living Program classes and activities if you are old enough

YOU HAVE SCHOOL RIGHTS.

YOU CAN:

- go to school everyday
- go to after-school activities right for your age and development level

YOU HAVE OTHER RIGHTS.

YOU CAN:

- tell the judge how you feel about your family, lawyer and social worker
- tell the judge what you want to happen in your case
- have your own lawyer
- live with a family member if that would be a safe place
- call the Foster Care Ombudsman Office and Community Care Licensing at any time
- get help with school, if you need it

Remember your rights.

Also remember that the foster parent's or group home's job is to supervise you and keep you safe and healthy.

Rights, Rights & More Rights!

Know your rights!
**For a complete list of foster youth rights, call the Office of
the Foster Care Ombudsman
1-877-846-1602**

Connection with a Caring Adult

- You have the right to identify and maintain relationships with appropriate individuals who are important to you, as long as it's in your best interest. The intent of current law is that no child shall leave foster care without a permanent caring relationship with an adult.
- Social workers must ask children aged 10 and older, placed in group homes, and who have been in the foster care system for six months or longer about relationships they have that are important to them.

Participate in Social Activities

- You have the right to participate in age-appropriate extracurricular, enrichment, and social activities such as school-sponsored field trips or sports, trips to the mall, sleep-over with friends, scouting, and 4-H without requiring criminal background checks of chaperones/friends and friend's parents/supervisors. Caregivers (foster parents, approved relative caregivers, or approved non-relative extended family members), using a prudent parent standard, must determine beforehand that there are no reasonably foreseeable risk that you may be harmed before you will be allowed to participate in any events. Welfare and Institutions Codes Section 362.05

If you feel you are being discriminated against because of, but not limited to, your sex, race, color, religion, your sexual orientation, or for any other reason, please contact the Foster Care Ombudsman Help-line.

Rights reference: Welfare & Institutions Code Sections 27, 16001.9, 16160, 16501.1, Health and Safety Code Section 1530.91, California Code of Regulations Title 22, Div 6, Chap 5, Art 6 - Subchapter 1, Art 4 - Section 84072, CDSS Manual of Policies and Procedures Section 31-401.5 and 31-445.142

Foster Youth Education Rights

INTRODUCTION - AB 490

Effective January 1, 2004, Assembly Bill 490 (Steinberg) imposes new duties and rights related to the education of dependents and wards in foster care.

Guiding Principles: *Everyone shares the duty to promote the educational progress of children in out of home placements.*

Educators, school personnel, social workers, probation officers, caregivers, advocates and juvenile court officers must all work together to serve the educational needs of children in foster care.

Foster youth must have access to the same academic resources, services, extracurricular and enrichment activities available to all students.
EC 48850(a)

SCHOOL STABILITY

Role of the County Placing Agency

When making out of home placements, the placing agency must consider both the placement's proximity to the child's present school *and* the impact the placement will have on the child's educational stability. WIC 16501.1(c)

Role of the School

- Educational placements of foster youth must be made to ensure that youth have access to the same resources available to all students, that the educational placement is the least restrictive environment, and that the educational placement is in the youth's best interest. WIC 361, 726, EC 48853

- Right to remain in school of origin:

If the child's residential placement changes, the school district must allow the child to remain in her school of origin for the duration of the school year, provided it is in her best interest to do so. The child's best interest is determined by the school district foster care liaison, the person who holds education rights, and the child. If a dispute arises, the child has the right to remain in her school of origin until the dispute is resolved. EC 48853.5

School District Foster Care Liaison

Every school district and County Office of Education must have an educational liaison for foster children. The duties of a liaison are:

- To ensure proper school placement, enrollment and checkout from school
- To assist with the transfer of grades, credits and records when youth transfer schools
- To complete school record transfers within 2 business days. EC 48853.5

Preference for Public School

Foster children must attend programs operated by the local education agency unless the child has an IEP requiring a different educational placement, or the person with education rights determines that it is in the child's best interest to attend a different educational program or to remain in the school of origin. EC 48853

