

A Parent's Guide to Helping Your Child Succeed

2020 EDITION

BROUGHT TO YOU BY



BROOKFIELD CARES

Promoting social and emotional wellness in our community.

resources
risky empower building advocacy social
education creating safety better assets
behavior emotional community resilience awareness
connection behaviors wellness
coalition at-risk asset

About this Guide

BROOKFIELD CARES is pleased to provide you with this Parent's Guide. While we all hope that our children will not have issues, it is good to know where resources are if you need them. We put this guide together for **you**.

Contents include:

- Information about Brookfield CARES.
- Description of Developmental Assets, and some results of the Attitudes and Behaviors Survey that our middle and senior high students take.
- Information on teen use of alcohol and drugs, and what CT state law says about personal liability for parents.
- Information on Bullying, and a program developed by Yale's Center for Emotional Intelligence called RULER that the schools are using.
- Information on the teen brain and mental health.
- Resources – including phone numbers, websites, and a visual drug guide for parents.

This edition includes updated and more current results from the **Student Attitudes and Behaviors Survey**. Our world has changed since we last published this Guide. **COVID-19** and the **shutdown** of schools/society as well as the recent national movement to address **racism** have prompted us to add new resources on these critical and timely issues.

We have focused on what you as parents and caregivers can do to provide meaningful help. You'll find:

- Tips on how to talk to your children on a variety of topics.
- Resources to use: helpful websites and organizations, download-able files, contacts to call, and more.
- Information on many of the challenges our children face.
- Statistics on what our children tell us about their experiences.

Brookfield is a caring community.

We hope you find this Parent's guide helpful.

www.brookfield-cares.org

You can reach us by email at info@brookfield-cares.org



BROOKFIELD CARES

Promoting social and emotional wellness in our community.

Dear Parents,

BROOKFIELD CARES is a community based organization dedicated to promoting awareness and education by focusing on the impact of substance abuse, depression, suicide, and other public health concerns. We focus on a wide variety of issues including drug and alcohol use and abuse, anxiety and depression, eating disorders, suicide, mental health, smoking/vaping, bullying, and more. We have partnered with many involved constituent groups of our community to bring you this resource guide.

We have a particularly close working relationship with the Brookfield Public Schools. We thank them for their involvement and support.



This Guide reinforces the commitment of our schools, coaches, town & law enforcement officials, faith leaders, medical & mental health professionals, and concerned community members to assist and empower those in need of support.

BROOKFIELD CARES urges all parents, guardians and caregivers to look at the information provided here, ask questions, and remain involved. It is never too early to start important and necessary dialogue on important issues.

Developmental Assets

BROOKFIELD CARES and the Brookfield Public Schools work together in a variety of ways, including surveying attitudes and behaviors of middle and high school students. The survey we use was developed by **Search Institute** (www.search-institute.org).

Search Institute has identified 40 positive supports and strengths that young people need to succeed – what they call **Assets**. Half of the assets focus on the relationships and opportunities they need in their families, schools, and communities (**External Assets**). These are the supports, opportunities, and relationships young people need across all aspects of their lives. The remaining assets focus on the social-emotional strengths, values, and commitments that are nurtured within young people (**Internal Assets**). These are the personal skills, self-perceptions, and values they need (called to make good choices, take responsibility for their own lives, and be independent and fulfilled).

Grounded in research in youth development, resiliency, and prevention, the Developmental Assets identify:

External Assets

- Support
- Empowerment
- Boundaries & Expectations
- Constructive Use of Time

Internal Assets

- Commitment to Learning
- Positive Values
- Social Competencies
- Positive Identity



When youth have more assets, they are:

- More likely to thrive now and in the future
- Less likely to engage in a wide range of high-risk behaviors
- More likely to be resilient in the face of challenges

These Assets are available for download on the website:

brookfield-cares.org/developmental-assets/

The PDF includes descriptions of the assets for four age groups:

- Early Childhood (ages 3–5)
 - Children Grades K–3 (ages 5–9)
 - Middle Childhood (ages 8–12)
 - Adolescents (ages 12–18)

Attitudes and Behaviors Survey

Since 2009, **BROOKFIELD CARES** and the Brookfield Public Schools have worked cooperatively to get information directly from our students about issues affecting their experience. The vehicle we use is the **Attitudes and Behaviors Survey**.

Created by Search Institute (www.search-institute.org), this survey provides powerful information based on what our own students are telling us, not on national trends.

While the results show that our issues are not greater than other comparable towns, and our students overall do very well, survey results do point to the fact that we have issues to address as a community.

Here's a sampling of what we've learned from the most recent, (5th time) survey, given in Fall 2019:

- Alcohol continues to be the number one drug of choice.
- Marijuana continues to be viewed as less dangerous than other substances with less parental disapproval, *but use has moved to vaping.*
- We need to be continually mindful of suicide risk of students.
- Onset of at-risk behaviors (such as drinking) can start as early as age 10 or 11.

What follows is more specific data as reported to our Town and Schools following the most recent survey:

Current Behaviors (2019 Survey)

Category	Definition	% Reporting Risk Taking Behaviors			
		Total Grades 9-12	Grade 7	Grade 9	Grade 12
Alcohol	Used alcohol in the last 30 days	24%	5%	11%	44%
	Got drunk in the last 2 weeks	12%	2%	3%	23%
Driving & Alcohol	Drove after drinking in the last 12 months	3%	0%	1%	8%
	Rode (once or more in the last 12 months) with a driver who had been drinking	16%	19%	16%	12%
Eating Disorder	Has engaged in bulimic or anorexic behavior	17%	15%	16%	20%
Depression	Felt sad or depressed most of the time in the past month	21%	12%	16%	27%
Illicit drug use	Used heroin or other narcotics in the last 30 days	1%	0%	0%	1%
Gambling	Gambled once or more in the last 12 months	14%	14%	12%	18%
Violence	Has engaged in 3 or more acts* in the last 12 months	14%	12%	15%	16%

* Fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm

Our goal is to take a new survey every 2 years so we can understand new issues and track progress on existing ones. We will report results to the community as soon as they are available.

