

EAST AURORA SCHOOL DISTRICT

RESOURCE DIRECTORY

OF

COMMUNITY PROGRAMS & AGENCIES

**Resources provided by
Erie County Council for the Prevention of Alcoholism & Substance Abuse**

Building Directory

| BUILDING | Telephone Number |
|----------------------------|-------------------------|
| East Aurora High School | 687-2505 |
| East Aurora Middle School | 687-2453 |
| Parkdale Elementary School | 687-2352 |

Building Contacts

| Building | Contact | Telephone |
|--|--------------------------------------|------------------|
| High School 1003 Center Street East Aurora, NY 14052 | James Hoagland, Principal | 687-2504 |
| | William Roberts, Assistant Principal | 687-2502 |
| | James Coleman, Psychologist | 687-2520 |
| | Julie Duffett, Social Worker | 687-2511 |
| | Mary Ann Huber, Counselor | 687-2508 |
| | Janet Lopez, Counselor | 687-2506 |
| | Kelly Werdein, Counselor | 687-2507 |
| | Kari Maloney, Nurse | 687-2550 |
| | Joe Ferrara, Resource Officer | 687-2519 |

| Building | Contact | Telephone |
|---|--------------------------------------|------------------|
| Middle School 430 Main Street East Aurora, NY 14052 | Mark Mambretti, Principal | 687-2451 |
| | Catherine Warda-Bender, Psychologist | 687-2424 |
| | Janet Lopez, Counselor | 687-2455 |
| | Carrie Cole, Counselor | 687-2445 |
| | Babette Aungst, Nurse | 687-2450 |

| Building | Contact | Telephone |
|---|------------------------------------|------------------|
| Parkdale Elementary 141 Girard Avenue East Aurora, NY 14052 | Colleen Klimchuck, Principal | 687-2351 |
| | Marcia Nagle-Ahern, Psychologist | 687-2391 |
| | Deanna Bartolotti Brown, Counselor | 687-2361 |
| | Sandy Todaro, Nurse | 687-2355 |

LOCAL EMERGENCY AGENCIES

**In an EMERGENCY
DIAL 911**

POLICE

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| East Aurora Police Department 571 Main St 652-1111 |
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FIRE DEPARTMENTS

| | | |
|---|--|---|
| East Aurora Fire Department 575 Oakwood Ave 652-2222 | West Falls Fire Department 571 Main St 652-2220 | South Wales Fire Department 6406 Olean Rd 652-6659 |
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EMERGENCY ASSISTANCE

| | |
|--|---------------|
| Crisis Services | 834-3131 |
| Erie County Dept. of Social Services..... | 858-8000 |
| Anonymous Reporting of Drug Selling/Dealing..... | 1-800-GIVETIP |
| Poison Control..... | 878-7000 |

LOCAL COMMUNITY RESOURCES

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| To find Health and Human Services programs in WNY contact: Central Referral 851-5555 or Dial 2-1-1 www.211wny.org |
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Counseling Services

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| East Aurora Family Support Center 687-2454 Short term counseling services to East Aurora district families at no charge. |
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|--|----------|
| Catholic Charities..... | 856-4494 |
| Hamburg Office | 648-6515 |
| Child & Adolescent Treatment Services..... | 835-4011 |
| Hamburg Office | 646-4991 |
| Child & Family Services..... | 842-2750 |
| West Seneca Office | 674-2206 |
| East Aurora Psychological Services..... | 652-8100 |

Chemical Dependency Resources

Counseling Services and Resources:

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|---|----------------|
| Alcohol Dependency Services..... | 854-2997 |
| Bry-Lin Hospital..... | 1-800-727-9546 |
| Buffalo General Hospital..... | 859-7190 |
| Buffalo Teen Challenge..... | 855-0602 |
| Chemical Dependency Services..... | 862-2059 |
| Child & Family Services..... | 842-2750 |
| Erie County Council for the Prevention of Alcohol & Substance Abuse..... | 831-2298 |
| Erie County Medical Center..... | 898-3000 |
| Family Addiction Services..... | 855-0163 |
| Horizon Human Services..... | 831-1800 |
| Jewish Family Services..... | 883-1914 |
| Mid Erie Counseling..... | 896-7350 |
| Monsignor Carr Chemical Dependency Program..... | 835-9745 |
| Orchard Park Dependency Program..... | 662-6638 |
| Renaissance House..... | 821-0391 |
| Research Institute on Addictions..... | 887-2387 |
| Sheehan Memorial Hospital..... | 848-2000 |
| Sisters Hospital..... | 862-1010 |
| Stepping Stone..... | 894-7966 |

