HAYS CALDWELL COUNCIL

A PROGRAM OF CENIKOR FOUNDATION

1901 Dutton Drive, Suite E, San Marcos, Texas 78666
(512) 396-7695 ext. 5201
www.cenikor.org

The San Marcos Community and surrounding communities are not exempt from the problems created by alcohol and other drugs. Substance Use knows no race, age, socioeconomic or gender boundaries and is directly connected to family, mental health, physical health and other issues.

The Hays Caldwell Council/Care Counseling San Marcos has been providing Substance Use Prevention and Treatment services for 34 years. If you need help, we are here for you and your family.

Cenikor Mission Statement

A Place for Change. Providing a Foundation for Better Health and Better Lives.

Substance Use Outpatient Treatment Program

Care Counseling San Marcos provides Intensive Outpatient Treatment for adolescents ages 12-17 and adults ages 18 and older. Programming is designed to meet the needs of an individual struggling with substance use. We accept most Insurance plans.

Call 512-396-7695 ext. 5201 to schedule an appointment.

Youth Recovery Community and Student Recovery Alliance

YRC is a free program for youth and young adults ages 13-21 who want to participate in safe and fun activities that promote a recovery lifestyle from substance use, and learn leadership and teamwork skills through community outreach events with other youth and young adults. Student Recovery Alliance (SRA) SRA is open to all Texas State University students in any level of recovery, or who wish to further explore sobriety. SRA helps students recover from drugs, alcohol and co-occurring disorders. Contact Elyse Greenamyre 512-396-7695 ext. 5217

Family Coffee Talk

This coffee talk is to provide much-needed recovery support services, education, and mutual support to family members and allies of individuals struggling with addiction. Meets once a month.

Contact Elyse Greenamyre 512-396-7695 ext. 5217 or
Donna McCain at DMcCain@cenikor.org for more information.

Prevention Programs

Substance Use Prevention Programs are available in the San Marcos, Hays, Caldwell, Travis and Williamson County School Districts throughout the school year for youth in grades k-12 and in the community to adults. These programs provide participants with the FACTS about substances and how to find alternatives to drug/alcohol use. Prevention Services are free.

If you would like to schedule a presentation for your school or community group call:

Carla Merritt, LMSW, LCDC, CPS at 512-396-7695 ext. 5225

If YOU or SOMEONE you love is struggling to end substance abuse... **WE CAN HELP.**

CENIKOR
A PLACE FOR CHANGE
Better Health. Better Lives.

ADULT HEALTH & WELLNESS PREVENTION EDUCAATION

Adult Health and Wellness Prevention Education

Cenikor's Adult Prevention Education provides information and awareness on the latest Health and Wellness topics for Hays, Caldwell, Travis and Williamson County residents. Funding is provided by the Health and Human Services Commission.

Presentations for parents, school administrators and teachers can be scheduled for a minimum of 30 minutes or tailored to the needs of the audience.

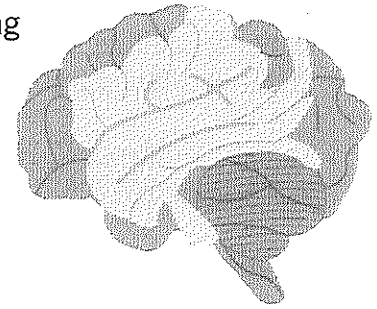
- What We Should know About Substance Use – Facts and Health Effects on Alcohol, Tobacco, Vaping, Marijuana and Other Substances
- Parental Engagement – Tips for Raising Healthy and Resilient Children
- Social Media Tips for Parents: Setting Guidelines for Monitoring Media Use
- Safe Use of Prescription Drugs/ Opioid Safety and Disposal
- 40 Developmental Assets /SPARKS – Search Institute
- Substance Use Effects on the Developing Adolescent Brain
- Substance Use Effects on the Family

Additional Services:

- **Support Services** - Parenting tips and resources on increasing resiliency and reducing high-risk behaviors, using positive discipline, child/adolescent development, social and character building skills.
- **Business and Community Presentations/ Lunch and Learns** –Provide presentations at team meetings and lunch & learn events for employees on signs of substance use, and health and wellness topics (smoking cessation, positive stress management, self-care, parenting topics)
- **Health Fair Information Dissemination** – Provide substance use information, health and wellness education, and parenting information at health fairs, and school and community events
- **Positive Alternative Activities** – Parents can participate in activities on health and wellness topics to reinforce and learn healthy habits

To schedule any of the above Prevention Services contact Carla Merritt, Senior Prevention Specialist at cmerritt@cenikor.org, or 512-396-7695 ext. 5225

What is Prevention?



The earlier someone starts using substances, the greater their chances of developing a substance use disorder; *ninety percent of adults with a substance use disorder (SUD) started using alcohol or drugs before they turned 18.*

Prevention efforts focus on delaying the age of first drug or alcohol use, or pushing it back as long as possible, whether alcohol, tobacco or marijuana—the most commonly used substances among teens.

The Adolescent Brain

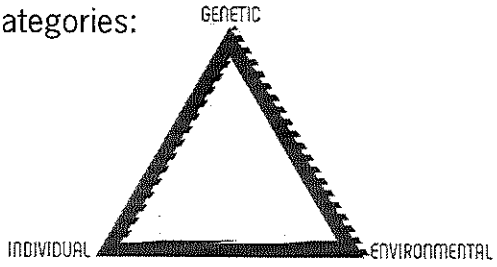
The adolescent brain is in an amazing phase of rapid development—learning and growing all of the time. This is why it's easier for young people to learn an instrument or speak a new language than it is for adults, but it also makes the adolescent brain more vulnerable to injury–including the harmful effects of alcohol and drugs. The brain continues to rapidly develop until a person is in their early to mid 20s, with the regions of the brain that control emotions and impulses and help us make decisions among the last to develop. This is why adolescents are more likely to take risks and make impulsive decisions, such as trying drugs and alcohol in the first place. Protecting the brain during this period of development is crucial to a person's overall health and dramatically reduces the risk of developing a substance use disorder later in life.

Risk & Protective Factors

As with many other diseases, vulnerability to substance use disorder (SUD) differs from person-to-person, and no single factor determines whether someone will become addicted to alcohol or drugs. In general, the more risk factors a person has, the greater the likelihood that using substances will lead to a SUD.

The risk factors associated with substance use disorder fall into 3 main categories:

- **Individual**
- **Environmental**
- **Genetic**



Individual factors that put an adolescent at risk besides the age of first use include parental substance use, trauma, and a lack of social attachments.

Environmental factors include high drug availability, poverty, and exposure to violence.

Research suggests that genetic factors account for about half of a person's likelihood of developing a SUD. While we can't change our genetics, knowing about a family history of SUD can help empower us to make different decisions about our substance use.

For every risk factor, there is a protective factor to counter-balance it. Prevention focuses on strengthening the protective factors that we can control to decrease the likelihood that a person or community will struggle with addiction.

