

Independent Living Skills Module II

Preparing Adolescents for Young Adulthood (PAYA)

Module II

**PERSONAL CARE
HEALTH
SOCIAL SKILLS
AND
SAFETY**

Handbook for Skill Development

Massachusetts Department of Social Services

Independent Living Skills Module II

PAYA

MODULE II

Introduction

Welcome! The topic areas you'll be working on in this booklet include such vital independent living skills as education, job seeking skills, and job maintenance skills. Each topic area includes sections for easy use: 1) Assessment; 2) Skill Plan; and 3) Activity/Resource Workbook.

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

The Skill Plan will help you organize your efforts as you work towards each goal.

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

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

Remember, it's your future!

Good luck and enjoy yourself!

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PERSONAL CARE
SKILL ASSESSMENT

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

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

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You have now completed the assessment section and identified those skills in personal care that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE

GOAL: TO IMPROVE PERSONAL CARE SKILLS

State Skill 1:

Plan:

When:

Why:

To learn how to wash and dry my own clothes using a washing machine and a dryer.

Sort, wash, and dry my own clothes using the correct water temperature, detergent, and bleach if necessary.

At least once a week for two months.

My foster mother or program staff

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GOAL: TO IMPROVE PERSONAL CARE SKILLS

State Skill 1:
to be developed
and/or improved

[Empty box for State Skill 1]

Plan:
how do you plan to learn,
develop and improve this skill?

[Three empty boxes for Plan]

When:
when, where, and how often will you
work on this skill and by whom will you
have mastered this?

[Three empty ovals for When]

Who:
will assist you?

[Three empty octagons for Who]

State Skill 2:
to be developed
and/or improved

[Empty box for State Skill 2]

Plan:
how do you plan to learn,
develop and improve this skill?

[Three empty boxes for Plan]

When:
when, where, and how often will you
work on this skill and by whom will you
have mastered this?

[Three empty ovals for When]

Who:
will assist you?

[Three empty octagons for Who]

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PERSONAL APPEARANCE

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

What does your personal appearance tell others about you?

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

Consider the following:

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

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

If so, what delays you? _____

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ACTIVITY

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

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

Daily Personal Care Activities.

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

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

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CLOTHING

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

Consider the following:

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



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

HOW DO YOU WASH YOUR CLOTHES?

Take an inventory.

Do you read labels to find out how to wash your clothes?

YES

NO

Do you separate your laundry according to light and dark colors?

Do you use laundry detergent and bleach?

Do you hand-wash clothes which can not be cleaned in a washing machine?

Do you iron your clothes, using the right temperature setting?

Do you take appropriate clothes to the dry-cleaner?

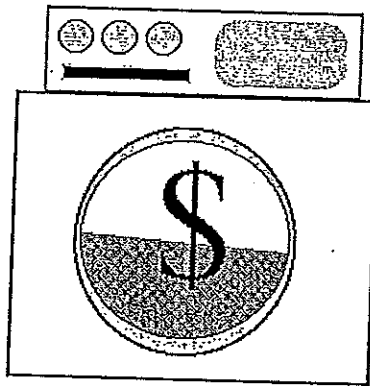
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ACTIVITY

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

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



My estimate for one week's washing and drying is \$



ACTIVITY





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

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

WHAT TO WEAR

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

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

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

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

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

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HEALTH CARE
SKILL ASSESSMENT

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

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

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I do not know how to do this *I need to know more about this* *I can do/have done this*

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Understand the importance of regular medical and dental care and have chosen a doctor and dentist for ongoing care.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Know how and when to call a doctor or a dentist for an appointment for a check up or for treatment of a medical or dental problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know what medical insurance is, why it's necessary, and that it can be purchased individually or through many employers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Know that drug and alcohol abuse is very harmful to my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Know what first aid kit items I should have at home and know how to use them properly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16. Understand what sexually transmitted diseases are and how to prevent getting or spreading them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Know what the functions are of the various parts of the body, including sexual organs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18. Understand how pregnancy occurs and know how to prevent pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Know the importance of good nutrition and proper exercise in maintaining health.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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You have now completed the assessment section and identified those skills that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

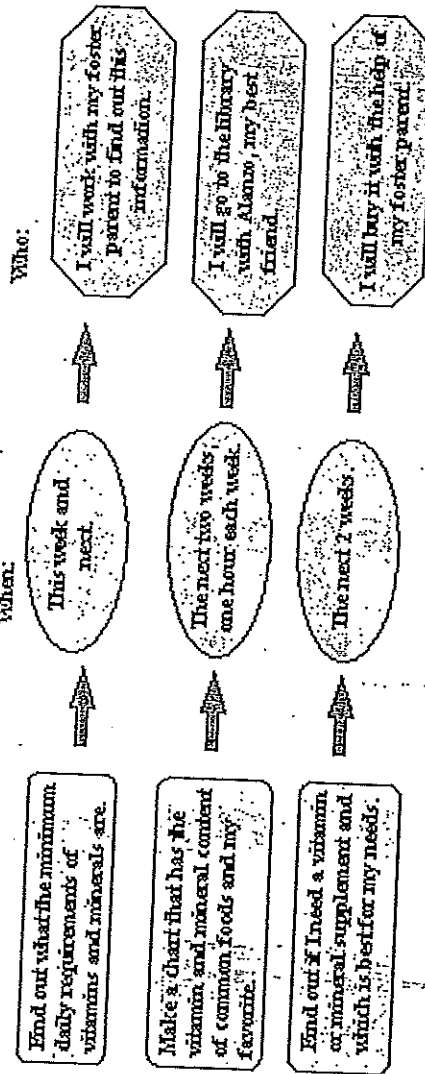
EXAMPLE

GOAL: TO IMPROVE HEALTH SKILLS

State Skill 1:

Make sure I am getting enough vitamins and minerals.

Plan:



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GOAL: TO IMPROVE HEALTH SKILLS

State Skill 1:
to be developed
and/or improved



Plan:
how do you plan to learn,
develop and improve this skill?



When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?



Who:
will assist you?

State Skill 2:
to be developed
and/or improved



Plan:
how do you plan to learn,
develop and improve this skill?



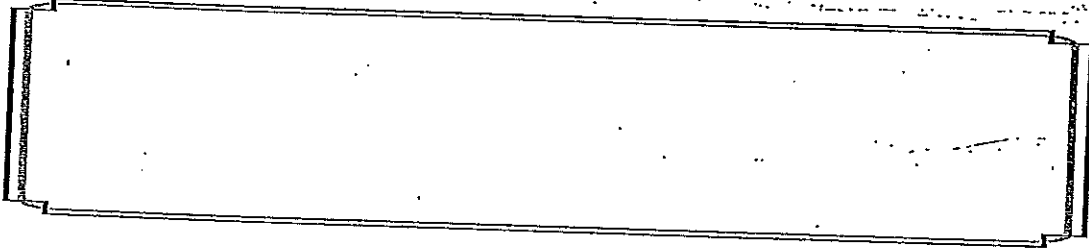
When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?



Who:
will assist you?

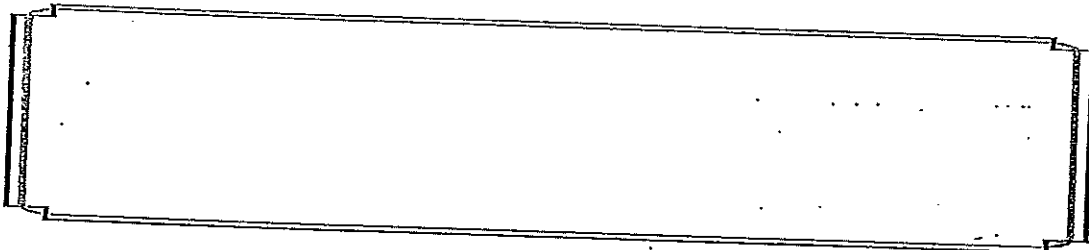
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Why do you think it is important to take care of your health?

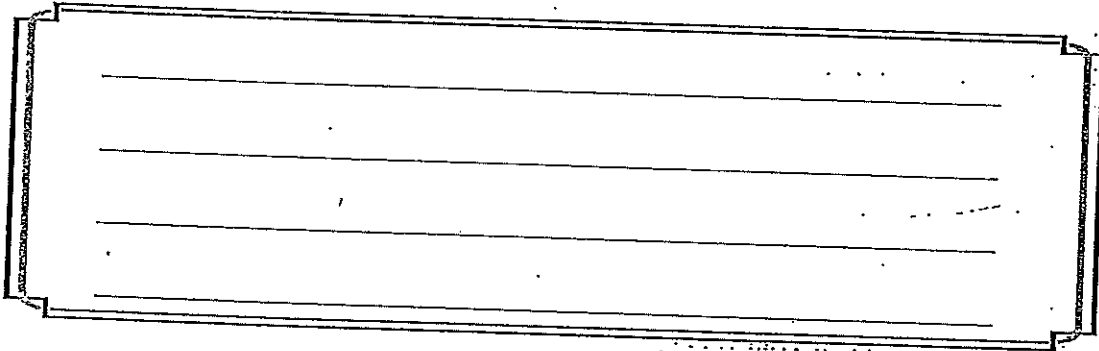


Consider the following:

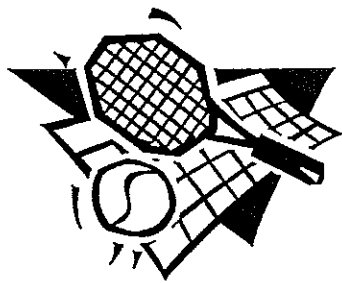
Thelma doesn't take care of her health. She eats a lot of fatty and sweet foods, doesn't like fruits or vegetables, and never exercises. When a friend tried to speak to her about her habits, Thelma stated that she is still young and that only old people have to take care of their health. What do you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



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



EXERCISE



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

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

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


Answers

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

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4. TRUE. Exercise will not only help you burn calories, but it will keep your body in great shape as well.
5. TRUE. Even walking just twice a day for twenty minutes will improve your physical fitness.

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

Date	Time	Exercise/Activity	Comments
			

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



ACTIVITY

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

NUTRITION



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

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

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

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

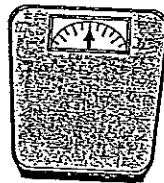
Food	→	Reason

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

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

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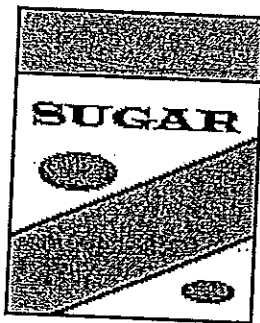
4. All three types of fat (saturated, monounsaturated, and polyunsaturated) raise the level of cholesterol in the blood and can increase the risk of heart attack or stroke. _____
5. One cup of popcorn (without butter or margarine) has fewer calories than three potato chips. _____
6. A small order of French fries has the same amount of calories as a small ice cream cone. _____
7. You will have to walk one and one-half miles to burn off the number of calories in one regular donut. _____



Answers:

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

Dextrose
Glucose
Fructose
Corn Syrup
Sucrose
Raw Sugar



Corn Sweetener
Natural Sweeteners
Honey
MALT
Maple
Molasses

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

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

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

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

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

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

Daily Food Diary

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

EXAMPLE:

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

Daily Food Diary

Day: _____

Time				
Food/Drink				
Where				
Mood				
With Whom				

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Daily Food Diary

Day: _____

Time				
Food/Drink				
Where				
Mood				
With Whom				

Daily Food Diary

Day: _____

Time				
Food/Drink				
Where				
Mood				
With Whom				

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Daily Food Diary

Day: _____

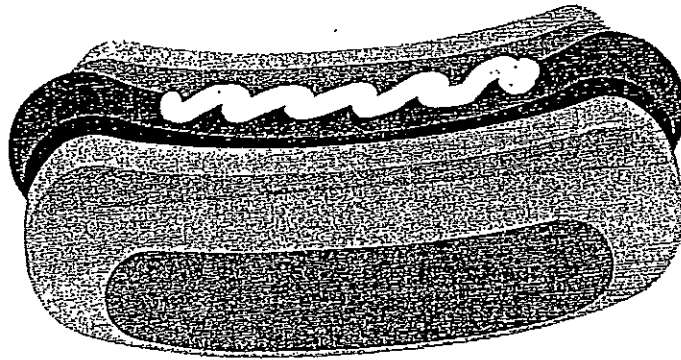
Time				
Food/Drink				
Where				
Mood				
With Whom				

Daily Food Diary

Day: _____

Time				
Food/Drink				
Where				
Mood				
With Whom				

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

Do you eat enough nutritional foods? _____

What kind of foods do you eat most often? _____

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

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

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

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

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

My strategies are:

⇒

⇒

⇒

⇒

EATING DISORDERS

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

DEFINITIONS

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

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

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

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Common symptoms of eating disorders include:

1. Constantly thinking about "feeling fat"
2. Intense fear of becoming fat or gaining weight
3. Feeling of loss of control while eating
4. Allowing your weight to determine your self-esteem
5. Feelings of guilt or shame after eating
6. Repeated and unsuccessful attempts to diet
7. Bingeing (eating large amounts of food in a short period of time)
8. Feeling self-conscious or embarrassed about eating (sneaking food or lying about eating habits)
9. Strict dieting
10. Fasting
11. Self-induced vomiting
12. Laxative and/or diuretic use
13. Compulsive exercising
14. Eating for emotional comfort, or to relieve stress or depression
15. Looking forward with pleasure and anticipation to the moments when you can eat alone
16. Eating when you're not even hungry
17. Eating sensibly in front of others and then making up for it when you're alone.

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

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Resource List

If you feel that you have or are at risk of developing an eating disorder, you need to seek professional help. Some of the resources available in the Boston area are listed below:

Children's Hospital, Eating Disorders Unit

Boston -- (617) 355-7178

Outpatient treatment for anorexic/bulimic adolescents, ages 12 - 21.

Judge Baker Children's Center

Boston -- (617) 232-8390

In-patient treatment for anorexics/bulimics up to 19 years of age.

Massachusetts Eating Disorder Association

Brookline -- (617) 738-6332

Peabody -- (508) 532-7701

Quincy -- (617) 782-9522

McLean Hospital

Belmont -- (617) 855-2991

Newton-Wellesley Hospital, Eating Disorder Program

Newton -- (617) 243-6157

Eating disorder clinic in psychiatry program

Overeaters Anonymous

Arlington -- (617) 641-2303

Self-help group for food addicts. Staff can refer callers to groups throughout Massachusetts.

University of Massachusetts Medical Center

Worcester -- (508) 856-5610

PERSONAL HEALTH CARE

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

Consider the following examples:



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

Short Term:	
Long Term:	



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

--

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

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

Independent Living Skills Module II

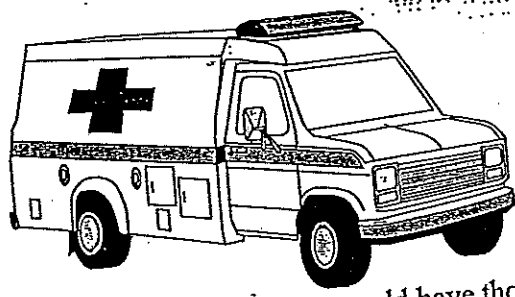
My Personal Health Care Needs:

I need to follow up on...

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

-
-
-
-
-

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



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

Why did the EMTs ask Jan that question? _____

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

Independent Living Skills Module II

FAMILY MEDICAL HISTORY

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

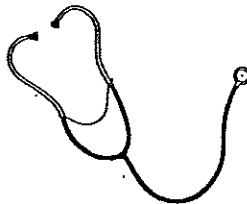
If you do not have much family health history information available to you, you should ask your social worker, foster parent, or staff to help you obtain the health history.

Family History

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

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

Let's look at Bob's example:



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

What should Bob do? _____

Independent Living Skills Module II

Who could help him? _____

What should he tell the doctor or nurse? _____

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

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

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

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

Independent Living Skills Module II



ACTIVITY

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

Health Questionnaire



Name: _____

Address: _____

Date of Birth: _____

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

Are you taking any medication? Yes No
If Yes, what medicines do you take? _____

Medical History

Where were you born? _____

_____ Hospital

_____ City

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

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

Did she take any medication? _____

Were there any complications with the birth? _____

Independent Living Skills Module II

Have you ever been admitted to the hospital?

Yes No

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

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

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

Have you ever had surgery (operations)?

Yes No

If yes, please describe: _____

Have you ever had any broken bones or any serious injuries?

Yes No

If yes, please describe: _____

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

Anemia

Asthma

Hay fever

Chicken Pox

Measles

Heart murmur

Pneumonia

Illness (other than colds, flu, etc.)

Stomach/intestinal problems

Kidney problem

Blood clots or vein problems

Hepatitis, jaundice

Urinary tract infection

Vaginal infection

Short or tall for age

Overweight

Underweight

Mononucleosis

+TB Test (positive results)

High blood pressure

Migraine headache

Seizures (convulsion, epilepsy)

Thyroid problem

Concussion

Cancer

Back/joint pain

Pelvic infection

Uterus or ovary problem

Pregnancy

Miscarriage or abortion

Venereal disease (VD)

Trouble seeing from a distance (near-sightedness)

Trouble seeing things close up (far-sightedness)

Wear glasses / contact lenses

Independent Living Skills Module II

- Frequent headaches
- Frequent tiredness
- Can't get to sleep easily / insomnia
- Sleep too much
- Cold or heat intolerance
- Dizziness
- Fainting or passing out
- Skin problem
- Severe acne
- Difficulty hearing
- Barache
- Wheezing
- Cough
- Heart skips a beat / palpitations
- Heart races
- Stomach pain
- Nausea
- Vomiting
- Ringing in ears
- Sore that doesn't heal or change in wart or mole
- Blurred vision
- Constipation
- Nosebleeds
- Gum or mouth pain
- Recent toothache
- Breast lump
- Shortness of breath
- Difficulty with bowel movements
- Infrequent bowel movements
- Diarrhea
- Blood in stool
- Blood in urine
- Frequent urination
- Pain with urination
- Bed wetting
- Bleed or bruise easily
- Excessive thirst

List any other illnesses or health problems below:

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Females Only: Visit to the gynecologist

Your age when you first got your period

Cycle length (How long does your period usually last?)

Irregular (Does the time of your period change from month to month?)

On what date did your last period start?

Cramps

Excess bleeding with period

Vaginal discharge

Have had a pelvic (internal) exam before?

Date of last pelvic exam

History of past pregnancy: Have you ever been pregnant? Have you had a miscarriage or abortion? (List responses and dates below.)

Yes No

Yes No

Yes No

Yes No

Yes No

Males and Females

Are you sexually active? Yes No

Check all methods of birth control you use:

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

Independent Living Skills Module II

Substance Use

Do you smoke cigarettes?

Yes No

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

How many years have you been smoking? _____

Have you ever tried to stop?

Yes No

Do you drink alcohol?

Yes No

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

How often do you drink? _____

Why do you usually drink? _____

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

Do you ever drink by yourself?

Yes No

Do any of your friends use alcohol?

Yes No

Do you use drugs?

Yes No

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

Marijuana Yes No

Cocaine Yes No

Acid Yes No

Speed Yes No

Others (please list) _____

Do you use any needle drugs?

Yes No

If yes, which types? _____

Are you worried about your drug or alcohol use?

Yes No

If yes, please describe. _____

Is anyone else worried about your drug or alcohol use?

Yes No

Would you like to talk to someone about your use of substances?

Yes No


Individual Living Skills Module II

TAKING CARE OF YOURSELF



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

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

 X X X Pharmacy
555 Main St
Boston, Mass

Rx 000 Refills 0


Dr. XXXXXX

John Smith
1243 North St
Boston, MA

Take 1 capsule 3Xday
for 10 days.

MedicNAME
Orig. Date 6/1/95
Disc. After 6/1/95

FINISH ALL MEDICATION
TAKE WITH FOOD ONLY

 X X X Pharmacy
555 Main St
Boston, Mass

Rx 001 Refills 0

Dr. XXXXXX

John Smith
1243 North St
Boston MA

Take 1 Tablet every four hours for
one week.

WARNING:
MAY MAKE YOU DROWSY.
DO NOT DRIVE AN AUTOMOBILE OR
OPERATE HEAVY MACHINERY WHILE
TAKING THIS MEDICATION.

NOT TO BE TAKEN WITH DAIRY PRODUCTS.

Blank box for describing medication 1.

Blank box for describing medication 2.

Independent Living Skills Module II

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

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



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

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

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MINOR ILLNESSES

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



ACTIVITY

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

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

Independent Living Skills Module II

Taking Care of Yourself

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

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

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

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

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

Independent Living Skills Module II

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

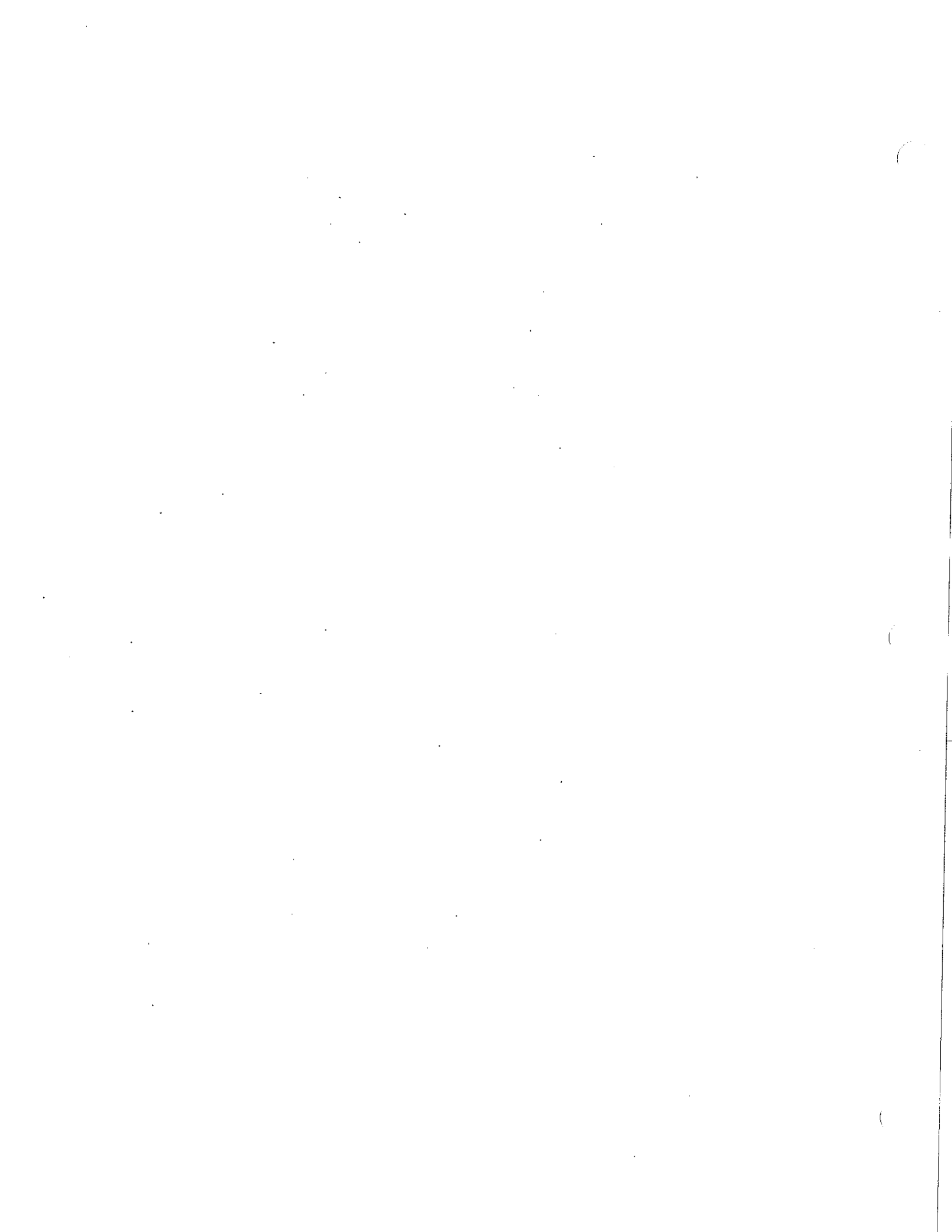
EMERGENCY

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

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

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

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





GENERAL SURVIVAL SKILLS

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

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

Do you know the Heimlich Maneuver or CPR? _____

What other survival treatments could you use? _____

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

WHAT TO DO WHEN SOMEONE IS CHOKING

Heimlich Maneuver

Method 1: Victim standing or sitting, rescuer standing

1. The rescuer stands directly behind the victim and wraps his arms around the victim's waist.
2. The rescuer makes a fist with one hand and places his fist against the victim's navel and rib cage, with the thumb-side inward.
3. With one hand on top of the other, the rescuer places the heel of the bottom hand on the victim's abdomen, slightly above the navel and below the rib cage.

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4. With a sharp upward thrust, the rescuer presses his hand into the victim's abdomen.
Be sure to pull up, rather than towards you, to avoid damage to the victim's rib cage.
The rescuer should repeat the maneuver several times until the victim stops choking.

Method 2: Victim lying face up, rescuer kneeling.

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



5. ACTIVITY

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

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HEALTH INSURANCE

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

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



Most employers require co-payments, depending on the type of coverage or insurance plan. In addition to those monthly co-payments, which range from \$30 to \$100, most insurance providers require co-payments for each doctor's visit and pharmacist's prescription. These usually range from \$5 to \$10 dollars. Emergency room co-payments have an average cost of \$25.

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

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



If you are not eligible for Mass Health, don't go to college, or don't work for full-time for one employer, private insurance is available through provider companies such as Blue

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HEALTH RISKS

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

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

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



SMOKING

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

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

--

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

--

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

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

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

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

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

What are the health risks and disadvantages of smoking?

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

Multiple Choice

- _____ 1) Cigarette smokers are more likely than non-smokers to die of cancer of the
- a) pharynx or larynx b) lungs c) esophagus d) lips, tongue, or mouth
e) all of the above
- _____ 2) What gives cigarettes their rich country flavor?
- a) propane b) butane c) formaldehyde d) hydrogen cyanide
- _____ 3) How many chemicals in cigarette smoke cause cancer?
- a) none b) 1 c) 10 d) 30

True or False

- _____ 1) Lung cancer can be cured very easily.
- _____ 2) People who don't smoke can get lung cancer.
- _____ 3) When a person stops smoking, lung tissues return to normal on their own.
- _____ 4) City smog is worse for you than cigarettes.
- _____ 5) Low-tar, low-nicotine cigarettes are safer than other kinds.
- _____ 6) Children whose parents smoke are more likely to smoke than children of non smokers.
- _____ 7) It doesn't matter if teenagers smoke because they can easily stop.

Multiple Choice Answers

1. e) all of the above.
2. All of the answers given, and they're all deadly.
3. d) There are 30 known carcinogens in cigarette smoke, and probably more that haven't been discovered yet.

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True or False Answers

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

BELIEVE IT OR NOT!

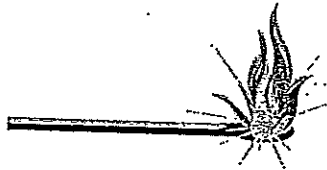


! A person who smokes one pack of cigarettes a day inhales a full cup of tar in just one year.

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

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

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



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

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Quitting:

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

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

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

American Lung Association of Boston
1015 Commonwealth Avenue
Brighton, MA
(617) 787-4501

Department of Public Health
150 Tremont Street
Boston, MA
(617) 727-2700

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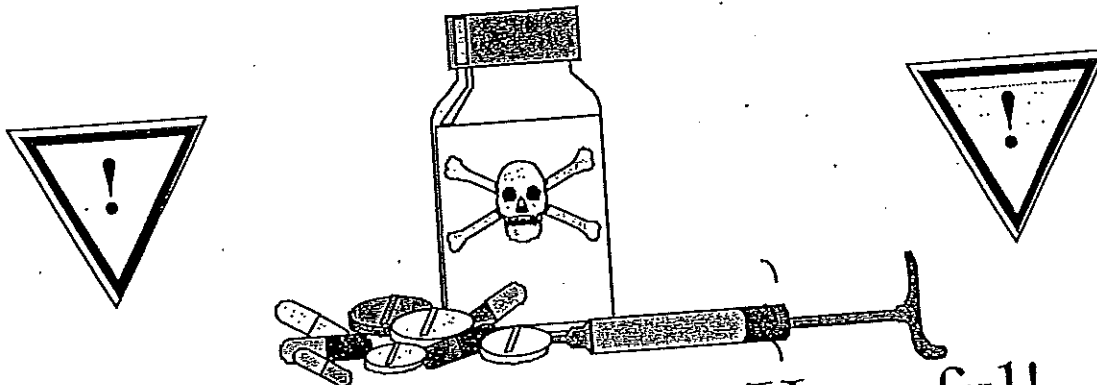
Summary:

My Reasons And Strategies To Not Starting Smoking Are:

My Reasons and Strategies To Quit Smoking Are:

or

DRUGS



All Drugs Are Harmful!
Experimenting With Drugs is Dangerous.

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

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

Cigarettes

Rum

Freebasing

Heroin

Newports

Crack

Ludes

Philly Blunts

MaryJanes

Xtasy

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

Stress: Family problems, changing schools [or placements], pressure to do well in school.

Boredom: Wanting to have fun, but with few outlets.

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Depression: Feeling isolated or alone, hopeless about the future and wanting to escape.

Curiosity: Not everyone who takes drugs is a heavy user, and many quit after the first try. But studies show that experimenting with pot and alcohol can lead to harder drugs.

For example, the Center on Addiction and Substance Abuse reports that if a person has smoked marijuana more than one hundred times, the likelihood of using cocaine goes up 70 percent.

Fitting in: Being popular is a key desire for most of us. Unfortunately, some take risks against their own judgement in order to hang with the cool clique.

Learned Behavior: Some young people who watch their parents dealing with their problems by taking drugs may follow their example during difficult times.

Lack of Self-Esteem: People who don't feel good about themselves are more likely to do things that are harmful. Most drug users and drinkers will admit they do it to fill up an empty feeling inside or to try to appear cool.

Feeling Unsure about Sexuality: Young people dealing with same-sex attractions may be drawn to drinking and drugs in order to ease fear and confusion.

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

Peer Pressure:

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

Consider the following:

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

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

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What would you do in Alex's situation?

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

Curiosity:

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

Consider:

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

What do you think happened?

Are you aware of the dangers of trying any drug?

Escape:

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

Consider:

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

Independent Living Skills Module II

to drink more and more these days to achieve that temporary effect and Jason is often depressed.

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

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

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

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

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

Fitting In:

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

Consider:

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

What do you think Emily should do?

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

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

What would you do in her situation?

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

TRYING DRUGS IS ALWAYS DANGEROUS!!!

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

Possible Signs of Addiction

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

Independent Living Skills Module II

Use the following quiz to test your knowledge about drugs.

True or False

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

Answers:

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

Independent Living Skills Module II

CONCERNED?

CHOOSE TO BE A FORCE FOR CHANGE

"What can I do?"

If you or someone you care about needs help, there is a lot that you can do! There are a number of treatments to choose from. The form of treatment will be determined by the drug a person is using, what the user is willing to go through to 'kick the habit', and sometimes, even how much time and money a user has to devote to the treatment. Some outpatient programs are free, some group therapy sessions are offered on a daily basis. Using some of the numbers listed below will allow you to get help for yourself or your friend:

Alateen/ Alanon, M-F, 10-3 p.m.
Alcoholics Anonymous
Southeast
Worcester
West
Drug & Alcohol Referral Service
MA Drug & Alcohol Hotline, 24 hrs
Nat'l Alcohol & Drug Hotline, 24 hrs

(781) 843-5300
(617) 426-9444
(508) 775-7060
(508) 752-9000
(413) 532-2111
(800) 999-9999
(800)-327-5050
(800) 252-6465

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

S.A.D.D., Students Against Drunk Driving, (508) 481-3568. The only student-based activist organization dealing with underage drinking, drug abuse, and death due to drinking or drugging, and driving.

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Department of Public Health – Tobacco Control. (617) 624-5900. DPH offers community-based programs throughout Massachusetts that assist teens in their attempts to address cigarette, alcohol, and drug use in their schools, area businesses, and their communities.