Alcohol

What can Parents do?

Parents influence whether and when adolescents begin drinking as well as how their children drink. Family policies about adolescent drinking in the home and the way parents themselves drink are important. If you choose to drink, always model responsible alcohol consumption. What else can parents do to help minimize the likelihood that their adolescent will choose to drink and that such drinking, if it does occur, will become problematic? Studies have shown that it is important to:

- **Talk early and often**, in developmentally appropriate ways, with children and teens about your concerns—and theirs—regarding alcohol. Adolescents who know their parents' opinions about youth drinking are more likely to fall in line with their expectations.
- **Establish policies early on, and be consistent in setting expectations and enforcing rules.** Adolescents do feel that parents should have a say in decisions about drinking, and they maintain this deference as long as they perceive the message to be legitimate. Consistency is central to legitimacy.
- **Work with other parents to monitor where kids are gathering and what they are doing.** Being involved in the lives of adolescents is key to keeping them safe.
- **Be aware of your State's laws about providing alcohol to your own children.**
- **Never provide alcohol to someone else's child.**

Children and adolescents often feel competing urges to comply with and resist parental influences. During childhood, the balance usually tilts toward compliance, but during adolescence, the balance often shifts toward resistance as teens prepare for the autonomy of adulthood. With open, respectful communication and explanations of boundaries and expectations, parents can continue to influence their children's decisions well into adolescence and beyond. This is especially important in young people's decisions regarding whether and how to drink—decisions that can have lifelong consequences.

Will my kids listen?

Adolescents who have a good bond with an adult are less likely to engage in risky behaviors. Tell your children you don't want them drinking or using drugs. Explain to them how you feel and what you expect from them. For example, you might say:

- “I know you may be tempted to try drugs, but I also know you're really smart. That's why I expect you to avoid drugs—no matter what your friends do.”
- “It worries me to know how easily you could damage your brain or develop an addiction. Will you promise me you won't try things just because the people you hang out with try them?”

Spend time with your kids and learn what is going on in their lives. If they think you will be there for them, they will be more likely to talk to you about drugs or situations that make them feel uncomfortable. This is especially important during times of change—such as a new school, a move, or a divorce—when they may feel anxious.

What is the law?

Connecticut's General Statute 30-89a (effective June 6, 2014) prohibits providing and/or serving alcohol to a young person (other than your own child) who is under the minimum drinking age of 21. This state statute prohibits anyone who owns or controls private property, including a dwelling unit, from permitting anyone under age 21 to illegally possess alcohol in the unit or on the property.

What can the consequences be?

Parents should be aware that there can be consequences for allowing their children to drink on their property. If parents condone or even know about underage drinking on their property, they are opening themselves up to penalties including fines and possible jail. If the kids are under sixteen, far worse penalties can be imposed, including a charge of risk of injury to a minor, which carries a prison term of up to ten years.

Drugs

Talking with your child can be challenging. Having meaningful, ongoing conversations about drugs and alcohol, however, is key to helping keep your son or daughter healthy and safe.

Here are 5 tips on how to talk with your son or daughter, foster mutual understanding and break through communication barriers so that you feel more connected to one another.

1. Choose a good time & place

Look for blocks of time to talk. After dinner, before bed, before school or on the way to or from school and extracurricular activities can work well.

Take a walk or go for a drive together. With less eye contact, your teen won't feel like he's under a microscope.

2. Approach your talk with openness, active listening & "I" statements

Keep an open mind. If you want to have a productive conversation with your teen, try to keep an open mind and remain curious and calm. That way, your child is more likely to be receptive to what you have to say.

Ask open-ended questions. For a more engaging conversation, you'll want to get more than just a "yes" or "no" response from your child.

Use active listening. Let your teen know he or she is understood by reflecting back what you hear — either verbatim or just the sentiment. It works like this: You listen without interrupting (no matter what), then sum up what you've heard to allow him or her to confirm. Try these phrases:

- "It seems like you're feeling..."
- "I hear you say you're feeling..."
- "Am I right that you're feeling..."

Use "I" statements to keep the flow going. "I" statements let you express yourself without your teenager feeling judged, blamed or attacked. You describe his behavior, how you feel about it and how it affects you. Then you spell out what you need. Like this:

- “When you don’t come home on time, I worry that something terrible has happened. What I need is for you to call me as soon as you know you’re going to be late so that I know you’re okay.”
- “I feel like you can’t hear what I have to say when you’re so mad. Then I get frustrated. I need to talk about this later when we’re both able to listen.”
- “Because I love you and I want to keep you safe, I worry about you going to the concert. I need to know that you will obey our rules about not drinking or using drugs.”

“I” statements allow you to use persuasion (not control or blame) to cause a change in his behavior. You also allow him/her to help decide what happens next — another key to bonding.

3. Understand your influence as a parent

Keep in mind that teens say that when it comes to drugs and alcohol, their parents are the most important influence. That’s why it’s important to talk — and listen — to your teen. So, try to talk. A lot.

Discuss the negative effects of drugs and alcohol. Clearly communicate that you do not want your teen using drugs. Talk about the short- and long-term effects drugs and alcohol can have to his or her mental and physical health, safety and ability to make good decisions. Explain to your child that experimenting with drugs or alcohol during this time is risky to their still-developing brain.

Parents, you are the biggest influence in your teens life. Kids who say they learn a lot about the risks of drugs at home are significantly less likely to use drugs.

Ask your child what might happen if he or she does use drugs or alcohol. This gets your teen to think about his or her future, and what the boundaries are around substance use – and some possible negative consequences (what if they do something stupid in front of their friends, have a hangover). It will also give you insight into what’s important to your child.