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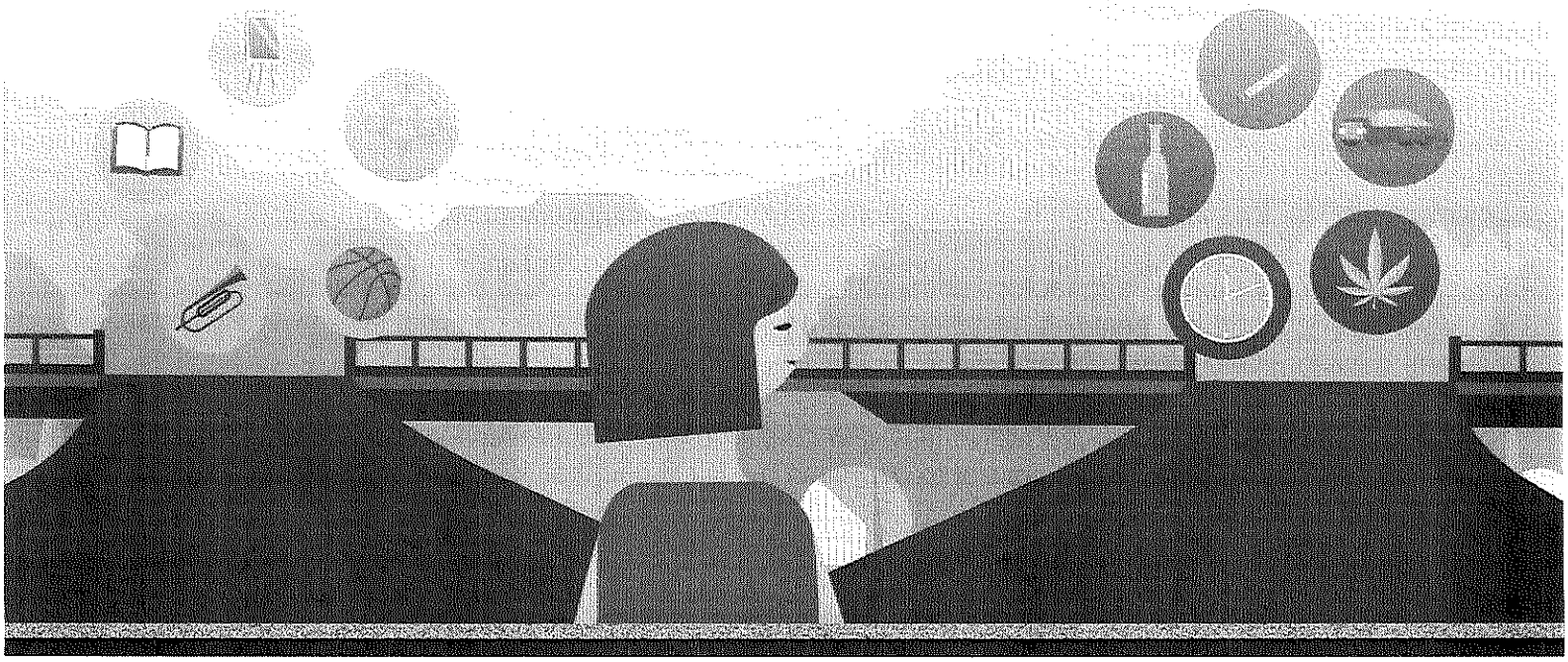
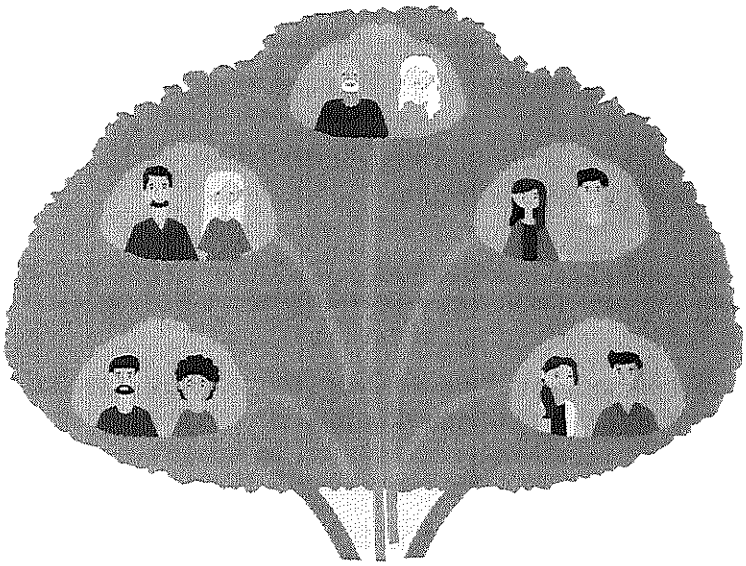


What is Prevention? The Role of Genetics

Substance use disorders can run in families. Research suggests that **genetics account for about 1/2 of a person's likelihood of developing a substance use disorder.**



Genes are the functional units of our DNA that direct the development and expression of every cell in our bodies. Some diseases, such as sickle cell anemia or cystic fibrosis, are caused by a "mutation" in a single gene. But many diseases, such as cancer, heart disease, and substance use disorder, involve variations in many different genes that contribute to a person's overall level of risk and are also profoundly influenced by lifestyle and individual choices.

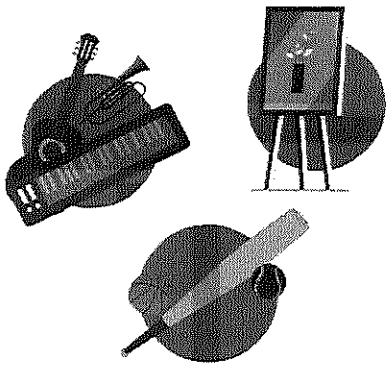
While we can't change our genetics, knowing about family history of addiction empowers us to make different decisions about using addictive substances. But because of the stigma surrounding this disease, many families have kept experiences with addiction a secret and sometimes even from one another for fear of being judged or discriminated against.

Information is power when it comes to genetic risk. Be honest with young people if they have a familial history of addiction and help them reduce their risk of developing a substance use disorder, by doing things like:

- **Delaying substance use until your brain has matured.**
- **Learning skills to help you cope with stress and express emotions in a healthy way,**
- **and practicing ways to refuse drugs or alcohol if they are offered to you.**

Caregivers can help to strengthen protective factors for a young person who has a genetic risk for addiction by

- **setting clear expectations around no alcohol, tobacco, or drug use,**
- **helping them to find and pursue activities they're passionate about, such as music, sports, or art,**
- **and investing in resilient, healthy communities where young people can thrive and feel a sense of belonging.**



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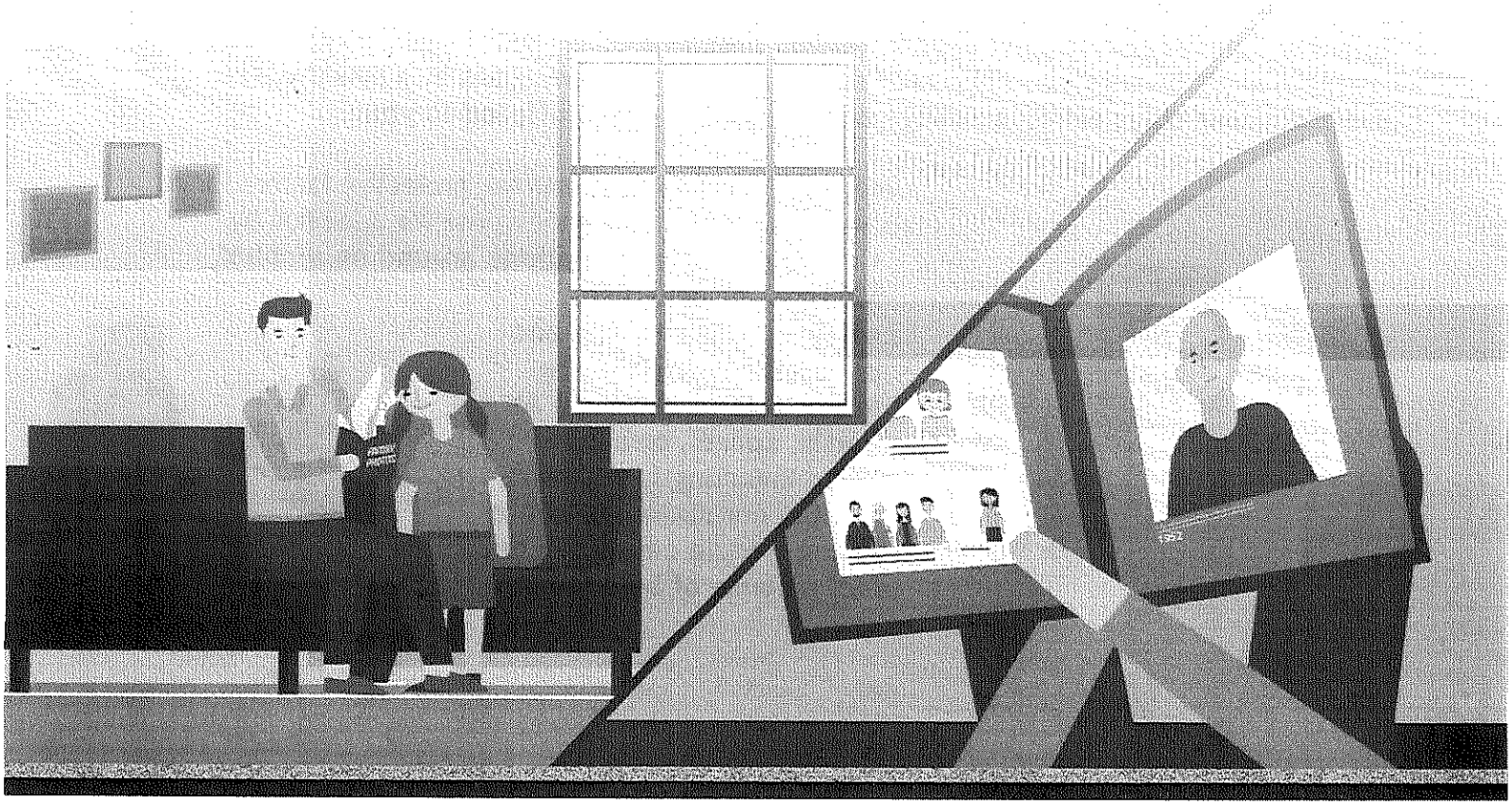