Substance Abuse Assessments/Evaluations:

| | |
|--------------------------------------|----------|
| Southern Erie Clinical Services..... | 648-7584 |
| Spectrum Human Services..... | 662-6638 |

Informational Websites:

WNY United Against Drugs & Alcohol Abuse, Inc. www.wnyunited.org

Erie County Council for the Prevention of Alcoholism & Substance Abuse
www.eccpasa.info

Substance Abuse and Mental Health Services Administration www.samhsa.gov

Legal Assistance:

| | |
|----------------------------------|----------|
| Neighborhood Legal Services..... | 847-0650 |
| Erie County Bar Association..... | 852-3100 |
| Volunteer Lawyers Project..... | 847-0662 |

WHAT IS SAFEHOMES?

SafeHomes is a parent networking campaign based on the belief that to prevent a child from using drugs you need to create an atmosphere where drug use is not acceptable. One of the main reasons kids take drugs is pressure from peers. When parents join together and take a united stand against drug use, they become much more effective than if they act separately. Parents can benefit from the support of other parents by helping each other resist pressure from a parent who does not set the same limits on their children's behavior.

What Are the Goals of the SafeHomes Parent Network Campaign?

- To aid parents in educating themselves about the use of alcohol and other drugs by adolescents.
- To encourage parents to openly communicate with one another about parenting concerns
- To assist parents in establishing reasonable guidelines for their children's behavior
- To make parents aware of alternative activities available to youth
- To function as a continuing support network, for both parents and children

SafeHomes Parents agree......that we will cooperate with schools, law enforcement agencies and young people to create a healthy atmosphere in which the use of alcohol and other drugs is no longer considered the norm.

In order to do this, we will support the following guidelines:

1. We will develop and communicate a clear position about alcohol and other drug use.
2. We will not allow parties and gatherings in our homes when we are not present.
3. We will work toward strengthening school policy regarding the use of alcohol and other drug use
4. We will agree to support law enforcement policy regarding the use of alcohol and other drugs and encourage the use of appropriate discipline and treatment in dealing with offenders.
5. We will not allow the illegal use of alcohol or other drugs in our home or on our property.
6. We will communicate with other parents in our child's social circles.

If I join SafeHomes, won't my child think I don't trust him/her?

Trust does not have to be "blind trust". Parents have every right to question where their children are going, or what they are doing. Sometimes we need to love our children enough not to trust them. We need to realize that they are growing up in a world much different from the one in which we grew up. What was experimentation in the 50's and early 60's has become regular use. The statistics don't lie. We have an epidemic of drug/alcohol dependence among our young; and their dependence is growing by geometric proportions. Members of SafeHomes can be open about their activities with their children. They may tell their children that they are members of a group because they care and want to be informed about the world in which the child is living. A child can always be told,

"I love and trust you, but I don't trust the world in which you are growing and I need to know about that world in order to be a good parent to you."

SafeHomes contracts are not legally binding, but are statements of concern and intent. SafeHomes and its members are not able to guarantee or enforce compliance. Parents are the best protection young people have against drug abuse. Remember that friends don't set boundaries, parents do! If you are interested in learning more about SafeHomes please contact one of your child's building contacts listed on page one.

PROMOTING HEALTHY LIFE CHOICES

(The following information is provided by the Erie County Council for the Prevention of Alcoholism & Substance Abuse www.eccpasa.org and www.eccpasa.info/safehomes.htm)

TAKE A FIRM ANTI-ALCOHOL AND OTHER DRUG STAND!

WHY DO KIDS DO DRUGS?