Information in this section excerpted from: Parenting to Prevent Childhood Alcohol Use (NIH/ NIAAA), Growing Up Drug Free – A Parent’s Guide to Prevention (U.S. Drug Enforcement Administration/U.S. Department of Education), Preventing Teen or Young Adult Drug Use: How to Talk With Your Child (Partnership for Drug Free Kids).

Take advantage of “teachable moments.” Use every day events in your life to point out things you’d like your child to know about. Point out alcohol and drug-related situations in celebrity headlines, or stories going on your own community that show the consequences of alcohol and drug use. If you and your child are at the park and see a group of kids drinking, use the moment to talk about the negative effects of alcohol. When watching TV together, ask if the shows and advertising make drug use look acceptable and routine? Or do they show its downside? How did that program make your child feel about drugs?

Share stories. Stories of people in recovery and stories of those lost to drugs and alcohol can be powerful teaching tools. Ask your teen his or her thoughts and feelings after reading the stories.

View the Parent Drug Guide (Pages 30 & 31) to learn more about the top drugs in your teens’ world. Then ask your teen about these drugs – has he heard of them? What does she know about them? Does anyone in her school use these drugs? Any of her friends? Has he ever been offered to drink or smoke weed?

If there is a history of addiction or alcoholism in your family, then your child has a much greater risk of developing a problem. Be aware of this elevated risk and discuss it with your child regularly, as you would with any disease. Learn about other risks and why teens use.

4. Offer empathy & support

Let your child know you understand. The teen years can be tough. Acknowledge that everyone struggles sometimes, but drugs and alcohol are not a useful or healthy way to cope with problems. Let your child know that they can trust you.

Remind your child that you are there for support and guidance – and that it’s important to you that she/he is healthy, happy and makes safe choices.

5. Keep in mind your teen’s brain is still developing

The human brain doesn’t fully develop until about age 25. This helps to explain a lot about the way your teen communicates. For example, because the prefrontal cortex isn’t mature, your child may have a terrible time interpreting facial expressions. (You may feel surprised, but he or she thinks you’re angry.) Add that to impulsivity

(over-reactive amygdala) and limited emotional control (prefrontal cortex again), and you've got a recipe for major communication problems. Once you learn to recognize typical teen behavior, you can control your automatic reactions to it and communicate more clearly.

Typical teen behavior can trigger a lot of emotion in parents. Identifying the behavior you see in your teen can help you manage your own impulses; we avoid giving our teens control. Plus, we communicate better because our messages aren't clouded by emotion.

Learn to spot typical teen behavior so you won't over-react. Once you know that brain development can affect teen behavior in some pretty bizarre ways, you may see your teen in a new light. Start keeping a list of the things your teen does that make you feel frustrated, impatient, angry or threatened. (Include specific words, emotions, gestures and body language.) Writing things down will make it easier for you recognize the same scene later and say, "I'm not falling into this trap again." Pay attention to yourself. What happens when your teen mouths off? Does your heart race? Do your cheeks burn? Does your neck get stiff? These are the warnings signs of a gut reaction. As soon as you feel the cues, take a deep breath (or three) or take a break to cool down. Before you do, though, set a time when you'll both come back and continue talking.

BOTTOM LINE:

Parents are the biggest influence in a teen's life. That's why it's important to talk regularly with your teen. Approach your conversation with openness and empathy and be sure to clearly communicate that you do not want your teen using drugs or alcohol. Remind your teen of your support and be sure to listen to what he or she has to say.

Prescription Drug Drop Box

The Brookfield Police have a Drop Box in the lobby of the Police Station for round the clock disposal of old and/or outdated prescription drugs. A black marker is available for eliminating personal information from the containers. Residents are discouraged from disposing of prescription medications in any other way in order to preserve the safety of the environment.

Bullying

What is bullying?

Bullying is unwanted, aggressive behavior that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

- **An Imbalance of Power**

Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.

- **One Time or Repetition**

Bullying behaviors can be severe one-time events or can happen more than once or have the potential to happen more than once.

- **Intent to harm**

Bullying includes actions such as making threats, spreading rumors, intentionally excluding someone from a group.

How to talk about bullying

Parents and other caring adults have a role to play in preventing bullying. They can:

- **Help kids understand bullying.**

Talk about what bullying is and how to stand up to it safely.

Tell kids bullying is unacceptable. Make sure kids know how to get help.

- **Keep the lines of communication open.**

Check in with kids often. Listen to them. Know their friends, ask about school, and understand their concerns.

- **Encourage kids to do what they love.**

Special activities, interests, and hobbies can boost confidence, help kids make friends, and protect them from bullying behavior.

Information in this section excerpted from: Parent's Guide to Bullying Prevention (www.StopBullying.gov / U.S. Department of Health and Human Services).

- **Model how to treat others with respect.**

Kids learn from adults' actions. By treating others with kindness and respect, adults show the kids in their lives that there is no place for bullying. Even if it seems like they are not paying attention, kids are watching how adults manage stress and conflict, as well as how they treat their friends, colleagues, and families.

Keep the lines of communication open

Research tells us that children really do look to parents and care-givers for advice and help on tough decisions. Sometimes spending 15 minutes a day talking can reassure kids that they can talk to their parents if they have a problem. Start conversations about daily life and feelings with questions like these:

- What was one good thing that happened today? Any bad things?
- What is lunch time like at your school? Who do you sit with?
What do you talk about?
- What is it like to ride the school bus?
- What are you good at?
- What do you like best about yourself?

Talking about bullying directly is an important step in understanding how the issue might be affecting kids. There are no right or wrong answers to these questions, but it is important to encourage kids to answer them honestly. Assure kids that they are not alone in addressing any problems that arise.