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www.addictionresourcecenter.org

CADCA

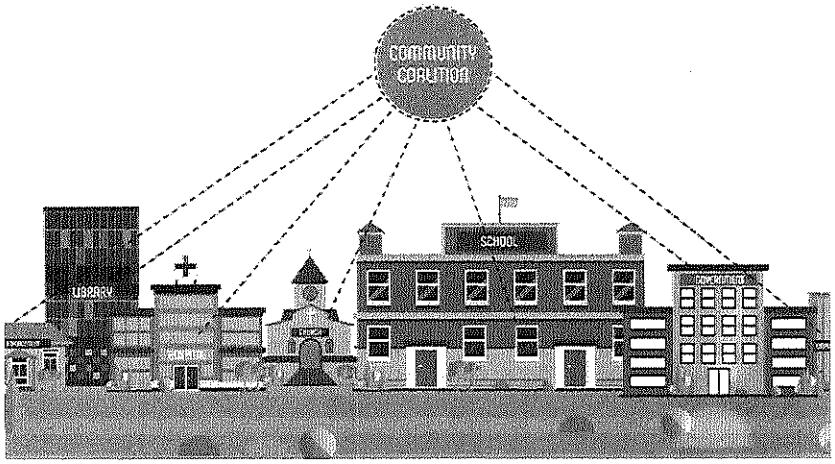
ADDICTION POLICY FORUM

What is Prevention? The Role of the Community

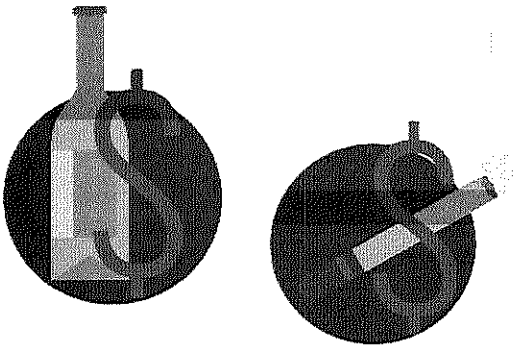
Prevention efforts focusing on the environment aim to build communities that protect adolescents from early substance use. All of the key sectors within a community come together to build comprehensive strategies that reduce *risk factors* for substance misuse and addiction, such as high rates of poverty, social norms and drug availability, and counterbalances them with *protective factors*, such as community engagement and healthy activities.

Coalitions build partnerships between key sectors to support overall community health and increase the likelihood that young people will live lives free of addiction. These strategies vary based on the unique needs of a particular community, and can include:

- **changing social norms around substance use through awareness campaigns,**
- **educating people of all ages about the disease of addiction**
- **teaching adults how to recognize the signs of substance use and intervene if a young person is struggling.**



Prevention efforts can also include policies that decrease drug availability – like imposing taxes on alcohol and tobacco, regulating prescribing practices, and increasing access to evidence-based treatments. Other efforts focus on improving the places where young people spend their time— like schools, public parks, libraries, churches, shopping malls— to promote attachment and community engagement, which reduces the likelihood of substance use.



Researchers have found that implementing proven prevention policies would save the US billions of dollars annually.

More importantly, **prevention saves lives** and supports healthy communities.

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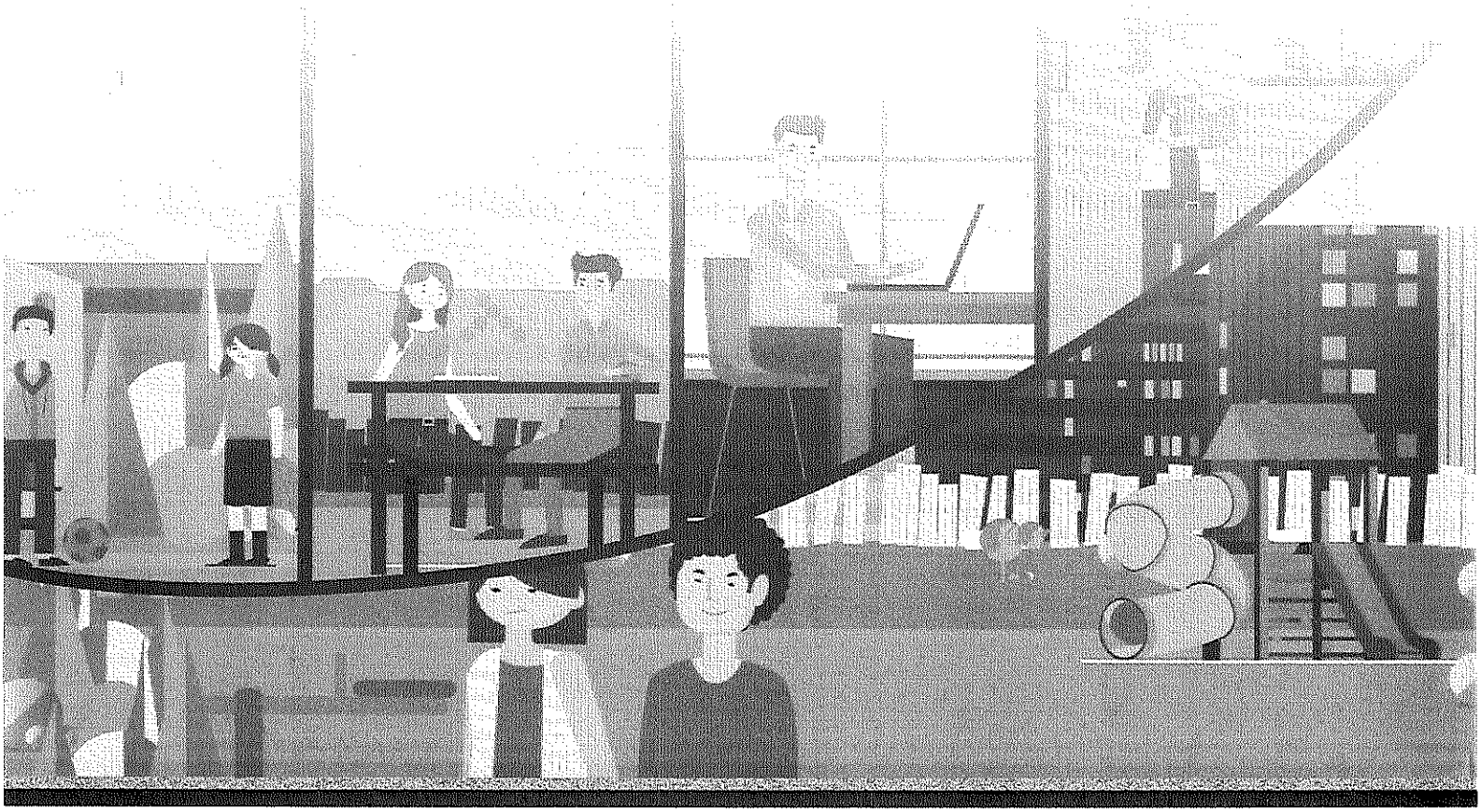

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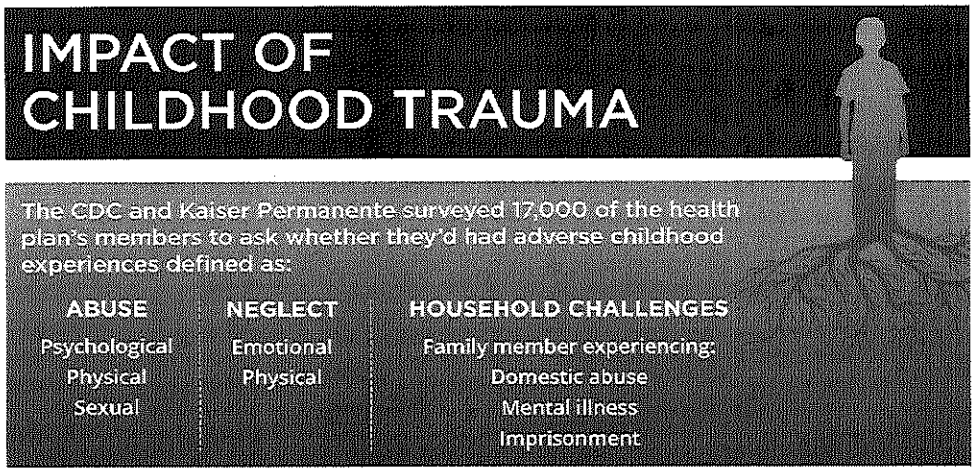
CADCA ADDICTION POLICY FORUM

I. Understand Adverse Childhood Experiences (ACES)

The term Adverse Childhood experience (ACEs) refers to a range of events that a child can experience, which leads to stress and can result in trauma and chronic stress responses.