Availability is the Prime Reason

- CURIOSITY:** Students hear about “highs” and want to find out!
- PEER PRESSURE:** Student drug abusers are almost “drug crusaders”. It becomes the “in” thing to do. Some students believe it is the way to become popular, to join a clique, to really be where the action is.
- INSECURITY:** Desire for affection, identity; low self-esteem; feeling of being a “nobody” from “nowhere” and being left out of everything that is important at their age by their peers.
- BOREDOM:** Lack of excitement, zest, thrills, fun and challenge in a dull, routine life. “There’s nothing to do”.
- ESCAPE:** From seemingly insurmountable or painful problems at home, in school or in the community.
- REBELLION AGAINST AUTHORITY:** Unwillingness to accept the discipline of home, school, and society. Desire to do “ones own thing” when one wants to regardless of the rules.
- AFFLUENCE & PERMISSIVENESS:** The result of being able to have almost everything one wants because of overindulgence; or failure of home, school, or society to provide fair and understanding limits of behavior of people of all ages.
- LACK OF SUCCESS:** While it is important to allow our young people to experience failure as a natural consequence, every person needs to know some success in life on a regular basis – not just a promise for an indefinite future. Frequent failure can rob a person of confidence, self-esteem, self-respect. To compensate, many young people find their “success” in the dream world of alcohol and

other drugs where failure is temporarily (for as long as the high lasts) forgotten.

ABSENCE OF STANDARDS & ETHICS:

The inability of many families to establish and maintain standards and ethics has, unfortunately, led too many young people to become involved in unacceptable behavior, simply because they neither knew nor accepted limitations designed for their own enhancements, as well as for that of others with whom they had to interact daily. Young people need “models”, people whose actions as well as beliefs are worthy of acceptance and emulation.

COMMON SENSE

- ✓ Know your child’s friends as well as their parents.
- ✓ Know where your children are, and let them know where you are.
- ✓ When kids are home alone, make sure they know how to get help.
- ✓ Always let them know where you are going and when you plan to return.
- ✓ Assure your children that they can contact you to be given a ride home whenever needed.
- ✓ Leave a taped or written message for your child if no one will be home when they get there after school.
- ✓ Be awake or ask to be awakened when your young people and their friends come home at night.
- ✓ Verify your child’s activities. Find out if they are parent-supervised and make sure that there will be no alcohol or other drugs served.
- ✓ Abide by set curfews for weekdays and weekends.
- ✓ Encourage small parties and do not allow party crashers or activities potentially harmful to any guests. **Be visible hosts.**
- ✓ Contact the parents of kids you suspect to be high, stoned or drunk. Also be willing to provide transportation to protect such youth and contact the appropriate law enforcement agency if necessary.

PARENT POWER – USING TEACHABLE MOMENTS

12 PARENT POWER TIPS

1. An important aspect of teaching about drugs is to listen carefully to the child’s view.
2. Drugs are a part of our society and are all around us; it is the parents’ right and responsibility to be active in the drug education of the child.
3. Emphasize the immediate negative consequences of substance use. Long range risks are of no value in deterring experimentation or use. Immediate consequences include throwing up, being out of control and having people laugh at you.
4. Dispel the “myth” that everyone is doing it.
5. Teach your children “refusal skills.” Teach them how to resist the social influences and still be accepted by their peer group. Rehearse situations they may be confronted with and how they can get out of it or delay a decision.
6. Make them aware of advertising techniques that promote the myths about alcohol and other use.
7. Stress the fact that drug/alcohol induced “highs” are short-lived and not long-lasting concrete experiences. “Highs” achieved through hard work and effort are fond memories and can be re-created.

8. Parents, share your own personal experiences, both negative and positive, in confronting peer pressure. Be honest. Let your children know that adolescence is not an easy, fun-loving time. Share with them that it is a time of difficult decisions and explorations.
9. Parents are significant models for their children, in all respects including drug use. Children imitate behaviors and learn attitudes about all drugs from important adults in their lives, especially parents.
10. Drinking behaviors are learned through observing and imitating parents, other adults and peers. Some children drink because; 1) it appears to produce feelings of pleasure; 2) because it is a symbol of adulthood to them and they want to be like those adults they look up to.
11. Using the natural setting and capitalizing on the teachable moments can be a useful approach to help the child learn about drugs.
12. An exchange of views and beliefs is more effective than parental “scare tactics”.

SIGNS AND SYMPTOMS

Any one of the following behaviors can be a symptom of normal adolescence, however take a couple together, and your child may be having a problem. Parental instincts can be a valuable guide.