STOP BULLYING

PHYSICAL

VERBAL

SOCIAL

CYBER



Mental Health

What Parents Need to Know About Mental Health

Understand that transitions can be difficult at any age.

Some youth thrive in the face of change but for others, it can be a tricky situation to navigate. Watch for signs of distress as your children transition to a new grade, sport, or group of friends. You can help them manage the stress by monitoring mood changes, sleep patterns and watching for signs of isolation.

Know the signs of common mental health conditions.

The most common mental health conditions in youth are anxiety disorders, attention deficit hyperactivity disorder (ADHD) and depression. If you are concerned that your child is experiencing a mental health disorder, talk to a licensed provider and get an evaluation. General symptoms to be aware of include poor school performance or changes in school performance, persistent boredom, frequent physical ailments such as headaches, stomachaches, sleep issues, signs of regression like bed wetting, and even aggressive behaviors.

Learn how to start a conversation around mental health.

Understanding how to talk about mental health is likely one of the most important things you will do as a parent. When beginning these conversations, it is important to speak from a place of empathy and express care. Use general language such as “I am worried about you”, “I am here for you”, or “Can we talk about what is going on with you?”

The above excerpted from Partnership for Drug-Free Kids website citing information from Psych Hub.

Teen Depression

Teenagers face a host of pressures, from the changes of puberty to questions about who they are and where they fit in. With all this turmoil and uncertainty, it isn't always easy to differentiate between normal teenage growing pains and depression. But teen depression goes beyond moodiness. It's a serious health problem that impacts every aspect of a teens life. Fortunately, it's treatable and parents can help. Contact your child's pediatrician if you have any concerns. Your love, guidance, action and support can go a long way toward helping your teen overcome depression and get their life back on track.

The above description comes from the Parent's Guide to Teen Depression (www.HelpGuide.org).

Our most recent Attitudes and Behaviors Survey tells us that 21% of all high school students have felt sad or depressed most of the time in the past month and 26% are frequently depressed and/or have attempted suicide.

Students in Crisis

While respecting HIPAA (The Health Insurance Portability and Accountability Act of 1996) privacy concerns, we can report that our schools have dealt with these Students in Crisis issues:

- ✓ Drug/Alcohol Abuse
- ✓ Suicidal & Non-Suicidal behavior
- ✓ Self-Injury behavior
- ✓ Eating Disorders

Here are numbers as reported to the town in early 2020:

Whisconier Middle School		
9/2018 through 1/2020	Incidents Reported	Resulted in Suspension
Hospitalization	5 <i>All included in categories below</i>	
Drug / Alcohol Abuse	0	
Suicidal	12 <i>9 of these in the category below</i>	
Non-Suicidal / Self Injury	16 <i>7 students in this category only</i>	

Brookfield High School		
9/2018 through 1/2020	Incidents Reported	Resulted in Suspension
Hospitalization	11	
Drug / Alcohol Abuse	17	11
Suicidal	2 attempt / 8 ideation	
Non-Suicidal / Self Injury	12	

All students who express suicidal thinking are either referred to Crisis Intervention at Danbury Hospital or Emergency Mobile Psychiatric Services (EMPS) is called to the school. The hospital may not admit or refer the student for extended hospitalization.

Please note:

The number of hospitalizations are part of the combined numbers including Suicidal and Non-Suicidal Self Injury.

Mental Health Trends — *Beyond High School*

Marc Brackett, founding Director of the Yale Center for Emotional Intelligence and lead developer of the **RULER** program which Brookfield Public Schools has adopted, report the following national trends in 2019, which our own survey mirrors:

Mental Health Trends		
<p>18%</p> <p>of the population is affected by anxiety disorders.</p>	<p>25%</p> <p>of children between ages 13 and 18 have been diagnosed with an anxiety disorder.</p>	<p>60%</p> <p>of college students report “overwhelming anxiety”.</p>
<p>40%</p> <p>of college students report feeling so depressed they had difficulty functioning.</p> <p>Depression is the leading cause of disability worldwide.</p>	<p>28%</p> <p>increase in the U.S. suicide rate from 1999 – 2016.</p> <p>Suicide is 2nd leading cause of death in college students.</p>	<p>20%</p> <p>increase each year for the last 6 years in college students seeking mental health treatment.</p>

OCD

Approximately one out of 100 children develops Obsessive Compulsive Disorder. When a child has OCD, a difference in the way his or her brain processes information results in uncontrollable worries and doubts called “obsessions.” The child then performs “compulsions” — repetitive rituals or habits — in an effort to decrease the anxiety caused by the obsessions. But the decrease is only temporary, because performing the compulsions reinforces and strengthens the obsessions, creating a worsening cycle of OCD behavior.

OCD is diagnosed when obsessions and compulsions are time-consuming, cause significant distress, and interfere with daily functioning in school, social activities, family relationships, or normal routines.

The above description comes from the Obsessive Compulsive Foundation of Metropolitan Chicago's How To Help Your Child – a Parent's Guide to OCD.

Eating Disorders

The American Psychiatric Association classifies five different types of eating disorders, from Anorexia to Bulimia to Binge Eating Disorder and more. Research shows that biological factors play a significant role in who develops an eating disorder.

The above description comes from the National Eating Disorder Association (NEDA) Parent ToolKit.

Our most recent Attitudes and Behaviors Survey tells us that 17% of all high school students have engaged in eating disordered behavior.

According to Dr. Ovidio Bermudez (past Chair of the National Eating Disorders Association) here are 10 things parents with a child suffering from an eating disorder needs to know:

1. The eating disorder is not your fault.
2. The eating disorder is not your child's fault, either.
3. Eating disorders run in families.
4. Environment also plays a role.
5. Society plays a role, too.
6. Disordered eating habits change the brain.
7. Other behaviors can also change the brain.
8. The brain can recover.
9. Full weight restoration is key to recovery.
10. Help is available.