Abuse and Neglect, Household Dysfunction



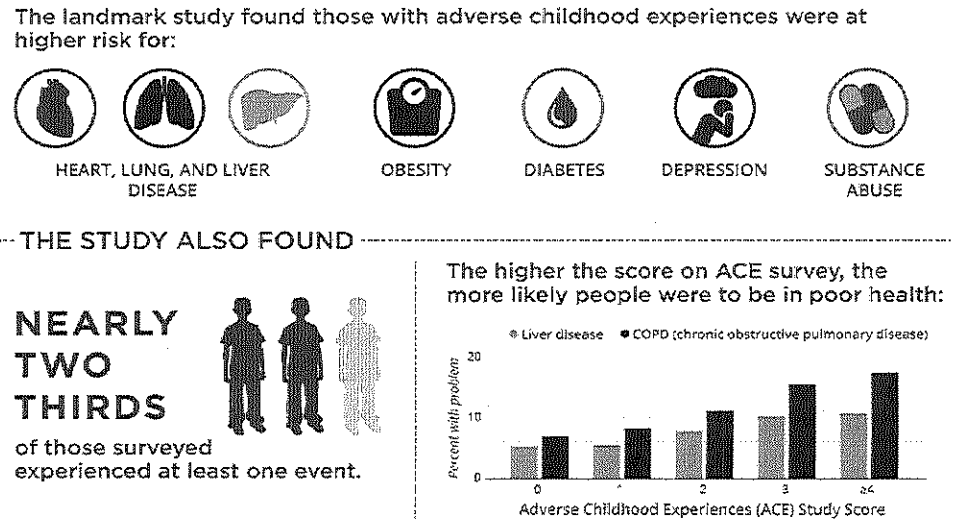
Impact on Child Development

Neuro-biologic effects (e.g., brain abnormalities, stress hormone dysregulation)

Psychosocial effects (e.g., poor attachment, poor socialization, poor self-efficacy)

Health risk behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-term Consequences – Disease and Disability, Social Problems



Research over the last 25 years has proven the potential for life long negative health impact of chronic stress.

Cumulative ACES and Mental Health

Mood Disorders
Anxiety Disorders
Substance Abuse
Impulse Control Disorders

Cumulative ACES and Health

Ischemic Heart Disease
Stroke
COPD
Diabetes
Sexually Transmitted Diseases

What can be done to reduce the impact of ACES?

- **Promoting Resilient Environments – Resilience is the process if adapting well in the face of adversity, trauma, tragedy, threats of significant sources of stress- such as family and relationship problems, serious health problems, serious health problems or workplace or financial stressors.**
- Resilience is ordinary not extraordinary. Naturally in us. Strengthened through life circumstances.

What are Skills/Actions to Create Resilient Environments?

- Ability to Attach to others – The ability to give and feel love, to feel safe and secure in relationships. Developed early in infant parent relationship, but if "broken" can be repaired by developing trusting relationships in childhood or adulthood.
- Safety – changing our approach in understanding another persons' behavior from what's wrong with you to what happened to you?
- Emotional Regulation – Learning how to recognize and manage our own emotional world as well as understand the emotions in others is critical to feeling whole and healthy.
- Basic Needs Met
- Community Connections

Source: Mental Illness 101 Childhood Trauma and Mental Health Impacts, Clifford Beers Outpatient Clinic. Presenters Alice M. Forrester, PHD and Phillip G. Monroe, PysD

Nadine Burke Harris, MD - "The Deepest Well: Healing the Long-Term Effects of Childhood Adversity"

How to Reverse ACEs?

- Step 1. Raising awareness
- Step 2. Routine screening- early intervention. Make sure physicians are trained to identify ACES.
- Step 3. Take the science to the community. We have to have our own stress response in check.
- Sleep, Nutrition, Exercise, Self-care, Mental health, Mindfulness, and Healthy Relationships

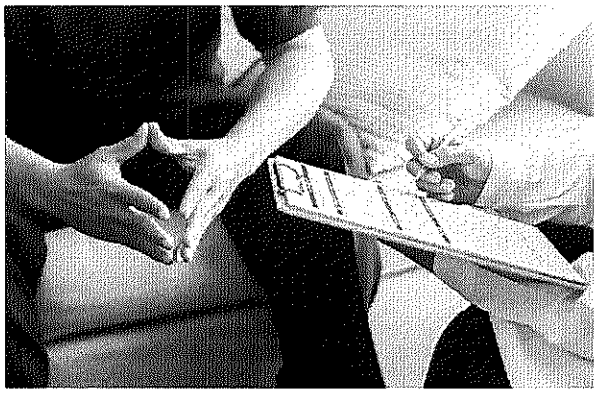
"When the stress response system is turned off normally, and when a child has safe, stable and nurturing relationships and environments it is healing. When it is not, it changes brain structure. DNA, the developing immune system and hormonal system. Oxytocin buffers stress hormone. Over activity of the stress hormone is leading to neurotoxicity and autoimmune problems."

Co-Occurring Disorders Treatment Guide

Reviewed by ***Editorial Staff***

Last Updated: June 3, 2019

WHAT IS A CO-OCCURRING DISORDER?



Someone with substance abuse disorder (drugs or alcohol) and mental illness (depression, PTSD, anxiety, OCD, etc.), the diagnosis is called a co-occurring disorder. Any combination of mental health disorders and substance abuse or addiction qualifies for this diagnosis (sometimes referred to as a dual diagnosis), such as alcoholism and depression, anorexia and cocaine dependence, post-traumatic stress disorder and heroin addiction, prescription drug dependence and anxiety, and more.

Though the symptoms of one disorder may predate the other, both disorders tend to exacerbate one another, making it impossible to extricate the symptoms caused by one disorder from the other. For example, those who attempt to escape symptoms of depression associated with a mood or personality disorder by taking prescription painkillers or shooting heroin will quickly find that though this may be effective the first few times.

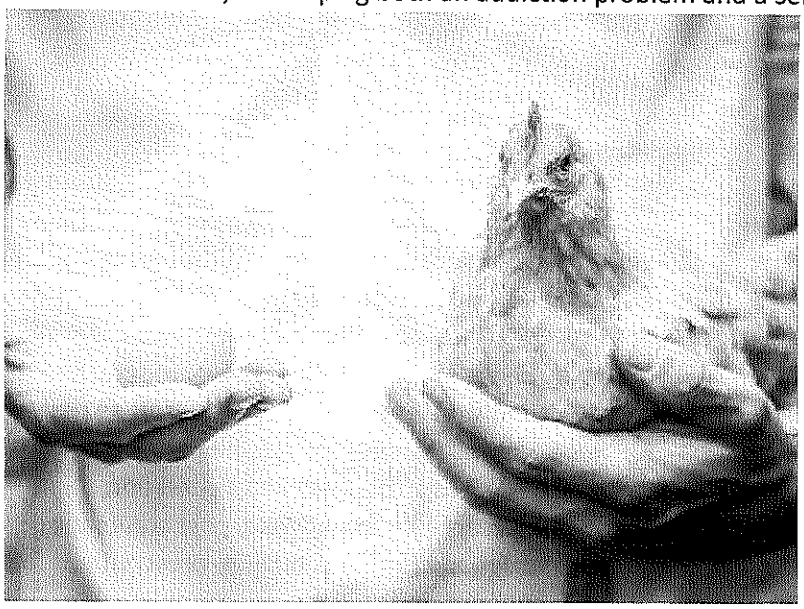
In addition to the symptoms of depression, they will soon be struggling with:

- Cravings for their drug of choice
- A tolerance to their drug of choice, requiring higher and higher doses
- Increased episodes of mental health symptoms
- More intensive or longer-lasting mental health symptoms
- Experience of withdrawal symptoms
- Addiction

For the purposes of treatment, it is recommended that clients receive intensive medical and therapeutic intervention and care for both disorders at the same time. This allows them to manage the symptoms caused by the mental health disorder without abusing drugs and alcohol and worsening those symptoms — or allowing an untreated mental health disorder to increase the urge to drink or get high. Comprehensive care that begins during detox and continues through aftercare treatment and support is the best way to build a new life in recovery from co-occurring disorders.