Immediate Enrollment

The child has the right to be immediately enrolled in the new school without school records, immunization records, uniforms, etc. EC 48853.5(d) (4) (b)

Timely Transfer of Records

The timely transfer of records is the responsibility of both the placing agency and the school district. EC 49069.5

County Placing Agency Worker

When the case worker or probation officer becomes aware of the need to transfer a student to a new school, he or she must:

- Notify the school of the student's last expected day of attendance
- Request the calculation of the student's educational information
- Request the student is transferred out. EC 49069.5

Case workers and probation officers may access the child's school records without parental consent or court order so that they may assist with school transfer or enrollment, compile the child's health and education summary, or fulfill educational case management duties. EC 49076

Old School

Within 2 business days, the old school must transfer the student out, and deliver the student's educational record to the next school. The record must include a determination of seat time, full or partial credits earned, classes, grades, immunizations and, if applicable, special education or § 504 plans. EC 49069.5

New School

The liaison for the new school shall, within 2 business days of the foster child's request for enrollment, contact the school last attended by the foster child to obtain all academic and other records. EC 48853.5(d) (4) (c)

Protection for Grades and Credits

A foster child's grades cannot be lowered due to absences caused by a change in placement, attendance at a court hearing, or a court ordered activity. EC 49069.5 Schools must award all students (not just foster youth) with credit for full or partial coursework satisfactorily completed at another public school, a juvenile court school, or a non-public, non-sectarian school. EC 48645.5 The California Foster Youth Education Task Force is a coalition of 21 organizations dedicated to improving educational outcomes for foster youth. For more information, please contact Sarah Vesecky or Leslie Heimov, Children's Law Center of Los Angeles, at 323.980.1700 or Erin Saberi, Casey Family Programs, at 916.646.3646 ext. 3007.

Fact Sheets have incorporated the Individuals with Disabilities Education Improvement Act of 2004 (effective July 1, 2005). Fact sheets produced April 2005.

Get Involved!

Get Involved--You are the Expert

Your voice is needed to help make changes to the foster care system. The groups and people who make foster care policies and legislation need to hear from you so that decisions are made that truly reflect the needs of foster youth. There are several ways to get involved so your voice and perspective is heard by decision-makers.

Volunteer with the Office of the Foster Care Ombudsman!

Foster youth volunteers are needed to assist the Office of the Foster Care Ombudsman make presentations on the Foster Care Ombudsman Program to foster youth groups, group homes, shelters, judges, and other child welfare professionals. Volunteers will also assist staff on a variety of projects while working hours that fit your schedule. Call 1-877-846-1602 to apply, or e-mail fosteryouthhelp@dss.ca.gov.

Join the California Youth Connection!

The California Youth Connection (CYC) is an organization of current and former foster youth. The youth members are between the ages of 14 and 24. Currently there are 22 chapters and over 300 members in California. Foster youth members of CYC are assisting their county and state in making the foster care system better and breaking the stereotypes of foster youth. For more information, call the statewide CYC office at: 1-800-397-8236 or visit their website at www.calyouthconn.org.

The California Youth Connection is an organization that advocates for current and former foster youth ages 14-24 with chapters in many counties throughout California. Go to the chapter meetings in your county. If you don't have a chapter, contact the CYC statewide office at 1-800-397-8236 to find out about starting one. CYC is a great way to find out about the new changes in foster care programs that affect you. By getting involved with CYC, you can develop leadership and public speaking skills while helping make the foster care system better.

Start a Youth Council at your group home!

Licensing regulations state that youth have the right to form a resident's youth council in group homes that will work on making the group home a better place to live for all the residents. The Office of the Foster Care Ombudsman can help you start a Youth Council if you are interested. Call 1-877-846-1602 for more information.

LGBTQ!