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

Girls Inc. programs in Massachusetts are located in:

Haverill		978-372-0771
Holyoke		413-532-6247
Lee	(Lee Youth Assn)	413-243-5535
Lowell		978-458-6529
Lynn		781-592-9744
Marlborough	(Boys and Girls Club)	508-485-4912
Pittsfield		413-442-5174
Springfield	(Springfield Girls Club)	413-739-4743
Springfield	(Carew Hills Girls Club)	413-736-1479
Taunton		508-824-9511
Worcester		508-755-6455

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

Massachusetts Prevention Centers. Mass Prevention provides a wide range of resources to meet a variety of needs. Most notably, they offer individuals and community organizations the resource tools needed to build stronger neighborhoods as well as offer ways to address alcohol and drug abuse in schools and urban areas. Each office listed below covers more than a dozen cities and towns in its region.

Boston Region	95 Berkeley St., Boston, MA	(617) 423-4337
Greater Western Region	10 Main St., Florence, MA	(413) 584-3880
Greater Worcester Region	531 Main St., Worcester, MA	(508) 752-8083
Lower Pioneer Valley Region	110 Maple St., Springfield, MA	(413) 732-2009
Merrimack Valley Region	38 Prospect St., Lawrence, MA	(978) 688-2323
Metro/Southeast Region	942 W. Chestnut St., Brockton, MA	(508) 583-2350
Metro/ suburban Region	552 Mass Ave., Cambridge, MA	(617) 441-0700
Metrowest/ West Region	158 Union Ave., Framingham, MA	(508) 875-5419
North Shore Region	27 Congress St., Sale, MA	(978) 745-8890
Southeast Coastal Region	105 William St., New Bedford, MA	(508) 996-3147

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

Independent Living Skills Module II

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

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

FACTS YOU SHOULD KNOW ALCOHOL AND SEDATIVE/HYPNOTICS

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

Symptoms

Acute Use:

Behavioral:

- Euphoria
- Disinhibition

- Relief of anxiety

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Physiological:

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

Chronic Use:

Behavioral:

- Mood swings
- Anxiety
- Aggression

Physiological:

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

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

Withdrawal Effects

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

STIMULANTS

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

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Symptoms

Acute Use:

Physiological:

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

Behavioral:

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

Chronic Use:

Physiological:

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

Behavioral:

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

Withdrawal Effects

Short-Term Use:

- Agitation
- Depression
- Extreme Drug Craving

Long-Term Use:

- Inability to Experience Pleasure
- Death

OPIATES AND OPIOIDS

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

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Symptoms

Acute Use:

Physiological:

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

Behavioral:

- Sleepiness
- Sedation

Chronic Use:

Physiological:

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

Behavioral:

- Decreased sexual interest
- Emotional irritability

Withdrawal Effects

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

PSYCHEDELICS

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

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Symptoms

Physiological:

Drooling
Chills
Sweating
Headaches
Nausea
Vomiting
Flashbacks with chronic use

Behavioral:

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

INHALANTS

Volatile Solvents

- gasoline, kerosene
- alcohol
- lighter fluid
- correction fluid

Aerosol Sprays

- metallic spray paints
- freon
- hairspray

Organic Nitrates

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

Anesthetics

- nitrous oxide ("laughing gas")
- whipped cream containers
- dry cleaning fluid

- nail polish remover
- airplane glue
- cleaning fluids
- antifreeze

- fluoride-based sprays
- vegetable oil

Street Names

Ames, boppers, pearls
Poppers, snappers, climax

Laughing gas, buzz, bomb, whippets

Independent Living Skills Module II

Symptoms

Acute use:

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

Chronic Use:

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

Withdrawal

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

Independent Living Skills Module II

HERBAL DRUGS

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

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

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

Corynanthe Yohimbe Yohimbe

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

Independent Living Skills Module II

"DATE RAPE DRUGS"

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

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

Rohypnol (a.k.a. roofies, La Rocha, Mexican valium, rope, forget pill) is a tranquilizer like Valium, but it is 10 times more potent. It produces amnesia, muscle relaxation, and slowing of movement. These effects can last up to 8 hours. It has been slipped into drinks at raves and nightclubs to cause a sedative effect, earning its reputation as a date rape drug. Withdrawal symptoms range from headaches, muscle pain, and confusion, to hallucinations and convulsions. Seizures can occur a week or more after one has stopped using the drug.

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

Independent Living Skills Module II

Alcohol

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

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

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







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

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

Independent Living Skills Module II

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

Fill out the chart below:

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

Independent Living Skills Module II

You have now completed the assessment section and identified those safety skills that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE
GOAL: TO IMPROVE SAFETY SKILLS

State Skill 1:

Make a plan for actions to take in case of fire.

Plan:

- Find out the number of the fire department and put the fire department number near the phone.
- Find the best ways to leave the house in case of fire and make a plan for everyone to leave the house in case of fire.
- Practice a fire escape drill with all people living in the home.

When:

- This Week
- Next Week
- Within the next two weeks

Who:

- I will do this
- I will do it with my foster parent
- I will do it with my foster family

Independent Living Skills Module II

Independent Living Skills Module II

GOAL: TO IMPROVE SAFETY SKILLS

Skill 1:
to be developed
and/or improved



Plan:
how do you plan to learn,
develop and improve this skill?



When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?



Who:
will assist you?

Skill 2:
to be developed
and/or improved



Plan:
how do you plan to learn,
develop and improve this skill?



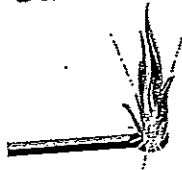
When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?



Who:
will assist you?

SAFETY TIPS FOR YOUNG PARENTS

How to Prevent Scalds and Other Burns



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

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

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

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

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

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

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

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

Falls

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

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

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

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

Drowning

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

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

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

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

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

Two
Inches
(2")

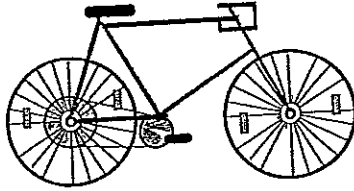
Independent Living Skills Module II

Car & Bicycle Safety

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

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

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



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

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

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

Hints For Safe Home Heating

Keep children away from all heating devices!

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

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

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

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

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

Poisoning



A Quiz:

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

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

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

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

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

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

Independent Living Skills Module II

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

EMERGENCY CARE:

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

Massachusetts Poison Information Center
Greater Boston Area
617-232-2120
Other Massachusetts Areas
1(800)682-9211

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

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

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

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

- Age of child
- Weight
- Name of the substance swallowed
- Amount swallowed, if known

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

Independent Living Skills Module II



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

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

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

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

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

Other important household medical care items include:

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

FIRE SAFETY AND PREVENTION

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

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

More Fire Safety Information Follows:

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

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

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Fire Escape Tips:

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

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

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

Get out quickly!

Do not waste time trying to put out the fire.

Call the fire department from a neighbors house.

Every second counts!

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

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

Keep your head outside and wait for help.

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

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

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

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

Treatment: Cool the burn immediately with cool water only.

PREVENTING CRIME AT HOME

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



ACTIVITY

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

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

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

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

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

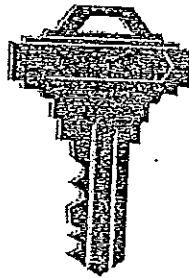
5. Have you ever left your door unlocked while you made a quick trip to the store or to a neighbor's house?

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

Independent Living Skills Module II

CRIME PREVENTION TIPS FOR HOME SAFETY

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



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

Violence in Relationships

Did you know this information about violence in relationships?

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

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

Independent Living Skills Module II

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

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

Independent Living Skills Module II

Have you put your boyfriend or girlfriend down in front of your other friends?

YES

NO

Has your boyfriend or girlfriend said that you're trying to control him or her?

Are you afraid you might be violent toward your boyfriend or girlfriend someday?

Have you driven your boyfriend or girlfriend away with your anger?

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

Respect

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

I don't feel like it.

Please!

I don't feel good about this.

I'm not ready.

I don't know...

Let's take our time.

I don't want to get pregnant.

I'm scared.

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

Enough!

I'm confused.

I don't want to do more than petting.

I don't want to get AIDS.

I don't like this.

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

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

Independent Living Skills Module II

Looking down.

Avoiding being
alone.

Crying.

Moving away.

Cringing.

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

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

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

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

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

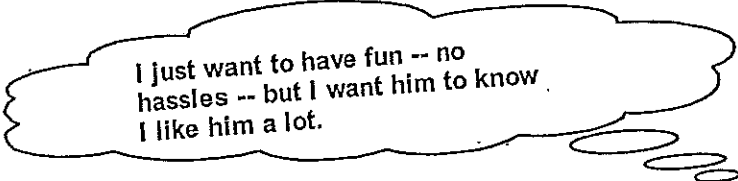
Put yourself first! Don't let someone else take control. Take care of yourself.

Independent Living Skills Module II

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

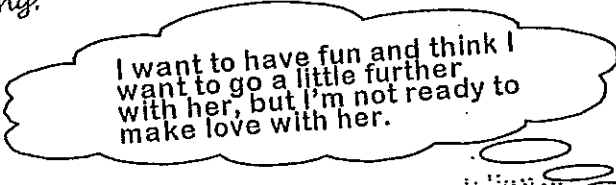
Relationship A

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



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

Peter was thinking:



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

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

Relationship B

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

Independent Living Skills Module II

How would you describe Lea and Peter's relationship?

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

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

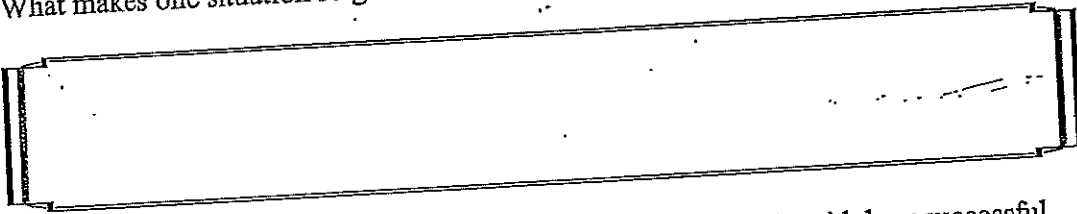
What advice would you give to each couple?

LEA & PETER

KAY & DAVE

Independent Living Skills Module II

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



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

When You're In Danger

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

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

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

Protect yourself as best you can.

Independent Living Skills Module II

SOCIAL SKILLS
SKILL ASSESSMENT

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

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Can communicate and interact appropriately in various social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can tell others when I am upset or angry and express my feelings appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can start conversations with new acquaintances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Know how to handle conflicts with a friend, teacher, supervisor, or family member without using physical aggression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Am aware of my values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Know how to make good decisions by weighing the pros and cons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Am aware of my cultural background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Know what is important to me in friend/relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can participate in social activities with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Know where and how to get help if cannot handle or end an argument with a friend, teacher, employer, family member, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Know how to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Can set appropriate goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module II

I do not know how to do this *I need to know more about this* *I can do/have done this*

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/have done this</i>
13. Can set personal goals and work to accomplish them with minimal help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Can make/keep friendships with people of the opposite sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Can be honest with friends and say what is on my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Can set limits and boundaries with friends/peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Know how to say "No" to a boyfriend/girlfriend who wants to get more sexually involved than I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Aware of the consequences of teenage pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Can plan and invite peers to social activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Know how to prevent pregnancy and sexually transmitted diseases including HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module II

Independent Living Skills Module II

You have now completed the assessment section and identified those social skills that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE GOAL: TO IMPROVE SOCIAL SKILLS

State Skill 1:

Get better at saying how I feel before I get angry.

Plan:

Tell my friends if they are doing something I don't like to do and they want me to do it, too.

Tell my teacher if he's going too fast and I don't understand.

Tell my foster parents when I don't understand something they said or did.

When:

This week.

After class when it happens in the next two weeks.

Any time it happens in the next month.

Who:

I will tell my two friends, Joshua and David.

I will tell my teacher, Mr. Stern.

I will tell my foster parents.

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GOAL: TO IMPROVE SOCIAL SKILLS

State Skill 1:
to be developed
and/or improved



Plan:
how do you plan to learn,
develop and improve this skill?



When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?



Who:
will assist you?

State Skill 2:
to be developed
and/or improved



Plan:
how do you plan to learn,
develop and improve this skill?



When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?



Who:
will assist you?

VALUES

This next section in the workbook will focus on different social and interpersonal skills we need in order to get along with others and function well within any community setting. At first we will focus on values. Our values are the foundation beneath many personal skills like decision making, communication, and problem solving.

Who Am I? What Are My Values?

Values help you to discover what is important to you and what is not. They will determine who your close friends are, which jobs you choose, and how you take care of yourself. Everyone has values in all areas of life, but we might not always be aware of them. Values can change due to different life experiences and events. You can explore your values by asking yourself general questions like the following.

- What do I like to do?
- What can I do well?
- Who are my friends?
- What do I look for in a good friend?
- Which adults do I respect?
- Why do I respect them?
- What makes me happy? Proud?
- What makes me sad? Angry?
- How do I want to be treated by other people?
- What do I want to change about myself?

The answers to these questions will help you discover some of your own values: the things you care about, the things you admire -- in yourself and in others around you. Discovering your own values is a first step on the road to achieving personal goals. Suppose you were about to go to a foreign country, meeting different and interesting people for the first time. You'd want to be able to tell them something about yourself and your values, let them know where you're coming from and what kind of person you're like. Finish these sentences:

One thing I admire about myself is: _____

I get really angry when people: _____

I enjoy it when my friends: _____

When I am 23, I will: _____

Independent Living Skills Module II

I appreciate adults who: _____

The person I admire most is: _____

If I had a million dollars, I would: _____

A good friend is someone who: _____

If I could have any job in the world, I would be: _____

One thing that is really important to me is: _____

If I could change one thing in the world, I would: _____

Now look back at the sentences you completed. Did you discover something new about your values?

Now write five sentences that will tell someone new (a friend or employer) about you and your values.

Independent Living Skills Module II

Beginning to think about your values will also assist you with your ability to make good decisions and set goals for yourself in various areas of life. Complete the following exercise to explore what is important to you.

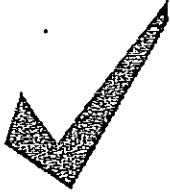
Read these statements and decide if you agree or disagree:

1	2	3	4	5
Strongly Agree	Somewhat Agree	Not Sure	Disagree Somewhat	Disagree Strongly
1. A good friend is someone you can count on in hard times.				_____
2. The best thing to do is what other kids are doing.				_____
3. A good friend is easy to find; anyone can be a good friend.				_____
4. It's always better to let adults make decisions about what's right for me.				_____
5. A good parent lets you make your own decisions every time.				_____
6. Teenagers can make good parents.				_____
7. What's happened to me in the past doesn't affect how I feel and act today.				_____
8. A good friend might not always tell you what you want to hear.				_____
9. It's better to live alone than with roommates.				_____
10. Kids in foster care never get a fair chance on the outside.				_____
11. It's good to have someone who depends on you for help and support.				_____
12. Sometimes kids who have had problems can be the best support for other kids.				_____
13. The most important thing about a job is how much money you make.				_____
14. It's more important to be healthy than rich.				_____
15. It's better to have a nice apartment than to buy a car.				_____
16. It's easy to get a job even if you drop out of high school.				_____
17. You should not have sexual intercourse until marriage.				_____

Talk about your answers with a friend and an adult. You will discover places where you agree and other places where you disagree, due to the differences in your personal value systems. Your values also might change as you get older as a result of the different life experience you'll have.

Independent Living Skills Module II

Once you have explored your values in general, you can determine your values in specific areas of life. Awareness of your values will assist you in making good decisions and setting useful goals for yourself. For example, if you determine that you value education, you might plan for higher education options.



ACTIVITY

By listing the things that are most important to you in each of the areas of the chart, you can begin to identify your values.

Education	Recreation	Money
Employment	Friendship	Health

And once again, values *can* change. As you start to make decisions and set goals, it will be important to re-evaluate your values.

Independent Living Skills Module II

We cannot talk about values without talking about culture. Our perception of the world, our feelings and expectations about ourselves and others are determined by culture. However, some of us might not be aware of our cultural background. The following exercise will help you think about your own cultural roots.

CULTURAL ROOTS EXERCISE

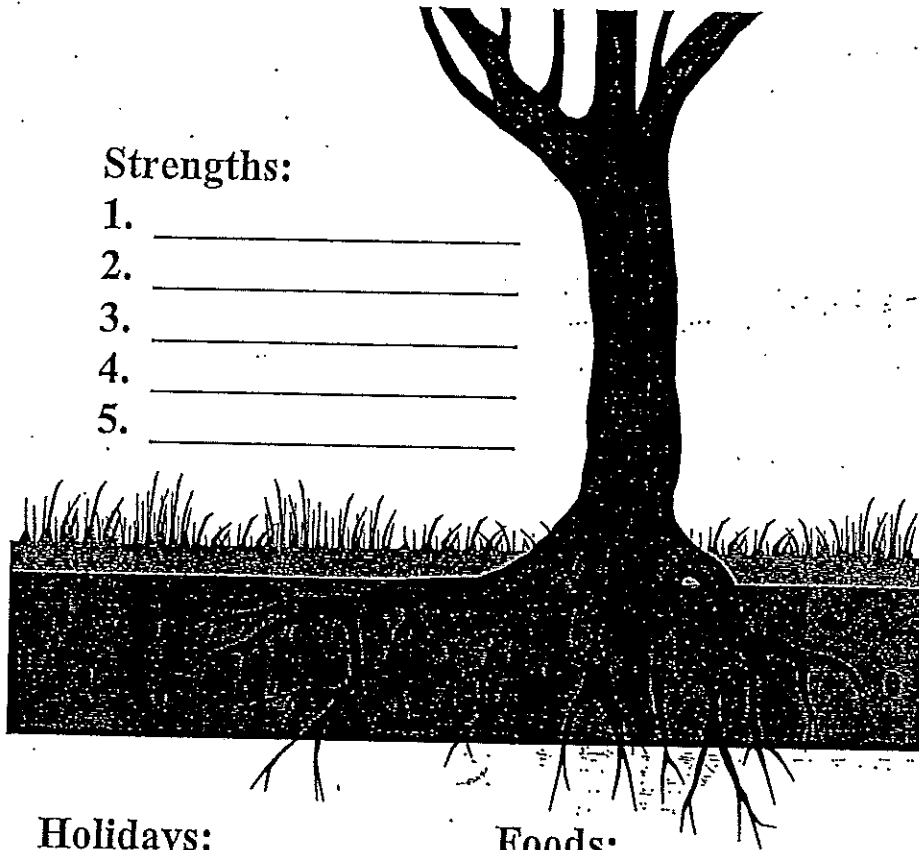
Your Name: _____

Your Cultural Background: _____

KNOWING YOUR ROOTS

Strengths:

1. _____
2. _____
3. _____
4. _____
5. _____



Holidays:

1. _____
2. _____
3. _____
4. _____
5. _____

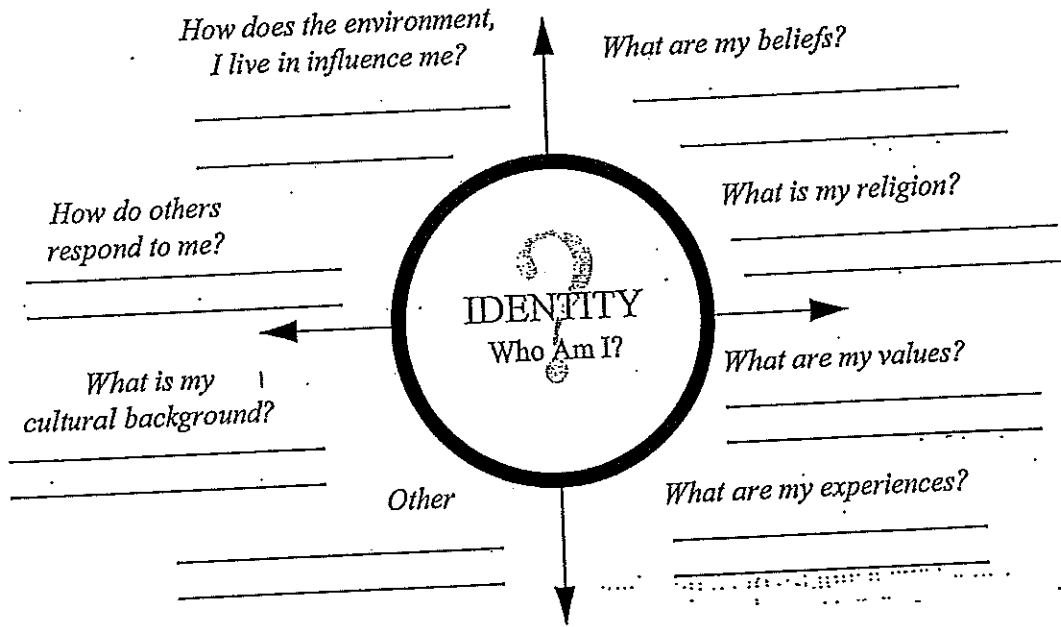
Foods:

1. _____
2. _____
3. _____
4. _____
5. _____

CULTURAL IDENTITY

Developing a cultural identity is an important part of establishing who we are. Some of our values are based on our cultural background and help us to establish our identity.

Utilize the chart below to help you think about your cultural background and identity.



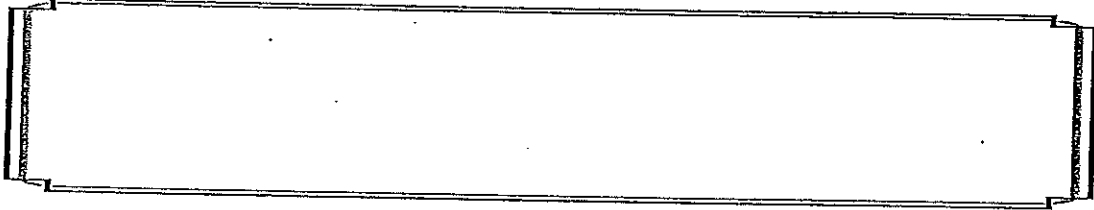
Consider the following:

Maria, now seventeen, came to the US from the Dominican Republic when she was twelve. Maria lives in a predominantly Hispanic neighborhood. Although she has learned some English, she is afraid to speak it because she does not want others to make fun of her. Although Maria wants to go to college, she is not sure if she will make it because of her background.

What advice would you give to Maria?

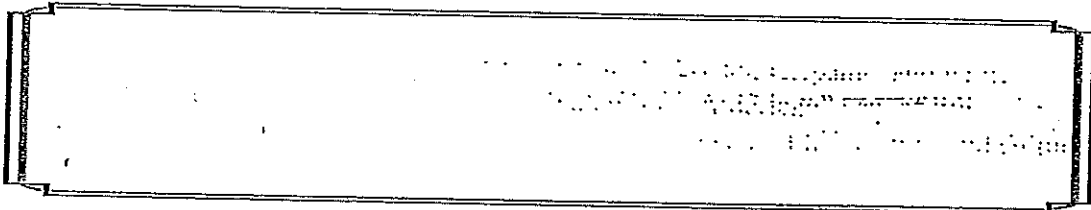
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Michael is Cambodian and has been in the US for the last eight years. His parents don't speak English and the traditions and values of their culture are very important to them. Michael attends high school and has many African American, Hispanic, and white friends. He speaks primarily English and he values the "American" way of life, participating in many American traditions. He is confused about his identity and cultural background. What advice would you give Michael?

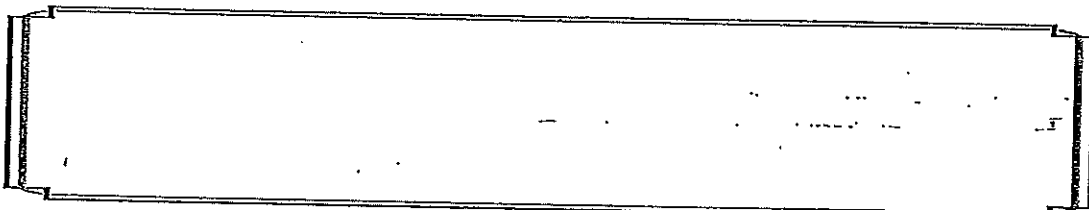


Manuel is a seventeen-year-old Latino youth who came into care eighteen months ago. Special efforts were made to place him with a traditional Latino family who are very active in their Spanish-speaking community. Manuel makes excuses to avoid attending Latino activities, preferring to hang out with his white and African American friends, and he refuses to speak Spanish although his record indicates that English is his second language.

Where do you think Manuel is in the process of developing his cultural identity?



How do you suppose other Latino youth treat Manuel?



VALUING DIVERSITY

Now that you have researched your own cultural background, you have probably established that most of your family/ancestors (except for those of you who are American Indian) have immigrated to the US at one point or another from all over the world. The United States are often described as a "melting pot".

What advantages does cultural diversity bring to society?

We Are All One Family Under The Sky by Maria, 18

I would like to send this message to all my brothers and sisters out there who think they should just stick with their color or their culture. It's not too late to start working with each other. No matter what color you are or what country you are from, we are still a family.

I wish a lot of people would stop being prejudiced and would just stick with each other; just like a family. Color doesn't matter to me. What matters is what type of person you are inside!

I just want everyone to remember: "We are all a family under the sky."

What are your thoughts on Maria's article? Is she right?

What could get in the way of all people getting along?

Independent Living Skills Module II

In order for us to value diversity, we have to explore our own values and attitudes. *Circle the statement which best reflects your preferences.*

I Prefer

- | | | |
|-------------------------|---|---|
| To be similar to others | - | To be different from others |
| To be popular | - | To have a few good friends |
| My own opinion | - | To go along with the opinions of others |
| To be a leader | - | To be a follower |
| To be polite. | - | To be honest |
| To be outgoing | - | To be quiet |
| To be tolerant | - | To be judgmental |
| To feel powerful | - | To feel knowledgeable |
| To fight for my beliefs | - | To give in |
| To accept others | - | To criticize others |
| To believe in equality | - | To believe in superiority |
| To stand up for myself | - | To let others speak for me |

VALUING DIVERSITY

Valuing diversity is an important social interpersonal skill. The first step in becoming more aware of cultural differences and learning to respect and to respond to them is to explore your own cultural values and attitudes. Please read the following statements and check the box which corresponds to your response.

Exploring Cultural Attitudes

	Agree	Disagree
I would like to travel to different countries.	<input type="checkbox"/>	<input type="checkbox"/>
I accept opinions different from my own.	<input type="checkbox"/>	<input type="checkbox"/>
I respond with compassion towards homeless people.	<input type="checkbox"/>	<input type="checkbox"/>
I would feel uncomfortable in a group in which I am the ethnic/racial/gender/sexual minority.	<input type="checkbox"/>	<input type="checkbox"/>
I tell or laugh at ethnic/gay jokes.	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable with gay people.	<input type="checkbox"/>	<input type="checkbox"/>
I have close friends of another ethnic/racial group.	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to conform rather than disagree in public.	<input type="checkbox"/>	<input type="checkbox"/>
People who speak a different language or act differently from me interest me.	<input type="checkbox"/>	<input type="checkbox"/>
I believe that all students in the school system are treated equally.	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from a handout used in an Oklahoma Juvenile Personal Training Program workshop on "Working with Latino Youth and Families," 1992.

Independent Living Skills Module II

Often, misconceptions and lack of knowledge about diverse populations can lead to wrong assumptions and poor judgments.

Are you aware of common misconceptions in regards to diverse cultural groups? If so, describe.

Where do prejudice and misconceptions about diverse groups come from?

A close look at your values and where they come from will give you some idea of who you are and who you aren't. For ethnic/racially diverse youth and gay & lesbian, bisexual & transgender adolescents, this process sometimes begins with the pressure to conform to the dominant culture. Other youth may feel comfortable being different.

What is the dominant culture in the US? Do you think it is easier to be a part of the dominant culture or part of a minority?

What do youth have to do to value themselves, their culture, other minority groups, and the dominant culture?

Exploration Exercise

Answer the following questions.

- Do you think that what others think of you is important?

- Do you dress similarly to your peers?

- Would you like to be (are you) a member of a popular group?

- Do you hang out with people who are not popular?

- Do you choose your friends because you like them for their personal qualities?

- Do you choose your friends for their status?

- Have you ever been in a situation where you were trying to get into a popular group?
If so, what did you do to get in?

- Has anyone who didn't really know you misjudged you?

- Have you ever felt excluded from your peers?

Do you believe that everybody is equal? Why or Why not?

What do you think people feel about others who are different?

What do you think about people who are different? Why?



ACTIVITY

Imagine that you had to leave the US tomorrow to go and live in a foreign country. What do you think it would be like?

How would you communicate?

How would living in a foreign country affect each of the following aspects of your life?

- Language:

- Family:

- Friends:

- Food:

- Education:

- Housing:

- Jobs:

- Customs:

- Race:

- Sexual Orientation:

Independent Living Skills Module II

Some people differentiate between the different types of minority populations. While a person might be tolerant and supportive of some groups, he or she might not be tolerant of others. The following exercise is designed to explore diverse minority populations.

1) Joe was in a car accident a few years ago. He is paralyzed from the waist down and has neurological damage which makes his face twitch. Joe has moved to a new neighborhood recently. Tomorrow is his first day at a new school.

- How do you think Joe feels?

- How do you think other students will react to him?

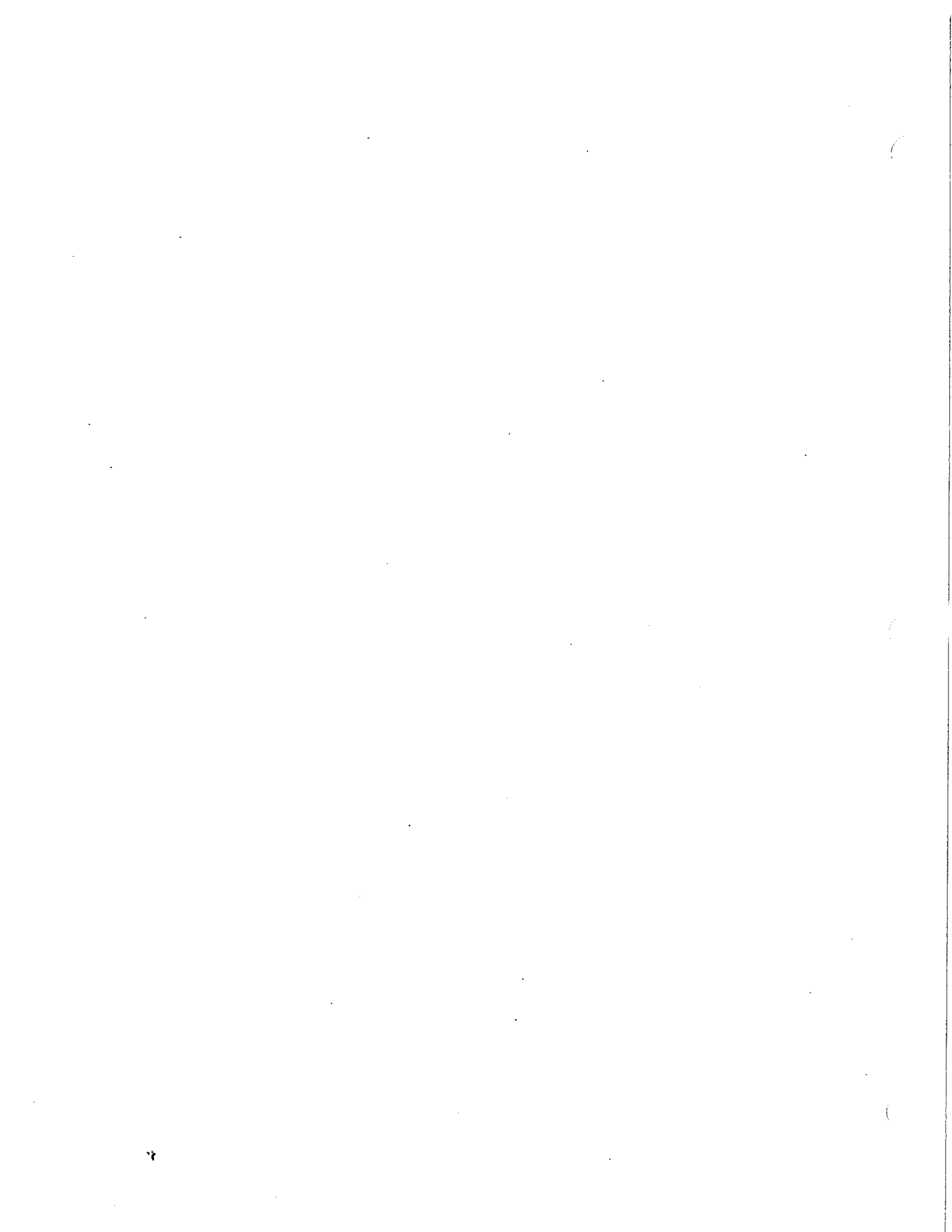
- How would you interact with Joe? Why?