A link to the complete article referenced above is available on the Brookfield Cares Parent's Guide Resources page.

Suicide

What Parents Need to Know About Suicide

Suicide is a major public health problem and a leading cause of death in the United States. The effects of suicide go beyond the person who acts to take his or her life. It has a lasting effect on family, friends, and communities. Our own students are telling us (Attitudes and Behaviors Survey) that 26% of them (high school grades) are frequently depressed and/or have attempted suicide; with that number increasing by the time they are high school seniors.

Warning Signs of Suicide

1. Visiting, calling or texting people to say goodbye.
2. Looking for ways to die, such as researching for methods or means on the internet or trying to buy guns, ropes, pills or knives.
3. Making direct or indirect statements about death, suicide, or suicide ideation/plan.
4. Writing about death, suicide or dying when this is out of the ordinary.
5. Sudden and extreme changes in mood or behaviors (e.g. changes in routine, appearance, grooming habits).
6. Increased substance abuse.
7. Excessive or dangerous risk-taking.
8. Seeking revenge for a real or imagined victimization or rejection.
9. Signs of severe depression (insomnia or sleeping too much, intense anxiety or panic attacks, irritability or agitation, rage or uncontrolled anger, withdrawal or isolation, losing interest in things, lost ability to experience pleasure).
10. Expression of any of these thoughts or feelings (trapped or desperate to escape an intolerable situation, humiliation, being a burden to others, worthlessness, hopelessness, purposelessness or having no reason to live).

List from Debra Zegas Berman — mother, survivor of suicide loss, and educator (www.sbattered.com) and the Cincinnati Children's Blog (www.blog.cincinnatichildrens.org).

Talking About Suicide

Talking about suicide with children is important:

1. **Children deserve the truth.** Lying or hiding the truth from children often backfires. What's more, it can ruin the relationship between child and parent.

2. **Mental health is genetic.** Mental illness runs in families and affects almost every family member. Sharing accurate information about mental health and suicide gives children accurate information about it.
3. **Even if it doesn't happen in your family, hearing about it provides parents a good starting point for having a candid talk about suicide and its impact on others.**

Preschool-Kindergarten: Stick to the basics.

If a young child asks about suicide, keep it simple.

Ages 7 to 10: Give short, true answers.

From 7 to 10, it's still important for parents to emphasize the death is sad and that the person died from a disease.

Ages 11 to 14: Be more concrete.

By middle school, one in three children have experienced mood dysregulation that scares them. This doesn't mean that preteens will go on to experience a mental health condition. It does show that at a young age, children are grappling with complicated emotions.

High school: Not if ... When.

Parents of high school students can have the exact same conversation with their teens as they would with middle schoolers with one notable difference. Instead of asking **if** their teens or their friends have experienced mental health conditions or thought of suicide ask **when**.

Excerpted from Parent Toolkit's How To Talk To Children About Suicide: An Age-By-Age Guide.

Conversation starters/questions to consider when talking to your kids:

- "I was reading that youth suicide has been increasing..."
- "I heard about a new TV show/movie that talks about suicide..."
- "What do you think about suicide?"
- "It sounds like a lot of young people have thought about suicide at some point."
- "Do you know if any of your friends have thought about suicide?"
- "Has this been something that's ever crossed your mind?"

Excerpted from 'Talking with your Child About Suicide.' <https://www.childrens.com/health-wellness/talking-with-your-child-about-suicide>

**"We need to change the culture of this topic
and make it OK to speak about mental health and suicide."**

— Luke Richardson,
New York Islanders coach whose daughter took her own life at the age of 14.

SEL & The RULER APPROACH

What is SEL?

SOCIAL EMOTIONAL LEARNING (SEL)

is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

District leadership is committed to helping students and educators incorporate social and emotional practices into the school experience throughout Brookfield Public Schools and have embarked on a comprehensive effort to implement SEL at all grades through the RULER approach.

What is RULER?

RULER is an evidence-based approach for integrating social and emotional learning into schools, developed at the Yale Center for Emotional Intelligence. RULER applies “hard science” to the teaching of what have historically been called “soft skills.” RULER teaches the skills of emotional intelligence — those associated with recognizing, understanding, labeling, expressing, and regulating emotion. Decades of research show that these skills are essential to effective teaching and learning, sound decision making, physical and mental health, and success in school and beyond.

Recognizing emotions in self and others

Understanding the causes and consequences of emotions

Labeling emotions accurately

Expressing emotions appropriately

Regulating emotions effectively

Information in the RULER section excerpted from: Yale Center for Emotional Intelligence RULER Website.

What is Emotional Intelligence?

According to studies by Salovey & Mayer (1990 published research article), “Emotional intelligence is the ability to monitor one’s own and others’ feelings, to discriminate among them, and to use this information to guide one’s thinking and action.” Emotional intelligence provides the knowledge, attitude, and skills associated with **R**ecognizing Emotion, **U**nderstanding Emotion, **L**abeling Emotion, **E**xpressing Emotion, **R**egulating Emotion.

RULER Impact

Students will become less anxious and depressed, have more developed emotional skills, have fewer attention problems, have better academic performance, develop greater leadership skills.

- **Teachers** will be more engaging, supportive, and effective.
- **Classrooms/Schools** will provide more positive climates with less bullying.

The Anchor Tools

The Anchors Tools of Emotional Intelligence are evidence-based tools designed to enhance the emotional intelligence of school leaders, teachers and staff, students, and their families. RULER includes four primary tools: the Charter, Mood Meter, Meta-Moment, and Blueprint. Each is based on scientific research and helps children and adults develop their emotional intelligence skills.