What Comes First: Addiction or Mental Illness?

All people are different when it comes to their experience with addiction and mental illness. Some begin to experience mental health issues during childhood or adolescence and experiment with drugs and alcohol soon after, developing both an addiction problem and a serious mental illness at the same time.



Others may seek out drugs and alcohol in an attempt to "self-medicate" a mental health issue that develops in early adulthood or that develops out of an injury or trauma later in life. Still others may first develop an addiction problem that grows so severe that it causes mental health issues or triggers the onset of symptoms that may otherwise have remained dormant.

WHAT IS ADDICTION?

Addiction is defined as both a physical dependence and a psychological dependence upon a drug or multiple drugs, including alcohol. Physical dependence is characterized by a tolerance to the drug of choice (e.g., needing an increasingly larger dose in order to experience the desired effect), and psychological dependence is defined by cravings for the drug or obsessing over getting and staying high.

According to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*(*DSM-5*), substance dependence is a single disorder that is measured on a spectrum from mild to severe and classified according to the substance of choice, with the exclusion of caffeine, which cannot be the subject of a substance abuse/addiction disorder diagnosis. For example, someone struggling with an alcohol problem may be diagnosed with alcohol abuse disorder or alcoholism depending upon the severity.

The diagnostic criteria for almost all substance abuse disorders are the same, according to the *DSM-5*. There are 11 symptoms that can signify a substance use disorder, and in order to be diagnosed with a mild drug abuse disorder, the person must exhibit two or three of these symptoms.

Wise Choices

Tips to Help with Trauma Recovery

- Talk with others about how you feel. Don't isolate yourself.
- Calm yourself. Try meditation or deep breathing exercises. Do physical activity, like walking or yoga.
- Take care of yourself. Get plenty of sleep. Eat a healthy diet. Drink enough water.
- Avoid using alcohol, drugs, and tobacco.
- Get back to your daily routine. Do the things you would normally do, even if you don't feel like it.
- Get involved in your community. Volunteering is a great way to create a sense of meaning.
- Get help if symptoms persist. Talk with a mental health professional.
- If you're trying to help a friend, listen and find out where they are in the coping process. Try to accept their feelings and help in any way you can.

Adapted from SAMHSA(link is external)

https://newsinhealth.nih.gov/2018/06/dealing-trauma

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"Sparks "are those activities and interests that truly engage kids to be their best. Discovering those sparks can help students express their personalities and make unique contributions to the world. Kids who know and develop their Sparks—and who have adults (champions) in their lives to help—have higher grades, better school attendance and physical health, empathy and social competence, concern for the environment, a desire to help others and a sense of purpose.

The 10 most common sparks among American teenagers

Creative Arts

Athletics

Learning (e.g., languages, science, history)

Reading

Helping, serving

Spirituality, religion

Nature, ecology, environment

Living a quality life (e.g., joy, tolerance, caring)

Animal welfare

Leading

A full list of sparks

(mouse over each for subcategories)

1. Music: Instrumental
2. Music: Conducting/Directing
3. Music: Composition
4. Music: Performance
5. Art
6. Writing
7. Dance/Movement
8. Other Creative Arts
9. Building and Design
10. Leadership
11. Entrepreneurship
12. Sports and Athletics
13. Learning
14. Teaching and Instructing
15. Relationships
16. Serving, Helping, Volunteering
17. Nature, Ecology, Environment
18. Animals
19. Computers
20. Comedy
21. Speech
22. Spirituality
23. Drama, Theater
24. Photography and Film
25. Being Committed to Living in a Specific Way
26. Reading
27. Advocacy
28. Family
29. Outdoor Life
30. Journalism
31. Mechanics, Engineering
32. Solving Social Problems

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Search INSTITUTE

DECEMBER 2010
VOL. 5, NO. 1

INSIGHTS & EVIDENCE

Promoting Healthy Children, Youth, and Communities

IN BRIEF

Finding the Student Spark:
Missed Opportunities in School Engagement

The Question

Search Institute has developed a concept called "sparks": the interests and passions young people have within them that light a fire in their lives and express the essence of who they are and what they offer to the world. Our questions: How many students report having a spark, and how many get support for it? How does having a spark influence developmental and academic success?

The Bottom Line

Search Institute has repeatedly found that students with sparks and the support for developing them have better results on both developmental and academic outcomes.

Two of the most commonly identified sparks for students are sports and arts, yet these programs are usually among the most vulnerable when school districts must reduce costs. Search Institute research indicates that bolstering these programs would improve students' connections to their sparks, and in turn lead to greater school success.

The Evidence

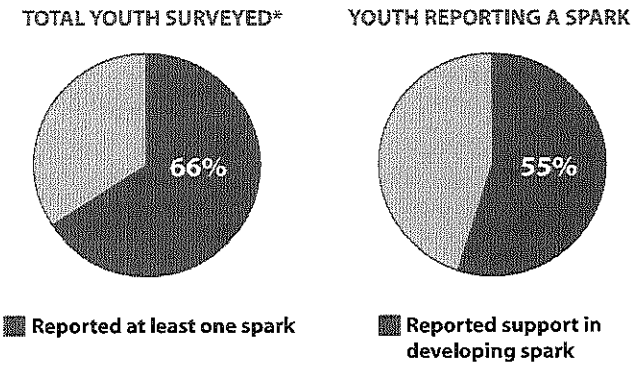
The following themes emerged from several studies conducted by Search Institute and its partners of over 13,000 students in grades 5 through 12:

- Helping young people identify their sparks, and providing them opportunities to pursue and develop those sparks, are important additions to the more overtly "academic" steps schools take to promote students' success.
- Sparks promote healthy, positive development and contribute to psychological well-being and resilience. Students with sparks engage in fewer risk-taking behaviors, such as substance use or violence or unsafe sexual behaviors, than other students. They are less depressed, less worried, and more satisfied with their lives overall.
- Young people who have deep interests and are supported by family, friends, school, and community in the development of those passions have more interpersonal communication and friend-making skills, more empathy and understanding of others' feelings, and a better ability to work in teams.

FIGURE 1

Youth, Sparks, and Thriving

In a series of surveys of youth in middle and high school, 66 percent of students reported having at least one spark. When those youth were asked whether they had adult relationships that supported those sparks, approximately 55 percent reported having at least some support in developing their sparks.



*12,738 students in grades 5 through 12

This page is condensed from Scales, P. C. (2010, December). Finding the Student Spark: Missed Opportunities in School Engagement. *Search Institute Insights & Evidence 5* (1), which is available for free downloading at www.search-institute.org/research/insights-evidence.

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Search INSTITUTE

40 Developmental Assets® for Children Grades K–3 (ages 5-9)

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets®**—that help young people grow up healthy, caring, and responsible.

External Assets

Support

1. **Family Support**—Family continues to be a consistent provider of love and support for the child's unique physical and emotional needs.
2. **Positive Family Communication**—Parent(s) and child communicate openly, respectfully, and frequently, with child receiving praise for her or his efforts and accomplishments.
3. **Other Adult Relationships**—Child receives support from adults other than her or his parent(s), with the child sometimes experiencing relationships with a nonparent adult.
4. **Caring Neighborhood**—Parent(s) and child experience friendly neighbors who affirm and support the child's growth and sense of belonging.
5. **Caring School Climate**—Child experiences warm, welcoming relationships with teachers, caregivers, and peers at school.
6. **Parent Involvement in Schooling**—Parent(s) talk about the importance of education and are actively involved in the child's school success.