2) Lisa is African-American. She will attend a new school tomorrow in a primarily white neighborhood after years of attending a school with primarily students of color.

- How do you think Lisa feels?

- How do you think other students will react to her?

- How would you interact with Lisa? Why?



3) Sean is an openly gay male. He recently moved to a new house with his parents. In his old school, he had many gay and straight friends. He has to attend a new school tomorrow.

- How do you think Sean feels?

- How do you think other students will react to him?

- How would you interact with him? Why?

- Would it be easier for Sean to come out on his first day or later on?

Why do you think people may react differently to each of these teens?

Explain your own reaction.

Myths and Facts About Gay, Lesbian, and Bisexual People

Myth: You can tell which people are gay just by looking at them.

Fact: Society and the media have perpetuated stereotypes of gay and lesbians for so long that people believe that the only way to identify a gay or lesbian is to look for the stereotype. There is a great deal of diversity in the gay and lesbian community.

Myth: I don't know any gay, lesbian, or bisexual people.

Fact: Statistics show that one in ten people are gay or lesbian. Given this figure, you probably do know someone who is gay, lesbian or bisexual; they probably are just not "out" to you.

Myth: Gay men really want to be women or just haven't found the "right woman."

Fact: Most gay men do not want to be women. Their sexual, affectional, and emotional orientation is towards men. A significant number of gay men have been married.

Myth: Gay women really want to be men or just haven't found the "right man."

Fact: Most gay women have no desire to be men. Their sexual, affectional, and emotional orientation is towards women. A significant number of lesbians have been married.

Myth: Lesbians and gay men could change if they really wanted to.

Fact: Most studies indicate that those who are highly motivated to change their sexual orientation may change their behavior, but not their underlying desires. In fact, it is often societal homophobia that forces people to attempt to change. Therefore, energy should be focused on dismantling homophobia so that people will feel comfortable with their orientation, whatever that may be. Another fact is that most gay or lesbian people would not want to change, even if there was a way.

Myth: Loving people of the same sex is abnormal and sick.

Fact: According to the American Psychological Association as of 1972, "It is no more abnormal or sick to be homosexual than to be left-handed." Isolation, fear from hiding, and alienation as a result of homophobia is what causes mental illness, not the orientation itself. Therefore, homophobia is what should be cured.

Myth: Loving people of the same sex is sinful and immoral.

Fact: While some religious denominations believe this, many do not. What is universally preached is that intolerance and hatred is wrong.

Myth: Gay men and women are more creative than other people.

Fact: While many gay men and lesbians are creative people who have challenged the roles which society has tried to pigeon-hole them into, they are no more creative than their heterosexual counterparts.

Myth: Gay school teachers can persuade young people to be gay.

Fact: Gay and lesbian people do not have a desire or a need to recruit. No one can be persuaded to be gay or lesbian. Gay and lesbians may encourage those in the closet to "Come Out," but there is no desire to change heterosexuals into homosexuals.

Myth: Gay men are usually hairdressers, interior decorators, or artists.

Fact: Some gay men are hairdressers, interior decorators, and artists, but so are some straight men. This is a stereotype perpetuated by the media.

Myth: Gay men and women usually make poor parents.

Fact: One out of four families has a lesbian or gay man in its immediate family; heterosexual parents are not found to be consistently more loving or caring than their lesbian, gay or bisexual counterparts.

Myth: A person can become gay by associating with gay people.

Fact: A person cannot be made to be gay by association any more than a Caucasian could be made African-American by association.

Myth: Homosexuality is caused by weak parents.

Fact: There is no evidence that homosexuality is caused by weak or strong parents. There is no real consensus on what causes homosexuality. Most gay or lesbian teenagers sense that they are "different" during their early adolescent years.

Myth: Homosexuality can be cured.

Fact: Homosexuality is not a disease or an illness or an affliction and therefore, there is no need to cure.
(By Garry Mallon, CSW, "Life Skills for Living in the Real World," 1990.)

Do you think that gay men and lesbians have control over their sexual preference?

Do you think that gay and lesbian couples can have as healthy and caring relationships as heterosexual couples? Why or why not?

Consider the following:

Your best friend with whom you grew up and have known for your entire life, tells you that he/she thinks he/she is gay/lesbian. What would you do? Would your relationship change? How so?

What could you do to help correct misconceptions and prejudice about gays and lesbians?

I COULD ...

Exercise

Fill in the blanks in the following two stories.

1) Tim is a senior in high school. On his way home, he sees a group of about 15 kids from his school who are standing in a circle. Once he gets closer, Tim observes five Caucasians, who are eighth graders, beating up a Hispanic boy and calling him names. Tim feels _____ and _____. He is not sure what to do. He finally decides to _____. When Tim arrives at home, he feels _____ and _____ about his decision.

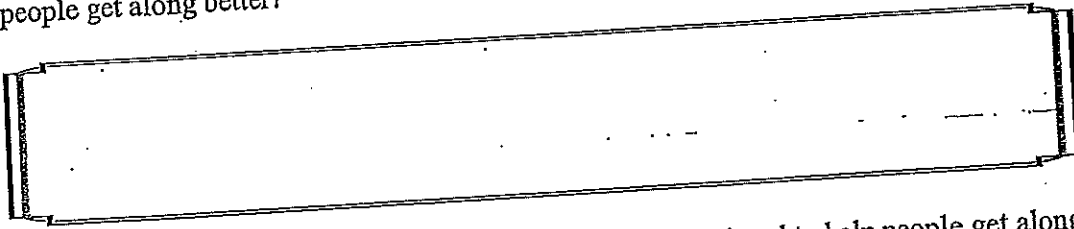
2) Laurie, a girl you really like and actually have wanted to go out with for quite some time comes up to you during a lunch break. She asks you if you would be interested in joining her in the gay rights march this afternoon. You are really stunned and ask Laurie if she is a lesbian. Laurie tells you that she is not a lesbian but she thinks that people need to support gay rights. You feel _____ and _____

_____. You don't really know what to do. You ask Laurie to give you until after lunch to think about it. After lunch, you tell Laurie that _____

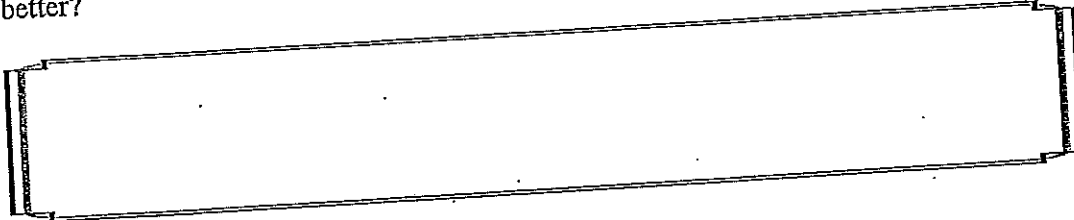
On your way back to class you feel _____ about your decision.

Independent Living Skills Module II

If you were a politician or a community leader, what would you change and do to help all people get along better?



What do you think you could do in your school or neighborhood to help people get along better?



HOW CAN I MAKE A GOOD DECISION?

Everyday you make *many* decisions. Some are big decisions; others are small. Some are more important than others. Some decisions you can make by yourself; other decisions you need advice from a friend, parent, or adult. As an adolescent, you have started to make new decisions about friends, sexuality, job training, clothes, drugs & alcohol, where to live, school, free time, jobs, money, family, etc. Making good decisions in all these areas is important now and in the future. Unwise decisions can bear serious consequences. You will be faced with additional important decisions when living independently. Good decision making skills will enable you to handle problems and temptations successfully.

What is My Decision Making Style?

People have different decision making styles and come to solutions in different ways. Here are four young adults. Evaluate how they make decisions.

Nick:

I make decisions quickly. If I am in a store, I buy the first thing I see. I'll take any job I am offered, and I'll try anything once!

Kim:

I look around to see what other people do before I do anything! I usually follow what my best friend does, even if it's not the best thing for me.

Tyrone:

I take forever to make a decision. I could take days to decide what clothes to wear. I think I'm afraid to make decisions sometimes, especially important ones. Last week I lost a chance at a good job because I couldn't decide whether to apply or not.

Teresa:

I try to talk with someone when I have a decision to make. I ask my friends or my dad or Mrs. Abrams, my teacher, for help. Then I think about what's best for me before I decide. Then I do it!

Does one of these people sound like you? Which one?

Do you have a friend like Nick or Tyrone or Kim or Theresa?

Independent Living Skills Module II

Try the following exercise to think about your own decision style. Check just one box per category to show how you would make the decision.

Decide Now:

How can I decide what to wear this morning?

- Do it quickly; grab the first thing I see.
- Take lots of time.
- Put it off as long as I can.
- Read my horoscope.
- Talk to a friend.
- Talk with an adult.
- Find out what other people are wearing.
- Think first about what I'll be doing today, where I'll be going during the day.

Decide Now:

My friends are starting to drink beer every Friday after school. Should I join them?
When I make this kind of decision I would probably...

- Just do what I feel like at that moment.
- Do what my friends are doing.
- Try to avoid the situation as long as I can.
- Do what is cool to do.
- Try to talk to a friend before I get in the situation.
- Read about drugs and alcohol and decide for myself.
- Just stay away from those friends.
- Talk with an adult to help me decide.

Independent Living Skills Module II

Decide Now:

What dentist should I call to use in the years ahead. When I make this decision, I will probably...

- Do it quickly, point to any name in the phone book.
- Take lots of time: visit and meet with at least two dentists.
- Talk with a parent.
- Talk with a friend.
- Find out whom other people go to.
- Put it off until I have a toothache.
- Read my horoscope.
- Let my social worker make the decision for me.

Decide Now

(Write a question that needs a decision.)

When I make this decision, I usually...

- Do it quickly.
- Take lots of time
- Put it off as long as I can.
- Read my horoscope.
- Talk to a friend.
- Avoid the situation and hope it will go away.
- Let my social worker make the decision for me.
- _____

After completing these exercises, how would you describe your decision-making style?

I Usually Make Decisions By . . .

As you have seen, there are many ways to go about making a decision. You can talk with a friend or just pick the first thing that comes your way. But there is a way that many people use to help them make good decisions -- and that's by taking one step at a time. Taking these steps one at a time can help you make better decisions because they make sure you look at all parts of a problem when deciding whether to buy a car -- or deciding whether to participate in training for a new job. It will help you think about the decision, get advice and then decide what is best for you. Here are the five steps:

1. Ask what decision has to be made.
2. List two or more alternative solutions and talk them over with someone else.
3. Think about the consequences of each solution, for yourself and for others.
4. Choose one solution that will work for you.
5. Evaluate the decision you make and see if it works.

Look back at your check marks. Are they usually in the same box? Do they change based on the kind of decision you are making? How do you make decisions?

- Quickly
- With help from others and some careful planning
- Slowly, never actually decide
- By doing what others do
- Not at all, let others decide for me
- By reading my horoscope

The five steps can help you slow down, think, and get help from others when you need to make an important decision. You might not need to use these steps to make a decision about what to wear to work or what to eat for breakfast each morning. But they can help you make decisions about important questions:

Independent Living Skills Module II

- What kind of job and career should I prepare for?
- What kind of friends do I want?
- How should I deal with alcohol and drugs?
- How can I keep myself healthy and strong?
- How can I start my own life and still keep in touch with my family and other important adults in my life?
- What kind of family do I want for myself as an adult?

Try the five step method to help solve these problems. First, look at the example below:

Decide Now:

I'm used to having someone else (like my DSS worker) make decisions for me. Now all of a sudden she's talking about my having a part in planning for my own goals. She wants me to decide how many hours I can work after school and still get my school work done. I can't decide how many hours to work: two hours each day or five hours each day.

1. *Ask yourself what decision to make.* The decision is: Should I work two hours a day (ten hours per week) or five hours each day (25 hours per week)?
2. *List two or more alternative solutions.*
 - a. work two hours each day
 - b. work five hours each day
 - c. work two hours each day and few extra hours on the weekends.
- 3: *Think about what will happen when you make your choice.*
 - a. Work two hours each day

Pros:

- Get a little bit of extra money
- Still have time for school work and friends; school is important for better job in the future
- Build up job experience and recommendations
- Not too tiring

Cons:

- Not enough extra money
- Feel too wimpy -- not really working
- Hate school and want to get a real job
- I can handle more than two hours

b. Work five hours each day

Pros:

- More money -- can save for the future
- Maybe get a better job recommendation

Cons:

- Might be too tired at night
- No time for other things: school and friends
- If I flunk, then I might drop out

c. Work two hours each day and a few extra hours on weekends

Pros:

- Can get schoolwork done and still get some extra money
- Can work as much as I want on weekends
- Gives me time for friends during the week

Cons:

- Really cuts down on weekend social time with friends
- Might need to rest up on weekends

4. *Make your choice.* Which option would you choose in the example above?
Why? _____

5. *Evaluate.* Will your decision work? What do other people think of your decision? _____

Independent Living Skills Module II

Decide Now:

You have been saving for your senior prom which is next week. You have worked out a budget for the cost of tickets, flowers, car, etc., and have decided that you need \$100 in order to attend. You have \$102 in your savings account. On Friday, your friends ask you ask you to go out to dinner and movies with them. You really would like to go, but if you spend money on the movie and dinner you will not have enough for the prom. What would you do?

1. Ask: *(What decision has to be made?)* _____

2. List: *(2 or more different solutions).*
 - a: _____
 - b: _____
 - c: _____
3. Think: *(about the results of each for yourself and others).*
 - a: (positive): _____
(negative): _____
 - b: (positive): _____
(negative): _____
 - c: (positive): _____
(negative): _____
4. Choose: *(Make your decision here.)*

- 5: Evaluate: *(Do you think your decision will work out well? What do others think of your decision?)*



ACTIVITY

Think about the decisions you will make in the next few months (or years). Write down two important decisions in the designated space. Use the five step method to make your decisions. Discuss the outcome with your foster parent, social worker, or staff.

Friends

Choose a decision that you need to make regarding friendship.

1. Ask: _____
2. List: _____
 - a. _____
 - b. _____
3. Think:
 - a. positive: _____
negative: _____
 - b. positive: _____
negative: _____
 - c. positive: _____
negative: _____
4. Choose: _____
5. Evaluate: _____

Independent Living Skills Module II

Jobs

Choose a decision that you need to make regarding employment.

1. Ask: _____

2. List: _____

a. _____

b. _____

3. Think:

a. positive: _____

negative: _____

b. positive: _____

negative: _____

c. positive: _____

negative: _____

4. Choose: _____

5. Evaluate: _____

Personal Health

Choose a decision that you need to make regarding your personal health.

1. Ask: _____
2. List: _____
 - a. _____
 - b. _____
3. Think:
 - a. positive: _____
negative: _____
 - b. positive: _____
negative: _____
 - c. positive: _____
negative: _____
4. Choose: _____
5. Evaluate: _____

Independent Living Skills Module II

PROBLEM SOLVING

As you take on the responsibilities of adulthood, you will have to make some very important decisions which will affect your future. You will also need to find solutions for new and unfamiliar problems. Although decision-making and problem-solving is not always easy, practice can make it easier.



ACTIVITY

Find solutions/make decisions about the following problems.

- (1) You live in your own apartment. You come home from a birthday party at 11:30 p.m. Standing outside your door, you realize that you have lost your house keys. What would you do?

Possible Solution:	
Pros:	Cons:
Decision:	
Evaluation:	

- (2) Your supervisor tells you that you are laid off. You think you have done a good job and worked hard for him. You need the job to pay for your rent and food. Also, you believe that you deserve an explanation. What would you do?

Possible Solution:	
Pros:	Cons:
Decision:	
Evaluation:	

Independent Living Skills Module II

(3) You are enjoying living alone in your own apartment. Your rent, however, is \$400 a month, which takes up most of your income. One of the people you know from work has suggested that you move in with him/her to share expenses. This way, you would only have to pay \$250 in rent. However, you don't particularly like that person and you are not sure if you could get along with him or her in that kind of living situation.

Possible Solution:	
Pros:	Cons:
Decision:	
Evaluation:	

(4) You are thinking about buying a car. A friend of yours has a 10 year old pick-up, with 100,000 miles on it, which he would sell to you for \$1,000. The car is in good shape and you think it will last you for at least two years. However, you also went to a new car dealership and looked at new models. The salesman tried to convince you that you are able to afford a new car, paying \$1,000 down and \$250 a month for the next five years. You earn \$800 a month, pay \$300 in rent, and have a few other expenses. What would you do?

Possible Solution:	
Pros:	Cons:
Decision:	
Evaluation:	

Independent Living Skills Module-II



ACTIVITY

Can you think of two problems you might face while living independently? Describe them below, find a solution, and discuss the outcome with your foster parent, social worker, or staff.

Problem # 1:

Problem # 2:

WHAT ARE MY PERSONAL GOALS?

We have talked a lot about personal values, decision making, and goals. Now it is time to practice making decisions about future goals. Let's look at several different areas. We will utilize the five steps.

① Education

① Ask.

What are two educational options I would consider once I finish high school or complete my GED?

Option A

Option B

② List. *What are ways of obtaining more information about each option?*
What are the entry requirements for each educational program? What are the possible career options and wages after I complete my education?

③ Think (about the results).

What are some good and difficult aspects about each option?

- A. Option A is good because _____
but it might be hard because _____
- B. Option B is good because _____
but it might be hard because _____

④ Chose.

If you could choose only one, which option would you choose:

Option A

Option B

Why? _____

⑤ Evaluate.

Did this checklist help you make a decision about what educational option you want to pursue? In what ways?

Independent Living Skills Module II

② Jobs.

① Ask.

What are two jobs you might like to have when you are 21 years old?

Job A

Job B

② List. *What are some ways you could get those jobs?*

What are the entry requirements for each job? How can you find out if there are a lot of openings in this type of job?

③ Think *(about the results)*.

What are some good and difficult things about each job?

A. Job A is good because _____
but it might be hard because _____

B. Job B is good because _____
but it might be hard because _____

④ Chose.

If you could choose only one job, which one would it be?

Job A

Job B

Why? _____

⑤ Evaluate.

Did this checklist help you make a decision about what job you might want to obtain? In what ways?

Name one personal goal you have about work and jobs: _____

3 Health.

① Ask.

How can I keep myself healthy?

② List.

What are some habits that will help me stay healthy?

Foods

Activities & Exercises

③ Think (*about the results*).

A. It's good to eat healthy food because _____

B. It's important to exercise because _____

C. One thing I like, that I might have to be careful about is _____

④ Chose.

In order to stay healthy, I will be sure to _____

and stay away from _____

⑤ Evaluate.

Did this checklist help you think about personal health goals?

Name one personal goal you have for your health _____

Independent Living Skills Module II

④ Friends.

① Ask.

How will I make new friends as I become an adult? _____

② List.

Three places I might meet new friends/

A.

B.

C.

③ Think (*about the results*).

A. One easy thing about making new friends here (A) is _____
_____ but one difficult thing is: _____

B. One easy thing about making new friends here (B) is _____
_____ but one difficult thing is: _____

C. One easy thing about making new friends here (C) is _____
_____ but one difficult thing is: _____

④ Choose.

One way I will try to find new friends is _____

⑤ Evaluate.

Did this checklist help you discover helpful ways to make new friends?

Name one personal goal you have for your future friendships _____

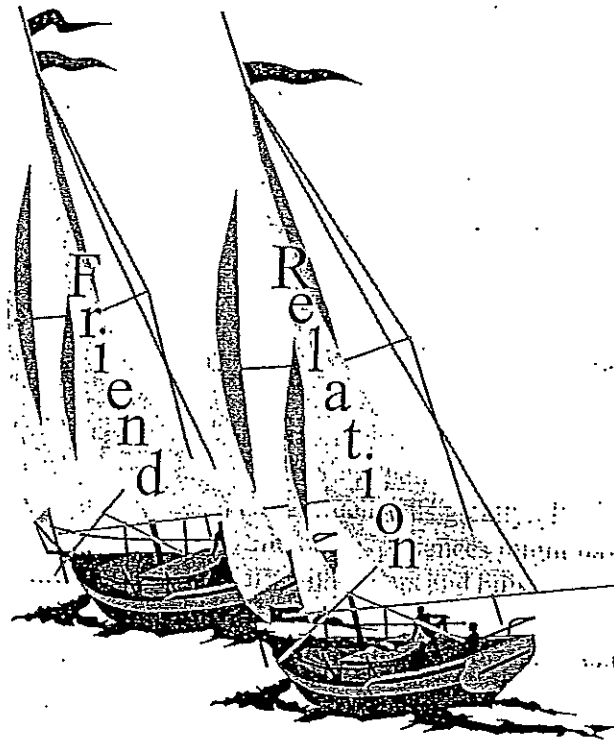
Independent Living Skills Module II

Personal goals can change due to new information, different circumstances, and personal events. You can use the goal setting/decision making steps to set new goals or evaluate your present ones in all areas of life. Short term goals often help us get moving in the right direction, but they also help us establish and reach our long term goals. Let's evaluate and summarize your personal goals.

Short Term	Long Term
Education	
Employment	
Health	
Money Management	
Friends/Relationships	
Family	
Recreation	
Transportation	
Living Situation	

RELATIONSHIPS

Throughout our lives, we all depend on social interactions with others. During adolescence, friendships, dating, and relationships are an important part of life for most of you. Our experiences with friends and relationships can influence us greatly. Positive interactions with others help us feel good about ourselves, while bad experiences might have a negative impact on our sense of self worth. Interacting positively with others and building healthy relationships might not always be easy and both require many skills. In the following section we will build on the skills we have discussed in the previous exercises to work on the social skills necessary to develop positive friendships and relationships.



RELATIONSHIPS / PERSONAL SKILLS

In order for us to make good decisions, we have to know who we are. We have to know what is important to us and what is not. Our values often direct our relationships with others and our actions in general.

Nobody is born with a with a firm set of values. We all develop our values "along the way." We learn to distinguish right from wrong, develop preferences and life philosophies. However, as we discussed previously, our values are not carved into stone. They can change due to our life experiences or new information. Different people have different values, each according to his/her own development, personalities, and cultural backgrounds.

Independent Living Skills Module II

Positive values can help us to live our lives in a healthy way and guide us through difficult and confusing situations. Most of us establish values in many areas of life. It is particularly valuable to determine what is important to us in the areas of friendship and relationships.

Use the following exercise to explore some of your values. Circle your preference in each part.

I PREFER

To have a few good friends	-	Lots of acquaintances (not as good friends)
Good looks	-	A nice personality
To listen to the advice of others	-	To do things my own way
Have a good talk with someone	-	Go to the movies
Honesty	-	Excitement
Long lasting relationships	-	Short relationships
Hanging with the popular crowd	-	Having friends I can trust
To take the initiative in getting to know someone	-	To wait for others to approach me
To get to know someone before dating	-	To start dating right away
To only date people I like	-	To date anyone who asks me out
To rush into relationships	-	To take things slow
To be a part of defining expectations and limits in a friendship or relationship	-	To let others set limits and expectations
To communicate my thoughts and feelings	-	To hide my thoughts and feelings

In summary, describe what is important to you in a good friend.

Independent Living Skills Module II

What are some of the values our society and your cultural background have taught you?

Describe what is important to you in a dating relationship. Are the qualities you look for in a friend the same ones you value in a person you would date? Why or why not?

One way to shield ourselves against negative experiences is to live by our positive values and expectations.

Consider the following:

Kathy is a junior in high school. Tom, a senior and the captain of the football team, asks her out on a date. Kathy is not sure what to do. She knows that Tom is fooling around a lot and has heard him bragging to his friends about having had sex with many girls. Her best friend fell for him and has been hurting since Tom broke up with her after only four dates. On the other hand, Kathy thinks that Tom is very attractive and it would be pretty cool to be seen with such an older, popular guy. Kathy hopes that he really likes her and wonders if things might be different for her.

How would personal values help Kathy make a decision?

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Find two ends to Kathy's story using the two different set of values below.

Values I

- Enjoys hanging out with the popular crowd
- Starts dating right away
- Dates anyone who asks her
- Lets others set limits

End Of The Story:

Values II

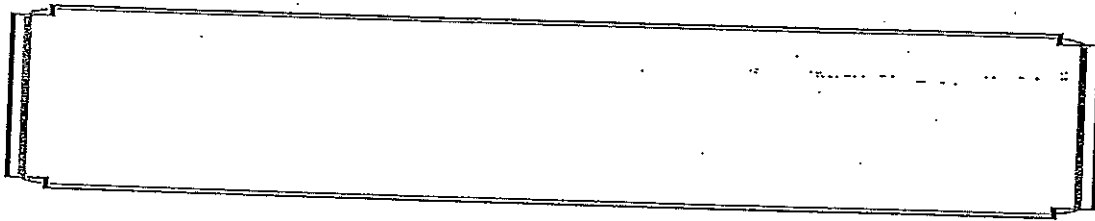
- Trust
- Getting to know someone before dating
- Long-lasting relationships
- Set limits and expectations

End Of The Story:

Which of your two endings do you think is best for Kathy and why?

How would you handle a situation like Kathy's?

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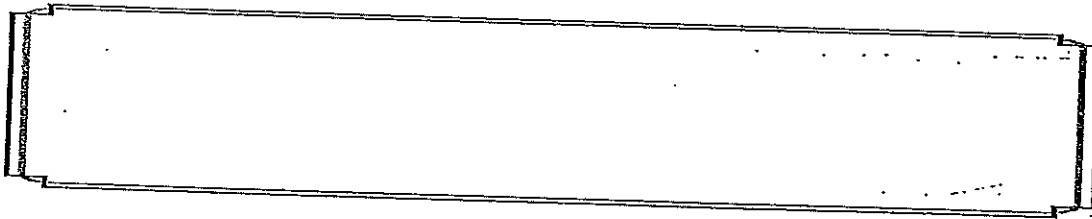


Values also help determine the quality of friendships and relationships.

Consider the following:

Chandra and Isaac have been dating for a while and getting along pretty well. Lately, however, Isaac has been having a difficult time. He has a lot of personal problems and is having trouble in school. He wants to talk to Chandra about it but she tells him that she doesn't want to deal with problems... She just wants to have fun times like they used to.

Do you think that Chandra and Isaac have different values? Describe.



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Let's look at the following chart to determine which values make relationships/friendships work. Choose the six values most important to you and describe why they are so.

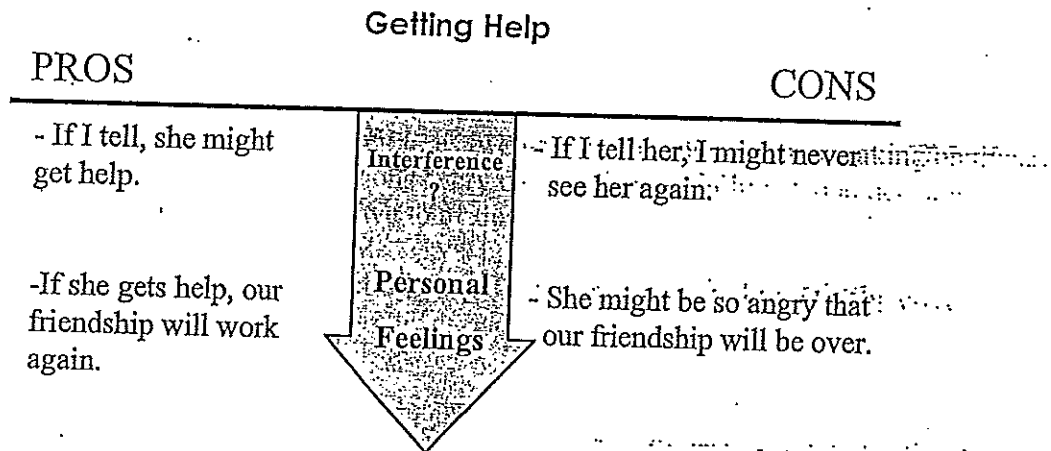
<p style="text-align: center;">Honesty</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Trust</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Commitment</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">Reliability</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Acceptance of Boundaries</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Appreciation</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">Respect</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Tolerance</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Communication</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">Openness</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Sharing</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Consistency</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">Dependability</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Sensitivity</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Thoughtfulness</p> <p>Why: _____</p> <p>_____</p> <p>_____</p>

DECISION MAKING IN RELATIONSHIPS

Once we have established what is important to us, we usually base our decision making on those values. We all are faced with many decisions every day, in all areas of life. Good decision-making is based on the concept that we have to evaluate pros and cons carefully in order to come up with the best possible solution. Good decision-making in friendships and relationships is difficult at times because our personal feelings might interfere with our ability to objectively weigh the pros and cons as we discussed in the previous Decision Making section.

Consider the following:

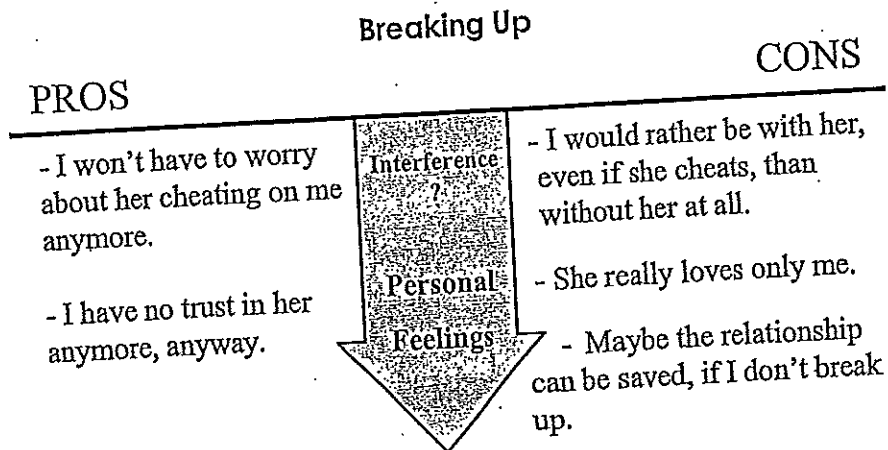
Maria and Sabrina have been friends since kindergarten. Recently, it has seemed to Maria that Sabrina has been behaving strangely. She is moody and hardly ever feels like doing anything with her. One day after school, Maria saw Sabrina hanging out with a bad crowd and doing drugs. Maria confronted her friend and suggested that she should get help. Sabrina told her that if she told anyone about her drug use, she could forget about ever seeing her again. Maria is not sure what to do. She knows that Sabrina needs help, but she doesn't want to lose her as a friend. She weighs the pros and cons.



What would you do in a situation like this? Why? Would your personal feelings interfere?

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Steven has been going out with Amber for five months. Recently, Amber has been spending almost no time with him, and Steven has heard from others that she has been cheating on him. When he confronted her, she admitted that she has been seeing his best friend. Amber said that she cared for Steven very much but could not promise that it wouldn't happen again. Steven debates whether or not to break up with her.



How would you decide? Why?

When we make decisions in regard to friends/relationships, we should always ask ourselves:

- What are the pros and cons?
- What are the alternatives/solutions?
- What short-term/long-term consequences will my decision have for me?
- What might possibly interfere with my making an objective decision?

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Did you ever have to make a difficult decision? Are you about to make a decision about a friend or relationship? If so, describe your problem and utilize the decision-making chart below to help you find a solution.