THE FOSTER CARE OMBUDSMAN OFFICE HAS INFORMATION AND RESOURCES FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING YOUTH

Selected Organizations:

The National Center for Lesbian Rights

The National Center for Lesbian Rights is a national legal organization committed to advancing the civil and human rights of lesbian, gay, bisexual, and transgender people and their families through litigation, public policy advocacy, and public education. Call or fax 415.392.6257 x331 (w) | 415.392.8442 (fax) or go to www.nclr.org.

GLBT National Help Center

The GLBT National Help Center provides free and confidential telephone and email peer-counseling, information and local resources for the gay, lesbian, bisexual and transgender community. The organization also works to strengthen local GLBT hotlines and organizations in their mission of service to the community.

For telephone and email peer counseling on these issues, or go to www.youthtalkline.org or call the toll-free hotline at 1-888-843-4564. To participate in the GLBT National Youth Talkline, click on the Help Center site or call the toll-free hotline at 1-800-246-PRIDE (1-800-246-7743).

Gay-Straight Alliance Network

The goal of the Gay-Straight Alliance Network is to empower youth activists to fight homophobia and transphobia in schools. Call 415-552-4229 or go to www.gsanetwork.org for more information.

General Resources:

Child Welfare League of America (CWLA) Best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care

This easy-to-use resource contains the first-ever set of comprehensive professional guidelines for how child welfare and juvenile justice professionals can best serve LGBT youth in state care. [The Best Practice Guidelines](#) for Serving LGBT Youth in Out of Home Care were developed from recommendations from the Model Standards Project, a collaboration between Legal Services for Children and the National Center for Lesbian Rights (NCLR).

Check out: www.nclrights.org/site/docserver/bestpracticeslgbtyouth.pdf.

Breaking the Silence: LGBTQ Foster Youth Tell Their Stories: DVD and Resource CD

The ten short digital stories included on Breaking the Silence are powerful tales of both the successes and failures of the foster care system. Over the course of a four-day workshop organized by National Center for Lesbian Rights and the [Y.O.U.T.H Training Project](#) of San Francisco State's Bay Area Academy which took place at the [Center for Digital Storytelling](#) in Berkeley, California, ten former foster youth who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) shared their stories and learned to edit them into moving, heartfelt (and sometimes heartbreaking) personal videos. Through these youths' thoughtful, honest, and insightful words and images, we hear directly about their experiences in state care, as well as their recommendations for better supporting LGBTQ youth in the future. In addition, each DVD comes with a CD containing more than 25 useful and informative training tools and resources.

Breaking the Silence is an in-depth tool for social workers, probation officers, group home workers, foster parents, system administrators, lawyers, youth advocates, and other service providers who work with LGBTQ youth. Go to [Breaking the Silence](#) to order a free copy. See www.youthtrainingproject.org and www.nclrights.org for Breaking the Silence.

California-specific information:

Queer & Trans Youth in California Foster Care Have Rights: A Know Your Rights Guide

The National Center for Lesbian Rights, in collaboration with the Out of Home Youth Advocacy Council and California Youth Connection, produced this guide to help queer and transgender youth in the California foster care system navigate their rights. Contact www.nclr.org if you would like to order hard copies.

AB 458 Fact Sheet: The California Foster Care Non-Discrimination Act

AB 458, the Foster Care Non-Discrimination Act, went into effect on January 1, 2004. This law is the first of its kind in the United States to explicitly include protections for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and adults involved with the foster care system. See [AB 458](#) to see the exact language of this important legislation. Go to www.nclrights.org for a fact sheet.

LGBTQ Youth in the California Foster Care System: A Question and Answer Guide

This question and answer guide is designed to address many of the frequently-asked questions about protecting LGBTQ youth in the California foster care system from harassment and discrimination. To go www.nclrights.org for Guide for details.

Recursos en español (resources in spanish)

La juventud [LGBTQ en el Sistema](#) de Hogares Sustitutos / LGBTQ Youth in the Foster Care System

Safe Schools Information:

Beyond the Binary - Created by the National Center for Lesbian Rights, the Gay-Straight Alliance Network, and the Transgender Law Center, Beyond the Binary is a comprehensive tool kit designed to help students, school staff, and other community activists who want to address harassment and discrimination against transgender and other gender non-conforming students. For a copy go to our website at www.fosteryouthhelp.ca.gov and click on Beyond.