PERSONALITY CHANGES

- Less caring and involvement at home
- Lack of motivation
- Frequent irritability
- Periods of paranoia due to dual life
- “I don’t care” attitude
- Unexplained mood-swings alternating between depression and anxiety or hyperactivity and euphoria

BEHAVIORAL CHANGES

- School attendance problems
- Drop in grades
- Increased need for money (parents may notice money or negotiable articles missing from home)
- Quitting or getting fired from a job
- New friends, with no last names, no contact with parents, lying, secretiveness, mysterious calls (part of dual life)
- Inability to concentrate, short attention span
- Spending more time in room or away from home
- Verbal and physical abuse toward parents siblings, property. Tantrums over seemingly minor issues.

PHYSICAL CHANGES

- Change in appearance (weight loss, pale face, circles under eyes)
- Red eyes (or frequent use of eye drops)
- Unexplained skin rashes, increased acne
- Persistent cough, frequent colds, low resistance to illness
- Changes in eating or sleep patterns

PHYSICAL EVIDENCE

- Eye drops (Visine, Murine, etc.)
- Mouth wash or breath sprays
- Cigarette rolling papers
- Roach clips (clip device used to hold end of joint). Alligator clip
- Bonges (glass tube structure for smoking pot), mirror or straws
- Pipes and small screens (used in pipes, about the size of a nickel)
- Seeds (from marijuana plants)
- Burning incense, room deodorizers
- “Baggies”
- “Stash cans” often disguised as cans of beer, cola and even Chapstick
- Drawings of marijuana leaves – on tee shirts, belt buckles, etc.

USE AND ABUSE OF OVER THE COUNTER AND PRESCRIPTION DRUGS

Teens believe that prescription drugs are a “safe” way to get high because they are prescribed by physicians and they are not street drugs. Teenagers report using these drugs to help them deal with stress, anxiety, depression, insomnia and pain relief. Prescription drugs are easily accessible and free can be found at home in medicine cabinets.

Dangers of Prescription drugs:

- Over the counter pain relievers and depressants can cause breathing difficulty that can result in death. They also can affect motor skills, judgment, and learning ability.
- Stimulants can lead to heart failure, seizures, hostility and paranoia.
- Cough and cold remedies have serious effects as well. Abuse can lead to blurred vision, coma and death. Teens have reported having mixed prescription drugs and alcohol. This can lead to respiratory failure and death.

Signs of Prescription Drug Use:

| | | |
|---------------------|-----------------------------------|----------------|
| Missing pills | Empty cough/cold medicine bottles | Fatigue |
| Behavioral changes | Constricted pupils | Slurred speech |
| Personality changes | Mood swings | Irritability |
| Excessive energy | Change in appetite | Forgetfulness |

Proper Prescription Drug Disposal:

- Take your prescription drugs out of their original containers.
- Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
- Put the mixture into a disposable container with a lid, such as an empty margarine tub or a resealable bag.

Prevention:

- Safeguard medicines at home and ask others to do the same.
- Set clear rules about drug use including prescription and non prescription drugs.
- Lead by example and don't share your prescriptions or take other medications prescribed to others.

CONFRONTING THE DRUG ISSUE

Confront the Issue

Be open and honest about your feelings but don't let anger or fear overwhelm your effectiveness in communicating with your child. Very little good comes out of an emotionally charged situation. Take a walk and cool down before considering the best way to respond. Don't confront when your child or you are "high" or drunk – it's just a waste of time. There are healthy and unhealthy ways to respond to a problem. Both ways take time, energy and planning.

Don't Minimize and Deny

Sometimes, even in the face of unalterable facts, we, as parents, want to believe otherwise. Putting your head in the sand may be comforting, but it is also counterproductive. Under-acting is as harmful as overreacting.

Treat the Behavior and Set Standards

Name-calling, scolding, blaming, and threatening can create bitterness. Mutual respect should be safeguarded, especially when serious problems arise.

Don't be Afraid to Set Standards

One of the comments counselors often hear from adolescents is that parents have not taken a stand at appropriate times. Often they wish parents would say "NO" clearly and firmly. Not taking a stand may lead the adolescent to wonder if their parents really care for them. Failing to carry through with promised consequences is often more damaging than having no consequences at all.