PROBLEM:

Possible Solution:

PROS

CONS



SOLUTION:

COMMUNICATION

Our ability to interact with others greatly depends on our ability to communicate effectively. We need to be able to convey our thoughts and feelings to others as well as hear and understand the thoughts and feelings of others. There are two kinds of communication; verbal and nonverbal. It is important to remember that non-verbal communication is often just as important as what you say. Effective communication in our relationships with others should consist of:

- ⇒ Communicating thoughts and feelings clearly.
- ⇒ Listening carefully to others.
- ⇒ Body language which supports the spoken word.

Many of the misunderstandings, conflicts, and fights in people's relationships are the result of poor communication.

Consider the following:

Tina and Marc have been dating for six weeks. They enjoy each other's company and get along well. Tonight they had planned a night out at the movies. They were supposed to meet at the theatre at seven o'clock. Tina arrived twenty minutes late, and Marc is really aggravated.

MARC: What on earth is the matter with you?

TINA: Marc, I am...

MARC: Don't even try making up excuses. I have been waiting here twenty minutes!

TINA: Listen, please, I...

MARC: The movie's been on now for at least fifteen minutes. It's too late to go in now. You have ruined my evening!

TINA: Marc, let me explain: I was...

MARC: I hope you're happy. I really wanted to see that movie. I should have gone out with my friends!

TINA: Marc, I'm really getting angry. Why won't you let me explain?

MARC: You're getting angry? You don't have any right to be angry. You're the one who's late!

TINA: I don't have to stand here and listen to you yell at me. I'm going home. Don't ask me out again.

Tina turns around and leaves. Marc is puzzled. He does not understand why Tina went home and does not want to see him again. All he wanted to do was to get his point across. He really likes her and wondered what went wrong.

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What do you think went wrong?

What is the difference between assertive and aggressive communication?

Aggressive	Assertive

How could Marc have made his point in an assertive rather than an aggressive manner? Fill in Marc's parts as well as Tina's responses in the exercise below.

MARC:

TINA:

MARC:

TINA:

MARC:

TINA:

MARC:

TINA:

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Sometimes people have difficulty expressing their thoughts and feelings, such as in the next example.

April and Laura have been friends since the second grade. They got into a big fight over a guy they both like, and in the two weeks since the fight, they have not spoken to each other. They both miss the other's company and would like to be friends again. One afternoon they meet on the subway.

APRIL: Hi.

LAURA: Hey.

APRIL: How's it going?

LAURA: All right, I guess.

APRIL: What's new?

LAURA: Nothing much. What have you been up to?

APRIL: Nothing really.

LAURA: Hmm.

APRIL: Yeah.

LAURA: So did you get the new Bon Jovi CD?

APRIL: Yes! Are those new jeans you're wearing?

LAURA: Yes. You like them?

APRIL: Sure.

LAURA: Did you hear that Reggi is going out with José?

APRIL: Yeah. That's no big surprise, is it?

LAURA: Yeah.

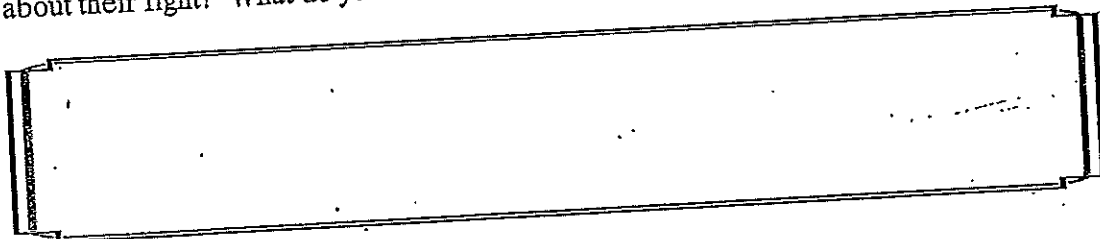
APRIL: Hmm.

LAURA: Well, this is my stop.

APRIL: Okay, see ya.

LAURA: See ya.

Were Laura and April able to tell each other that they want to be friends again? Did they talk about their fight? What do you think went wrong?



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How would you approach the conversation? Fill in the blanks in the exercise below so that April and Laura can be friends again.

APRIL:

LAURA:

APRIL:

LAURA:

APRIL:

LAURA:

APRIL:

LAURA:

APRIL:

LAURA:

APRIL:

LAURA:

APRIL:

LAURA:

APRIL:

LAURA:

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Often, emotions might interfere with our ability to communicate effectively. Have you ever experienced situations like that? Complete the exercise below by circling those moods which might make it difficult for you to communicate.

Happy	<u>intimidated</u>	Nervous
Sad	Angry	Tired
Sad	ambivalent	insecure
Anxious	relaxed	in Love...
JEALOUS		guilty

If you circled one or more of the items above, describe why these moods make it difficult for you to talk to others.

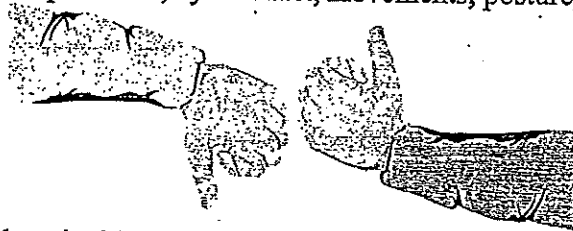
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Develop strategies with your foster parents, social worker, or staff on how you might improve your communication skills in those situations.

STRATEGY

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As we stated in the beginning of this segment, communication can be divided into verbal and non-verbal expressions. So far, we have only focused on the verbal means of communicating with others. However, body language is important as well. Non-verbal communication can consist of gestures, facial expressions, eye contact, movements, posture, etc.



Our body language usually coincides with the words we speak. If it doesn't, we might be sending conflicting messages to others. Imagine, for example, your supervisor asking you to come to her office for an important talk. She explains that you have done a good job and offers you a promotion, but she has her head down and is slouched in her chair all the while. She does not even look at you. How would that make you feel? You would probably be uncomfortable and confused. Body language is an important facet of communicating.



ACTIVITY

Complete the following exercise by answering how you would best communicate (both verbally and non-verbally) in each situation.

Situation	Effective Communication
You forgot that you were supposed to meet your friend yesterday to play basketball after school. During your lunch break today, your friend lets you know that he/she is kind of mad. You feel guilty and want to apologize. What would you say to your friend? How would you convey your feelings through your body language?	⇒
	⇒
There is this boy/ girl in your class you talked to a few times. You really like him/her and would like to ask him/her out to the dance on Saturday. However you are somewhat nervous and fear that he/she might reject you. What would you say to him or her? What body language would you use?	⇒
	⇒
	<i>Body Language (non-verbal)</i>
	<i>Body Language (non-verbal)</i>

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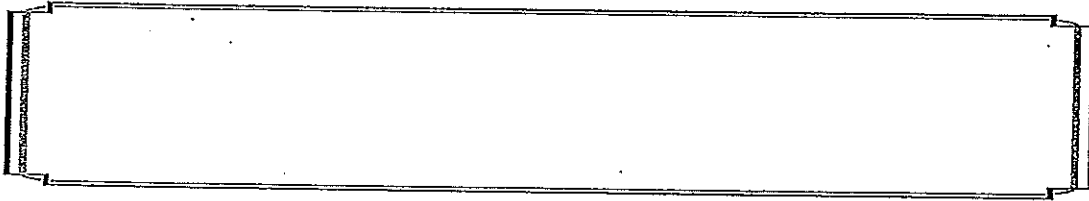
Situation	Effective Communication
<p>You have been going out with someone for twelve months. Lately the relationship has not been working out. You have been fighting and spend less and less time together. You want to break up with him/her but don't want to hurt his/her feelings. You are somewhat sad but think that it is best to end it. What words and body language would you use?</p>	<p>⇒</p> <p>⇒</p>
	<p><i>Body Language (non-verbal)</i></p>
<p>You are angry at one of your friends for putting you down and making fun of you in front of a crowd. What would you say?</p>	<p>⇒</p> <p>⇒</p>
	<p><i>Body Language (non-verbal)</i></p>

Independent Living Skills Module II

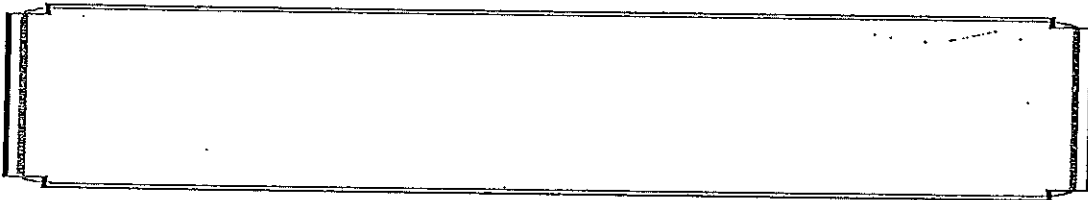
CONFLICT RESOLUTION

Good communication skills are necessary to resolve conflicts. All of you have probably been in situations where you did not agree with others. In those situations, it is important to negotiate and, at times, compromise.

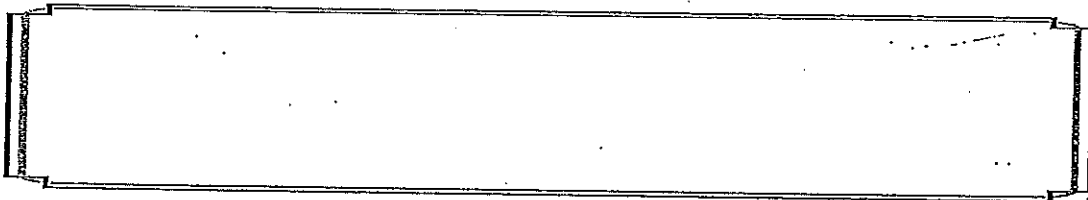
Why do you think conflict resolution and negotiating is important in all relationships?



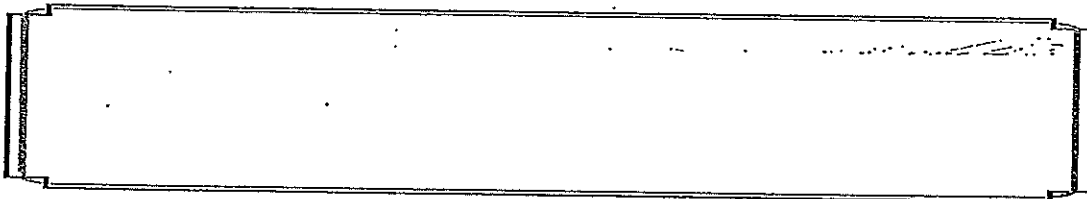
What skills/qualities do you think are important in resolving conflicts?



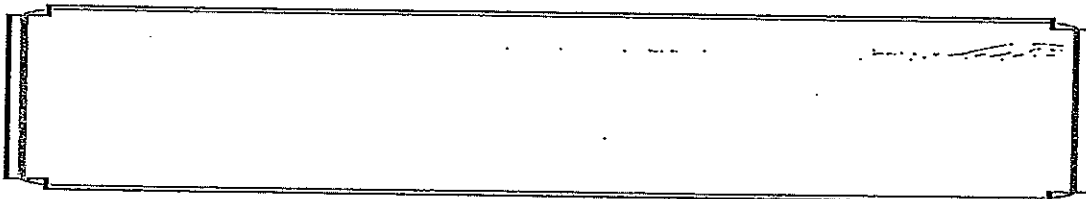
How do you usually deal with conflicts in a relationship?



How can good negotiation skills help you to be assertive and in control?



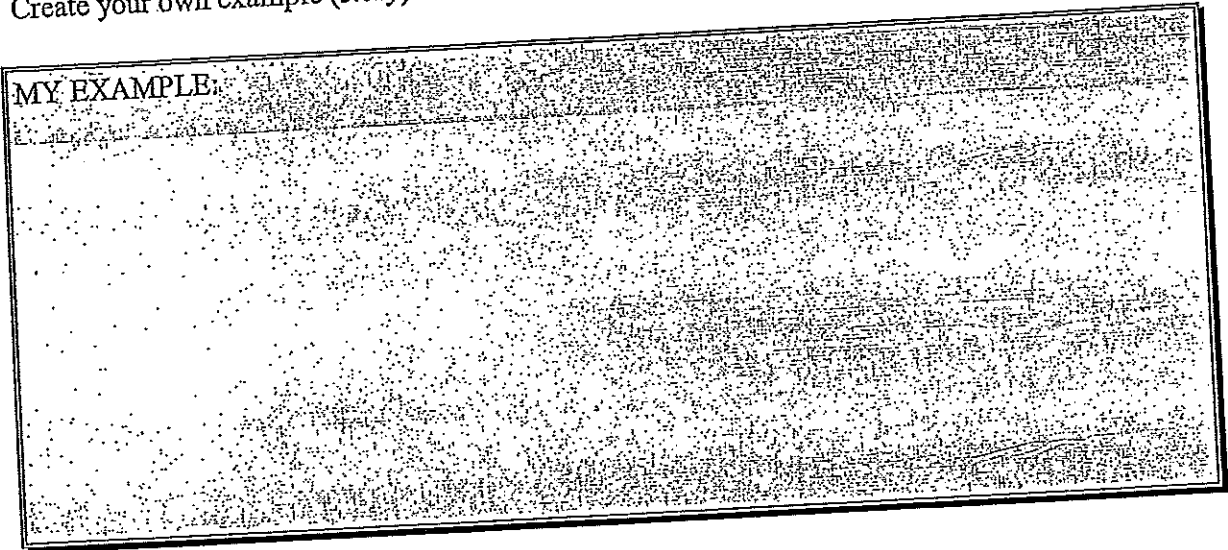
What could you do if anger interferes with your ability to solve a conflict?



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Create your own example (story) which reflects good conflict resolution and negotiation skills.

MY EXAMPLE:



IN SUMMARY:

Ask yourself these questions.

- Why are good relationships/friendships important to you?
- How would you describe good relationships and/or friendships
- What are some of the things you do not want in a relationship and/or friendship?
- What personal skills do you have to work on to improve your ability to form relationships with others?

Develop strategies with your foster parent, social worker, or staff for ways in which you can improve those personal skills.

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LOVE

Love seems to be the center of much of our society's attention. We hear love songs on the radio, watch movies about happy or unhappy love, and every so often we'll hear the people around us talking about being in love. Love seems to have great power and influence over us. Myths and stories about many different kinds of love go back thousands of years. But what, in actuality, is love?

What is your definition of love?

There are many different kinds of love - love of family, friends, a pet, as well as love of a potential partner. Can you think of other types of love?

What (if any) is the difference between friendship and love?



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What is the difference between dating and love?

How would you know if were in love?

Let's explore some of your values, experiences, and preferences by circling the phrases below which best describe your ideas about love of a potential partner:

Love at First Sight	-	Love develops slowly
Based on physical appearance	-	Based on personality
To fall in love often	-	To fall in love rarely
Love is a kind of game	-	Love is special
Love means commitment	-	Love means fun
Love is mysterious	-	Love is based on logical attraction
Love means work	-	Love just happens
Love means shared interests	-	Love means opposites attract
Intellect	-	Life philosophy
Love means sex	-	There are many ways to love someone without having sex
Attraction	-	Trusting, positive feeling
Love means taking care of someone	-	Love is confusing

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What is important to you in a loving relationship?

Just as in friendly relationships, your values in regard to love are important. All too often, we engage in relationships we expect to be loving ones but that turn out differently. Many of us probably dream about the perfect love and are convinced that, magically, the right person will come along and we'll live happily ever after.

The truth is that we are rarely able to live out a "fairy tale" love. A love relationship takes a lot of work and commitment by everyone involved. If we approach love with fantastic or unrealistic expectations, we're likely to be disappointed, less caring, and perhaps miss out on something special.

Consider the following:

Susi is having lunch with her friends at school. She points out a boy at another table, a boy Susi thinks is really cute. Although she has never spoken to him, she tells her girlfriends that she is "so much in love with him!"

Can Susi really be "in love" with him? Why or why not?

Although we might be attracted to someone as soon as we meet him/her, love develops over time. The term "falling in love" implies that we don't have any control over who we have loving feelings for. It's actually a misleading expression. Similar to our choices in friendships, we can control who we fall in love with and influence the quality of a relationship to a certain extent.

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Consider the following:

Maurice and Melanie have been going out for several months. Melanie never really thought about it before now but thinks that she might be in love with Maurice. Maurice believes that he loves Melanie and he hates the thought of her liking someone else. He is often jealous and always wants Melanie to tell him exactly where she is or what she is doing. For the past few weeks, Maurice has been asking her to call and get his permission before she goes anywhere. When Melanie tries to explain to him that he should trust her, he tells her that if she really loved him she would do as he says. Melanie does not like to be controlled and kept from her friends but is beginning to think that love means you have to give up everything for the other person.

What are Maurice and Melanie's values or concepts about love?

Do you agree with their values/concepts? Why or why not?

What do you think might happen in their relationship?

Things To Think About

Loving relationships are often defined as “partnerships.” Why do you think that is so?

Do you think the personal skills (communication, decision-making, and conflict resolution) important to good friendships and general relationships are also important in loving relationships? Why or why not?

What do people mean when they say things like “Love is giving and receiving?”

What do you think is important in a loving relationship?

SEXUALITY

Adolescence is a time of sexual awakening. During your teen years, you will discover in yourself a whole new range of sexual interests, feelings, and urges due to the maturation of the sexual and reproductive systems in your body. You will become aware of your own sexual orientation which most psychologists agree has been set since the age of five or six, and you will experience sexual attraction based on that orientation. The issues of relationships and sexuality are very complex. They not only include your physical development, but your personal skills, cultural issues, and expectations as well. You will face important decisions about relationships and intimacy which will have a great impact on the rest of your life. You have to be prepared to make them!

Making the right decisions and choices may prevent you from getting hurt, engaging in unhealthy or destructive relationships, an unwanted pregnancy, and sexually transmitted diseases. Many of you probably struggle with your own identity and expectations in regard to relationships and sexuality. Some of you might have made some poor choices. However, many skills to make good decisions which promote healthy relationships can be learned and will be addressed in the following section.

MYTHS AND MISCONCEPTIONS

Knowledge about yourself and your personal skills in regard to relationships and love form the foundation to develop a healthy sexuality. Unfortunately, the term "sexuality" is often misunderstood as "sleeping with someone." Like relationships in general, the issue of sexuality is not about having sex. Sexuality includes how we deal with our sexual feelings and the decisions and boundaries that we make. It involves respect, communication, and the many ways we can give and receive love. Sex is glorified through the media, through movies and television, and we encounter many messages about sex throughout the day whether we like it or not.

Following are some common myths and misconceptions about sex:

- *Love equals sex.* All too often people think that love and sex are interchangeable when they are really two vastly different notions. It is possible to have a healthy sexuality, love someone, and not sleep together. Contrary to popular belief, many teens are not sexually active.
- *Everyone is having sex and it really isn't a big deal.* A recent study shows that more and more teens decide to wait to have sex until they are older or get married. Sex is a complex and intimate step to take, one which requires not only physical maturity but emotional and mental maturity as well.

Sex is always a wonderful and pleasurable experience. The truth is that often, particularly if you are not ready, it is not and you will end up getting hurt. Making the right decisions about sex is more important than ever, not only to protect you from

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negative experience or unwanted pregnancy but also from potentially deadly sexually transmitted diseases.

- *Having sex will help to keep someone in a relationship.* The reality is that if a relationship is not working without sex, it won't work with it. Sex has so many complex implications that it can be disastrous for a relationship that isn't on solid ground.
- *Some people can become closer and find love through sex.* The act of sex itself will not provide anyone with the love they are looking for.
- *People have to live up to their partner's expectations.* Some people might believe that if their boyfriend or girlfriend is ready to have sex, they should be ready as well. The only expectation you have to live up to is your own!
- *Kissing and fondling inevitably leads to sex.* Sex is never inevitable. It is a choice. We all set our own boundaries as to how far we're willing to go and what we can handle emotionally. It is important that both partners respect those boundaries.



ACTIVITY

With these misconceptions in mind, think back to the personal skills discussed in the previous section. Utilize your values, communication techniques, and conflict resolution skills to work on the following exercises.

1. Austin and Julie have been going out for three months. One evening they are alone at home and start to kiss. Austin tells Julie how much he loves her and that he wants to have sex with her. Julie tells him that she likes him a lot, but she is not sure if she is ready to have sex. She feels that they haven't known each other long enough and thinks that she is too young to engage in a sexual relationship. Austin tells Julie that being in love means that two people sleep together, and if she really liked him as much as she said she did, she would sleep with him.

- What is Austin's misconception?

- What advice would you give to Julie?

- What could Julie say to Austin?

JULIE:

AUSTIN:

JULIE:

AUSTIN:

It works the other way around, too!

2. Aaron could not believe that Jeanette would ask him out. He is the envy of every other boy in school! They are on their second date. Jeanette asked Aaron to sleep with her tonight, but he said "no." She got angry and told him that everyone is having sex and it won't be a big deal. If he wouldn't have sex with her, someone else would. Now Aaron is afraid that Jeanette will never ask him out again. He thinks he might have made a mistake.

- What is Jeanette's misconception? _____
- What advice would you give Aaron? _____
- Does it seem funny that a girl asks a boy to sleep with her? Why or why not?

- What could Aaron say to Jeanette?

Aaron:

Jeanette:

Aaron:

Jeanette:

3. Anthony and Brenda have been going out for four months. Although initially they had a good relationship, they've been fighting lately and spending less time together. Tonight they met at the park and Anthony told Brenda that he thinks they should break up. Brenda doesn't want to lose him. Although they never slept together before, Brenda is debating whether or not to ask him to have sex with her. She figures that way she might not lose him and maybe they would feel close and love each other again.

- What is Brenda's misconception? _____
- What advice would you give her? _____

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- How could Brenda let Anthony know how she feels by doing something other than by sleeping with him?

Brenda:

Anthony:

Brenda:

Anthony:

4. Zachary and Christine have been going out for two weeks. On Saturday, they drive to the beach and start to kiss and touch each other. When Christine tells Zachary to stop, Zach gets angry and tells Christine that she has led him on and that now she has to go through with it.

- What is Zachary's misconception? _____

- What advice would you give Christine? _____

- What could Christine say to Zach?

Christine:

Zach:

Christine:

Zach:

Remember that the decision whether or not to have sex is a very personal one and should not be based on circumstance. Only you can decide whether you are ready. You can say no at any time! Nobody should be pressured into any kind of sexual relationship.

ABSTINENCE

There are many different ways to show someone we like and love him or her. How would you show your affection for someone without having sex?

I would:

In most of the previous examples, the youth involved decided to say "no" to having sex. While it might not always be easy to say no and wait to have sex, it is the right decision for many of you! There are many health and personal reasons which make abstinence an important option.

Can you think of reasons to not engage in a sexual relationship at present?

Some of your reasons might include:

- Abstinence coincides with your personal values and beliefs.
- Abstinence is 100% effective in preventing pregnancy. (No other method of birth control is infallible.)
- Abstinence greatly reduces serious health risks like STD's and cervical cancer.
- Abstinence can show that you are a strong and mature person by not giving in to peer pressure. It can also show that you can exert control over your own impulses.
- Abstinence can help partners to develop a better friendship and evaluate their feelings for each other.

Abstinence might help prevent you from getting hurt emotionally. You will have the satisfaction of knowing that you have not compromised your values, that you've done nothing that you did not want to do.

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At any point in your life, your choice of whether or not to have sex should be a conscious and informed decision. It is important that you evaluate whether or not you are ready and are aware of possible consequences. You should know how to reduce risks of pregnancy and STD's. Having sex should never be circumstantial. Before engaging in any kind of sexual relationship, you should ask yourself:

- (1) Am I really ready? Is my partner ready?
- (2) How do I feel about my relationship with my partner? Do we agree on its terms?
- (3) Am I being influenced or pressured by a person or situation to make this decision?
- (4) Is there anything which might interfere with my ability to make a good decision?
- (5) Am I aware of the consequences of teen pregnancy? Am I aware of the potential risk of sexually transmitted diseases including HIV/AIDS?
- (6) Have I communicated clearly my feelings and concerns about having sex and the risks involved?
- (7) Am I knowledgeable about the various methods for preventing STD infection and pregnancy?
- (8) What other alternatives do I have?
- (9) What are my values around sexuality and how do they influence my decision-making?
- (10) Is this a good decision for me at this time?

Let's consider these questions in depth.

(1) *Am I ready?*

Only you can determine whether or not you are ready. There are many things to be considered. Evaluate your feelings and thoughts. Are you nervous, happy, scared? Have you thought about this clearly? Have you talked to someone you trust, someone who can share an informed opinion or offer wise advice? Do you think that you have sufficient knowledge about sexuality? Do you think you might still be too young? Do you feel pressured or guilty? You should not make *any* decision until you can answer these questions to your satisfaction.

(2) *How do I see the relationship with my boy/girlfriend? Do we agree on its terms?*

Evaluating the relationship you share with your boyfriend or girlfriend is an important part of your decision to refrain from any kind of sexual activity. Sometimes, particularly in the spirit of a moment, one might see his or her relationship differently from how it really is. It is helpful to know the following information about yourself, your boyfriend or girlfriend, and your relationship:

My Boy/Girlfriend

Me

His/her values are: _____

My values are: _____

He/she feels _____
about me.

I feel _____
about him/her.

In the future, he/she would like to: _____

In the future, I would like to: _____

If he/she could change something in our
relationship, he/she would _____

If I could change something in our
relationship, I would _____

He/she expects our relationship to be _____

I expect our relationship to be _____

I would hurt him/her if _____

He/she would hurt me if _____

He/she would break up with me if _____

I would break up with him/her if _____

We

We have known each other for _____

We spend _____ time together and usually _____

We communicate best when _____

We have difficulty talking when _____

It is _____ to talk about expectations, boundaries and limits.

We _____ resolve conflicts by _____

We _____ respect and trust each other.

Additions:

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(3) *Am I being influenced or pressured by a person or situation to make this decision?*

(4) *Is there anything that might interfere with my ability to make a good judgment?*

We talked previously about the possibility of personal feeling interfering with one's ability to make good decisions. What other circumstances might impair your decision making ability?

When we are under a lot of pressure or taken by surprise, we might not be able to make good decisions.

Consider the following:

Jonathon and Sheila have been going out for several months, but they rarely spend time alone together. Tonight they are at a party and have the opportunity to be alone. Jonathon asks Sheila to have sex with him, since this is one of the few opportunities they have for some privacy. Sheila is not sure what she wants to do. Jonathon pressures her to make a quick decision in order to take advantage of the opportunity.

Does Sheila have time to think about what she wants and to make a good decision?
Do they have time to talk about and obtain birth control or STD prevention?

The best way to handle situations like these is to delay a decision until you have had enough time to think about and evaluate all the factors involved.

How could Sheila tell Jonathon that she wants to delay the decision?

Sheila:

Jonathon:

Sheila:

Jonathon:

Sheila:

Jonathon:

Warning:

A major obstruction to good decision making is the use of alcohol or drugs. Under the influence of any substance, you cannot think clearly and are much more likely to engage in dangerous behaviors or make unwise decisions which you will regret later.

(5a) Am I aware of the consequences of teen pregnancy?

TEENAGE PREGNANCY

Let's evaluate some of the facts associated with teenage pregnancy:

FACT: Most babies born to teenage mothers will grow up in poverty.

FACT: Many teenage mothers will drop out of high school

FACT: Teenage mothers will earn much less money throughout their lives than women who waited until their twenties to have children.

FACT: Babies born to teenage mothers are more likely to have low birth weight and birth defects.

FACT: Many fathers of children born to teenage mothers will not be involved in their upbringing.

FACT: The stress of being a teenage parent is enormous and many are not able to cope with it.

FACT: Many teenage parents do not have the parenting skills necessary to raise a child in a nurturing, loving, and consistent environment.

FACT: Many teenage parents are isolated from their peers.

Can you think about additional facts related to teenage pregnancy?

• **FACT:**

• **FACT:**

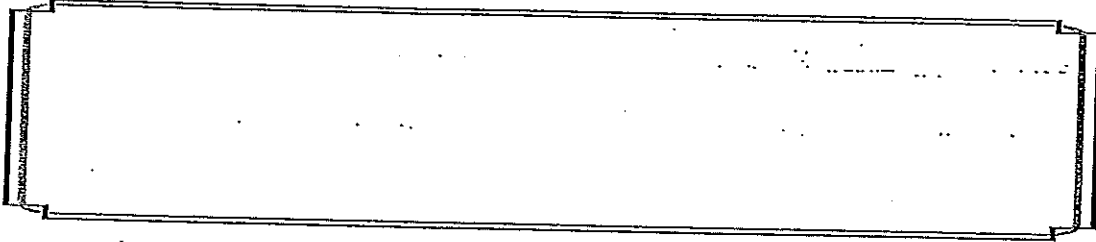
• **FACT:**

• **FACT:**

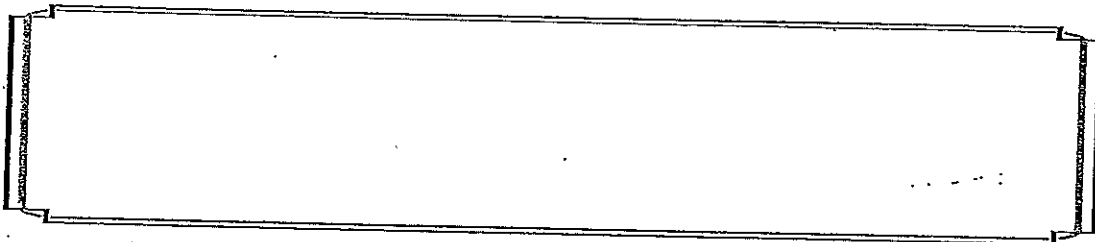
Imagine what your life would be like if you were pregnant or about become a father. How would your life change?

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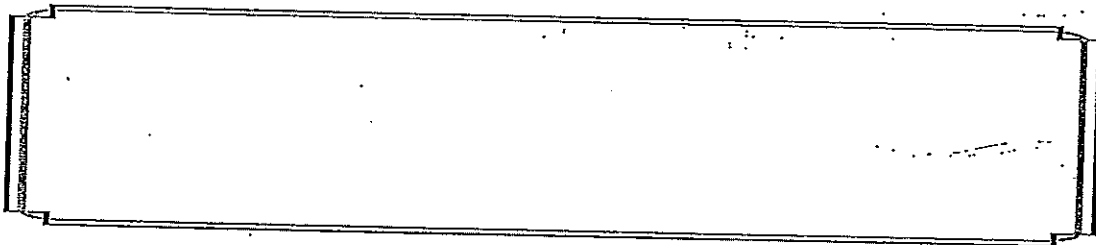
What do you think your life and your child's life would be like?



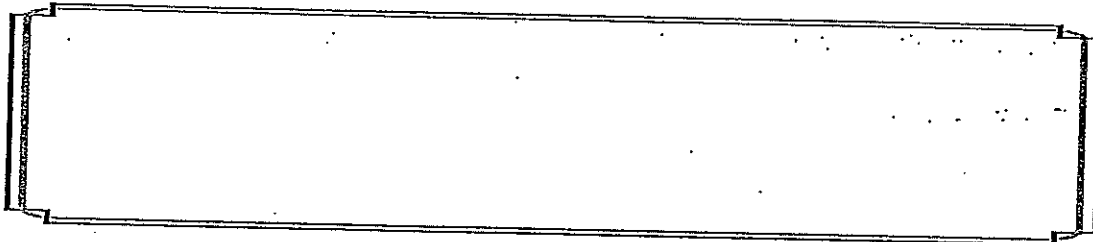
Are you emotionally/financially/socially equipped to be a good parent at this point in your life?



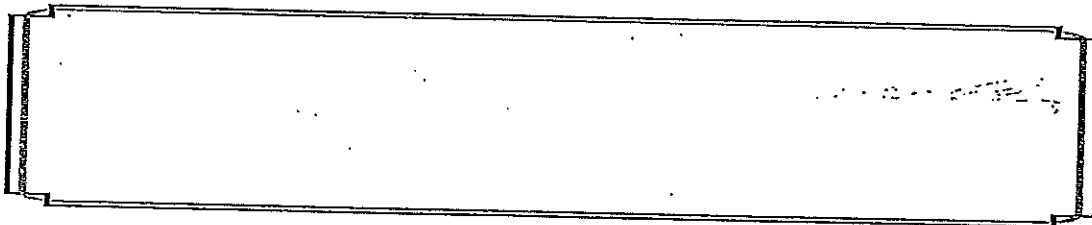
How would you support your child?