Study of Anti-Gay Harassment Shows the Problem is Widespread, Dangerous and Preventable

Despite an anti-harassment law that took effect in 2003, harassment and bullying based on sexual orientation remain persistent and pervasive in California schools. More than 200,000 students every year are targets of harassment based on actual or perceived sexual orientation, according to a study released by the California Safe Schools Coalition. The Safe Place to Learn study, which included 26 times more respondents than any previous study on the issue, found that such widespread bullying has dangerous academic, health, and safety consequences for students. The study is among the first to document that schools can take concrete steps to reduce harassment and improve student health and safety. Go to www.nclrights.org and click on [Safe Place](#) for more.

AB 537: the California Student Safety and Violence Prevention Act

AB 537, the California Student Safety and Violence Prevention Act of 2000, changed California's Education Code by adding actual or perceived sexual orientation and gender identity to the existing nondiscrimination policy. The state defines "gender" as "a person's actual

sex or perceived sex and includes a person's perceived identity, appearance or behavior, whether or not that identity, appearance, or behavior is different from that traditionally associated with a person's sex at birth." AB 537 protects students and school employees against discrimination and harassment at all California public schools and any school receiving state funding except religious schools. The protections cover any program or activity in a school, including extracurricular activities and student clubs. To read more, to go www.gsanetwork.org and click on [Act](#).

Legal Help:

[Gay-straight Alliances: Common Legal Questions and Answers](#)

NATIONAL CENTER FOR LESBIAN RIGHTS: Do you have legal questions related to your sexual orientation or gender identity? If so, contact NCLR's legal information helpline by filling out an online form. If you click on the [online form](#) link and fill out the form completely, NCLR staffers will contact you with the information you are looking for. This is the fastest way to get assistance. You may also call the San Francisco National Office of NCLR at 415.392.6257 or toll-free at 1.800.528.6257 and ask for the Legal Helpline.

Other Sources of Help:

Trevor Youth Suicide Helpline (1-866-4UTrevor{488-7386})

A national 24-hour suicide prevention helpline for gay and questioning youth To see what youth activists are doing to fight homophobia and transphobia in schools, check the [Gay Straight Alliance Network](#) at www.gsanetwork.org.

For more information on any of these opportunities for current and former foster youth, call the Office of the Foster Care Ombudsman at: 1-877-846-1602!

California Ombudsman for Foster Care

Help Line 1-877-846-1602

The Office of the Foster Care Ombudsman was established by legislation, California Senate Bill 933, and has been mandated to do the following:

- Ensure the voice of foster children and youth is heard, and act on their behalf.
- Create an avenue for foster children and youth to file complaints regarding their placement, care and services without fear of retribution from those who provide their care and services.
- Act as an independent forum for the investigation and resolution of complaints made by or on behalf of children placed in foster care and make appropriate referrals.
- Provide children and youth with information on their rights when placed in foster care.
- Maintain a toll-free telephone number which foster children and youth may call from anywhere in California to express their concerns and complaints.

Facts:

- The Foster Care Ombudsman Office established its toll free help line on May 2, 2000.
- The Ombudsman Office compiles all the complaints received and reports them annually to the Legislature.
- The staff for the Ombudsman's Office includes former foster youth.
- An All County Letter was distributed on August 25, 2000 which informs counties that all county social workers are required by SB 933 to provide foster children with information about the Office of the Ombudsman for Foster Care and the toll-free number.
- The Office has translation services available who speak Spanish and many other languages.

Frequently Asked Questions

How big does my problem have to be to call?

No matter the size, the Office of the Foster Care Ombudsman can assist you with problems you are having in your placement. If we can't resolve the problem, we can refer you to someone who can.

If I already emancipated from foster care, can you help me?

The Office of the Foster Care Ombudsman can give you information about services available to emancipated foster youth such as how to get stipends, financial aid for college, and housing.