Empowerment

7. **Community Values Children**—Children are welcomed and included throughout community life.
8. **Children as Resources**—Child contributes to family decisions and has opportunities to participate in positive community events.
9. **Service to Others**—Child has opportunities to serve in the community with adult support and approval.
10. **Safety**—Parents and community adults ensure the child's safety while keeping in mind her or his increasing independence.

Boundaries & Expectations

11. **Family Boundaries**—The family maintains supervision of the child, has reasonable guidelines for behavior, and always knows where the child is.
12. **School Boundaries**—Schools have clear, consistent rules and consequences and use a positive approach to discipline.
13. **Neighborhood Boundaries**—Neighbors and friends' parents help monitor the child's behavior and provide feedback to the parent(s).
14. **Adult Role Models**—Parent(s) and other adults model positive, responsible behavior and encourage the child to follow these examples.
15. **Positive Peer Influence**—Parent(s) monitor the child's friends and encourage spending time with those who set good examples.
16. **High Expectations**—Parent(s), teachers, and other influential adults encourage the child to do her or his best in all tasks and celebrate their successes.

Constructive Use of Time

17. **Creative Activities**—Child participates weekly in music, dance, or other form of artistic expression outside of school.
18. **Child Programs**—Child participates weekly in at least one sport, club, or organization within the school or community.
19. **Religious Community**—Child participates in age-appropriate religious activities and caring relationships that nurture her or his spiritual development.
20. **Time at Home**—Child spends time at home playing and doing positive activities with the family.

Internal Assets

Commitment to Learning

21. **Achievement Motivation**—Child is encouraged to remain curious and demonstrates an interest in doing well at school.
22. **Learning Engagement**—Child is enthused about learning and enjoys going to school.
23. **Homework**—With appropriate parental support, child completes assigned homework.
24. **Bonding to School**—Child is encouraged to have and feels a sense of belonging at school.
25. **Reading for Pleasure**—Child listens to and/or reads books outside of school daily.

Positive Values

26. **Caring**—Parent(s) help child grow in empathy, understanding, and helping others.
27. **Equality and Social Justice**—Parent(s) encourage child to be concerned about rules and being fair to everyone.
28. **Integrity**—Parent(s) help child develop her or his own sense of right and wrong behavior.
29. **Honesty**—Parent(s) encourage child's development in recognizing and telling the truth.
30. **Responsibility**—Parent(s) encourage child to accept and take responsibility for her or his actions at school and at home.
31. **Self-Regulation**—Parents encourage child's growth in regulating her or his own emotions and behaviors and in understanding the importance of healthy habits and choices.

Social Competencies

32. **Planning and Decision Making**—Parent(s) help child think through and plan school and play activities.
33. **Interpersonal Competence**—Child seeks to build friendships and is learning about self-control.
34. **Cultural Competence**—Child continues to learn about her or his own cultural identity and is encouraged to interact positively with children of different racial, ethnic, and cultural backgrounds.
35. **Resistance Skills**—Child is learning to recognize risky or dangerous situations and is able to seek help from trusted adults.
36. **Peaceful Conflict Resolution**—Child continues learning to resolve conflicts without hitting, throwing a tantrum, or using hurtful language.

Positive Identity

37. **Personal Power**—Child has a growing sense of having influence over some of the things that happen in her or his life.
38. **Self-Esteem**—Child likes herself or himself and feels valued by others.
39. **Sense of Purpose**—Child welcomes new experiences and imagines what he or she might do or be in the future.
40. **Positive View of Personal Future**—Child has a growing curiosity about the world and finding her or his place in it.

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Search INSTITUTE

40 Developmental Assets® for Middle Childhood (ages 8-12)

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets®**—that help young people grow up healthy, caring, and responsible.

External Assets

Support

1. **Family support**—Family life provides high levels of love and support.
2. **Positive family communication**—Parent(s) and child communicate positively. Child feels comfortable seeking advice and counsel from parent(s).
3. **Other adult relationships**—Child receives support from adults other than her or his parent(s).
4. **Caring neighborhood**—Child experiences caring neighbors.
5. **Caring school climate**—Relationships with teachers and peers provide a caring, encouraging environment.
6. **Parent involvement in schooling**—Parent(s) are actively involved in helping the child succeed in school.

Empowerment

7. **Community values youth**—Child feels valued and appreciated by adults in the community.
8. **Children as resources**—Child is included in decisions at home and in the community.
9. **Service to others**—Child has opportunities to help others in the community.
10. **Safety**—Child feels safe at home, at school, and in his or her neighborhood.

Boundaries & Expectations

11. **Family boundaries**—Family has clear and consistent rules and consequences and monitors the child's whereabouts.
12. **School Boundaries**—School provides clear rules and consequences.
13. **Neighborhood boundaries**—Neighbors take responsibility for monitoring the child's behavior.
14. **Adult role models**—Parent(s) and other adults in the child's family, as well as nonfamily adults, model positive, responsible behavior.
15. **Positive peer influence**—Child's closest friends model positive, responsible behavior.
16. **High expectations**—Parent(s) and teachers expect the child to do her or his best at school and in other activities.

Constructive Use of Time

17. **Creative activities**—Child participates in music, art, drama, or creative writing two or more times per week.
18. **Child programs**—Child participates two or more times per week in cocurricular school activities or structured community programs for children..
19. **Religious community**—Child attends religious programs or services one or more times per week.
20. **Time at home**—Child spends some time most days both in high-quality interaction with parents and doing things at home other than watching TV or playing video games.

Internal Assets

Commitment to Learning

21. **Achievement Motivation**—Child is motivated and strives to do well in school.
22. **Learning Engagement**—Child is responsive, attentive, and actively engaged in learning at school and enjoys participating in learning activities outside of school.
23. **Homework**—Child usually hands in homework on time.
24. **Bonding to school**—Child cares about teachers and other adults at school.
25. **Reading for Pleasure**—Child enjoys and engages in reading for fun most days of the week.

Positive Values

26. **Caring**—Parent(s) tell the child it is important to help other people.
27. **Equality and social justice**—Parent(s) tell the child it is important to speak up for equal rights for all people.
28. **Integrity**—Parent(s) tell the child it is important to stand up for one's beliefs.
29. **Honesty**—Parent(s) tell the child it is important to tell the truth.
30. **Responsibility**—Parent(s) tell the child it is important to accept personal responsibility for behavior.
31. **Healthy Lifestyle**—Parent(s) tell the child it is important to have good health habits and an understanding of healthy sexuality.

Social Competencies

32. **Planning and decision making**—Child thinks about decisions and is usually happy with results of her or his decisions.
33. **Interpersonal Competence**—Child cares about and is affected by other people's feelings, enjoys making friends, and, when frustrated or angry, tries to calm her- or himself.
34. **Cultural Competence**—Child knows and is comfortable with people of different racial, ethnic, and cultural backgrounds and with her or his own cultural identity.
35. **Resistance skills**—Child can stay away from people who are likely to get her or him in trouble and is able to say no to doing wrong or dangerous things.
36. **Peaceful conflict resolution**—Child seeks to resolve conflict nonviolently.

Positive Identity

37. **Personal power**—Child feels he or she has some influence over things that happen in her or his life.
38. **Self-esteem**—Child likes and is proud to be the person that he or she is.
39. **Sense of purpose**—Child sometimes thinks about what life means and whether there is a purpose for her or his life.
40. **Positive view of personal future**—Child is optimistic about her or his personal future.

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Search INSTITUTE

40 Developmental Assets® for Adolescents (ages 12-18)

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets®**—that help young people grow up healthy, caring, and responsible.

External Assets

Support

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

Empowerment

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

Boundaries & Expectations

11. **Family boundaries**—Family has clear rules and consequences and monitors the young person's whereabouts.
12. **School Boundaries**—School provides clear rules and consequences.
13. **Neighborhood boundaries**—Neighbors take responsibility for monitoring young people's behavior.
14. **Adult role models**—Parent(s) and other adults model positive, responsible behavior.
15. **Positive peer influence**—Young person's best friends model responsible behavior.
16. **High expectations**—Both parent(s) and teachers encourage the young person to do well.

Constructive Use of Time

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

Internal Assets

Commitment to Learning

21. **Achievement Motivation**—Young person is motivated to do well in school.
22. **School Engagement**—Young person is actively engaged in learning.
23. **Homework**—Young person reports doing at least one hour of homework every school day.
24. **Bonding to school**—Young person cares about her or his school.
25. **Reading for Pleasure**—Young person reads for pleasure three or more hours per week.