What impact would parenthood have on your future goals?



If you were a teen parent, what would your life look like a year from now? In five years? Ten?



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Imagine for a moment that you are a baby, ready to be born. Would you chose yourself as a parent?

Some youth have misconceptions about pregnancy and wrongfully view having a child as a possible solution to their problems.

Consider the following:

Emily, 17, is in a foster home. She is debating whether or not to try to get pregnant. Emily thinks that by having a child, she will become independent, have money, and be respected. What are Emily's misconceptions? Are these good reasons for having a child? What do you think?

The truth is: none of Emily's reasons are valid!! Most teenage mothers are not well respected by the community at large. Most teens are not ready nor equipped to be good, responsible parents. They ought to complete their education, obtain a stable living environment, and gain emotional maturity before having children. Emily may or may not qualify for financial assistance and even if she does qualify, it will be available to her only for a brief period of time. She would have to work very hard to support herself and her child for many years.

Paul is thinking about asking his girlfriend to have his baby. He thinks that it is cool to have a child and that he would be more respected by his peers. What are Paul's misconceptions? What do you think of his reason for wanting a child?

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None of Paul's reasons are valid, either. It is totally irresponsible to have a child because it is "cool". Having children is a big decision, one which everyone has to carefully consider and prepare for. NO child deserves to be born for the purpose of benefiting the image of one of his/her parents! Paul's friends will probably not respect him anymore if he acts so irresponsibly, and Paul will have to pay child support for many years -- something he hasn't thought of!

Andrea had a lot of tough experiences in her life. She thinks about getting pregnant so she'll have someone who will love her. She also has difficulty in school and thinks that if she got pregnant, she could drop out and would not have to worry about her education anymore. What are Andrea's misconceptions? Are these good reasons for having a child?

Bringing a child into the world will not solve personal or emotional problems. In fact, it can cause more confusion and add to present difficulties. Education will have to be an ongoing concern for Andrea because it will be very difficult to support both herself and her child on minimum wage employment.

Lately, Lisa and her boyfriend have been fighting constantly. Recently, her boyfriend told her that he is thinking about breaking up with her. Now she is thinking about getting pregnant in order to save their relationship. What is Lisa's misconception? Is this a good reason for having a child?

Having a baby will not save any relationship. Having a child can bring additional stressors to the relationship and create new conflicts.

Having a child is an enormous responsibility which influences the rest of a parent's life. Every child in this world deserves love, security, safety, and a good start. To bring up a child without those qualities or for selfish/wrong reasons is irresponsible and will hurt everyone involved.

Can you think of additional invalid reasons and misconceptions regarding parenthood?

(5b) Are we aware of the potential risks of sexually transmitted diseases including HIV/AIDS?

SEXUALLY TRANSMITTED DISEASES

Sexually Transmitted Diseases (STD's) are one of the risks you run when you have sex without the proper protection. There are a number of serious diseases that are spread by sexual contact - gonorrhea, syphilis, herpes, chlamydia, etc. Many of them can be quickly and efficiently cured by a doctor or clinician but become quite dangerous if they are not treated.

AIDS, which is a fatal, sexually transmitted disease, is discussed in the next section.

Here are some facts you should know about STD's:

- In America, more than 12 million people get an STD every year.
- One in eight teens will contract an STD every year.
- STD's (including the HIV virus which causes AIDS) can be spread through all manners of sexual contact. In terms of sexually transmitted diseases, sexual contact is described as any kind of intimate contact involving these four areas of the body: penis, vagina, mouth, or anus.
- You can be infected with an STD more than once and can even have more than one STD at the same time. Treatment for an STD does not make you immune from getting it again.
- You cannot develop immunity to any of these diseases, and there is no vaccine to prevent them. In the case of herpes, the disease is permanent and there is no cure.
- STD's cannot be contracted by sitting on toilet seats or touching door knobs. Most STD's need to occupy warm, moist places to survive, which is why they affect the areas they do and will not last long outside of/away from the human body.
- Statistically, the prime candidates for STD infection are between 15 and 24 years old and sexually active (often with more than one partner).
- STD's can affect men, women, and children. A pregnant woman can infect her baby.
- STD's can result in infertility or sterility if left untreated. It is important to get treatment even if the symptoms of the STD go away. The STD will remain

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transmissible and may continue to affect the body until it has been treated. NO STD will go away by itself.

- Your risk of getting an STD increases with the number of sexual partners you have.
- A person who has been diagnosed with an STD must contact all his or her sexual partners so that they, too, can get the necessary medical treatment. Symptoms of STD's may not always be noticed.
- It is important that women have regular doctor's check-ups and pap smears in order to detect pre-cancerous conditions or possible STD's.
- In Massachusetts, minors may be examined and treated for an STD without parental consent.

Prevention of STD's:

There is only one sure way to protect yourself against the risk of infection, and that is to have no sexual contact. Abstinence is the surest, safest, and most effective method of prevention. However, if you do have sex, you must protect yourself. Here are some recommendations. These are not guaranteed methods of preventing STD's, but if you use them in combination, you will lower your risk of infection.

- A male should use a latex condom (a "rubber" or "skin") during sexual intercourse, oral sex, and other forms of foreplay. If you are allergic to latex, you can use a polyurethane (a type of plastic) condom.
- A female can use the vaginally – inserted female condom. OR insist that her male partner use a latex condom. The male and female condoms should not be used at the same time – they pull each other off.
- A dental dam (a square piece of latex used by dentists), or plastic food wrap should be used when performing oral sex on a female. Do not reuse these items.
- A male should urinate and wash his genitals with hot, soapy water immediately before and following sex.

Protect yourself! This is not the time to be shy. Young adults (under age 25) are quickly becoming the fastest growing at-risk age group, currently accounting for up to 50% of all new cases of HIV infection in the U.S. Talk beforehand with your partner about the type(s) of protection you will both use. If he or she refuses to use protection, then you refuse to have sex. Do not allow yourself to be used. The risk is too great.

What can someone say when his/her partner is unwilling to use condoms?

Here are some examples of possible responses:

He Says:
"You don't trust me."

You Can Say:
"I trust you to use a condom."

She says:
"But I love you, we don't have to use condoms."

You Can Say:
"I love you enough to use a condom."

He Says:
"Condoms aren't romantic."

You Can Say:
"Worrying about AIDS isn't romantic."

She Says:
"But we've never used a condom before."

You Can Say:
"I want to start using condoms now so we'll be safer."

He Says:
"We're not using condoms, that's it."

You Can Say:
"Okay, you know how to play cards?"

From "Condom Facts," Harvard Community Health Plan Foundation, 1994.

The following chart presents some basic information about the more common sexually transmitted diseases. If you discover any of the listed symptoms, call your doctor or clinic.

SEXUALLY TRANSMITTED DISEASES

Disease:	How it is Spread	Symptoms in a Woman	Symptoms in a Man	Risks if Not Treated
Gonorrhea <i>Cause: bacteria</i>	Sexual contact.	Pus-like vaginal discharge, vaginal soreness, low abdominal pain, painful urination	Pus-like discharge from the penis.	Sterility, scar tissue. Women: Pelvic Inflammatory Disease (inflammation of the tubes), blindness in newborn.
Syphilis <i>Cause: spirochete</i>	Sexual contact congenital.	Rashes appearing almost anywhere on the body, including palms of hands and soles of feet. Chancre (lesion) on or in vagina, anus, or mouth. Loss of facial or scalp hair in patches.	Rashes or hair loss in the same pattern as in women. Chancre on or around penis.	Brain damage, paralysis, heart disease. A pregnant woman can pass syphilis to her baby causing a variety of birth defects including damage to skin, bone, eyes, liver, and teeth.
Herpes Simplex II <i>Cause: virus</i>	Direct contact with virus in blisters or with virus being shed and no blisters.	Painful, fluid-filled blister (or cluster of blisters) on, in, or around vagina. Often accompanied by swollen glands in groin area. Painful urination and fever.	Same as in women, only on or around penis.	Genital herpes is caused by a virus and cannot be cured. Eventually, the blisters and infection will get better. The infection will return. Flare-ups may be caused by stress and fatigue. Genital herpes may be passed from an infected pregnant woman to her newborn during birth, causing infant death or neurological damage.
Non-specific urethritis (called NGU, NSU) <i>Causes: chlamydia, bacteria & others</i>	Sexual contact.	Symptoms similar to those caused by gonorrhea.	Occasionally, heavy pus-like discharge. More frequently a mild watery discharge.	Women: Pelvic Inflammatory Disease. Male: Chronic urinary tract infection. Possible sterility in men and women.
Trichomonas Vaginalis (called Trich) <i>Causes: protozoan</i>	Sexual contact.	Heavy, frothy, often yellow, foul-smelling vaginal itching, often severe and continuous.	Most often none, occasionally mild discharge from the penis.	Skin irritation and gland infection. Cervical tissue may be damaged.
Monilial Vaginitis (yeast infection) <i>Cause: fungal</i>	Sexual contacts and non-sexual conditions, i.e. antibiotics, diabetes, pregnancy, birth control pills.	Women: cheesy discharge, itching, scratching.	Usually no symptoms.	Secondary bacterial infection from scratching. Infection of newborn in untreated mother.
Venereal Warts <i>Cause: virus</i>	Sexual contact, hands to sex organs.	Wart-like growths. Sometimes with itching and irritation.	Same.	The openings of the vagina, penis, and rectum may be blocked.
Pediculosis Pubic (crabs) <i>Cause: louse</i>	Sexual contact, occasionally from bedding and clothing.	Intense itching. Crabs and eggs attached to pubic hair.	Same.	Skin infection from scratching.

Pelvic Inflammatory Disease (PID)

PID is the most common serious infection involving a woman's reproductive system (the fallopian tubes and/or ovaries). Some sexually transmitted diseases (STD's) cause the development of PID. If it is not treated quickly, PID can damage the reproductive system, limiting or ending a woman's ability to have children.

Any of the following can be symptoms of PID (the first three are especially important):

- Abdominal pain or tenderness
- Increased menstrual cramps
- Pain in lower back
- Change in menstrual cycle (period)
- Bleeding much greater than usual during menstruation
- Vaginal bleeding at times other than menstruation.
- Nausea, loss of appetite, and vomiting
- Vaginal discharge
- Burning during urination
- Chills
- Fever

If you think you might have PID, call your doctor or go to a clinic or hospital emergency room. Don't wait! Tell the doctor what your symptoms are and what you think you might have.

Hepatitis B

Hepatitis B, inflammation of the liver, is highly contagious virus, more prevalent than HIV, that is transmitted through exchange of bodily fluids, (including saliva), sexual activity, sharing dirty needles, razors, toothbrushes, nail clippers, and unclean tools for body piercing or tattooing. It can cause serious liver damage, and potentially death, if not treated properly.

According to statistics from the Centers for Disease Control (CDC), there are an estimated 1.25 million Americans currently chronically infected with the disease, resulting in 6,000 deaths per year from liver disease, including liver cancer.

As of October 1999, the CDC reports that the three major groups at risk for contracting Hepatitis B are:

- Sexually active heterosexuals.
- Men who have sex with men.
- Injection drug users.

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Hepatitis B

Common symptoms are:

- Rashes.
- Jaundice
- Fatigue.
- Nausea and/or vomiting
- Bodily and/or abdominal aches
- Loss of appetite.

Less common symptoms include:

- Dark urine
- Light-colored stools.
- Jaundice.
- Generalized itching.
- Altered mental state, stupor, or coma.

However, a large number of people are infected with the disease have no symptoms at all, and are unaware of their ability to transmit it to others.

Prevention

This disease is prevented in two ways:

Hepatitis B is prevented through consistent use of latex condoms and dental dams when engaging in sexual activity, and by refusing to share needles. In addition, choose not to share razors, toothbrushes, nail clippers, or unclean tools for tattooing and body piercing. Even kissing can place you at risk of contracting this highly contagious disease.

There is a vaccine for Hepatitis B. It is given in a series of three shots. It is effective in both preventing you from contracting the disease, as well as helping you manage with the disease should you be living with it. If you are among one or more of the high-risk groups listed above, plan to take action immediately to protect yourself from this disease.

Treatment

After exposure to the virus, the vaccine, along with shots of immune globulin, work to strengthen your immune system and fight off the disease. Effective treatment also includes a lot of rest, a good diet, no use of alcohol or other drugs, and appropriate medical supervision of your progress.

With the right interventions, the disease may become suppressed enough that you can resume full functioning. However, Hepatitis B is considered a chronic disease that can recur. If left unmanaged or untreated, serious liver damage could result in the need for a liver transplant, or even death.

Resources -- Sexually Transmitted Diseases

If you have questions or need help, call or visit any one of the following information centers or clinics. Assistance will be given free and anonymously. (You won't have to give your name.)

Commonwealth of Massachusetts
Department of Public Health
Division of STD's
(617) 983-6940

National STD Hotline
1-800-227-8922

Free clinics are located in the following cities:

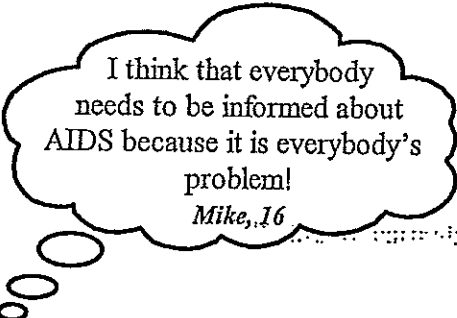
Boston	Beth Israel Hospital	(617) 667-8000
	Boston Medical Center	
	Harrison Avenue Campus	(617) 534-4701
	Newton Campus	(617) 638-6370
	Brigham & Women's Hospital	(617) 724-1368
	Mass General Hospital	(617) 726-2171
	New England Medical Center	(617) 636-5000
Haverhill	Hale Hospital	(978) 374-2000
Beverly	Beverly Hospital	(508) 922-3000
Fitchburg	Burbank Hospital	(978) 343-5000
Fall River	St. Anne's Hospital	(508) 674-5741
New Bedford	St. Luke's Hospital	(508) 997-1515
Barnstable	Barnstable County Health Dept.	(508) 790-6265
Brockton	Brockton Hospital	(508) 941-7000
Cambridge	Cambridge City Hospital	(617) 498-1000
Lynn	Health Quarters	(617) 595-5463
Newton	Newton - Wellesley Hospital	(617) 243-6000
Pittsfield	Berkshire Medical Center	(413) 447-2000
Springfield	Bay State Medical Center	(413) 784-0000
Waltham	Deaconess/Waltham Hospital	(617) 647-6000
Framingham	Metro West Medical Center	(508) 879-7111
Falmouth	Falmouth Hospital	(508) 548-5300
Methuen	Holy Family Hospital	(978) 687-0151

HIV/AIDS

Talking about HIV/AIDS might be scary for many of you. Nobody really wants to think about being sick or dying. However, it is important to talk and to learn about HIV and AIDS in order to stay healthy.

Fact: More than 80 percent of all AIDS cases occur among individuals under 29 years of age.

Since the incubation period between infection with HIV and the onset of AIDS averages ten years, many 20-29 with AIDS were probably infected as teenagers. Knowing about the virus, the disease, and the ways it is spread will help you prevent infection. If you utilize your knowledge about HIV/AIDS in addition to the personal skills (decision making and communication skills) we talked about earlier, you will be able to protect yourself. So, let's take a closer look at the basic facts of HIV/AIDS.

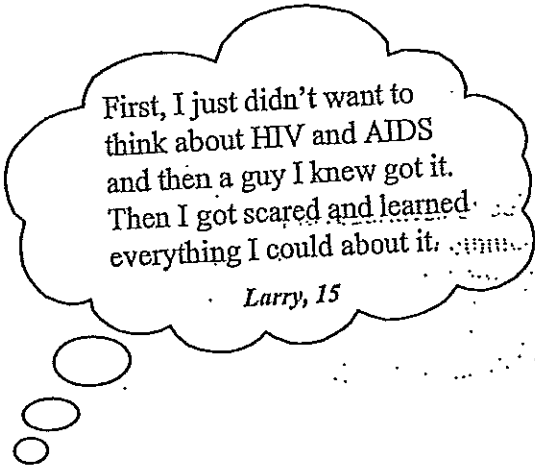


I think that everybody needs to be informed about AIDS because it is everybody's problem!
Mike, 16

Basic Facts About HIV/AIDS

- AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus called HIV (Human Immunodeficiency Virus).
- This virus weakens the body's immune system, destroying its ability to fight infection.
- The virus allows other infections (such as pneumonia or cancer) to attack the body.
- AIDS damages the brain and the nervous system.
- The HIV/AIDS virus is present in blood, semen, and vaginal secretions of anyone who has been infected.
- You cannot tell by anyone's appearance whether or not they have HIV or AIDS. Many people who are infected look and feel fine.
- The disease incubation period (the span of time before it becomes an active disease) can take from several months to more than ten years.

- HIV/AIDS is not a gay disease. It affects people regardless of color, age, and sexual orientation. AIDS is a serious problem for all people of all ethnic groups. The disease has affected more than 10,000,000 people worldwide, most of them heterosexual.
- At this time, AIDS is a fatal disease. There is no known cure or vaccine. Many new drugs called protease inhibitors (a mixture of anti-virus drugs, a.k.a. the "drug cocktail") do an excellent job of suppressing the virus and slowing its ability to break down the immune system. However, these drugs do not work for all people. A sizeable number of people have found the sheer number of pills, plus the mandatory schedule for taking them, to be an extremely difficult regimen to follow. There are also a number of people who have found the drug cocktail to have little to no effect on the disease's impact to their body. Keep In Mind: Even if you can tolerate the mixture of drugs and suppress the presence of HIV in the blood, you can still pass the virus on to your sexual partner(s). As of this writing, a carrier of the virus cannot be cured of the disease.



First, I just didn't want to think about HIV and AIDS and then a guy I knew got it. Then I got scared and learned everything I could about it.

Larry, 15

Stages of HIV/AIDS Infection

1. HIV infected. The virus is present in the bloodstream but does not show up in tests for up to six months. It **CAN BE TRANSMITTED** at this stage!
2. HIV positive or Seropositive: The antibodies to the virus are detectable by a blood test.
3. Symptomatic (formerly called AIDS Related Complex or ARC): The immune system weakens, allowing opportunistic diseases or infections to take hold.

Full-blown AIDS: A total or near-total immune system shutdown occurs which leaves the person susceptible to any disease or infection.

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Although the span of time between HIV infection and full-blown AIDS has increased dramatically in the last decade for gay men, this period is significantly shorter for populations affected later in the epidemic (IV-drug users, women, and people of color).

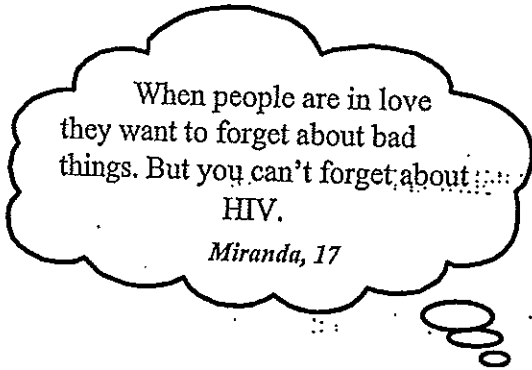
What Are The Symptoms?

Many of the early symptoms of AIDS or AIDS-related illnesses are very similar to the symptoms of common minor illnesses, like a cold or the flu. AIDS and AIDS-related illnesses, however, are much more severe and last much longer.

Symptoms include:

- Feeling very tired every day for at least one month
- Losing your appetite and losing weight for no reason
- Swollen glands (lymph nodes) in your neck, under your ears, in your armpits, and in the groin area which last for at least one month.
- Fevers above 100 degrees, night sweats, and chills which last from several days to several weeks
- Diarrhea that lasts for more than two weeks
- Thrush, a thick white coating in the mouth (not just the tongue), which lasts for weeks.
- A dry cough (not from smoking) that lasts for more than two weeks and shortness of breath.
- Weakness in your arm and leg on one side of your body; coordination problems
- Constant headache, changes in memory or vision
- Easy bruising, purple bumps or blotches on the skin, or unexplained bleeding from any part of the body.

If you think you have any of these symptoms, call your doctor or clinic for an appointment.



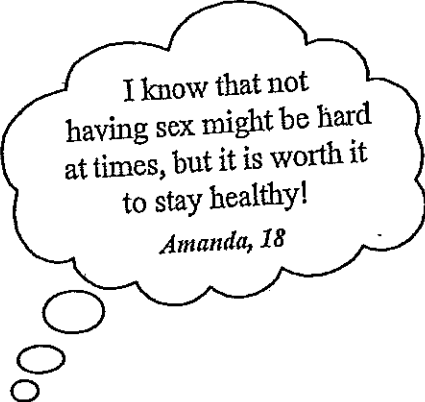
When people are in love
they want to forget about bad
things. But you can't forget about
HIV.

Miranda, 17

How Is HIV/AIDS Spread?

There are three ways the virus is spread:

- Having sex of any kind with a person who is infected with the virus. Any exchange of blood, semen, or vaginal discharge can spread the virus. Using condoms and dental dams significantly decrease the chance of infection, but it cannot entirely eliminate the risk of spreading the disease.
- Sharing needles, syringes, cookers, or cotton balls for drug injections.
- HIV-infected mothers can pass the virus on to their babies during pregnancy or birth. The risk to the unborn child can be significantly decreased if the pregnant mother uses AZT, an anti-virus drug.



I know that not having sex might be hard at times, but it is worth it to stay healthy!

Amanda, 18

How To Protect Yourself Against HIV/AIDS

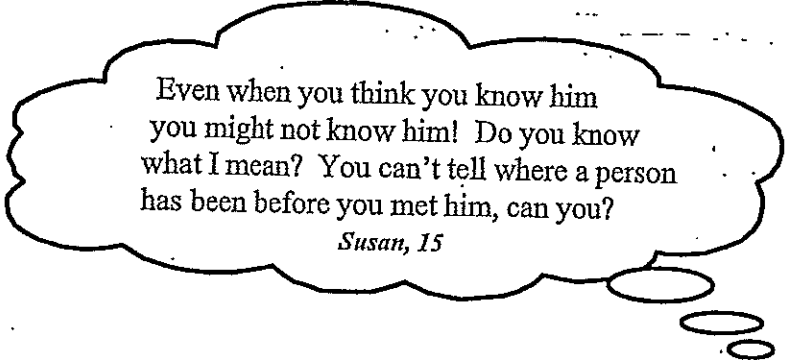
Use your communication skills, decision making skills, and values to say **NO** to sex and drugs. Abstinence is the only 100% effective way to protect yourself from getting HIV/AIDS.

If you should have sex, play it safe (or safer -- there is no such thing as safe sex). You should discuss the danger of AIDS with your partner. Talk about what you are feeling; get to know one another. You'll feel less nervous and more in control. Talk about what protection you'll use. Remember the responsibility is not hers or his; it's yours!

- Use latex or polyurethane condoms, for men or women. They will greatly lower your risk of becoming infected with the AIDS virus. (Sheepskin condoms won't work. They cannot prevent the virus from spreading).
- Male and female condoms must not be used at the same time; they pull each other off.

Drinking alcohol and using drugs can make you do things you'll be sorry about later. They also weaken your immune system making you more vulnerable to HIV infection.

Don't share any needles or syringes. Any infected blood, even a drop left in the needle, could enter your bloodstream and, as a result, infect you with the virus.

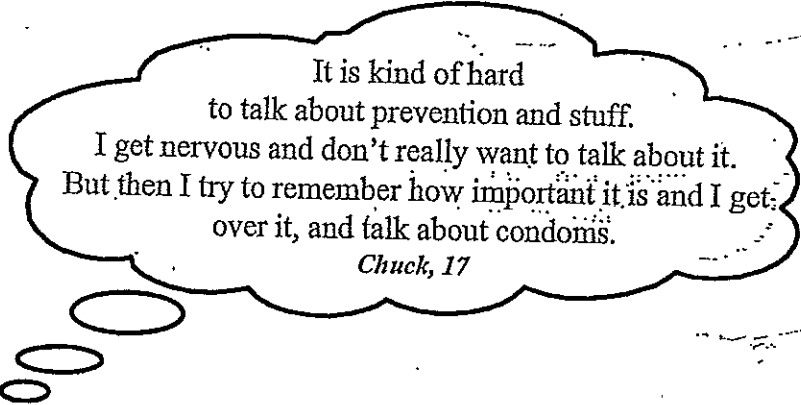


Even when you think you know him
you might not know him! Do you know
what I mean? You can't tell where a person
has been before you met him, can you?

Susan, 15

Gays & Lesbian Youth and HIV/AIDS

For sexual-minority youth, HIV infection is compounded by additional issues not faced by their heterosexual peers. The need to hide their orientation, the lack of positive adult role models, the low self-esteem that tends to be more severe for sexual minority youth than for their heterosexual peers, and the belief that disclosure of their orientation could lead to abandonment, abuse, and/or eviction from their homes, schools, and/or churches can all lead to sexual acting-out as a way of feeling good, needed, or loved.



It is kind of hard
to talk about prevention and stuff.
I get nervous and don't really want to talk about it.
But then I try to remember how important it is and I get
over it, and talk about condoms.

Chuck, 17

HIV Testing

The way to determine whether or not someone is HIV positive or negative is through a blood test. The blood test can be administered at clinics, through doctors' offices, or at anonymous test sites. The results usually take 2 weeks. The test determines whether or not HIV antibodies are found in the blood tested. If there are antibodies present, the test is positive and the virus can be spread. However, because it can take the body up to six months (and in very rare exceptions, up to a year) to make the antibodies, the test is only accurate if administered 6 months after a possible exposure to HIV. For more information, refer to the list of Resources at the end of the section.

True or False

Take a few minutes to answer "True" or "False" to the following statements, using what you know and what you have learned about HIV and AIDS.

1. ___ Most people who are infected with the AIDS virus look and feel fine.
2. ___ You can get AIDS from even one sexual experience.
3. ___ If you donate blood, you might get AIDS.
4. ___ If you have sex using contraceptive foam, jelly, or cream without a condom (rubber), you will not be protected against the AIDS virus.
5. ___ Babies can be born with the virus if the mother is infected.
6. ___ The only way to know if a person is infected with HIV is through a blood test.
7. ___ You'll be safe from the AIDS virus if you only have sex with someone of the opposite sex.
8. ___ Working or going to school with someone who has AIDS is dangerous because you might catch the virus from him/her.
9. ___ A negative result on an HIV antibody test proves that you do not have the virus and you never will.
10. ___ You cannot get infected with the AIDS virus through swimming pools, showers, or bathrooms shared with people who have AIDS.
11. ___ Using the male and female condom at the same time increases the effectiveness of both.

Independent Living Skills Module II

Answers:

1. True. Many people infected with the HIV virus do not look or feel sick. The symptoms of AIDS do not appear immediately after a person becomes infected. In fact, the incubation period may range from a few months to over ten years. So the symptoms may not show up for quite a while. You can't tell by looking at someone whether or not he/she has been infected with the HIV virus.
2. True. If you have sex with an infected person even once without protection, you can get AIDS.
3. False. You cannot get AIDS by donating blood. New, sterilized equipment is used for every donor each time he or she gives blood.
4. True. Using a spermicide (foam, jelly, or cream) without a condom will not prevent infection. Only latex or polyurethane male and female condoms (not sheepskin) should be used to prevent infection. It was previously thought that contraceptive foams, jellies, and creams provided additional benefits in killing the virus. However, recent studies have not supported this belief. The most current and thorough bodies of research have shown that the active ingredient in these products, nonoxynol-9, either has no effect on the virus or actually increases the risk of transmission.
5. True. The virus can be passed from the mother to her baby during pregnancy or at birth.
6. True. The HIV antibody blood test is the only way to determine if a person is carrying the virus.
7. False. You can become infected by having sex with anyone (male or female) who carries the HIV virus and by sharing drug needles.
8. False. There is no evidence that the virus is spread through casual, social contact. Therefore, you can ride the bus with, shake hands with, talk to, eat with, and work with a person who has HIV or AIDS and not be at any risk.
9. False. No medical test can prove that you will never get HIV/AIDS, since it is mostly up to your behavior, awareness, and precaution. Also, the antibody test will not always detect the virus for up to six months following infection.
10. True. The HIV/AIDS virus must live within human cells and cannot survive long outside the body. There is no evidence that HIV is carried in tears or saliva; or that it could "contaminate" air, surfaces, or water.
11. False. The male and female condoms should not be used at the same time- they pull each other off.

Exercises

Utilize what you have learned in the previous sections to complete the following exercise.

Bethany and her friends are talking about sex and HIV. Her friends tell Bethany that they will postpone having sex because they are really scared of HIV/AIDS. Bethany tells them that she is not afraid of AIDS because it won't happen to her. What do you think?

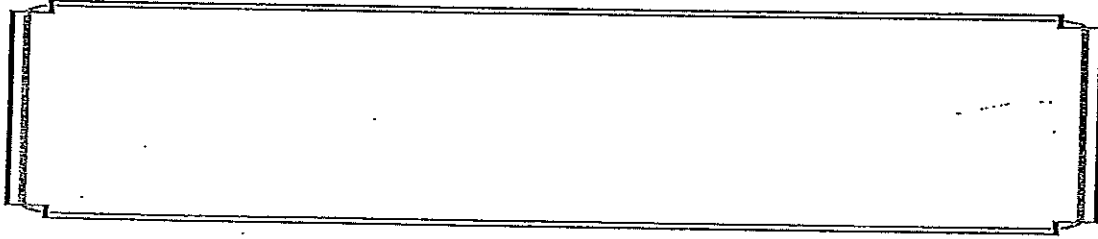
Ed and Marc are talking about HIV. Ed states that he would always use a latex condom if he decides to have sex. Marc says that Ed is silly because only gay men get AIDS. What do you think?

Pedro and Sabrina are discussing possible prevention methods, in case they decide to have sex. Sabrina takes birth control pills and Pedro believes that they won't need any other protection. Sabrina tells him that she is afraid of HIV and would like him to use a condom. Pedro tells her that he looks and feels just fine, so how could he possibly have HIV? What do you think?

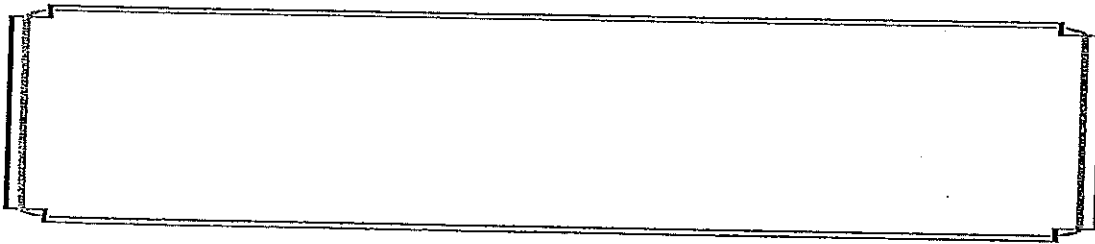
Imagine what your life would be like if you contracted HIV. How would your life change?

Independent Living Skills Module II

What impact would the HIV virus have on your future goals?



How would you tell your family and friends?



HIV and AIDS are a serious business. Everybody is at risk and everybody has to take steps to protect himself/herself. For further information, refer to the resource listing on the next page.

Resources

For further information about HIV and AIDS, contact the following agencies:

AIDS Action Committee Hotline
800-235-2331 Statewide

The Action Committee or the hotline can give information on where to find support groups.

Latino AIDS Hotline
800-637-3776

Massachusetts Department of Public Health
AIDS Bureau
617-727-0368

National AIDS Hotline TTY/TDD Services
800-243-7889

General information line, with information on test sites, care facilities, and support groups in your area.

Positive Directions
800-794-7337

Peer support line. Referrals for support groups.

Youth Only AIDS Line
800-788-1234

(6) *Have I communicated clearly my feelings and concerns about sex and the risks involved?*
Although it might not always be easy, communication about any kind of sexual activity is vital! If you do not communicate, you might get hurt, encounter misunderstandings and conflicts, and primarily, you will not be prepared. Communication is particularly important to determine boundaries and limits, as well as to discuss the possible risks and methods of birth control and STD protection.