Who will you tell that I have made a complaint?

If you call the Office of the Foster Care Ombudsman to make a complaint, we will not tell anyone your identity without getting your permission first.

If I am being abused, can I make an anonymous complaint?

No. We take child abuse complaints very seriously. If someone is abusing you, our office must report it, which means we need to know who you are so the proper authorities can look into your complaint.

Can I make a complaint for someone else?

Yes, you can always call the Office of the Foster Care Ombudsman and make a complaint for someone else.

Can you help me find services or programs like money for college or money for housing?

The Office of the Foster Care Ombudsman can provide you with information about what services are available to foster youth in your county such as transitional housing programs, employment programs, scholarships, or independent living programs.

Toll-free number: 1-877-846-1602

E-mail address fosteryouthhelp@dss.ca.gov

**To make a complaint: www.fosteryouthhelp.ca.gov/complaints.html
or fill out the complaint form on the following page.**

If the Foster Care Ombudsman's Office receives a complaint regarding child abuse, we are required by law to report this to Child Protective Services and/or Community Care Licensing.

Complaint Form

Information about the Foster Youth:

Name: _____

Phone Number: _____

Name of Home/Group Home: _____

Name of Social Worker: _____

Phone Number of Social Worker: _____

Name of Attorney: _____

Phone Number of Attorney: _____

Information about You (the Complainant)

Your Name: _____

Your Phone: _____

Your Address: _____

Are you the foster youth? _____

If not, what is your relationship to the youth involved?

Do you wish to remain anonymous? _____

Complaint (Include names, dates, locations, conversations, etc. you can attach another sheet of paper if you need to or write on the back of this sheet):

You can contact the Office of the Foster Care Ombudsman at:

Toll Free (877) 846-1602

FAX 916-651-6568

OR

via email: www.fosteryouthhelp@dss.ca.gov

Send a complaint or letter to us at:

744 P Street, M.S. 8-13-25

Sacramento, California 95814



STATE OF CALIFORNIA
Arnold Schwarzenegger, Governor

HEALTH AND HUMAN SERVICES AGENCY
Kimberly Belshé, Secretary

DEPARTMENT OF SOCIAL SERVICES
John A. Wagner, Director

Goal Setting

5 Facts About Goal Setting

5 Facts About Goal Setting

These practical tips on goal setting can help make it easier to set and reach goals:

1. **Specific, realistic goals work best.** When it comes to making a change, the people who succeed are those who set realistic, specific goals. "I'm going to recycle all my plastic bottles, soda cans, and magazines" is a much more doable goal than "I'm going to do more for the environment." And that makes it easier to stick with.
2. **It takes time for a change to become an established habit.** It will probably take a couple of months before any changes — like getting up half an hour early to exercise — become a routine part of your life. That's because your brain needs time to get used to the idea that this new thing you're doing is part of your regular routine.
3. **Repeating a goal makes it stick.** Say your goal out loud each morning to remind yourself of what you want and what you're working for. (Writing it down works too.) Every time you remind yourself of your goal, you're training your brain to make it happen.
4. **Pleasing other people doesn't work.** The key to making any change is to find the desire within yourself — you have to do it because you want it, not because a girlfriend, boyfriend, coach, parent, or someone else wants you to. It will be harder to stay on track and motivated if you're doing something out of obligation to another person.
5. **Roadblocks don't mean failure.** Slip-ups are actually part of the learning process as you retrain your brain into a new way of thinking. It may take a few tries to reach a goal. But that's OK — it's normal to mess up or give up a few times when trying to make a change. So remember that everyone slips up and don't beat yourself up about it. Just remind yourself to get back on track.

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: April 2012

Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.

Motivation and the Power of Not Giving Up

Have you ever set a goal for yourself, like getting fit, making honor roll, or being picked for a team? Like lots of people, maybe you started out doing great, but then lost some of that drive and had trouble getting motivated again.

You're Not Alone!

Everyone struggles with staying motivated and reaching their goals. Just look at how many people go on diets, lose weight, and then gain it back again!