Positive Values

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

Social Competencies

32. **Planning and decision making**—Young person knows how to plan ahead and make choices.
33. **Interpersonal Competence**—Young person has empathy, sensitivity, and friendship skills.
34. **Cultural Competence**—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. **Resistance skills**—Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful conflict resolution**—Young person seeks to resolve conflict nonviolently.

Positive Identity

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

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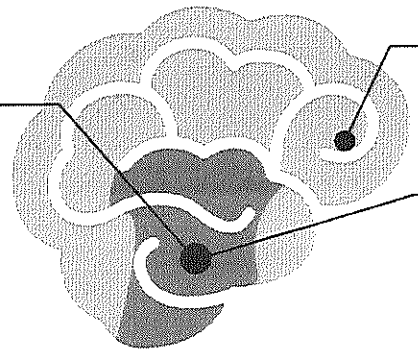
ADDICTION & THE BRAIN

Addiction is the most severe form of substance use disorder caused by repeated drug use that hijacks key functions of the brain.

The limbic system is responsible for our basic survival instincts:

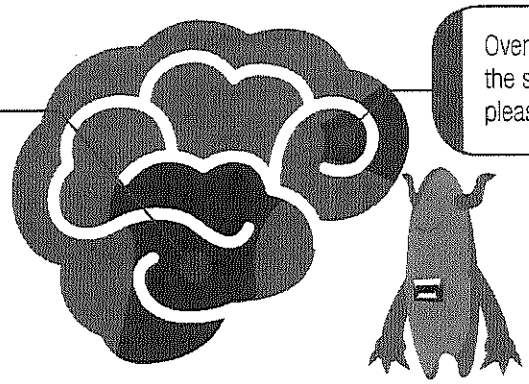
- Eating
- Drinking
- Finding shelter
- Building relationships
- Caring for our young



The prefrontal cortex is where decision-making and impulse control live. This is what separates us from other animals.

When we do these things, the brain releases dopamine — our reward for surviving. The brain remembers this feeling of pleasure and seeks it again.

When a drug or alcohol is used, it activates the same dopamine process. And when use is repeated, it can hijack the brain, making it think that it needs the substance in order to survive.

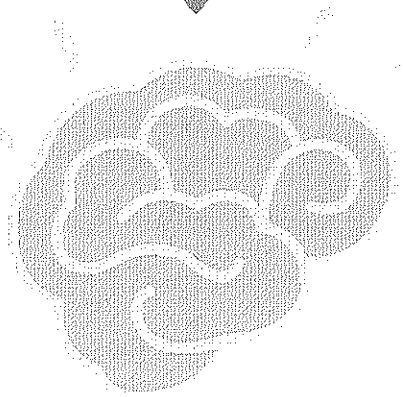


Over time, the hijacker needs more of the substance to get the same feeling of pleasure – causing increased brain damage.

The Good News: Addiction is preventable and treatable!

Brain scans show that once in recovery, the brain can get better.

Advancements have been made in assessments, treatment programs, recovery supports and medications to treat addiction.



Delaying substance use until the brain reaches maturity (early twenties) is the most important step in preventing addiction.

preventionactionalliance.org

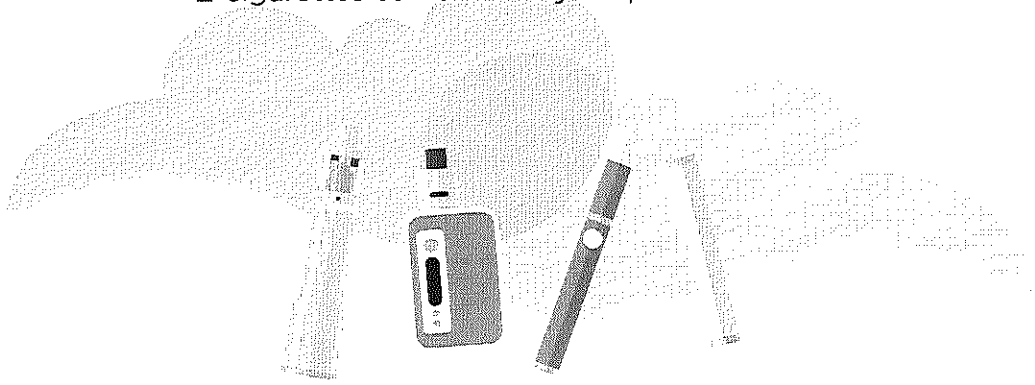
Prevention Action Alliance | ADDICTION POLICY FORUM

addictionpolicy.org

E-CIGARETTES SHAPED LIKE USB FLASH DRIVES:

INFORMATION FOR PARENTS, EDUCATORS, AND HEALTH CARE PROVIDERS

Electronic cigarettes (e-cigarettes) are battery-powered devices that can deliver nicotine and flavorings to the user in the form of an aerosol. E-cigarettes come in many shapes and sizes.



WHAT'S THE BOTTOM LINE?

A new e-cigarette shaped like a *USB* flash drive is being used by students in schools.

Nicotine is highly addictive and can *harm brain development,* which continues until about age 25.

The use of any tobacco product — including e-cigarettes—is *unsafe* for young people.

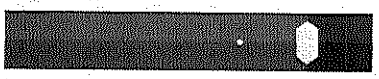
Parents, educators, & health care providers can help prevent and reduce the use of all tobacco products, including e-cigarettes, by young people.

>> *Learn HOW* in this fact sheet.

CS292347-A

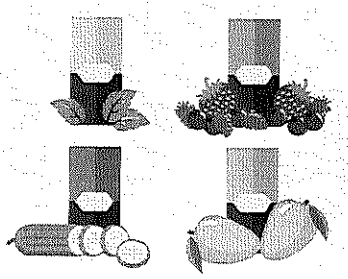
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

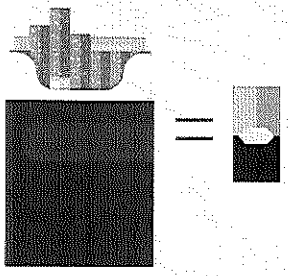
AN INCREASINGLY POPULAR E-CIGARETTE DEVICE, CALLED JUUL, IS SHAPED LIKE A USB FLASH DRIVE.



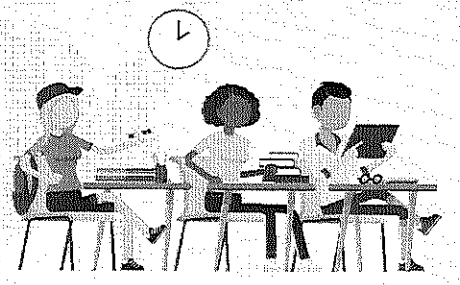
Use of JUUL is sometimes called "JUULing."

JUUL's nicotine liquid refills are called "pods." JUUL is available in several flavors such as Cool Cucumber, Fruit Medley, Mango, and Mint.





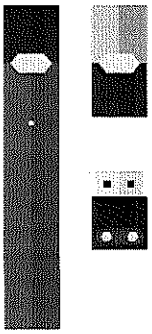
All JUUL e-cigarettes have a high level of nicotine. According to the manufacturer, a single JUUL pod contains as much nicotine as a pack of 20 regular cigarettes.



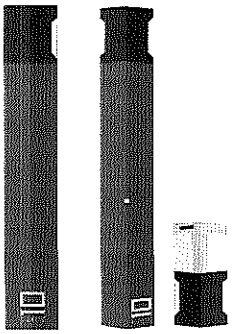
JUUL became available for sale in the United States in 2015. As of December 2017, JUUL is the top-selling e-cigarette brand in the United States.

News outlets and social media sites report widespread use of JUUL by students in schools, including in classrooms and bathrooms.

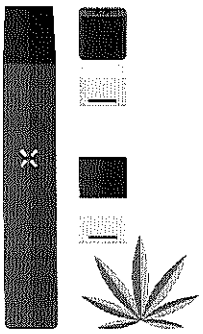
Other devices are becoming available that look like USB flash drives. Examples include the MarkTen Elite, a nicotine delivery device, and the PAX Era, a marijuana delivery device that looks like JUUL.