ACTIVITY

Utilize your communication skills to complete the following exercise. What would you say in the following situations?

I think he wants to have sex with me but I am not ready

I Would Say: _____

I would like to talk to her about sex but that might ruin our relationship. How can I bring up that topic?

I Would Say: _____

I would like to ask him if he uses condoms, but I'm so embarrassed!

I Would Say: _____

I'm not ready to be a father. I want to talk to her about birth control and STD prevention but I don't know how.

I Would Say: _____

I am not sure whether or not to have sex. I am afraid of HIV and all the other STD's out there, but I don't know how to tell him. I don't want to hurt his feelings.

I Would Say: _____

I have genital warts, an STD.
But I am not sure how to tell her.
If she finds out, she may not
want to go out with me anymore.

I Would Say: _____

Kissing and touching feels
good, but I don't want to
go all the way

I Would Say: _____

(7) Am I knowledgeable about the various methods for preventing STD infection and pregnancy?

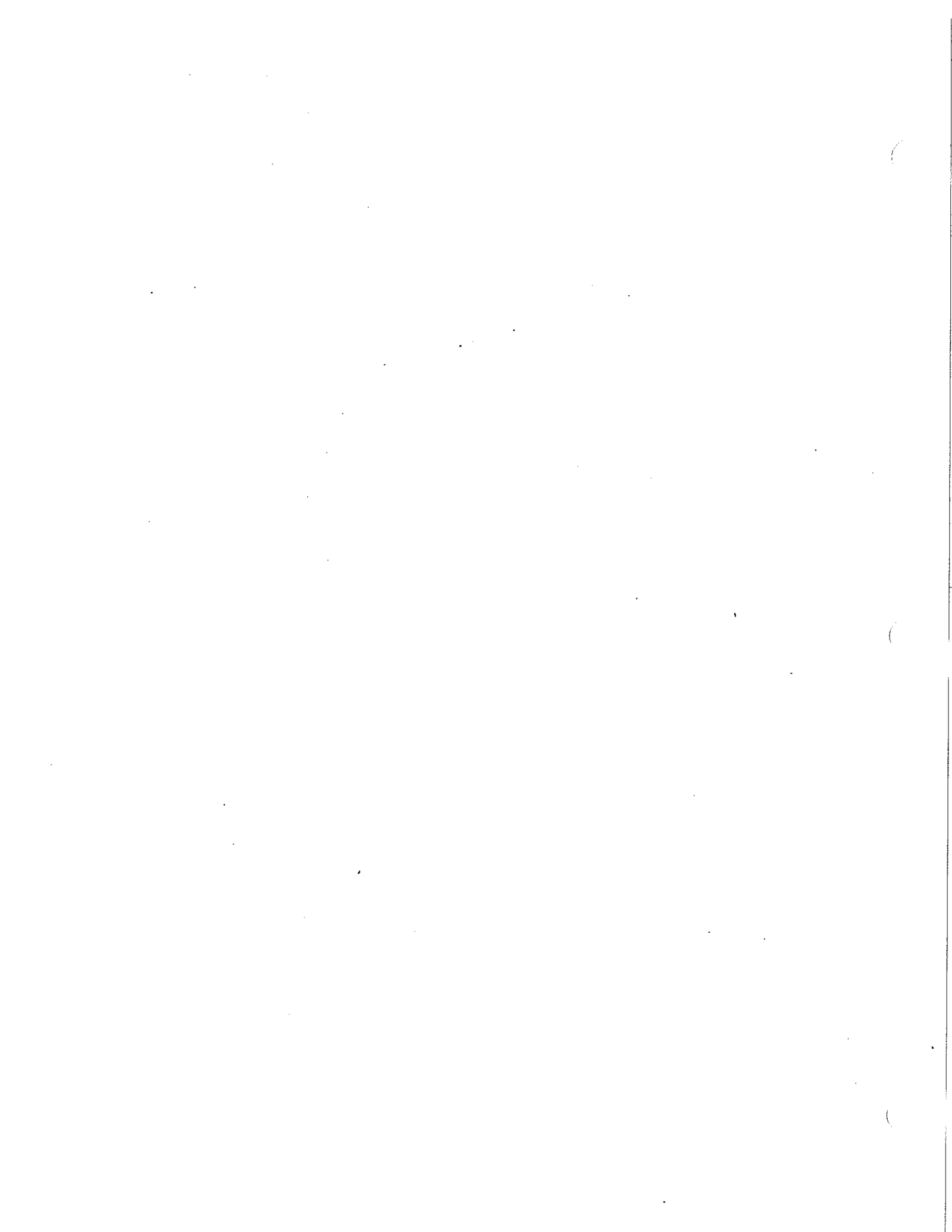
To be able to reduce the risk of pregnancy as well as sexually transmitted diseases, you will have to be well informed about all options available to you. Abstinence is the **only** method of birth control and STD prevention which is 100% effective and free of side effects. However, several products are available which greatly reduce the risk of STD's and pregnancy. Everyone who is sexually active needs to protect him/herself!

Do not assume you can't get an STD or become pregnant because:

- Your boyfriend tells you he will be "careful".
- Your girlfriend tells you it is the time of the month when it is "safe".
- Your boyfriend tells you he has a low sperm count.
- You had sex before and nothing happened.
- Your boyfriend tells you he can't have children.
- Your girlfriend tells you she is sterile.
- Your boy/girlfriend tells you that you are the "first one".
- You are too young.

None of these excuses are valid. "Excuses" are not appropriate precautions against sexually transmitted diseases or pregnancy.

NOTE:
If you should decide to engage in a sexual relationship at any time in your life, you need to be informed about the birth control and STD prevention options available to you. Talking about and planning for birth control & STD prevention options is **both** partners responsibility. Look at the following chart and evaluate the various options listed.



Independent Living Skills Module IV

Preparing Adolescents for Young Adulthood (PAYA)

Module IV

**HOUSING
TRANSPORTATION
COMMUNITY RESOURCES
UNDERSTANDING THE LAW
AND
RECREATION**

Handbook for Skill Development

Massachusetts Department of Social Services

Independent Living Skills Module IV

PAYA MODULE IV

Introduction

Welcome! The topic areas you'll be working on in this booklet include such vital independent living skills as Housing, Transportation, Understanding the Law, and Recreation. Each topic area includes sections for easy use: 1) Assessment; 2) Skill Plan; and 3) Activity/Resource Workbook.

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

The Skill Plan will help you organize your efforts as you work towards each goal.

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

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

Remember, it's your future!

Good luck and enjoy yourself!

Independent Living Skills Module IV

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Independent Living Skills Module IV

HOUSING SKILL ASSESSMENT

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

I do not know how to do this *I need to know more about this* *I can do/have done this*

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/have done this</i>
1. Know the type of living arrangement (living with a roommate, with family, alone, etc.) I would like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Know the community that I would like to live in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know what housing options are available: rooms, apartments, duplexes, houses, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Know what to think about when deciding what neighborhood to live in (available rental housing, cost, location to work/training/school, access to public transportation, safety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can determine how much money I can afford to pay for housing and keep within my budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Know how to find different types of rental housing, furnished rooms, roommates wanted, etc., using the classified ad section of the newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Understand the abbreviations and terminology: studio, lease, heat included, furnished, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Know place other than the newspaper to look for help in finding a roommate, apartment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can write and place an ad for roommate(s) wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Know how to fill out a rental application which includes referrals/references.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module IV

I do not know how to do this *I need to know more about this* *I can do/have done this*

11. Know what questions to ask and what to look for when checking out an apartment. (Security deposit, terms of lease, condition of apartment, size of rooms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Can plan a budget to cover the up-front costs of moving. (Security deposit, first month's rent, furniture, household items, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know the importance of reading the lease or rental application carefully and can answer all the questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Know which traits/characteristics I would or would not want in a roommate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Can decide which of my own habits might bother a roommate and consider whether I can change my habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Can arrange for utilities (telephone, gas, electricity) to be connected and know the approximate costs for start-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Understand which utilities I will need to pay for and can budget for these monthly costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Know what to do to maintain an apartment/living situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module IV

Independent Living Skills Module IV

You have now completed the assessment section and identified those skills that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE

GOAL: TO IMPROVE HOUSING SKILLS

State Skill 1:

I need to plan a housing start-up budget.

Plan:

I will check out neighborhood, apartments, rents and other rental costs.

I will determine needs and costs of furniture and household items.

I will project the costs for the installation of utility services.

When:

Two hours per week for the next four weeks.

One hour a week for the next two weeks.

One hour a week for the next two weeks.

Who:

I will do it with help from my foster parent and my friend, Tom.

I will do it with help from my foster parent and friends Tom and Carlos.

I will do it with my foster parent's help.

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GOAL: TO IMPROVE HOUSING SKILLS

State Skill 1:
to be developed
and/or improved

[Empty rectangular box]

Plan:
how do you plan to learn,
develop and improve this skill?

[Three empty rectangular boxes for planning]

When:
when, where, and how often will you
work on this skill and by whom will you
have mastered this?

[Three empty oval shapes for scheduling]

Who:
will assist you?

[Three empty octagonal shapes for identifying assistance]

State Skill 2:
to be developed
and/or improved

[Empty rectangular box]

Plan:
how do you plan to learn,
develop and improve this skill?

[Three empty rectangular boxes for planning]

When:
when, where, and how often will you
work on this skill and by whom will you
have mastered this?

[Three empty oval shapes for scheduling]

Who:
will assist you?

[Three empty octagonal shapes for identifying assistance]

HOUSING

Moving out on your own is a big step. You will have to plan for this event long before you will actually live independently and you will need to prepare for this move with the help of your biological or foster family, group care staff, your social worker, and friends. By the time you move out, you must have saved some money for the start-up costs. You will have to know where and possibly with whom you want to live. You will need a steady income, a support system, and you will have to be ready. The anticipation of moving out to live on your own can also create many different feelings. Excitement, loneliness, insecurity, happiness, homesickness are all common feelings during this stage of your life.



Consider the following:

Marc plans to move out six months from now. Although he has saved \$1400 already and is excited about the idea of living independently, he is also somewhat scared and feels a little overwhelmed.

Why do you think that he feels this way?

When you think about moving out on your own, how do you feel?

anxious

sad

happy

other:

can't wait

lonely

scared

proud

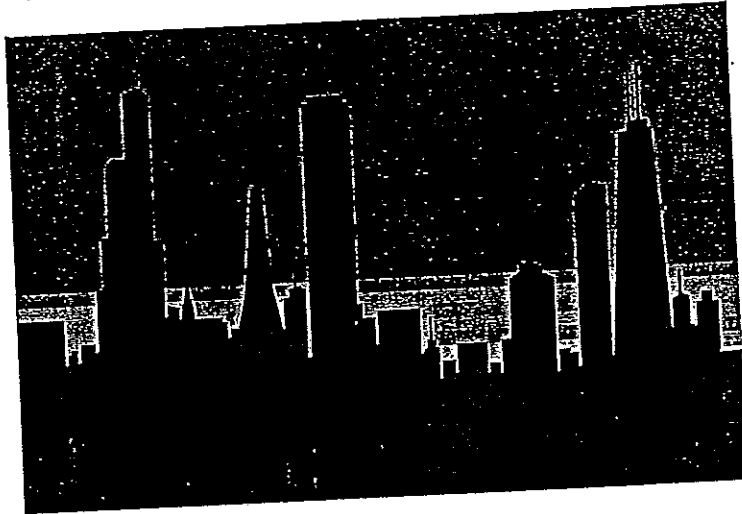
nervous

homesick

Independent Living Skills Module IV

Explain why you associate those feelings with moving out.

These feelings about moving on, the decisions to be made, as well as your memories, both happy and sad, make the process of preparing to move out a time when talking with someone you trust is especially important.



Can you think of people you would like to talk to, who might be able to help you to prepare for this step, adjust to changes, make decisions, and understand and deal with your feelings?

Person	How Can He/She Help?

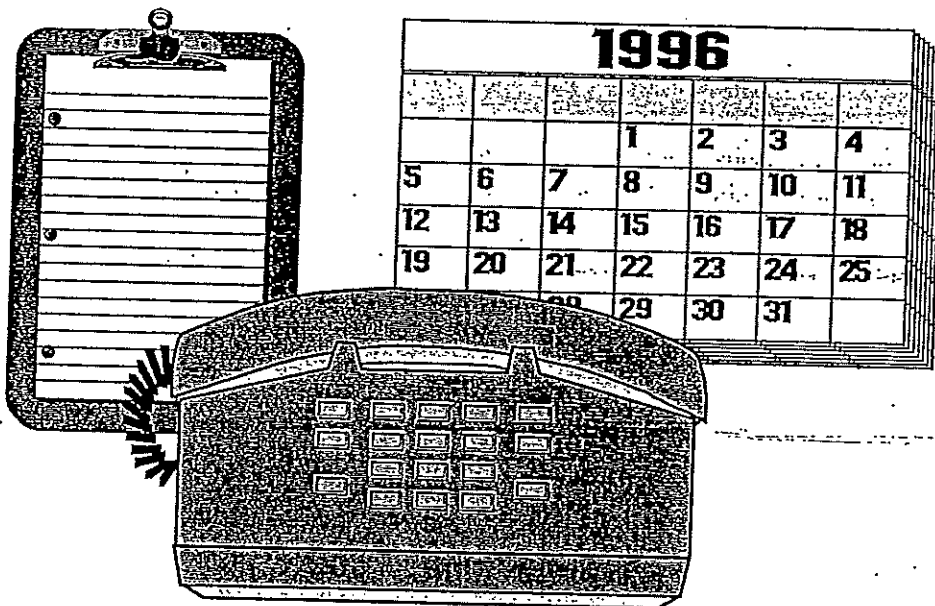
Independent Living Skills Module IV

The Planning Stage

The better you have planned and prepared for moving out, the more successful you will be. There are many things to be considered and many decisions to be made. Before deciding what kind of living arrangement would best fit your needs, you have to think about the geographical area you would like to live in. Be sure to consider such factors as availability of support systems, transportation, and location of work or school while making your choice.

Which community would you like to live in?

Why? Explain your choice:



Another important part of preparation to move out is the financial aspect. You will need to save money for leaving care. The amount to be saved greatly depends on your future plans, anticipated living situation, and preferences. If you are considering living with a roommate, renting a furnished room, or living on a college campus, your start up costs (as well as your ongoing expenses) will probably be lower than if you would move into an apartment by yourself. Let's evaluate these options more extensively.

Roommates:

Housing can be very expensive and will most likely take up a large part of your income. However, you should not pay more than 40% - 45% of your earnings for rent (including utilities). Otherwise, you will most likely have difficulty meeting your other financial responsibilities. For many young people, living alone may be financially impossible. Therefore, cutting expenses in half by living with a roommate might be a good option.

What do you think are the advantages/disadvantages of living with a roommate?

+ Positive	- Negative

There are many things to be considered prior to making a decision about sharing an apartment and choosing a roommate.

Consider the following:

Fran and her roommate moved into a two bedroom apartment one month ago. They have been friends for two years and neither thought it was necessary to talk about expectations and rules prior to moving in together. Now they are discovering that their lifestyles and personalities are very different. Fran always likes the apartment to be clean, while her roommate leaves everything lying around. They are getting in constant arguments over chores. It is the end of the month and the first bills are coming in. Fran's roommate has spent most of her money and does not have enough left over to pay her share of the bills.

What do you think will happen to Fran and her roommate?

Independent Living Skills Module IV

How might these conflicts have been avoided?

--

In choosing someone to live with, you may find yourself looking for qualities that are different from those you expect in a friend. How might some of your expectations be different?

FRIEND	ROOMMATE

When looking for a roommate, would you consider someone of the opposite sex with whom you may or may not be romantically involved?

--

What would be the advantages and disadvantages of such a living situation?

Advantages	Disadvantages

Adapted from materials in P.U.S.H. for Youth G.O.A.L.S. Developed by Eastern Michigan University, 1988.

Independent Living Skills Module IV

To avoid unwelcome surprises and conflicts, it is important that potential roommates consider the following issues prior to moving into an apartment together.

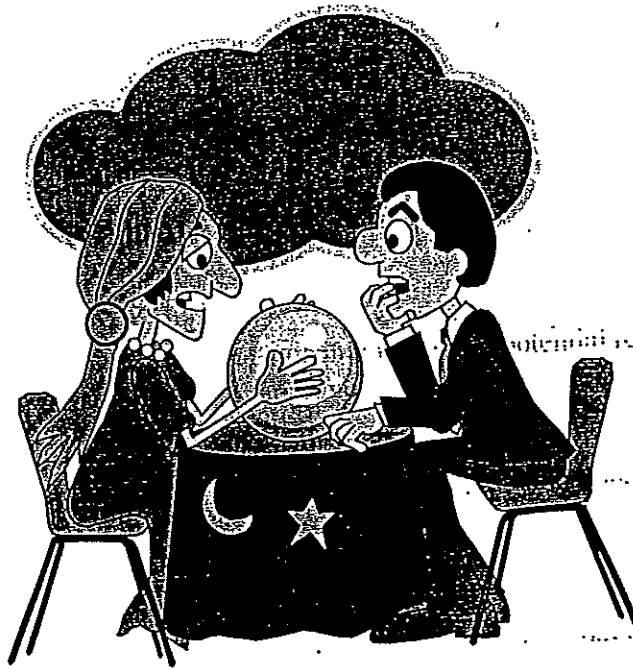
Personality - Will you be able to get along with your roommate?

Lifestyles - Do you generally keep the same hours? Enjoy the same things?

Expenses - How will you divide the costs of living?

Family and Friends - Should you make some agreement about visitors?

Household Chores - Who will do what? When?



The following profile may help you to determine if you and your potential roommate will be a good match.

Independent Living Skills Module IV



ACTIVITY

This exercise is designed for two people, you and your potential roommate. First, decide who will be Roommate A and who will be Roommate B. Then complete the following statements by filling in the blanks or answering the questions. You can adapt the activity for more than two people by adding spaces for Roommate C, D, etc.

ROOMMATE A

ROOMMATE B

Personality

1. I would describe myself as this type of person:

2. This makes me angry:

3. When I get angry, I:

4. I don't like it when someone:

5. When I am alone I feel:

6. If I have a problem, I:

7. I get nervous when:

8. For an appointment, I am always:

9. I feel happy when:

10. If I could change one thing about myself, it would be:

ROOMMATE A

ROOMMATE B

Lifestyle

11. When I have free time, I like to:

12. I usually watch television for (number of hours per week):

13. My favorite TV programs are:

14. I usually go to bed and get up at (time of night/day):

15. I generally talk on the telephone for about (minutes/hours per week):

16. Spending time alone is:

17. The kind of music I usually listen to is:

18. Cooking is:

19. I usually eat (when and where):

Expenses

20. Do you have enough money to live on your own?

21. Have you planned a weekly/monthly budget?

22. Have you been able to save some money on a regular basis?

Independent Living Skills Module IV

ROOMMATE A

ROOMMATE B

23. Do you have a steady income?

24. Are you usually able to pay your bills on time?

25. Do you often need to borrow money from others?

26. What do you think about putting some money aside, having a "cash kitty," for the common household expenses?

27. Should you and your roommate each buy your groceries separately or should you share the food bills?

Family and Friends

28. Do you have a lot of family and friends who will visit often?

29. Would frequent visitors bother you?

30. What are your feelings about your roommate having overnight guests?

31. Boyfriends?

32. Girlfriends?

33. Should you and your roommate set some rules about overnight guests?

34. What are your feelings about parties at your apartment? What kind of parties? Number of guests?

Independent Living Skills Module IV

35. Can you say "no" to your friends if you need time to yourself?

Household Chores

36. Is a neat and clean apartment important to you?

37. Are there certain chores you really dislike and some you don't mind?

38. How do you think you and your roommate should share the chores?

Other

39. Do you smoke? If so, how often.

40. Do you use drugs?

41. Do you have any medical problems?

42. Does it bother you if others borrow or use your belongings (clothes, TV, radio, food)?

Independent Living Skills Module IV

Where To Find a Roommate

If you have made the decision to share an apartment and are looking for a potential roommate, there are several options which can assist you in your search. Ask your friends, family, and coworkers if they know of anyone who might be interested in sharing an apartment. Often, "Roommate Wanted" advertisements are posted in designated spaces at colleges, supermarkets, laundromats, etc. In selected large cities, services are available which offer assistance (usually for a fee) in finding a roommate who is right for you. Additionally, most newspapers carry a roommate section.



ACTIVITY

Evaluate the following advertisements. Keep in mind what you are looking for in a roommate.



Apartment to share available immediately. 1 mile from center of town, 3rd floor of 3 family home, includes washer and dryer in apartment and driveway parking. Seeking a non-smoking male or female who likes cats and dogs. Rent includes all utilities except telephone. \$325 per month. Security deposit required. Call after 5:00 P.M. 222-3344.	2 prof. females looking for 2 quiet M/F roommates to share lrg. 4 bedroom house close to the ocean. Yard, porch, washer & dryer, off-street parking. \$450 per person, utilities incl. Available first of the month. Call 354-6548.
College student looking for M/F roommate for small 2 bedroom apt. close to public transportation. Available immediately. \$220 and ½ utilities, sec. dpst. Call 642-8465.	Roommate wanted by male prof. to share 2 bedrm, 2 bath apt. in large apartment complex. Pool, tennis, weight room, washer & dryer, parking. \$380, utilities incl. Call 942-8435.
Roommate for 2 bedroom cottage in the country. Must enjoy healthy lifestyle, share vegetable garden. Pets OK. Call 195-9838. \$320/month. Util. incl.	3 fun loving m/f seeking 4th roommate for duplex in suburbs. \$280, util. incl. No pets, no smoking. Call 843-1473.

Would you answer any of the ads above? Why or why not?

Independent Living Skills Module IV

Research the "Roommates Wanted" section in your local newspaper and select the ad which is of most interest to you. Paste it below and explain your choice.



ACTIVITY

If none of the ads you find meet your expectations, you might consider advertising for a roommate yourself. Try writing your own ad in the space below.

NOTE: If you have found a roommate and are looking to find an apartment together, refer to the "apartment" section in this module.

Independent Living Skills Module IV

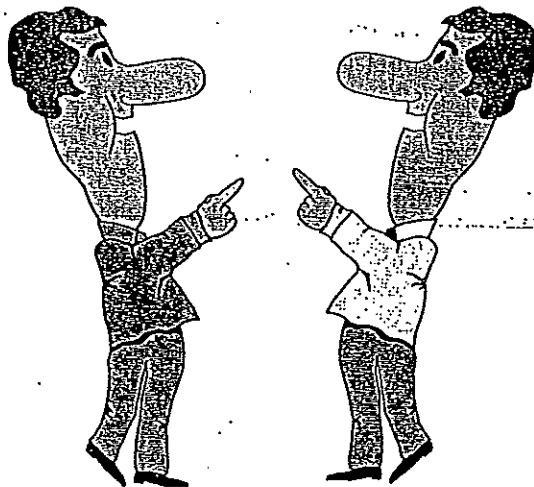
Once you have found a roommate (or several roommates) and you have decided that you are a good match, it is important to define chores, expectations, rules, and expenses clearly.

Consider the following:

Chris and James have decided to move into an apartment together after evaluating each other's personality and lifestyle. They both like to do similar things and each has a steady income. Chris and James decided that they would share chores and expenses. However, they did not make a definite plan as to how. Now they have been living together for two weeks and are already having several disagreements. James is upset because he feels that he is doing most of the chores, while Chris thinks that he is doing his share and does not understand why James is angry. Meanwhile, Chris is upset because James is constantly borrowing his things and eating more than his share of food even though they split the cost of food in half.

What advice would you give to Chris and James?

How could these conflicts have been avoided?



Independent Living Skills Module IV

Prior to living together, you and your roommate should come to definite and detailed agreements in the following areas:

A.

Who is doing which chores when? A simple rotating cleaning schedule like the following will be helpful, particularly if it is posted in a visible spot.

Week of 6/19/95 - 6/25/95

What	Who	How Often	When
Bathroom		Once a week	Saturday
Living Room		Once a week	Saturday
Kitchen		Everyday	Every morning and evening after meals.
Other: _____			

B.

Will you share certain expenses? If so, which ones? How much will each party pay?

Item	Roommate A	Roommate B
RENT		
UTILITIES		
FOOD		
OTHER: _____		

C.

Would you be willing to share certain belongings?

Item	Roommate A	Roommate B
FURNITURE		
APPLIANCES		
CLOTHES		
CDS/TAPES		
OTHER: _____		
OTHER: _____		

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D.

Do you agree about visitors?

	Roommate A	Roommate B
VISITING HOURS		
OVERNIGHT GUESTS		
NOISE		
OTHER: _____		
OTHER: _____		

E.

Who will...

	Roommate A	Roommate B
SIGN THE LEASE?		
CONTRACT WITH ...		
THE PHONE COMPANY?		
THE GAS COMPANY?		
THE ELECTRIC COMPANY?		
BE RESPONSIBLE FOR THE SECURITY DEPOSIT?		
OTHER: _____		
OTHER: _____		

F.

What will you do when you disagree?

	Roommate A	Roommate B
HOW WILL YOU RESOLVE POTENTIAL CONFLICTS?		
IF DISAGREEMENTS CAN'T BE RESOLVED, WHO WILL MOVE OUT?		
OTHER: _____		
OTHER: _____		

Independent Living Skills Module IV

Can you think of other agreements you would like to make with a potential roommate prior to moving in together?

G. _____?

Roommate A	Roommate B

If potential roommates evaluate each other's lifestyle as well as personality and establish a detailed agreement listing expectations, sharing an apartment can not only have financial advantages over living alone but can also be a rewarding experience.

Would you consider living with a roommate? Explain your choice.

Independent Living Skills Module IV

Renting a Furnished Room

Furnished rooms are often advertised in the newspaper and usually consist of a bedroom with a shared kitchen and bathroom. This type of arrangement can be offered through private homes or rooming houses. The rent is due weekly and you will not have to sign a lease/rental agreement. The amount of rent usually ranges from \$75 to \$100 a week, utilities included. Although this arrangement is inexpensive, requires very little start-up money, and is often used as transitional housing, it can have some disadvantages. Lack of privacy, visitor restrictions, house rules, other tenants, etc., might be some of the drawbacks of living in a furnished room.

After evaluating the information above, would you consider renting a furnished room? Why or why not?

Living On Campus

For those of you who plan to attend college, campus housing might be an option. Many four year and selected two year schools offer dormitory housing and optional meal plans. Dormitory rooms are usually furnished and shared with a roommate. Costs for this type of living arrangement vary greatly, depending on each individual school. Although campus housing is a convenient, safe, and cheap option for those of you who are planning to go to college, there are some factors to keep in mind before choosing an on-campus room. Dormitory housing gives you the opportunity to meet many new people but doesn't offer much privacy. Students may also be asked to leave campus during the semester breaks. Students who reside in family housing dormitories, however, are an exception.

If you are planning to go to college, would you consider living on campus? Why or why not?



Optional Activity

If you plan to live in a dorm, visit the college of your choice and talk to a representative about campus housing regarding costs, rules, availability, etc.

Finding An Apartment

Finding an apartment can be difficult for young people starting out. Some landlords prefer not to rent to young tenants due to the lack of references, potential income restrictions, and general concerns about possible difficulties. It might take some time, therefore, to find an apartment. However, if you present yourself as a responsible tenant and have proof of a steady income, you will be able to find an apartment which best suits your needs.

Imagine for a moment that you are a landlord. What kind of qualities would you look for in a tenant?

Landlords usually ask potential tenants to fill out a rental application to evaluate whether or not the applicant will be responsible and financially stable tenant. So be prepared to provide the following information:

Name: _____
Current Address: _____
Telephone number (daytime): _____
(evening): _____

Current Employer: _____
Address: _____
Salary: _____ Supervisor: _____
Telephone number: _____

List your previous addresses below, beginning with the most recent.

Address; _____
Monthly Rent: _____ Landlord: _____
Telephone number: _____

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Address: _____

Monthly Rent: _____

Landlord: _____

Telephone number: _____

Personal Finances

Checking Account Number: _____

Current Balance: _____

Savings Account Number: _____

Current Balance: _____

Credit Card Company: _____

Credit Card Number: _____

Expiration Date: _____

Driver's License Number: _____

Expiration Date: _____

References

Name: _____

Address: _____

Telephone number: _____

Relation to you: _____

Name: _____

Address: _____

Telephone number: _____

Relation to you: _____

It is important to answer all these questions correctly. Failure to do so can have legal consequences!

Remember to ask permission before listing anyone's name as a reference.

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Before you can begin your search you will have to establish what you are looking for in an apartment.



ACTIVITY

Utilize the following exercise to determine your needs and what is important to you by circling the item which best reflects your preference.

Would You Prefer To:

- | | | |
|---------------------------------------|---|-------------------------------------|
| Live Alone | - | Live with a Roommate |
| Live in a Small 2 Bedroom Apartment | - | Live in a Large 1 Bedroom Apartment |
| Have Off-Street Parking | - | Be Close to Public Transportation |
| Live in an Apartment Complex | - | Live in a Duplex |
| Pay More Rent with Utilities Included | - | Pay Less Rent with Utilities Extra |
| Have Carpeting | - | Have Hardwood Floors |
| Have a Modern Kitchen | - | Have a Modern Bathroom |
| Live on the First Floor | - | Live on the Third Floor |
| Have Plenty of Closet Space | - | Have a Lot of Cabinet Space |
| Have Air Conditioning | - | Have Secure Doors and Windows |
| Have a Dark Apartment | - | Have a Light Apartment |
| Rent a Furnished Apartment | - | Rent an Unfurnished Apartment |
| Live in a Safe Neighborhood | - | Live Closer to Downtown |
| Have a Dishwasher | - | Have Access to a Washer & Dryer |
| Live in a Bigger, Older Apartment | - | Live in a Newer, Smaller Apartment |

Can you think of additional qualities that are important to you in an apartment? If so, list them below.

Have Hardwood Floors

Have a Modern Bathroom

Have a Lot of Cabinet Space

Have Secure Doors and Windows

Have a Light Apartment

Rent an Unfurnished Apartment

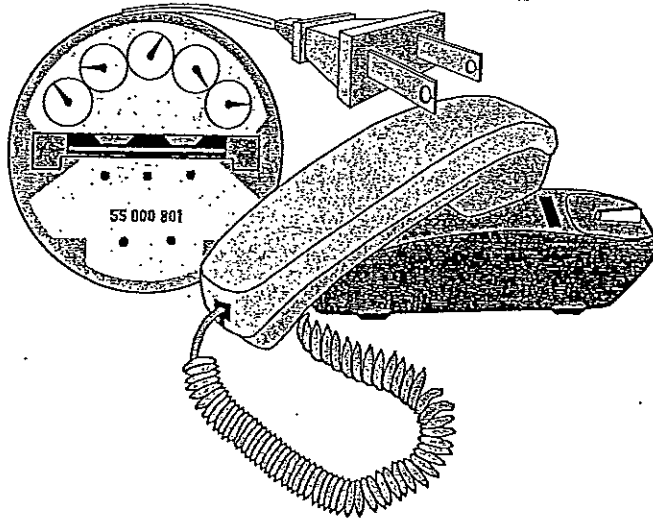
Live Closer to Downtown

Have Access to a Washer & Dryer

Live in a Newer, Smaller Apartment

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Another consideration before deciding on an apartment are utilities. Some apartments have utilities such as gas and water included in the rent, which is, therefore, somewhat higher. Other landlords require tenants to pay their own electric and gas bills, charging lower rent. (Note: For more information, refer to the "Utilities" section in this module or the "Budgeting" section in Module I.)



What do you think would be the advantages and disadvantages of:

Utilities Included in Rent

Advantages

Disadvantages

Utilities Excluded from Rent

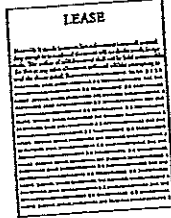
Advantages

Disadvantages

Which of the options would you prefer and why?