The reality is that refocusing, changing, or making a new start on something, no matter how small, is a big deal. But it's not impossible. With the right approach, you can definitely do it.

Getting Motivated

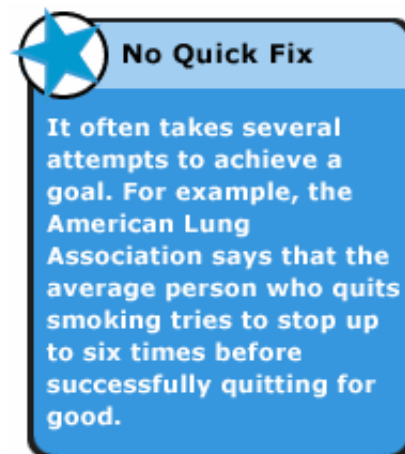
So how do you stay motivated and on track with your goal? It all comes down to good planning, realistic expectations, and a stick-to-it attitude. Here's what you need to do:

First, know your goal. Start by writing down your major goal. Your major goal is the ultimate thing you'd like to see happen. For example, "I want to make honor roll," or "I want to get fit enough to make the cross-country team," or even, "I want to play in the Olympics" are all major goals because they're the final thing the goal setter wants to see happen (obviously, some goals take longer and require more work than others). It's OK to dream big. That's how people accomplish stuff. You just have to remember that the bigger the goal, the more work it takes to get there.

Make it specific. It's easier to plan for and master a specific goal than a vague one. Let's say your goal is to get fit. That's pretty vague. Make it specific by defining what you want to achieve (such as muscle tone and definition or endurance), why you want to get fit, and by when. This helps you make a plan to reach your goal.

Getting Motivated (continued)

Make it realistic. People often abandon their goals because their expectations are unreasonable. Maybe they expect to get ripped abs in weeks rather than months, or to quit smoking easily after years of lighting up.



Let's say you want to run a marathon. If you try to run the entire distance of 26.2 miles tomorrow without any training, you're unlikely to succeed. It takes the average person 4 months of training to run that far! But the bigger risk is that you'll get so bummed out that you'll give up your marathon dreams — and running — altogether.

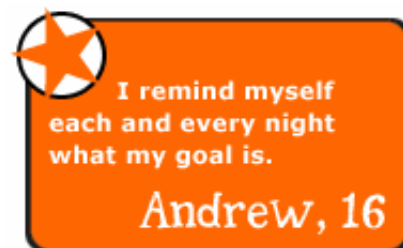
Part of staying motivated is being realistic about what you can achieve within the timeframe you've planned. Competing on the Olympic ski team is a workable goal if you are 15 and already a star skier. But if you're 18 and only just taking your first lesson, time isn't exactly on your side.

Write it down. Put your specific goal in writing. Then write it down again. And again. Research shows that writing down a goal is part of the mental process of committing to it. Write your goal down every day to keep you focused and remind you how much you want it.

Break it down. Making any change takes self-discipline. You need to pay constant attention so you don't get sidetracked. One way to make this easier is to break a big goal into small steps. For example, let's say you want to run a marathon. If it's February and the marathon is in August, that's a realistic timeframe to prepare. Start by planning to run 2 miles and work up gradually to the distance you need.

Then set specific daily tasks, like eating five servings of fruit and veggies and running a certain amount a day. Put these on a calendar or planner so you can check them off. Ask a coach to help you set doable mini-goals for additional mile amounts and for tasks to improve your performance, such as exercises to build strength and stamina so you'll stay motivated to run farther.

Reaching frequent, smaller goals is something to celebrate. It gives you the confidence, courage, and motivation to keep running — or doing whatever it is you're aiming to do. So reward yourself!



Staying Motivated

Check in with your goal. Now that you've broken your goal down into a series of mini-goals and daily tasks, check in every day.

It helps to write down your small goals in the same way you wrote down your big goal. That way you can track what you need to do, check off tasks as you complete them, and enjoy knowing that you're moving toward your big goal.