For the Time Being, Don't Ask Why

Sometimes parents are made to feel guilty when problems arise with their children. The home environment is only one of the several forces affecting your child. If you feel guilty, your child can more easily exploit these feelings in order to avoid the real issues. For the time being, work with what's happened rather than why it happened.

Ask for Help

There are many confidential resources available to parents – if you'll only ask. They can help you sort out whether there is a serious problem and what you might do about it. You can ask another adult, school counselor, school social worker, school psychologist, or professional alcohol or drug counselor for advice.

COLLECT INFORMATION – SUSPEND JUDGEMENT – ASK FOR HELP AND SUPPORT

WHEN A KID IS HIGH, STONED OR DRUNK

What to do if your son/daughter comes home drunk or stoned.....

That Night

Do...try to remain cool and calm.

Do...verbally attempt to find out what substances they have ingested, and under what circumstances.

Do...if son/daughter is incoherent and/or quite ill call a doctor or take to emergency room.

Do...say to son/daughter "we will talk about this tomorrow."

Do...send son/daughter to bed and check frequently during the night.

Do Not...shout at, accuse or physically abuse your son/daughter. All is quite useless when they are in this condition.

The Next Day

Do...have them assume responsibility for their actions including clean up.

Do...have a talk with son/daughter immediately.

Do...try to find out the circumstance under which they came to use drugs/alcohol including the people he/she was with.

Do...let your son/daughter know you do not condone their behavior and you will be watching him/her closely in the future.

Do...establish guidelines for behavior with your son/daughter as well as curfews for going out with friends. Expect compliance.

Do...consider with son/daughter alternative activities to avoid repeat exposure to drugs/alcohol.

Do Not...have your discussion with your son/daughter if you are too angry to talk about it without losing your temper. Wait until you can discuss it calmly. Don't try to hide the incident from other family members.

SPEAKING UP

How and when do you draw a line and risk telling a friend, neighbor or parent that their kid is using drugs or alcohol?

The best guideline for taking action on factual information you have regarding drug or alcohol use by an adolescent is to ask yourself the following questions:

- **Would you feel guilty if someone you knew overdosed or were involved in a DWI?**
If it would bother your conscience, risk the consequences of telling someone.
- **Is the drug/alcohol use a potential threat to the health and well being of the person?**
If you are maintaining a “trust” relationship with the user, or your child is preventing you for taking action, ask yourself – what should take priority in your decision – life or trust? Sometimes in order to save a life, the circle of trust must be expanded.
- **Can you make choices and make decisions you can live with?**

NEVER PUT YOURSELF IN DANGER. Doing nothing is enabling drug use among adolescents. Not communicating your concern allows youth to continue to use substances. Our silence sends a strong message to youth that we condone their alcohol and drug use.

LET’S LOOK AT THE BOTTOM LINE

What are the potential negative consequences or risks we take by telling someone?

- Loss of friendship
- Possibly hurting someone by exposing their denial of the problem
- Risk exposing sensitive feelings
- Possibly being accused of being a “busybody”, “narc” or a “snitch”
- Becoming emotionally involved in the situation
- Possibly being blamed or faulted for your involvement
- DEATH – getting involved, in some instances, can be very dangerous. If this is true for you, get outside help.

IT’S TIME TO STOP DENYING A PROBLEM EXISTS!

Realize and weigh the risks. Be willing to take action! Show them that you care for them enough by:

- Sharing your concern with your child
- Speaking to the abuser
- Speaking to the youth’s parents

SHARING YOUR CONCERN WITH YOUR CHILD

If your child is a friend of the youth who is abusing drugs/alcohol it is important to share with them why you feel you must take action.

- ✓ Explain that you are telling what you know because you are worried and concerned.
- ✓ Emphasize it is not “snitching” but reaching out to help someone.
- ✓ Your goal is not to get the user in trouble.
- ✓ Suggest they share the drug/alcohol use they have observed with their friend.
- ✓ Give your child the opportunity to tell the parent of their friend. (If this is too risky for the child, an adult can offer to go with the child to help the parent/guardian find help.)

Speak To The Drug/Alcohol User

Be objective and honest. Share what changes in behavior and attitude you have personally observed.