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Prior to looking for an apartment, you will also have to decide whether or not you are willing to sign a detailed rental agreement, called a lease. Most landlords require tenants to sign a lease, which defines responsibilities and expectations for both parties. Leases offer protection to the tenant and the landlord. They are legal documents and, therefore, binding. By signing a lease, tenants usually commit to keeping the apartment for 12 months and are held financially responsible for the rent during this period. Leases also specify rules and restrictions for tenants, i.e. pets, use of apartment facilities (pool, laundry), noise levels, parking, etc. Most leases also require that tenants do not sublease (rent the apartment to someone else) without permission.



In general, a lease is considered a legal contract whose conditions are agreed upon when both the tenant and the landlord sign their names. So be sure to read the entire agreement carefully and thoroughly before you sign a lease.

Consider the following

Clay had been looking for an apartment for a long time and had been unable to find one that he both liked and could afford. Finally, he rented an apartment which is kind of small and expensive. He signed a lease in which he agreed to stay in the apartment for one year. Today, two months after signing the lease, his friend Alex called to tell Clay that his friend has a perfect apartment for him; it is cheaper, larger, and in the neighborhood where Clay would like to live. Clay decides to call the landlord to let him know that he plans to move out on the first of next month.

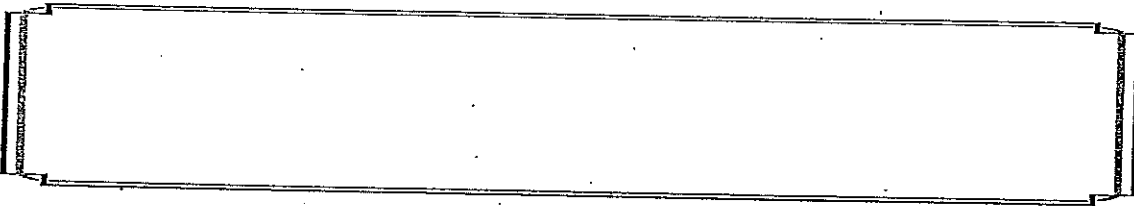
What do you think will happen?

What kind of legal consequences could moving out have for Clay?

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After Katheryn had looked at what seemed like hundreds of apartments, she finally found the perfect one. The rent is reasonable, it's a five minute walk to the bus stop, the rooms are large, and it has a working dishwasher! Katheryn decided to rent the apartment and signed a year-long lease with the landlord. She was so excited that she somehow forgot to read the fine print. Two weeks later, Katheryn got an unwelcome surprise. The landlord stopped by to welcome her and noticed that Katheryn has a waterbed. He apologized and told her that she would not be able to keep it in her apartment. On a copy of the lease, he pointed out the portion that clearly states: "No waterbeds." The landlord explains how the weight of the bed and the potential of a water spill are the reasons behind such a clause.

What do you think will happen with Katheryn and her waterbed?



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ACTIVITY

Read the sample lease below and answer the questions which follow.

This 1st day of September, 1995, _____ herein
called ("Lessors") hereby lease to _____ herein
called the ("Lessee") the following premises: A first floor apartment located at
_____. Rent per month: Six Hundred Thirty Five Dollars (\$635.00),
term: 12 months, commencement date: September 1st, 1996.

1. Rent

The monthly rental to be paid by the Lessee for the apartment shall be as indicated above to be paid on the 1st day of each and every month, in advance, so long as this Lease is in force and effect.

2. Security Deposit

The Lessor agrees to hold the security deposit of Six Hundred Thirty Five dollars in an interest bearing escrow account, as a security deposit for the full, faithful, and punctual performance by the Lessee of all lawful covenants and conditions of this Lease.

It is understood that this security deposit may be applied to damages caused by the Lessee. The Lessors will return the security deposit less the amount applied to damages with interest as required by law and make a full accounting to the Lessee for all damages applied within 30 days after the building is vacated. It is further understood that the security deposit is not to be considered prepaid rent, nor shall damages be limited to the amount of this security deposit.

3. Pets

The Lessee shall notify the Lessors of any pets the Lessee intends to keep on the premises. All pets are subject to the discretion of the Lessors.

4. Utilities

All electricity and gas charges to the apartment, including electricity and gas charges for lighting, appliances, heating, ventilating, or air conditioning shall be paid for by the Lessee.

5. Insurance

The Lessee understands and agrees that it shall be the Lessee's own obligation to insure her/his personal property located in the building, and the Lessee further understands that the Lessors will not reimburse the Lessee for damage to the Lessee's personal property.

6. Assigning/Subletting

The Lessee will not assign this lease, nor sublet the building or any part thereof, nor make any alteration in the building without the Lessor's prior consent in writing.

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7. Nuisance

The Lessee shall not cause any nuisance or act in an unreasonable manner either to the Lessors or to the other Lessees.

8. Mortgages

The Lessors shall have the right to mortgage and the Lessee's rights thereunder shall be subordinate to all mortgages now or hereafter of record affecting the real estate of which the building forms a part.

9. Fire and Casualty

The Lessee will, in case of fire or other casualty, give immediate notice thereof to the Lessors, who shall thereupon cause the damage to be repaired as soon as it is reasonable and convenient for the Lessors, but if the building be so damaged that the Lessors shall decide neither to rebuild nor to repair, the terms of the lease shall cease.

10. Regulations

The Lessee hereby consents to and agrees to observe any reasonable regulations that may be and as are in effect now or as may be promulgated from time to time. Notice of all current rules and regulations will be given to the Lessee by the Lessors and shall be made a part of this lease. The Lessors shall not, however, be responsible to the Lessee for any non-observance of rules, regulations, or conditions on the part of the other Lessees.

11. Condition of Apartment

It is agreed between the parties that the apartment has been rented in good order and repair. The Lessee acknowledges that the Lessee has inspected the building and the apartment is in good order except as otherwise noted in writing to the Lessors. The Lessee further agrees that upon vacating the apartment, it will be returned to a similar condition as when it was rented, reasonable wear and tear excepted.

12. Complete Agreement

It is agreed, except as herein otherwise provided, that no amendment or change or addition to this lease shall be binding upon the Lessors or Lessee unless reduced to writing and signed by the parties hereto. It is hereby agreed that this is the entire agreement of the parties.

13. Joint and Several Obligations

If this Lease is executed by more than one person or entity as Lessee, then and in that event all the obligations incurred by the Lessee under this lease shall be joint and several.

14. Severability

Unenforceability for any reason of any provision(s) of this Lease shall not limit or impair the operation or validity of any other provision(s) of this Lease.

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15. Holdover

If the Lessee remains in possession without the written consent of the Lessors at the expiration of the term hereof or its termination, then the Lessors may recover, in addition to possession, the monthly rental stipulated above for each month, or portion thereof, during the Lessee's holdover plus either one and one-half (1 1/2) times the monthly rental or the actual damages sustained by the Lessors, whichever is greater, plus the Lessor's costs of recovering said amounts and possessions, or if the apartment appears to have been abandoned.

16. Right of Entry

The Lessors may enter the apartment at any time where such entry is made necessary by an extreme hazard involving the potential loss of life or severe property damage; and between 8:00 a.m. and 8:00 p.m. in order to inspect the apartment, to make repairs thereto, to show the same to a prospective or actual purchaser or tenant, pursuant to court order, or if the apartment appears to have been abandoned.

17. Delivery of Lease

The Lessors shall deliver a copy of this Lease duly executed by the Lessors or their authorized agent, to the Lessee within thirty (30) days after the Lessee delivers and executed copy of this Lease to the Lessors.

18. Renewal/Notice to Quit

It is understood that the Lessee shall notify the Lessors of her/his intention to renew the Lease at the expiration of the term, or, alternatively, shall notify the Lessors of his/her intention not to renew within thirty (30) days of the end of the lease term.

Questions

1. How long is the lease for? _____
2. When does the rent have to be paid? _____
3. How much is the security deposit? _____
4. Are pets allowed? _____
5. Are utilities included in the rent? _____
6. Can the Lessee sublet? _____

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7. Is the Lessee responsible for damages he/she caused? _____
8. How long before the lease expires does the Lessee have to notify the Lessors of his/her intention to renew or not renew the lease? _____

What can you do to avoid unwelcome surprises?

Before signing a lease, make sure that you have answers to the following questions..

- How long is the lease for? (One year is the most common lease period.)
- Under what conditions will I get my security deposit back?
- If I am late in paying my rent, what are the penalties? Can a landlord charge a late fee?
- Can the landlord raise my rent during the period of the lease?
- Who is responsible for the repair and maintenance of the apartment?
- When the lease period has ended, what happens?
- Will I be able to move out of the apartment before the lease expires? If so, are there any exceptions or penalties?
- Can I sublet the apartment to someone else? Are there conditions to be met before I can sublet?
- Can I be evicted?

Be sure you know your responsibilities and rights as a tenant.

Now that you have an idea what you are looking for in an apartment, you need to evaluate how much you can afford for rent.

What is your monthly income?

\$

How much do you think you can spend on rent? (Remember you should not spend more than 40 to 45% of your income on rent and utilities.)

I could spend \$ for rent.

Explain your estimate.

Note: For more information, refer to the "Budgeting" section in Module I.

Apartment Hunting

Now that you are aware of what qualities you are looking for in an apartment and have some idea what rent you can afford, you are ready to begin your search. Newspaper want ads are probably the most common way to find an apartment. The weekend editions, in particular, carry large advertisement sections for apartments. In order to be able to read and understand the ads as well as talk to landlords and building managers, you will have to be familiar with certain terms and abbreviations.



ACTIVITY

Familiarize yourself with the terms and abbreviations listed below.

Abbreviations

<i>A/C</i>	air conditioning	<i>Ldry</i>	Laundry
<i>Apt</i>	apartment	<i>Lge, lrge</i>	Large
<i>Ba, bth</i>	bathroom	<i>Livrm</i>	Living room
<i>Balc</i>	balcony	<i>Mo</i>	Month
<i>B, bdrm, br</i>	bedroom	<i>Mod</i>	Modern
<i>Cond</i>	Condition	<i>Nr</i>	Near
<i>Conv</i>	Convenient	<i>Park, pkg.</i>	Parking
<i>Compl furn</i>	Completely furnished	<i>Prch</i>	Porch
<i>D/D</i>	Dishwasher & disposal	<i>Refs</i>	References Required
<i>Ex, exc</i>	Excellent	<i>Renov</i>	Renovated
<i>Fl</i>	Floor	<i>Rm</i>	Room
<i>Frpl</i>	Fireplace	<i>Sec dep</i>	Security deposit
<i>Furn</i>	Furnished	<i>Sgl</i>	Single
<i>Ht</i>	Heat	<i>Utils</i>	Utilities
<i>HW</i>	Hot Water	<i>W/D</i>	Washer/Dryer
<i>Hwd fl</i>	Hardwood floors	<i>WW</i>	Wall to wall carpeting
<i>Incls</i>	Includes	<i>Yd</i>	Yard
<i>K, kit</i>	Kitchen		

Terms

Efficiency apartment: A small apartment, usually furnished, with a private bathroom and kitchenette (small kitchen).

Lease: A contract/legal agreement that allows you to rent an apartment/house for a certain amount of money for a specific time period.

Security deposit: A specific amount of money that the landlord requires you to pay before you move in just in case you cause some damage to the apartment while you're living there. The landlord keeps your money until you move out. He/she will then inspect the apartment and return

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your deposit to you if there is no damage. If there is some damage, the landlord may use all or part of your deposit to repair the damage.

Studio apartment: A small apartment consisting of one main living space, a small kitchen, and a bathroom.

Sublet: To rent an apartment you have signed a lease for to another person.

Utilities: Public services, such as gas and electricity.



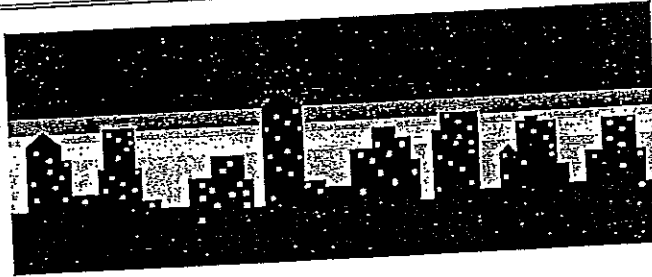
ACTIVITY

Evaluate the following advertisement section and circle the apartment that best meets your needs and budget.

Sm. 1 bdr. apt, WW, nr publ. transp. Sec. dep. \$350 & util. Call 489-3758	Effic. apt, furn, ideal for sgl prof. Pkg. Refs, sec. dep. \$380 incl. gas & HW. Call 678-9841	Close to downtown. Renov. studio apt. New bath. \$400 incl util. Refs. Call 468-0985	2 Bdrm in quiet neighborhood. Lrg kit, hrdwd floors. Painted, clean. 1st & last no pets. \$510 & util. 459-3546
Immaculate 1 BR in well-maintained bldg. Compl. appl, kit, W/W, A/C, Indry & prkg. \$480 & util. 1st, last, & \$250 sec. 345-4878	Lovely 3 bdrm apt. in triple-decker seeks neat & friendly tenant. \$760 & util. Call 897-4562	Mod. 1BR. WW, D&D, nr bus stop. No pets. Sec. dep. \$510 util incl. Call 348-9841	Spacious 3BR in well maint. building. Elev., laundry, & bike room on premises. \$760 incl. ht, HW. Call 489-4327
Unique 1BR apt. A/C, loft, 2 levels, flr-ceil windows, private W/D, deck. Pool, jacuzzi, sauna, weight room. 24 hr concierge. Available now, sec. dep. \$800 & util. Call 745-1689	Sunny 2 BR, mod kit & bath, porch. \$600 & util, sec. deposit. References required. Call 952-6578	Quality furn'd apts for short and long stays. Wkly rate from \$150. No lease. Near public transp. Call 687-0418	Deleaded 2BR near busline. Cat ok. Sec. deposit, \$650 & util. Call 687-1560
Nice studio in brownstown building. 1st & last, \$340 util. incl. Call 241-4680	Near public transp. Mod 1 bdrm apt & den. A/C, prking, w/d, \$410 util. incl. Now available, lease. 451-6478	New luxurious 1 & 2BR apts. Elevator, hw/ht, psrking, Indry. Handicap accessible. \$450 - \$680. Call 467-4601	Deluxe 1BR condo. Sunny, beautiful view. \$780 util incl. Call 678-0484
1 bdrm suite, incl. base cost of util, Indry. Nr bus & city center. Lease. No pets. \$440. Call 781-1632.	2BR duplex, 1.5bath, gd prkng, hwd flr. Pets ok. Refs, sec. dep. \$700 & util. Call 481-3389	Studio, high ceilings. Sep. kit, fp, st. space. 1st & last, \$500 util. incl. Call 451-0489.	1 bdrm priv. entrance. Fresh paint. 1st & last. \$350, util incl. Call 487-0157.
4 rm apt., 3rd floor. Great for couple or roommates. Sec. Dpst, \$575 & util. Call 781-3578	3BR, mod. kit & bath. Excellent location \$750 & util. 487-1308	Mod apts. Rent includes pool, A/C, ht/hw, prkg. 1BR: \$500-\$580. 2BR \$695. Call 442-6687	Lg. 2 BR basement apt. on busy main st. \$300 dep. & \$340/mth & util. Call 480-25607

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Explain your choice



ACTIVITY

Research your local newspaper, clip three apartment ads which meet your needs, preferences, and budget, and place them in the box below.

Explain your choices.

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Another way you can locate apartments is through real estate agents or apartment location services. Many of them charge a fee for their services, however. In addition, larger apartment complexes usually have business offices in which you can inquire and apply for available units directly. Furthermore, as previously mentioned, word of mouth is often helpful. Ask your family, friends, co-workers, etc., if they know of any available and appropriate apartments.

Subsidized Housing

Most cities and towns in Massachusetts have Housing Authorities that own and manage apartments for low-income families, the disabled, and the elderly. To be considered for this type of subsidy, applicants have to fit in one of the above categories as well as meet income guidelines and possibly other criteria. If eligible, the Housing Authority might pay a percentage of the rental costs for public housing. However, even if an applicant qualifies, the waiting lists to receive such assistance average several years.

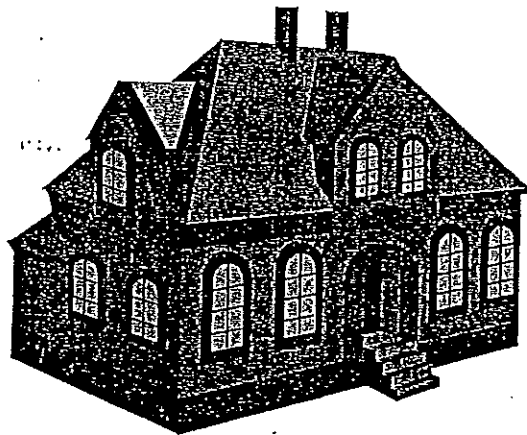
Evaluating an Apartment

Before committing to an apartment, you will have to make sure that it is in good condition and meets your needs. Make certain that you are aware of all costs, requirements, and stipulations relating to the apartment and rental agreement. The following worksheet will assist you (now or later) in evaluating whether or not an apartment is right for you.



ACTIVITY

Look at a minimum of two available apartments, utilizing the worksheet to determine if they are appropriate for you.



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Worksheet

Apartment Location

City: _____ Neighborhood: _____

Floor: _____

- Near: *public transportation*
school
work
family & friends
shops and stores

Financial Requirements

Amount of Rent: \$ _____ Amount of Security Deposit \$ _____
 Utilities Included? Yes No If no, Average Cost of Util.: \$ _____
 Parking fee? No Yes \$ _____ Other Costs: \$ _____

Apartment Characteristics

Lease? _____ Pets? Yes No

Number of Bedrooms: _____ Size of Bedrooms: _____

Living Room Laundry Facilities
 Dining Room Fire exits
 Yard Storage Space
 Porch Other: _____
 Parking Other: _____

Condition

Carpet/Floors	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Walls	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Doors/Locks	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Windows	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Water Pressure	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable

Roaches/Bugs: _____
 Other: _____
 Other: _____

Kitchen

Refrigerator:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None
Range:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None
Oven:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None
Sink:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None
Cabinets:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None
Other:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None

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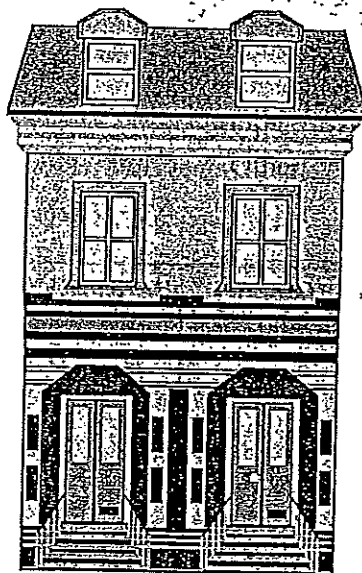
Bathroom

Sink:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None
Shower:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None
Bathtub:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None
Toilet:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None
Other:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> None

Extras

Pool	<input type="checkbox"/>	Yard	<input type="checkbox"/>
Laundry Room	<input type="checkbox"/>	Fireplace	<input type="checkbox"/>
Exercise/Weight Room	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Porch/Balcony	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Parking Space	<input type="checkbox"/>		

<p style="text-align: center;">THE APARTMENT IS APPROPRIATE FOR ME BECAUSE...</p>	<p style="text-align: center;">THE APARTMENT DOES NOT MEET MY NEEDS BECAUSE...</p>
--	---



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After evaluating the previous information, have you decided which type of living arrangement will meet your needs and budget?

Explain your choice.

Once you have made a decision regarding where you would like to live, you can begin to prepare and plan for your move. As stated previously, you will need to save money for start-up costs (the security deposit, the first month's rent, furniture, household items, etc.) prior to leaving care. *For detailed information, please refer to Module I.*

In addition to the money necessary for start-up costs, there are many additional factors to be considered before obtaining your own living situation.



ACTIVITY

Utilize the following worksheet to assist you in planning and preparing for your move.

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Income		My Choice of Living Arrangements	
Employment:		City:	
Is my job secure?	Yes No	Neighborhood:	
Average Earnings:		I Can Afford \$ _____ / Month in Rent	
Other Income:		Utilities Included	Utilities Excluded
Other:		Roommate	Own Apartment
		Furnished Room	Lease
Savings		Other:	
Estimated Start Up Cost:		Household Items	
\$ _____		Have It	Need it
My Total Savings Are:			
\$ _____			
Other:			
Furniture		Support System	
Have It	Need it	Family:	
		Friends:	
		Professionals:	
		Community:	
		Other:	
Transportation			
Public	Own Car		
Am I Ready?		Yes	No

How To Maintain An Apartment/Living Situation

Once you have obtained a living situation/apartment, you need to make sure that you know how to maintain it. As a tenant, you have responsibilities toward your landlord, the other tenants in your building, your neighbors, and the community, in general.

Consider the following:

Jason moved into his own apartment two weeks ago. He likes to listen to loud music and turns up his stereo. Even though the other tenants have frequently asked him to turn it down, he refuses to do so. Today, the landlord came by to give Jason a warning. He told Jason that if he continues to listen to loud music, he'll lose his apartment. Jason was surprised and told the landlord that he thought that as long as he is paying the rent on time he could do whatever he wanted in his apartment.

What do you think? _____

What do you think you will have to do in order to maintain your apartment/living situation?

Generally, you must:

- Pay your rent on time.
- Abide by the conditions of the lease.
- Dispose your garbage properly.
- Keep your apartment sanitary.
- Refrain from making excessive noise, especially at night.

Your landlord must also abide by the terms of the lease. Be sure you know your responsibilities and your rights as a tenant. If you believe that your rights are being violated, you can contact the tenant's group in your community for assistance. The Massachusetts Tenant Organization at 14 Beacon Street, Boston, MA (617)367-6260, can put you in contact with your local group.

Independent Living Skills Module IV

The following agencies also provide assistance with various housing problems:

Massachusetts Consumer Self Help Office (617) 727-7780

One Ashburton Place

Boston, MA

Offers information on housing laws codes, landlord/tenant issues and utilities.

Massachusetts Department of Public Health (617) 522-3700

Childhood Lead Poisoning Prevention Program

305 South Street

Jamaica Plain, MA

Guides in de-leading buildings and use of non-lead-based paints

Massachusetts Office of Handicapped Affairs (617) 727-7440

One Ashburton Place

Boston, MA

Assists disabled persons with obtaining independent living services

If you need legal advice, the following agencies can help:

Massachusetts Commission Against (617) 727-3990

Discrimination

One Ashburton Place

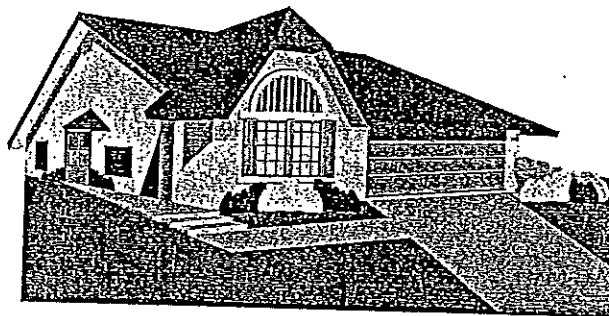
Boston, MA

Western Region

145 State Street

Springfield, MA

(413) 739-3330



Independent Living Skills Module IV

Utilities

Whether you will live in an apartment by yourself or with a roommate you will need utilities. Utilities are public services such as gas and electricity. Some utilities, like water and gas, might be included in your rent while others, such as telephone service, will always have to be paid for separately.

Note: For estimates on your average monthly utility costs, please refer to Module I.

Gas:

Gas is needed for heat, hot water, and gas stoves. If gas is not included in your rent, you will need to contact your local gas company prior to moving into an apartment in order to obtain services. Usually, there is no charge to have your gas turned on and no security deposit is required. Gas bills will be issued monthly. Every other month, a representative from the gas company will come to your building and read from a gas meter how much gas you have used. The cost of gas in the months between visits is based on an estimate, using your previous month's bills to predict how much gas you have used.

If you heat your apartment by gas, you have the option to pay higher fees during the summer months (when you don't use a large amount of gas) in order to keep the costs down in the colder, more expensive winter months.

Paying Your Gas Bill

It is important that you pay all your utility bills on time!



ACTIVITY

Familiarize yourself with the following sample bill and answer the questions that follow.

Independent Living Skills Module IV

Tri County  Gas Co.

489 Fossil Fuel Blvd
Petroleum, MA 01918

PLEASE RETURN TOP PORTION OF BILL WHEN PAYING BY MAIL

Service Address John Doe 47 Dynamo Road Petroleum, MA 01918	Account Number 99-00-9900-1		Service To Sept. 09, 1995	Date of Next Reading Oct. 11, 1995
	Rate R/3	Billing Days 30	Billing Date Sept. 13, 1995	Payment Due Oct. 11, 1995

Aug 10	PREVIOUS BALANCE	21.82
Sept 12	PAYMENT RECEIVED - THANK YOU	21.82 -
	LEAVING A BALANCE OF	0.00
Sept 09	METER # 45085 BILLING FROM -- 5558 TO -- 5593	
	CCF USED -- 35 ACTUAL READING	25.06
	YOUR ACCOUNT BALANCE TO DATE IS	25.06

R/3	RATE SCHEDULE	*** RESIDENTIAL RATE CLASSES ***
CUSTOMER CHARGE .	\$7.51	R/1 NON HEATING
FIRST 30 CCF @ .52991/CCF		R/3 HEATING
OVER 30 CCF @ .32991/CCF		R/2 WELFARE/FUEL PROGRAM - NON HEATING
		R/4 WELFARE/FUEL PROGRAM - HEATING

GAS ADJUSTMENT FACTOR	BUDGET PERIOD	GAS USED	BUDGET BILL	AMOUNT DUE
.047270 CR.	TO DATE ---	25.06	0.00	25.06

How much does John Doe have to pay this month?

How much gas has John used during this billing period?

By what date will John have to pay the bill?

Does John take advantage of the option to pay a higher amount during the summer months to keep his costs down during the winter months?

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Using gas thoughtfully will assist you in saving money. Keep the following conservation tips in mind when using gas.

- Insulate all windows and doors, particularly during the winter months.
- Insulate pipes, if appropriate.
- Keep your thermostat at a reasonable temperature when you are in your apartment.
- Turn your thermostat down when you leave.
- Showers are less costly than bathing.
- Don't leave the water running.
- Wash only full loads of laundry.



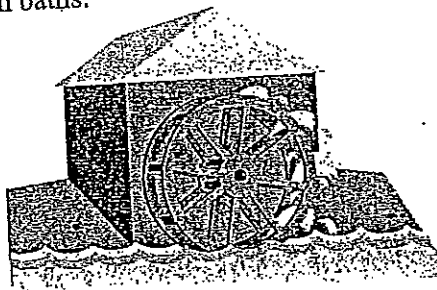
ACTIVITY

Contact your local gas company and inquire about payment options and additional conservation tips.

Water

Unless you own a home or rent a duplex or an entire house, your water is usually included in your rent. However, in order to help the environment and to prevent rent increases due to high water usage, you should always try to save water. Some water conservation tips:

- Never leave the water running unnecessarily. Be sure all taps are tightly closed.
- Repair leaky faucets as soon as possible.
- Only turn the washing machine or dishwasher on when they are full.
- Showers use less water than baths.



ACTIVITY

For additional conservation tips, contact your local water company.


Independent Living Skills Module IV

Electricity

Similarly to gas, you will need to contact your local electric company to get your electricity turned on. This initial service is free of charge and no security deposit is required. Billing procedures are also similar to those of the gas company. A representative will read the meter bi-monthly. During the alternate months, the amount of the bill is based upon an estimate according to the electrical usage in the previous month.



ACTIVITY

		<h2>City Electric Co.</h2>																					
489 Tesla Coil Blvd Brightlights, MA 01212		Budget payment plans are available for the payment of utility bills. Call or write for details.																					
<table border="1"> <tr> <th colspan="2">Service Address</th> <th>Account Number</th> <th>Service To</th> <th>Amount Due</th> </tr> <tr> <td colspan="2"> Jané Smith 19 Phillips Street Brightlights, MA 01212 </td> <td>537-035975</td> <td>9/22/95</td> <td>\$71.26</td> </tr> <tr> <th>Apts.</th> <th>Billing Days</th> <th>Bill Date</th> <th>Due Date</th> <td></td> </tr> <tr> <td>1</td> <td>32</td> <td>10/1/95</td> <td>10/17/95</td> <td></td> </tr> </table>		Service Address		Account Number	Service To	Amount Due	Jané Smith 19 Phillips Street Brightlights, MA 01212		537-035975	9/22/95	\$71.26	Apts.	Billing Days	Bill Date	Due Date		1	32	10/1/95	10/17/95			
Service Address		Account Number	Service To	Amount Due																			
Jané Smith 19 Phillips Street Brightlights, MA 01212		537-035975	9/22/95	\$71.26																			
Apts.	Billing Days	Bill Date	Due Date																				
1	32	10/1/95	10/17/95																				
Reading	Previous	KWH USED	CODE	AMOUNT	CHARGE CODE																		
65049	64341	708	BD B1	.80 63.68	B1 RESIDENTIAL RATE B2 RESIDENTIAL OFF-PEAK B3 RESIDENTIAL OFF-PEAK C TOTAL ELECTRIC RATE BD PAST DUE OR CREDIT BALANCE																		
FUEL ADJUSTMENT CHARGE (.00930 PER KWH)				6.58	E ESTIMATED BILL																		
RESIDENTIAL CONSERVATION SERVICE				.20	FB FINAL BILL																		
					KWH KILOWATT HOUR(S)																		

When does Jane have to pay the bill?

How much does Jane have to pay this month?

How many kilowatt hours has Jane used during this billing period?

Independent Living Skills Module IV

Keep the following tips in mind. They will help you to save money on your electricity bill.

- Turn off all lights, the television, stereo, etc., when you aren't using them or when you leave the house.
- Close the refrigerator doors as soon as you can. Refrigerators need a lot of energy and are responsible for as much as 25% of your total electric bill.
- Use other appliances (such as hairdryers and humidifiers) thoughtfully. They use a lot of energy as well.
- You might want to buy energy-efficient light bulbs, which are initially more expensive than regular light bulbs but will save you money in the long run.



ACTIVITY

Contact your local electric company for additional billing and conservation information.

Telephone

To obtain telephone services, contact your local phone company. You must be 18 years of age or older. If you do have a phone jack in your apartment, NYNEX charges an initial service fee of \$37.07 to connect your telephone and activate service. If you do not have a phone jack, NYNEX will charge an additional:

\$39.95	Basic fee to install a phone jack, including dispatching a service repairman to your apartment or home.
\$55.00/hr	Hourly fee for service repair.
\$2.40	Cost of the phone jack
\$2.40/ft	Cost of each foot of wiring necessary

Unless you have had previous financial problems with the phone company, no security deposit is required.

Note: For information on calling plans, service fees, costs of local and long distance phone calls, and an explanation of long distance carriers, please refer to Module I.

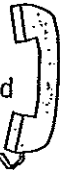


ACTIVITY

Read the sample phone bill and answer the questions below.

Independent Living Skills Module IV

PHONE CO.
1043 Telegraph Road
Bell, MA 01235



Account Number 508 555-0000 000 000 0
Billing Period Sep 11 - Oct 10, 1995
PHONE Co. Page 1

Customer	Account Number	Amount Due
Tim Davis 143 Second Street Boston, MA 01232	508-555-0000-000-000-0	\$ 48.13

Summary of account

Previous charges and credits	
Amount of last bill	\$74.27
Payment received - Thank you	74.27CR
Current charges	
PHONE Co.	29.16
Long Distance Co.	18.97
Total current charges	48.13
Total amount due	\$ 48.13
Payment is due upon receipt.	

- Total current charges are due upon receipt. Current charges will be considered delinquent after November 25.
- If you have questions about your bill, please call the individual company involved. Phone numbers for each company are listed on the account summary pages for each company.
- You have the right to dispute your bill. See the back of your phone bill for details.