Mood Meter

Students, teachers, and staff are beginning to use the RULER tools, including the mood meter (<http://ei.yale.edu/mood-meter-app/>), in classrooms. Mood Meter helps students to identify how they are feeling. Goals include:

- **Expand your emotional vocabulary:** Discover the nuances in your feelings.
- **Gain insights about your inner life:** Learn what’s causing your feelings over time.
- **Regulate your feelings:** Use strategies to regulate your feelings: enhance how you manage your life.
- **Remember to check in with yourself:** Use reminders to check-in on your feelings throughout the day.
- **View your report:** Learn how your feelings are affecting your decisions, relationships, and performance. www.cassiaschools.org

The Developing Brain

This Guide reinforces the commitment of our schools, coaches, town & law enforcement officials, faith leaders, medical & mental health professionals, and concerned community members to assist and empower those in need of support.

The Teen Brain: 6 Things to Know

Big and important changes happen to the brain during adolescence. Here are 6 things to know about the teen brain

1 – Your brain does not keep getting bigger as you get older

For girls the brain reaches its largest physical size around 11 years old, and for boys the brain reaches its largest physical size around age 14. Of course, this difference in age does not mean either boys or girls are smarter than one another!

2 – But that doesn't mean your brain is done maturing

For both boys and girls, although your brain may be as large as it will ever be, your brain doesn't finish developing and maturing until your mid- to late-20s. The front part of the brain, called the prefrontal cortex, is one of the last brain regions to mature. It is the area responsible for planning, prioritizing and controlling impulses.

3 – The teen brain is ready to learn and adapt

In a digital world that is constantly changing, the adolescent brain is well prepared to adapt to new technology—and is shaped in return by experience.

4 – Many mental disorders appear during adolescence

All the big changes the brain is experiencing may explain why adolescence is the time when many mental disorders—such as schizophrenia, anxiety, depression, bipolar disorder, and eating disorders—emerge.

5 – The teen brain is resilient

Although adolescence is a vulnerable time for the brain and for teenagers in general, most teens go on to become healthy adults. Some changes in the brain during this important phase of development actually may help protect against long-term mental disorders.

6 – Teens need more sleep than children and adults

Although it may seem like teens are lazy, science shows that melatonin levels (or the “sleep hormone” levels) in the blood naturally rise later at night and fall later in the morning than in most children and adults. This may explain why many teens stay up late and struggle with getting up in the morning. Teens should get about 9–10 hours of sleep a night, but most teens don’t get enough sleep. A lack of sleep makes paying attention hard, increases impulsivity and may also increase irritability and depression.

Information in this section excerpted from: National Institute of Mental Health website.



INFANTS

- Genes do the heavy lifting



CHILDREN

- Environment starts to take precedence



TEENS

- Environment becomes the primary influence

Vaping / Smoking

What is Vaping?

Vaping is the inhaling of a vapor created by an electronic cigarette (e-cigarette) or other vaping device. E-cigarettes are battery-powered smoking devices. They have cartridges filled with a liquid that usually contains nicotine, flavorings, and chemicals. The liquid is heated into a vapor, which the person inhales. That’s why using e-cigarettes is called “vaping.”

Vape devices (e-cigs, e-hookahs, mods, vape pens, vapes, tank systems, JUULs) contain 4 basic components: a cartridge or a tank to hold e-liquid (or e-juice/vape sauce), a heating element known as an atomizer, a battery and a mouthpiece to inhale.

What Is Being Vaped?

Although many substances can be vaped, three are most common: flavored e-liquids, flavored e-liquids with nicotine, and marijuana. The e-liquids come in small bottles or in prefilled pods or cartridges. Pods are the component that contain the e-liquid.

- Flavored e-liquids come in thousands of flavors, including bubble gum, cotton candy and grape, but also hot dog, banana bread and King Crab legs.
- Flavored e-liquids may also contain different levels of nicotine, ranging from 2mg/ml to 59mg/ml. One of the more popular vape devices, JUUL, contains 59mg/ml of nicotine in each pod. Each JUUL pod is equal to one pack of cigarettes.
- Marijuana can be vaped in both the leaf form or using THC and/or CBD oil. THC is the psychoactive compound in marijuana that creates a sense of being high.

Is Vaping Safe?

The short answer is that vaping isn't considered safe for teens and young adults, especially since their brains are still developing. Vaping is a relatively new phenomenon. As a result, long-term studies that examine its impact on teen and young adult health and behavior have yet to be concluded. Concerns include: exposure to nicotine, dependence, smoking risks, injuries and poisonings, cancer and respiratory effects.

Health Updates – August 2020

The Centers for Disease Control and Prevention has been working with a number of states who are reporting “*a cluster of pulmonary illnesses linked to e-cigarette product use, or “vaping,” primarily among adolescents and young adults.*”

The Journal of Adolescent Health published research in August 2020 showing that in a survey of more than 4,300 U.S. teens and young adults ages 13 to 24, teen and young adult vapers were up to 7 times more likely to get COVID-19, compared with those who did not vape.

These are emerging stories. We encourage you to stay informed as new data becomes available and is published.

What Can Parents Do to Safeguard Against Vaping?

Be equipped with the facts

It's important to be familiar with vape devices (especially JUUL due to its popularity), what's being vaped (i.e. flavorings, nicotine and/or marijuana) and the associated risks.

Have conversations

Look for opportunities to discuss vaping with your child. Opportunities may present themselves in numerous ways. Be ready to listen rather than give a lecture. Try using open-ended questions to get the conversation going such as, "What do you think about vaping?"

Try to understand why

Most kids start vaping due to curiosity, the flavors, cloud tricks, wanting to fit in, etc. Over time, vaping can become habitual as it is used to address other needs such as relief from boredom and anxiety. Some kids also become addicted to nicotine and continue vaping to avoid withdrawal symptoms. It helps to understand why your child is vaping.

Convey your expectations

Set clear expectations. Express your understanding of the risks, but also why a person might want to vape. Share why you don't want your child vaping.