- ✓ Stay calm. Don't lecture, moralize, scold, blame, threaten, argue, attack, or lose your temper.
- ✓ Share physical evidence of drug/alcohol usage.
- ✓ Don't allow the user to lie to you. Taking responsibility for oneself is essential to motivating a person to find help.
- ✓ Accept no promises. Work towards a pledge to take action and develop a plan to seek help.

Speaking to the Youth's Parents

Explain that you are concerned and that it was difficult deciding whether or not to come forward and tell them what you know.

- ✓ Stick to the facts as you know them.
- ✓ Share only what you have personally observed. Denial is normal – keep talking!
- ✓ Don't put the parents on the defensive or in a corner.
- ✓ Be empathetic and give them support.
- ✓ Remember that blaming, criticizing or lecturing won't help resolve the problem.
- ✓ Allow the parents to open up and to express their feelings and frustration.
- ✓ Suggest that they contact someone to help and support them in assessing the extent of their child's drug/alcohol use.

PREVENTION DOES WORK!!

SUBSTANCE USE IS A RISK FACTOR FOR SUICIDE AND SEXUAL ACTIVITY

Violence

A study conducted by the Johnson Institute confirms that destructive school behaviors such as vandalism, violence and truancy are far more interrelated with student use of alcohol and other drugs than had been previously measured. It was also found that those behaviors affect a school's education climate even if the drug use occurs outside the school grounds.

Suicide

Recognizing that substance abuse is an important risk factor in suicide attempts and completions among adolescents, Alan L. Berman, Ph.D., of Washington D.C. Psychological Center and Richard H. Schwartz, M.D. of Vienna, Virginia, conducted a survey of 298 adolescents enrolled in an outpatient treatment program for substance abuse. Of the primarily male Caucasian populations, 61 percent used marijuana and hash, and 21 percent alcohol. Sixty percent of participants used substances at least once daily. The majority of participants reported thinking of suicide in the past, and 30 percent had attempted suicide. Forty percent of those who attempted suicide, used drugs within eight hours of the attempt. In one-third of the cases, parents never found out about the suicide attempt.

Sexual Risks – Adolescents

Alcohol and drug use makes adolescents more susceptible to early initiation into sexual involvement. The impulsiveness and carelessness of intoxicated sexual activity among teens is linked with inadequate birth control, unwanted pregnancies, individual and gang rape, venereal disease, and AIDS. Excessive drinking, especially when coupled with marijuana or cocaine use, can diminish the immune response to the herpes and AIDS viruses. The majority of cases of date rape also involved alcohol or other drug use.

HOST LIABILITY

The host of a party at which minors consume alcohol or drugs may be held civilly liable if the minors cause injury to others. Liability can be based on the common law concept of negligence or on statutory provisions. The host may also be held criminally liable.

PARENT'S LIABILITY

Definition of "minor" under New York Law

The definition of a "minor" varies depending on the circumstance of a particular case. The General Obligations Law defines a "minor" or "infant" to be "a person who has not attained the age of eighteen years." A "child" is defined under the Social Services Law as "a person actually or apparently under the age of eighteen". The Alcoholic Beverage Control Law defines a minor as "any person actually or apparently, under the age of twenty-one years."

SOCIAL SERVICE LAW

The Social Services Law provides for the loss of custody by parents who neglect or abuse their children. The neglect provisions establish the minimum standard of care required of a parent or legal guardian in providing children with food, clothing, shelter, educational guidance and protection from physical harm. The Social Services Law defines a neglected child as one whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care. Such failure can be based on the parents missing a drug or drugs or alcoholic beverages.

FAMILIES AND KIDS – WHAT'S NORMAL!

Parenting is not a simple cause-effect proposition. "Good kids" come from solid well-functioning families as well as problematic families.

For many adolescents, the family and parents become a threat to their struggle for independence and autonomy. Issues of trust become paramount. Parents values come under direct "fire" by kids. The family's rules for conduct and behavior become stretched and tested, often to the limit of what parents feel can be tolerated. For the adolescent and his/her family, such periods of stress are normal. Yet the family is forced to suffer through a period of imbalance and struggle after a crisis occurs. Family harmony is uprooted and the family must seek out a new structure, new rules, and new ways to cope.

Parents and families may, in their struggle towards new ways of adjusting, resolve the "crisis" of adolescence whether functional or dysfunctional. Each effort to make adjustments will be accompanied by stress.