CHARGE CODES
DE DAYTIME RATE
EE EVENING RATE
NE NIGHTTIME/WEEKEND RATE

PHONE Co. Current Charges

Monthly charges	
Unlimited Residential Service	\$15.85
OPTIONAL Discount Calling Plan	\$ 9.50
OPTIONAL Touch-Tone Service	\$ 0.99
Total of Monthly Charges	\$26.34

Calling Services

NO.	DATE	TIME	PLACE	AREA-NUMBER	*	MIN:SEC	AMT
1.	AUG 11	807AM	BOSTON	617 555-0000	DE	1	.270
2.	AUG 13	1212PM	MEDFORD	617 555-0000	NE	10	.402
3.	AUG 20	535PM	BOSTON	617 555-0000	EE	1	.158
4.	AUG 27	717PM	MEDFORD	617-555-0000	EE	17	.829
			OPERATOR ASSISTED DIRECTORY ASSISTANCE CALLS		0		
			DIRECTLY DIALED DIRECTORY ASSISTANCE CALLS		0		
						SUBTOTAL	1.659
DISCOUNT CALLING PLAN SUMMARY							
TIME USED						122 MINUTES	
ALLOWANCE						120 MINUTES	
ADDITIONAL PERIOD MINUTES @ .58 PER MINUTE						2	1.16

Total of Calling Services 2.82



Long Distance Co.

Account Number 508 555-0000 000 000 0
 Billing Period Sep 11 - Oct 10, 1995
 PHONE Co. Page 2.

This portion of your bill is provided as a service to your long distance carrier. There is no connection between PHONE Co. and Long Distance Co. You may choose another company for your long distance calls while still receiving your local telephone service from PHONE Co.

Summary of Long Distance Co. charges

Monthly service	10.50
Itemized calls	7.84
Federal Tax	0.24
State and Local taxes	0.39
Total	\$18.97

Monthly Service Charges
 Long Distance Co. 24 Hour Monthly Service 10.50

Itemized Calls				Time	Rate	Min.	Amount	
No.	Date	Place Called	Number called					
1.	AUG 3	FARAWAY CA	909-555-0000	09:49PM	EVE	11	\$1.87	
2.	AUG 11	FARAWAY CA	909-555-0000	07:31PM	NIGHT	12	\$1.65	
3.	AUG 25	STAUTON GA	404-555-0000	04:21PM	DAY	16	\$4.32	
							SUBTOTAL	\$7.84
							Federal Tax @3%	\$0.24
							State and Local Taxes	\$0.39
							Total Calling Service	\$8.47

\$18.97

Total Long Distance Co. Invoice Charge

How much are Tim's service charges?

How much does Tim have to pay for long distance calls?

How much does Tim have to pay for calls made through the long distance carrier?

When does Tim have to pay the bills?

Does Tim use any special calling plans? (discount options)

Independent Living Skills Module IV



ACTIVITY

Contact your local telephone company and obtain additional information on calling plans and discount options.

It is important that you pay all your utility bills on time.

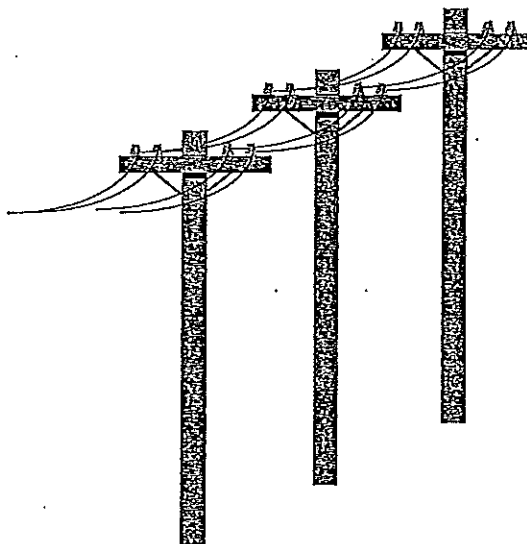
Consider the following:

Joan has not paid her phone bill for two months in a row. She did not pay attention to the due dates on the bills and forgot to send a check to the phone company. Today, Joan returned home and discovered that her phone is not working.

What do you think happened?

What advice would you give Joan?

If you have bad credit or outstanding bills with any of the utility companies, it will be difficult to continue services or to get new connections even when you move!

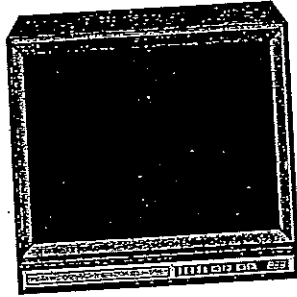


Independent Living Skills Module IV

Cable Television

Cable television is not so much a utility as a luxury service. You will need electricity and heat, but you will not *need* cable. However, if you should decide to get cable television, you need to contact your local cable company.

Note: For different options, services, and monthly costs, please refer to Module I.



The average costs associated with obtaining cable television are as follows:

\$24.52

Connection fee for cable when an outlet/wiring is already in the apartment.

\$39.74

Connection fee for cable if there is no outlet/wiring in the apartment.

Consider the following:

Brian has \$40 in his recreation budget. He is debating whether or not to order the family service cable package which would cost \$26.18 per month. He is not sure, however, if he would have enough money left over for other activities. What would you do? Why?

Independent Living Skills Module IV

TRANSPORTATION
SKILL ASSESSMENT

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

I do not *I need to* *I can do/*
know how *know more* *have done*
to do this *about this* *this*

1. Know the kind of public transportation available in my city/town and know what the fares are.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can use public transportation (if public transportation is available) to get from my house to school, work, stores, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know how to read a bus or train schedule.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Am able to ride a bicycle; know and follow the safety rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know how to use a taxi service, giving the dispatcher the necessary information (address and time) and know approximately how much the trip will cost.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Know what the procedures are to get a driver's license.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know how to make connections between different locations using schedules, making reservations, changing from one type of transportation to another (bus to train, etc.).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Can give and follow directions to specific locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Know how to get the discounts generally offered by public transportation systems.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Realize what the risks of hitchhiking are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module IV

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
11. Know how to read a road map to plan a trip from one city to another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have a driver's license and am aware of the dangers of and the laws prohibiting drinking and driving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know how to register and insure a car.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Am aware of the necessary state safety inspection schedule for cars and can keep my car in good, safe shape by checking tire pressure and tread, oil levels, wipers, lights, etc., on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module IV

COMMUNITY RESOURCES

SKILL ASSESSMENT

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

I do not know how to do this *I need to know more about this* *I can do/have done this*

1. Know where to go shopping for food, clothing, household items, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Know/Have important hotline numbers for health and safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know where the nearest hospital or health clinic is located.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Know what agencies can help people who are homeless or have no food or money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know how to use the yellow pages and the operator to get information.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Know what services the library offers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know where I can obtain medical services that are free of charge or charged on a sliding scale.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Know whom to call when I'm sick, feeling lonely, low on cash, having job problems, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Know where to get a copy of my birth certificate and social security card.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Understand which community agencies offer mental health counseling; drug and alcohol treatment; medical services and counseling for birth control and pregnancy; career counseling and training, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module IV

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
11. Know where I can get free or low-cost legal help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Know what services are offered by the state employment office and the Department of Transitional Assistance, and know where they're located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know where and how to register to vote.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Am aware of the recreational services offered free of charge or at minimal cost by my town or city and know where they are located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Know what agency to call if the landlord refuses to correct a problem with roaches, mice, or rats where I live because of the unsanitary condition of the building and yard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module IV

Independent Living Skills Module IV

You have now completed the assessment section and identified those skills that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE

GOAL: TO IMPROVE COMMUNITY RESOURCES SKILLS

State Skill 1:

I need to learn to use the public library system.

Plan:

Call or write to find out where the closest library is.

When:

One hour per week for one week.

Who:

I will do it with my foster parent's help.

Make plans to tour the library and apply for a card.

One hour per week for one week.

I will go with my cousin, Bob.

Check out books and return them on time.

One hour per week for two weeks.

I will go with my foster parent.

Independent Living Skills Module IV

Independent Living Skills Module IV

GOAL: TO IMPROVE COMMUNITY RESOURCES SKILLS

State Skill 1:
to be developed
and/or improved



Plan:
how do you plan to learn,
develop and improve this skill?



When:
when, where, and how often will you
work on this skill and by whom will you
have mastered this?



Who:
will assist you?

State Skill 2:
to be developed
and/or improved



Plan:
how do you plan to learn,
develop and improve this skill?



When:
when, where, and how often will you
work on this skill and by whom will you
have mastered this?



Who:
will assist you?

Independent Living Skills Module IV

Community Resources

Everyone at one time or another will need to turn to a community agency or organization for information or assistance. When the need arises for you, knowing where to turn for help can make the process of finding the answer to your question or solution to your problem so much easier.

How familiar are you with the community resources available in your area? To find out, try answering the following questions.

1. Jim, a friend of yours who dropped out of school two years ago, has recently lost his job as a gas station attendant. The owners sold the station to another oil company that plans to convert it into a self service station. Jim has been job hunting but hasn't found a position he's qualified for or interested in. He knows that he wants a better job than the one he had at the gas station but isn't sure what type of jobs are available. He might even be interested in a training program that would help him get his GED and possibly learn some new job skills. He has asked you for some advice. *What agencies would you suggest he contact for some help?*

2. Diane is afraid that she might be pregnant and doesn't know what to do. She doesn't want anyone to know, not her friends or parents, not even her boyfriend, no one except you. You're the only one she has confided in and now she's asking for your advice. *Where should she go to find out if she is pregnant? Is there a clinic that offers free or low cost pregnancy testing? Who can she talk to confidentially about some of the decisions she has to make if she is pregnant? Do you know?*

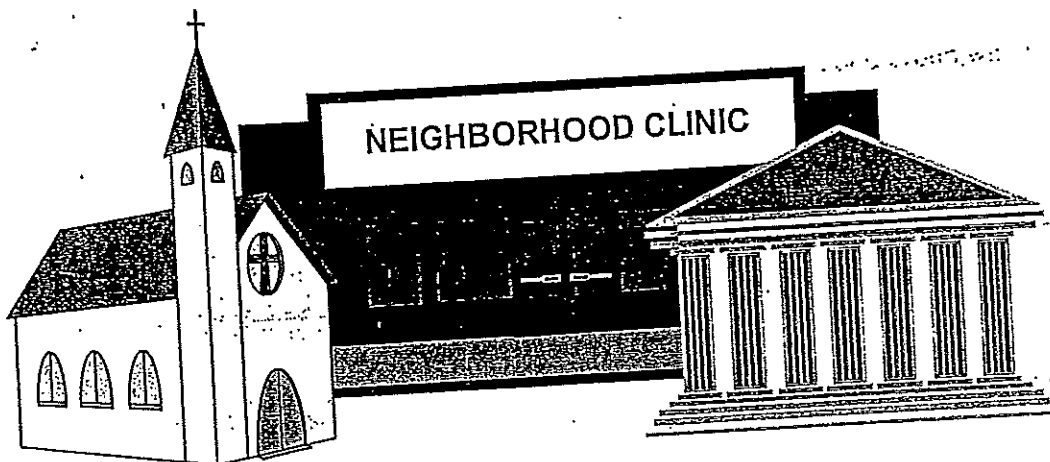
3. You and your friends are a little worried about Luis. He just doesn't seem like the same guy these days. He has been missing a lot of school lately and rarely shoots baskets after school with you and his other friends like before. Luis even looks different; his clothes look ruffled, and he has gained quite a bit of weight. His usual sense of humor is gone, too. He seems pretty down. Yesterday Luis surprised you by asking if you knew of a place where he could talk confidentially to somebody about how he's feeling. *Do you know what agency(s) to recommend?*

Independent Living Skills Module IV

4. Juan and Chris thought they had found the apartment they had been looking for when they read the ad in the newspaper. The rent was reasonable; it had two large bedrooms and a great location on the bus line, as well as a washer and dryer in the basement. They called the landlord, and scheduled an appointment to see the apartment that afternoon. When they met the landlord, he asked them how old they were and then told them that the apartment was already rented. A few days later Juan and Chris were in the same neighborhood looking at another apartment. They walked past that first apartment and saw a "For Rent" sign in the window. They're wondering now if they were the victims of housing discrimination. *Do you know of any agencies that might be able to help them?*

5. Your friend, Tyrone, is gay. Last night he was attacked by a neighborhood group who called him names, beat him with clubs, and left him bleeding in a nearby alleyway. He has called you this morning, and although he may be able to recognize his attackers, he's afraid to call the police. *Do you know of any agencies or organizations to help him?*

6. You and several friends at school talked the other day about religion, God, and spirituality. Each of you had varying ideas about these topics. You've been thinking that you'd like to begin attending a religious organization but are unsure of which organizations you'd be interested in. *Do you know how to find out about groups, churches, etc.?*



Independent Living Skills Module IV



ACTIVITY

Research the following resources within your community and write the addresses and telephone numbers in the chart below.

Resource	Address	Telephone Number
Unemployment Office		
Social Security Office		
City/Town Hall		
Library		
Post Office		
Nearest Hospital/Clinic		
Free/Sliding Fee Medical Services		
Counseling/Mental Health Services		
Food Bank / Free Clothing		
Free/Sliding Fee Legal Help		
YMCA		
Community Action		

Independent Living Skills Module IV

In addition to the resources in your community, state-wide and national hotlines offer assistance and can refer you to local organizations for help. The following listing is a sample of hotlines which might be helpful to you now or in the future.

Adult Literacy Hotline	800-447-8844
AIDS Hotline (English)	800-342-2437
AIDS Hotline (Spanish)	800-344-7432
AIDS Teen Line	800-234-8336
Alateen/Alanon	617-843-5300
Alcoholics Anonymous	617-426-9444
Alcohol Hotline	800-ALCOHOL
Ask-A-Nurse	800-544-2424
Battered Women's Hotline	800-899-4000
Career Learning Line	800-442-1171
	617-536-0200
Dating Violence Youth Hotline	617-773-HURT
Drug Abuser Anonymous	800-274-2042
Drug and Alcohol Hotline	800-327-5050
Gay and Lesbian Hotline	617-267-9001
Higher Education Center at Boston Public Library	617-536-0200
	800-442-1171
Hunger Hotline	617-523-7010
	800-645-8333
Massachusetts Department of Education	617-388-3300
Massachusetts Tenants Organization	617-367-6260
Narcotics House	800-234-0420
Planned Parenthood	800-682-9218
Rape Crisis Hotline (English)	617-492-RAPE
Rape Crisis Hotline (Spanish)	617-492-2803
Samaritans	617-247-0220
Samarateens	800-252-8336
Smokenders	800-828-4357
Teen Alcoholism Hotline	800-252-6465

Independent Living Skills Module IV

Youth Hotline (Violence Issues).....617-773-HURT
Youth Crisis Helpline800-448-4663
Youth Only AIDS Line (“YO Line”).....800-788-1234

Independent Living Skills Module IV

UNDERSTANDING THE LAW SKILL ASSESSMENT

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

I do not know how to do this *I need to know more about this* *I can do/have done this*

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/have done this</i>
1. Know what to do and whom to call if I am a victim of a crime	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Know what the term "under age" means.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know what behaviors are criminal and can be punished under the law.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Know which traffic violations can result in a traffic ticket or arrest for a minor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know how to get a lawyer if I should ever need one whether I have money for legal services or not	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Understand what my legal rights are and what to do if I am ever questioned by the police or arrested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know at what age it is legal to get married and what tests and forms have to be completed first.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Am aware of how and at what age males must register for selective services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Know that shoplifting or stealing is considered larceny regardless of how small the theft.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Understand how the court system works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*I do not
know how
to do this* *I need to
know more
about this* *I can do/
have done
this*

11. Understand the alcohol and drug laws and am aware of the punishments for convictions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Know the importance of thoroughly reading and understanding any legal document I sign, i.e. apartment lease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know how and at what age I can register to vote as well as when and where I should vote.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module IV

You have now completed the assessment section and identified those skills that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE GOAL: TO IMPROVE LAW SKILLS

State Skill 1:

I need to understand what to do about a traffic ticket.

Plan:

Ask others how they have handled a traffic ticket.

Talk to police officer about traffic tickets and how to handle them.

Go to traffic court and see what happens there.

When:

Half hour per week for two weeks

One hour per week for one week

One hour per week for one week

Who:

I will ask my foster parents and their neighbor Mr. Stern.

I will call the police department and go talk to the policeman with my foster parent.

I will find out when an where court is held and go with my foster parent.

Independent Living Skills Module IV

Independent Living Skills Module IV

GOAL: TO IMPROVE LAWSKILLS

State Skill 1:
to be developed
and/or improved



Plan:

how do you plan to learn,
develop and improve this skill?

When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?




Who:
will assist you?

State Skill 2:
to be developed
and/or improved



Plan:

how do you plan to learn,
develop and improve this skill?

When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?




Who:
will assist you?

Independent Living Skills Module IV

THE LAW

How much do you know about the law? Take this quiz to find out. Please circle *True* or *False*.

- True or False* 1. A person stealing hubcaps from a car can be charged with larceny.
- True or False* 2. A 17-year-old who commits a crime will be charged as an adult.
- True or False* 3. Juveniles under the age of 17 can be tried as adults for certain crimes.
- True or False* 4. A friend is arrested for unauthorized use of a motor vehicle. He took the neighbor's car without his permission. Although you were only a passenger in the car, you can be arrested too.
- True or False* 5. Possession of marijuana is a misdemeanor for the first offense and a felony for the second offense.
- True or False* 6. It's against the law to carry on your person or use as a weapon a knife with a blade that's longer than three inches.
- True or False* 7. Rape is a felony.
- True or False* 8. You can get medical help for a drug problem without legal penalties, according to federal law.
- True or False* 9. A person who is arrested for trespassing will be charged with a misdemeanor.
- True or False* 10. The police can search you if they believe that you have broken or are about to break the law.
- True or False* 11. Legal immigrants (resident aliens) will be deported if they commit a felony.

(All the answers are True.)

Independent Living Skills Module IV

Many people are confused about the meaning of the terms misdemeanor, felony, and violation. If you're one of them, here's some help.

Violation

Failing to stop (car) at a stop sign, person who is not handicapped parking in a handicapped space, littering where "no littering" signs are posted

Punishable by a fine or imprisonment in the county jail.

Misdemeanor

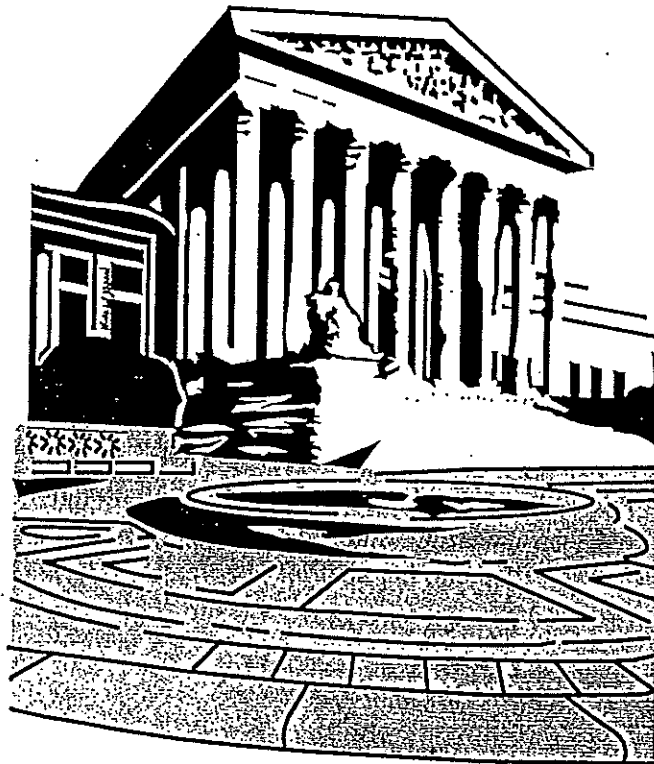
Trespassing, shoplifting(Under \$200), vandalism

Punishable by a fine or imprisonment in a house of correction for two and one-half years or less.

Felony

Shoplifting (more that \$200), assault and battery with a dangerous weapon, discharging a firearm within the city limits, robbery, rape, child abuse, murder

Punishable by imprisonment in state prison for two and one-half years or more.



Independent Living Skills Module IV



ACTIVITY

With the help of your social worker, foster parent, or program staff, answer the following questions:

A) What happens if someone gets arrested?

B) What tasks do district attorneys have?

C) If someone has been arrested but does not have money to pay for a lawyer, does she/he still have the right to legal counsel?

D) What is "bail"?

E) What is "probation"?

F) What is a jury?

G) Who can be called for jury duty?

H) What is the difference between civil and criminal law?

I) At what age is it legal to drink alcohol?

J) What is a plaintiff?

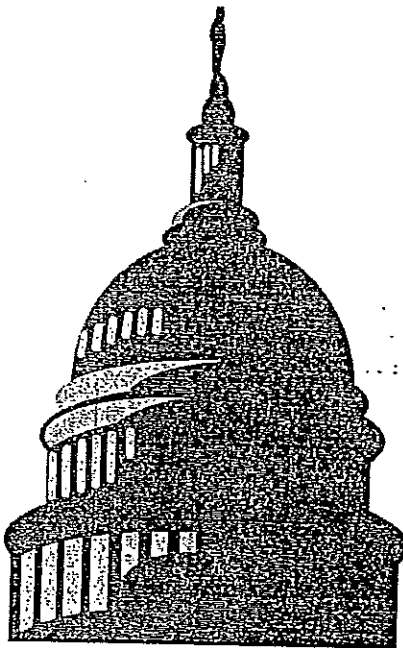
Independent Living Skills Module IV



ACTIVITY

Research the possible legal consequences for the following offenses and record the answers in the chart below.

Offense	Penalty
<i>Shoplifting</i>	
<i>Driving Without a License</i>	
<i>Robbery</i>	
<i>Possession of Stolen Property</i>	
<i>Assault</i>	
<i>Possession of Drugs</i>	
<i>Possession of a Dangerous Weapon</i>	



Independent Living Skills Module IV

Consider the following:

A friend of yours is supposed to attend a court date for trespassing tomorrow. He tells you that he is not planning to go because he did not do anything wrong. *What advice would you give him?*

Missing a court date can have serious consequences! If someone misses a scheduled court date, the judge can order a warrant to be issued, and he/she will be arrested. Once arrested, he/she might remain in jail until the next court date, or the judge might order bail to be posted.

Consider the following:

Another friend of yours has some legal questions in regard to the lease she is about to sign, but she does not have the money to consult with an attorney. *What advice would you give her?*

Signing any contract is serious business. Once you have signed, you are legally bound to the stipulations of the contract. If you have questions about any contract, it is always a good idea to consult with someone. If you do not have enough money to pay for legal services, you can contact any of the agencies listed below for free legal help.

Harvard Legal Aid Bureau
1511 Massachusetts Avenue
Cambridge, MA
617-495-4408

Massachusetts Bar Association
Lawyer Referral Service
20 West Street
Boston, MA
617-542-9069

Legal Assistance Corporation of Central
Massachusetts
332 Main Street, Suite 320
Worcester, MA
508-752-3718

Massachusetts Commission Against
Discrimination
1 Ashburton Place, Room 601
Boston, MA
617-727-3990

South Middlesex Legal Services

Independent Living Skills Module IV

354 Waverly Street
Framingham, MA
508-620-1830

Public Counselor's Service
44 Church Street
Lowell, MA
508-458-7161

Volunteer Lawyer's Project
8 Winter Street, Suite 400
Boston, MA
617-423-0648
617-338-6790 TTY

Western Massachusetts Pro Bono Referral
System
145 State Street
Springfield, MA
413-781-7815

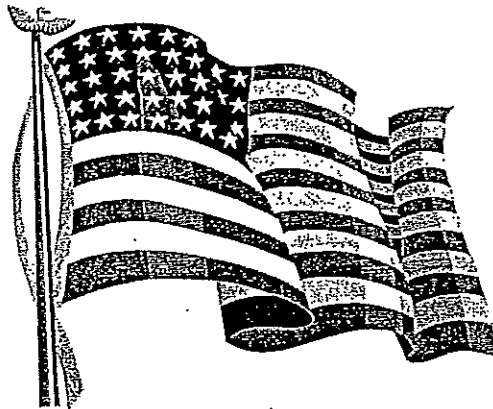
THE RIGHT TO VOTE

The government of the United States of America is a democracy which, as you know, means that its citizens (age 18 and older) have the right to vote.

Officials at all levels of government -- from the President of the United States to the mayor of a city -- are elected by the citizens.

Before you can vote in an election, however, you must:

- be 18 years of age or older; and
- register to vote.



- ACTIVITY

1. Find out where and when you can register to vote in your town/city.
2. Find out where you would go to vote if you were eligible to vote in the next election.

Independent Living Skills Module IV

RECREATION

SKILL ASSESSMENT

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

I do not know how to do this *I need to know more about this* *I can do/have done this*

1. Have a sport or activity that I participate in during my free time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Usually have no problem planning what I'll do during my free time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know which leisure activities cost money and which do not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Am able to participate in my leisure activities while staying within my weekly budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Include regular physical exercise as a part of my free time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Know of and use the community recreational resources such as parks, pools, tennis courts, gyms, etc., that are free or have a small user's fee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know what some of the benefits of volunteering are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understand the difference between competitive/non-competitive leisure activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Know which agencies/organizations/schools accept youth volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module IV

You have now completed the assessment section and identified those skills that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE
GOAL: TO IMPROVE RECREATIONAL SKILLS

State Skill 1:

I want to find something fun to do on Saturdays.

Plan:

Find out what types of recreation are available in my area.

Choose three programs and get more information about them.

Choose one of the programs and enroll in it.

When:

One hour a week for three weeks.

One hour a week for three weeks.

One hour during one week.

Who:

I will do it with my foster sister, Bafinda.

I will do it with Bafinda and my foster parents help.

I will enroll with my foster parents help.

Independent Living Skills Module IV

Independent Living Skills Module IV

GOAL: TO IMPROVE RECREATIONAL SKILLS

State Skill 1:
to be developed
and/or improved

[Empty rectangular box]



Plan:
how do you plan to learn,
develop and improve this skill?

[Three empty rectangular boxes for planning]

When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?



[Three empty oval shapes for scheduling]

Who:
will assist you?

[Three empty octagonal shapes for identifying assistance]

State Skill 2:
to be developed
and/or improved

[Empty rectangular box]



Plan:
how do you plan to learn,
develop and improve this skill?

[Three empty rectangular boxes for planning]

When:
when, where, and how often will you
work on this skill and by when will you
have mastered this?



[Three empty oval shapes for scheduling]

Who:
will assist you?

[Three empty octagonal shapes for identifying assistance]

RECREATION

Recreational activities are an important part of our lives. They enable us to relax, socialize, and have fun!

What do you like to do during your free time?

As you know, some types of entertainment, like going to the movies, may not be a frequent option -- particularly when you're on a limited budget. But there are numerous recreational opportunities that are free or fairly inexpensive right in your own community.



ACTIVITY

Research low cost/free recreational opportunities within your community and list them in the chart below.

Free Activities	Activities With A Small Fee

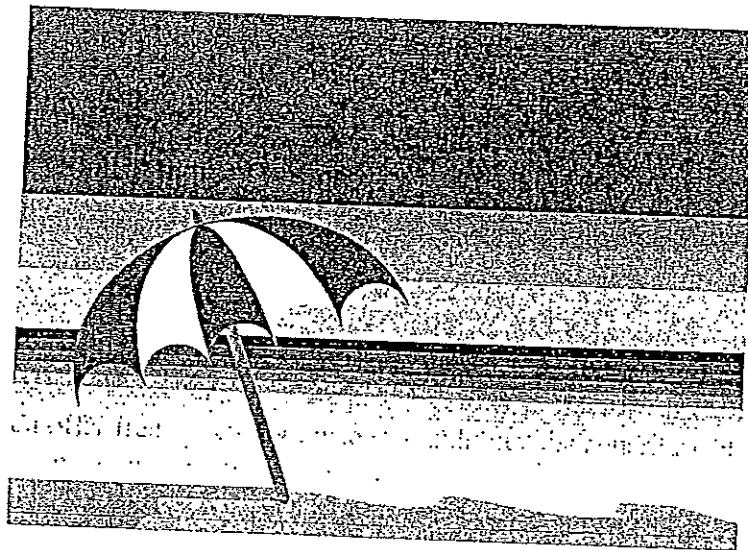
Independent Living Skills Module IV



ACTIVITY

Public libraries often offer free tickets for museums, exhibits, the aquarium, etc., to its members. Find out what tickets are available through your local library.

--



Consider the following:

Darrell: Free time! There's never enough of it. Between work, school, and all other things I have to do, there doesn't seem to be time enough to do the fun things I really enjoy.

Sue: How boring! Another Sunday afternoon with nothing to do. The day just drags by. I'm really tired of this.

Sue and Darrell have different feelings about their free time. Does one of their statements sound like something you might say? It may seem strange, but both Sue and Darrell have a similar problem. They don't take their free time seriously enough to plan it. Therefore, it seems to be passing them by.

Complete the following charts to get a better idea of just how much free time you have and what you're doing now during that time. You can also start planning for those activities you might really have time for! The first schedule has Friday's activities filled in as an example.

Independent Living Skills Module IV

Activity Schedule for the Week of _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 A.M.					Get Ready/Eat		
8:00 A.M.					School		
9:00 A.M.					School		
10:00 A.M.					School		
11:00 A.M.					School		
NOON					Lunch		
1:00 P.M.					School		
2:00 P.M.					School		
3:00 P.M.					Watch TV		
4:00 P.M.					Watch TV		
5:00 P.M.					Watch TV		
6:00 P.M.					Eat Supper		
7:00 P.M.					Work		
8:00 P.M.					Work		
9:00 P.M.					Work		
10:00 P.M.					Hang out with friends		
11:00 P.M.					Go Home		
MIDNIGHT					Sleep		

Independent Living Skills Module IV

Activity Schedule for the Week of _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 A.M.							
8:00 A.M.							
9:00 A.M.							
10:00 A.M.							
11:00 A.M.							
NOON							
1:00 P.M.							
2:00 P.M.							
3:00 P.M.							
4:00 P.M.							
5:00 P.M.							
6:00 P.M.							
7:00 P.M.							
8:00 P.M.							
9:00 P.M.							
10:00 P.M.							
11:00 P.M.							
MIDNIGHT							

Independent Living Skills Module IV

After you have charted your activities for one week, review each day and circle your free time hours.

1. How many hours of free time did you have during the week? _____
2. List below all of the leisure activities you participated in during the week and the time you spent with each.

3. Are there other activities that you would like to participate in that are not on your list above? What are they?

4. From your answer to Question 3, choose one or two activities and try planning when, where, and with whom you might begin including them in your weekly schedule.

Activity	When (on what day, what time?)	Where	With Whom
<i>Example:</i> Aerobics	Mon. & Wed. at 3:30 P.M. and Sat. at 10:00 A.M.	YWCA	Jan

Try completing the Weekly Activity Chart for the next few weeks to see how successful you can be at including the new activities in your life.

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VOLUNTEERING

Many people of all ages like to spend part of their free time doing some kind of volunteer work at a hospital, day care center, homeless shelter, etc. The satisfaction of helping others along with the opportunities to learn new skills and gain work experience are just some of the benefits of volunteering. Young adults just like you are making valuable contributions to their communities. If you're interested, here are some volunteer opportunities to consider.

If you would like to work with:

Children

The handicapped

The elderly

People who are sick

People who are hungry/homeless

You might volunteer some time at:

Day care centers, Big Brother/Sister Organizations, Boy/Girl Scouts.

Mass. Commission for the Blind, community association for retarded citizens, state schools.

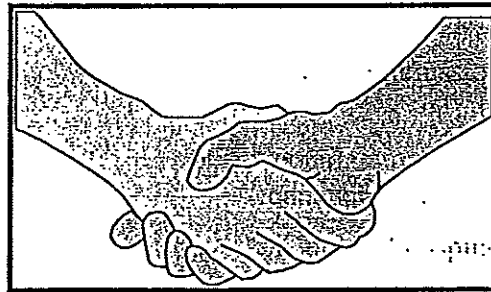
Commission for Elder Affairs, nursing homes, community elder service agencies.

Your local hospital, nursing homes, the American Cancer Society.

Local food pantries, homeless shelters.

Other ways to help your community might include the following:

- recycling
- educating through youth peer groups.
- attending public hearings, school board meetings, etc.
- organizing community efforts
- serving through churches and other charitable organizations



ACTIVITY

Check your daily newspaper to find additional volunteer opportunities in your community.