JUUL



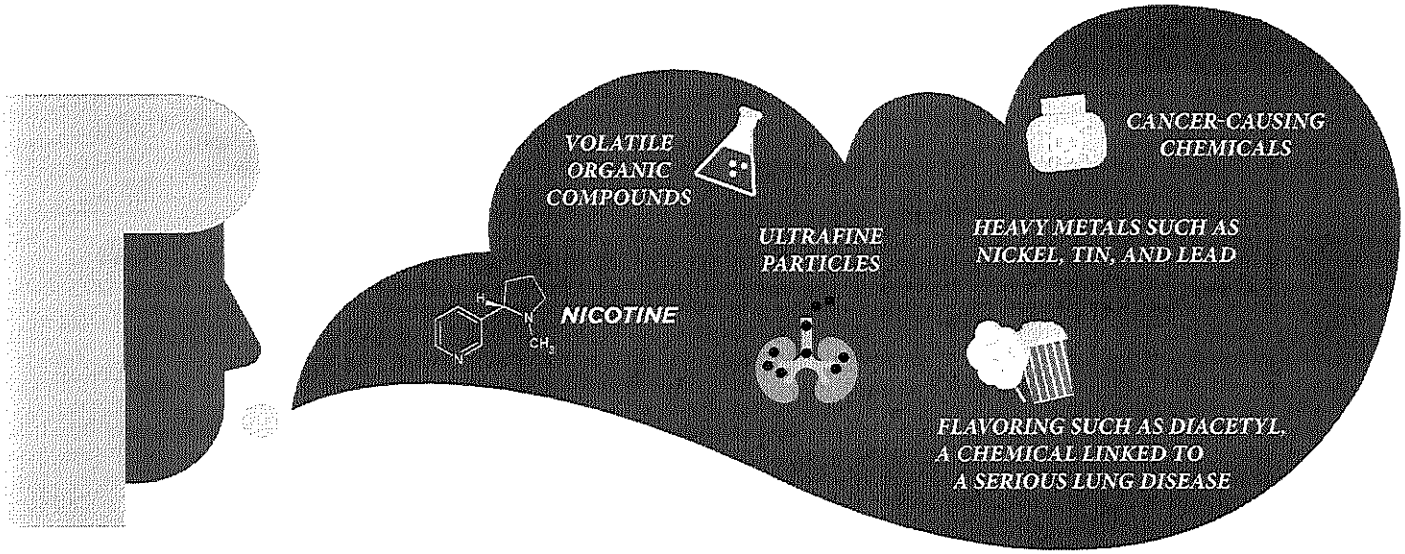
MarkTen Elite



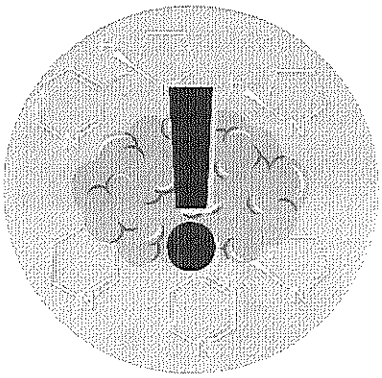
PAX Era

E-CIGARETTE USE IS NOT SAFE FOR YOUNG PEOPLE.

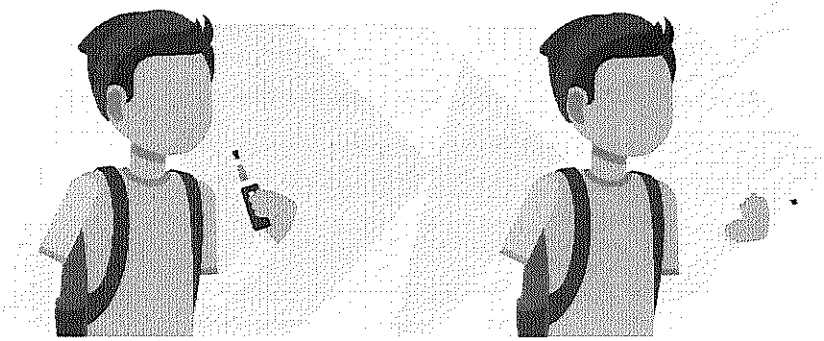
E-cigarette aerosol is not harmless. It can contain harmful ingredients. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products, like regular cigarettes.



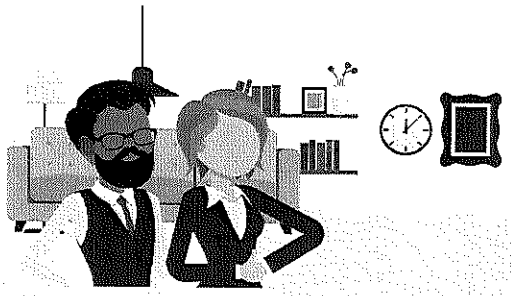
Most e-cigarettes contain *nicotine*, which is highly addictive and can *harm brain development*, which continues until about *age 25*.



YOUNG PEOPLE WHO USE E-CIGARETTES MAY BE MORE LIKELY TO GO ON TO USE REGULAR CIGARETTES.



PARENTS, EDUCATORS, AND HEALTH CARE PROVIDERS CAN HELP PREVENT AND REDUCE THE USE OF E-CIGARETTES BY YOUNG PEOPLE.

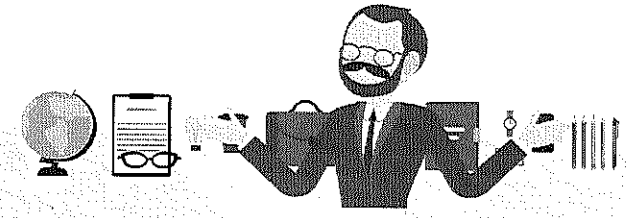


PARENTS CAN:

» Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use for young people.

» Talk to their children about the risks of e-cigarette use among young people. Express firm expectations that their children remain tobacco-free.

» Set a positive example by being tobacco-free.

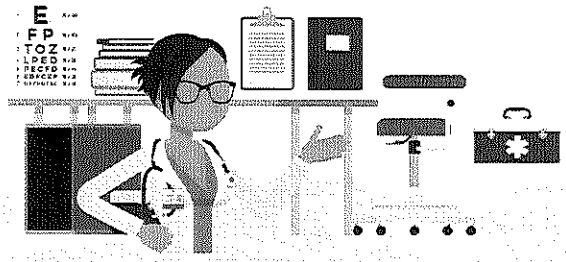


EDUCATORS CAN:

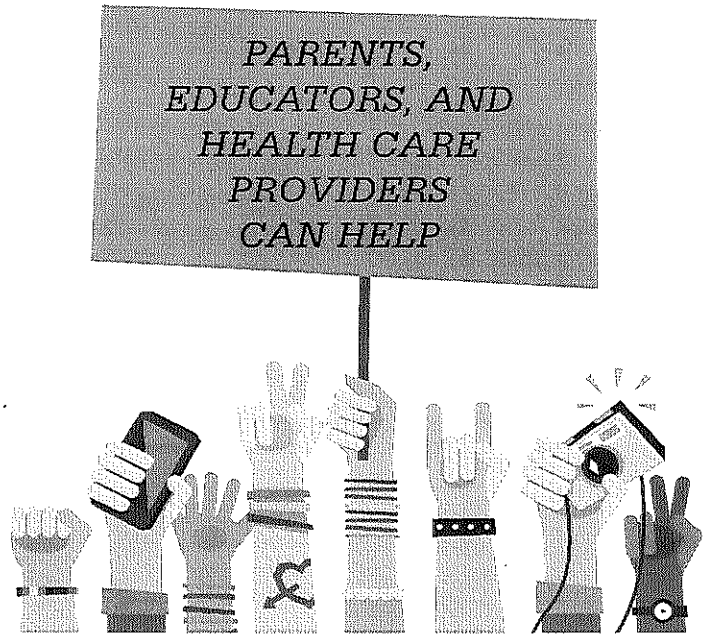
» Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use for young people.

» Develop, implement, and enforce tobacco-free school policies.

» Reject youth tobacco prevention programs sponsored by the tobacco industry. These programs have been found to be ineffective for preventing youth tobacco use.



PEDIATRIC HEALTH CARE PROVIDERS CAN:

» Ask about e-cigarettes, including devices shaped like USB flash drives, when screening patients for the use of any tobacco products.

» Warn patients about the risks of all forms of tobacco product use, including e-cigarettes, for young people.