As you accomplish a task, check it off on your list. Tell yourself, "Hey, I've run 10 miles, I'm nearly halfway to my goal!" Reward yourself with something you promised yourself when you set your goal. Feel successful — you are! Now think ahead to accomplishing the rest of your goal: "What do I have to do to reach 26 miles? How am I going to make the time to train?"

Writing down specific steps has another advantage: If you're feeling weak on willpower you can look at your list to help you refocus!

Recommit to your goal if you slip up. If you slip up, don't give up. Forgive yourself and make a plan for getting back on track.

Pat yourself on the back for everything you did right. Don't beat yourself up, no matter how far off track you get. Most people slip up when trying to make a change — it's a natural part of the process.

Writing down daily tasks and mini-goals helps here too. By keeping track of things, you'll quickly recognize when you've slipped up, making it easier to refocus and recommit to your goal. So instead of feeling discouraged, you can know exactly where you got off track and why.

What if you keep slipping up? Ask yourself if you're really committed to your goal. If you are, recommit — and put it in writing. The process of writing everything down may also help you discover when you're not really committed to a goal. For example, perhaps you're more in love with the fantasy of being a star athlete than the reality, and there's something else that you'd rather be or do.

View slip-ups as lessons and reminders of why you're trying to make a change. When you mess up, it's *not a fault* — it's an opportunity to learn something new about yourself. Say your goal is to fight less with your brother or sister. You may learn that it's better to say, "I can't talk about this right now" and take time to calm down when you feel your temper growing out of control.

Staying Motivated (continued)

Keep a stick-to-it attitude. Visualize yourself achieving your goal: a toned you in your prom dress or a successful you scoring the winning soccer goal. Self-visualization helps you keep what you're trying to accomplish in mind. It helps you believe it's possible. You can also call up your mental picture when willpower and motivation are low.

Positive self-talk also boosts your attitude and motivation. Tell yourself, "I deserve to make the honor roll because I've really been working hard" or "I feel great when I swim — I'm doing well on my exercise plan!"

Share with a friend. Another boost is having supportive people around you. Find a running buddy, a quit smoking buddy, or someone else with a similar goal so you can support each other. Having a goal buddy can make all the difference in times when you don't feel motivated — like getting up for that early-morning run.

If you're not getting support from someone when you really need it, you may need to take a break from that friendship and surround yourself with people who want to help you succeed. For instance, if you've been going to your friend's house to study together every Thursday after school, but now your pal is turning on the TV, texting friends, or gabbing on the phone and ignoring your pleas to get down to work, it's time to find another study buddy. You can't stay focused on your goal if your friend doesn't share that goal — or, even worse, is trying to hold you back. Seek out others who are on the same path you are and work with them instead.

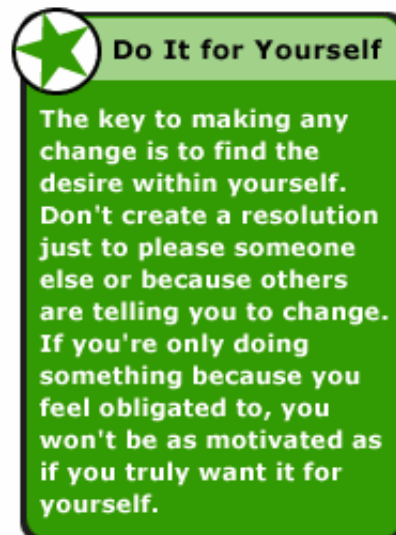
Don't Give Up!

Ending an unhealthy behavior or creating a new, exciting one is all about taking responsibility for our lives. Finding the motivation to do it isn't necessarily easy, but it is always possible. You can stay motivated by writing down your goals, sticking to your schedule, and reminding yourself of what led you to set your goal in the first place. Change is exciting — we'd all be very bored without it.

Good luck in reaching your goals!

Reviewed by: D'Arcy Lyness, PhD

Date reviewed: June 2012



Note: All information on TeensHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

© 1995-2013 The Nemours Foundation. All rights reserved.