Role play refusal skills

If you have a younger teen, it may help to teach your child refusal skills. After all, if your child is in middle school or older, they are likely to be in social situations where they are offered an opportunity to try a flavor. You might ask, "What would you say if someone offered you their vape?" See how your child would handle the situation. Practicing something along the lines of "No thanks, I'm not interested," said with direct eye contact and assertive body language can help your child be prepared.

Be a good role model

Set a positive example by being vape and tobacco-free. If you do vape, keep your equipment and supplies secured.

Tobacco 21

A new law that took effect in Connecticut on October 1, 2019 prohibits businesses from selling products such as cigarettes, cigars, chewing tobacco or pipe tobacco to people younger than 21. It also bans the sale of vaping products which contain nicotine, to those under 21.

For more information visit www.tobacco21.org.

Information in this section excerpted from: [What You Need to Know And How to Talk With Your Kids About Vaping](#) (Partnership for Drug-Free Kids (www.drugfree.org)).

RESOURCES

A variety of services are available to the Brookfield community. From our schools to government, associations and beyond, we are all committed to helping and providing direction and support. Here are just a few of the resources. A more complete listing can be found on the www.brookfield-cares.org website under the **Resources** tab.

Brookfield Public Schools

Our schools provide a wide variety of services, so if you have any issues at all that you'd like to discuss call the Director Of Pupil Personnel Services at **(203) 775-7748**.

24-Hour Help

Hurting yourself is NEVER the right answer. There are people who can help. For immediate help call:

- 911 Medical Emergency
- 211 Confidential referral
- 1-800-442-4673 National Hopeline Network Suicide & Crisis Hotline
- 1-800-273-8255 National Suicide Prevention Lifeline
- 1-877-968-8454 YOUTHLINE Teen to Teen Peer Counseling Hotline
- 1-877-870-4673 Samaritans Helpline
- 1-888-447-3339 Danbury Hospital 24-Hour Crisis Hotline
- 1-800-563-4086 Department of Mental Health and Addiction
Service (DMHAS) Opioid Access Line

School Support

P.A.W.S. defines the behavior expectations that all students and all adults follow so that we can build and sustain a positive learning environment in our school.

- P** stands for “Practice Kindness”
- A** stands for “Act Responsibly”
- W** stands for “Work Hard”
- S** stands for “Show Respect”

P.A.W.S. reminds us of how we all should be treated and how we should treat each other.

To learn more about the program, go to:

www.brookfield.k12.ct.us/huckleberry-hill-elementary-school/about-us/pages/paws



Treatment and Counseling

While not endorsing or recommending specific programs, the list of links on the Brookfield CARES website has been compiled to help families research the subjects of addiction and mental illness. It includes:

- Substance abuse and treatment centers
- Mental health resources Addiction services
- Twelve-Step resources

Remember that your family doctor or pediatrician can also assist you with a referral.

www.brookfield-cares.org/treatmentcounseling/

Substance Abuse

A variety of websites where you can find detailed information, resources, and downloads for issues of concern. Included are:

- Public Health and Alcohol Related Injuries
- Partnership for Drug Free Kids
- Time To Talk Parent Talk Kit
- SAMHSA Talk. They Hear You: Parent Resources
- Rethinking Drinking
- Connecticut Association of Directors of Health (CADH) Opioid and Substance Use Disorder Toolkit (<http://cadh.org/ct-opioid-toolkit/>)
- NIDA (National Institute on Drug Abuse) for Teens
- DMHAS Opioid Treatment Resources (drugfreect.org)
- State of Connecticut Department of Children and Families Parent Information & Support

www.brookfield-cares.org/resources/substance-abuse-resources/

Suicide / Depression

Websites ranging from current information to how to identify and understand what can be unfamiliar and hard to understand behaviors. Included are:

- Recognizing and Addressing Depression Presenting as Anger
- Substance Abuse Mental Health Service Administration (U.S. Department of Health and Human Services)
- The American Foundation for Suicide Prevention

www.brookfield-cares.org/resources/suicide-prevention/

Mental Health Resources

State and national associations devoted to research and communication on mental health and other issues. Included are:

- Connecticut Department of Mental Health and Addiction Services
- National Alliance on Mental Illness
- TurningPointCT.org
- Connecticut Department of Mental Health & Addiction Services
- Western CT Coalition

www.brookfield-cares.org/resources/mental-health/

Gizmo's Pawesome Guide to Mental Health

Gizmo's Pawesome Guide to Mental Health is a great free resource to help you and your kids with your sad, mad and worried feelings during tough times – including the shutdown. The book is available for download for free in both English and Spanish, and you can order free print copies too.

Note: free quantities are limited to a max of 4 outside of Connecticut.



Visit Gizmo's website to download a PDF, order a free copy, or find additional resources including word searches, games, puzzles, and activity pages.

www.gizmo4mentalhealth.org/forkids/

This is a new section that includes resources for COVID-19 and the school and community shutdown. We will be updating this section as we find new and relevant resources, so please check the website regularly. Websites, audio, and downloadable files. Included are:

- A Family Guide to COVID-19: Questions & Answers for Parents, Grandparents & Children (NYU Langone Health)
- School's Out: A Parents' Guide for Meeting the Challenge During the COVID-19 Pandemic (CDC: Centers for Disease Control and Prevention)
- Talking with Children about Coronavirus Disease 2019 (CDC)
- Just For Kids: A Comic Exploring The New Coronavirus (NPR audio)
- How teachers can talk to children about coronavirus disease (UNICEF)

Visit the **BROOKFIELD CARES** Parent Resources page where you can access links to all:

www.brookfield-cares.org/resources/parent-resources/

The recent national events and conversations about racism, anti-racism, inclusion and Black Lives Matters has prompted us to provide relevant resources for parents and children. We will be updating our website with resources as we find them. Here's a sampling of what is available:

- A Parent's Guide to Black Lives Matter (Childcare platform Yoopies UK)
- Beyond the Golden Rule: A Parent's Guide to Preventing and Responding to Prejudice (Teaching Tolerance)
- What exactly is a microaggression? (A Vox Media report)
- How to talk to your children about Black Lives Matter (A BBC Bitesize Primary Parents' Audio Survival Guide)
- What is Racism? What does "Black Lives Matter" mean? (The Grange Primary School in London, England)
- Everyday words and phrases that have racist connotations (A CNN report)

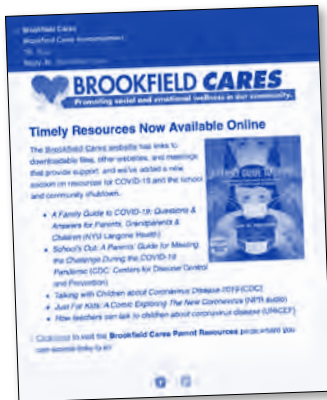
Visit the **BROOKFIELD CARES** Parent Resources page where you can access links to all.

www.brookfield-cares.org/resources/parent-resources/

Parent's Guide to Helping Your Child Succeed

This Parent's Guide includes many references to websites, articles and resources. Links to all of these references —and more — are provided for you to explore.

www.brookfield-cares.org/parents-guide-to-helping-your-child-succeed/



Join Brookfield CARES Email List

If you'd like to get updates on what **BROOKFIELD CARES** is doing, events, and relevant news items, sign up to get our email communications:

www.brookfield-cares.org/brookfield-cares-email/

Follow Brookfield CARES on Facebook


Follow us on Facebook to get updates, notices, information and more.

www.facebook.com/BrookfieldCARES



DRUG GUIDE FOR PARENTS

						
	Alcohol	Cocaine/ Crack	Cough Medicine/ DXM	Ecstasy/ MDMA	Heroin	Inhalants
Street Names / Commercial	Booze	Big C, Blow, Bump, Coke, Nose Candy, Rock, Snow	Dex, Red Devils, Robo, Triple C, Tussin, Skittles, Syrup	Adam, Bean, E, Roll, X, XTC	Big H, Black Tar, Dope, Junk, Skunk, Smack	Whippets, Bagging, Huffing, Poppers, Snappers, Dusting
Looks Like	Liquid (types include beer, wine, liquor)	White crystalline powder, chips, chunks or white rocks	Liquid, pills, powder, gel caps	Branded tablets (Playboy bunnies, Nike swoosh)	White to dark brown powder or tar-like substance	Paint thinners, glues, nail polish remover, whipped cream aerosol, air conditioner fluid (Freon) and more
How It's Used/ Abused	Alcohol is drunk	Cocaine can be snorted or injected; crack can be smoked	Swallowed	Swallowed	Injected, smoked, freebased or snorted	Inhaled through nose or mouth
What Teens Have Heard	Makes a boring night fun	Keeps you amped up; you'll be the life of the party	Causes a trippy high with various plateaus	Enhances the senses and you'll love everyone	Full-on euphoria, but super risky	A cheap, 20-minute high
Dangerous Because	Impairs reasoning, clouds judgment. Long-term heavy drinking can lead to alcoholism and liver and heart disease	Can cause heart attacks, strokes and seizures. In rare cases, sudden death on the first use	Can cause abdominal pain, extreme nausea, liver damage	Can cause severe dehydration, liver and heart failure and even death	Chronic heroin users risk death by overdose	Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. Can induce death
Teen Usage (Grades 9-12)	1 in 2 teens drank alcohol in the last year	1 in 10 teens has abused cocaine or crack in their lifetime	1 in 7 teens has abused cough medicine in their lifetime	1 in 8 teens has abused Ecstasy in their lifetime	1 in 20 teens has abused heroin in their lifetime	1 in 6 teens has abused inhalants in their lifetime
Signs of Abuse	Slurred speech, lack of coordination, nausea, vomiting, hangovers	Nervous behavior, restlessness, bloody noses, high energy	Slurred speech, loss of coordination, disorientation, vomiting	Teeth clenching, chills, sweating, dehydration, anxiety, unusual displays of affection	Track marks on arms, slowed and slurred speech, vomiting	Missing household products, a drunk, dazed or dizzy appearance
Important to Know	Being a child of an alcoholic places children at greater risk for developing alcohol problems	Cocaine is one of the most powerfully addictive drugs	The "high" from cough medicine is caused by ingesting a large amount of dextro-methorphan (DXM), a common active ingredient	Can be addictive. A popular club drug because of its stimulant properties which allow users to dance for long periods of time	Heroin overdose is a particular risk on the street, where the purity of the drug cannot be accurately known	More than 1000 common products are potential inhalants that can kill on the first use or any time thereafter

 Marijuana	 Methamphetamine	 Prescription Pain Relievers	 Prescription Sedatives and/or Tranquilizer	 Prescription Stimulants	 Steroids	 Tobacco
Blunt, Boom, Dope, Grass, Hash, Herb, Mary Jane, Pot, Reefer, Skunk, Weed	Ice, Chalk, Crank, Crystal, Fire, Glass, Meth, Speed	Codeine, OxyContin (Oxy, O.C.), Percocet (Percs), Vicodin (Vike, Vitamin V)	Mebaral, Quaaludes, Xanax, Valium	Adderall, Dexedrine, Ritalin	Juice, Rhoids, Stackers, Pumpers, Gym Candy	Cancer Sticks, Chew, Cigarettes, Dip, Fags, Smokes
A green or gray mixture of dried, shredded flowers and leaves of the hemp plant	White or slightly yellow crystal-like powder, large rock-like chunks	Tablets and capsules	Multi-colored tablets and capsules; some can be in liquid form	Tablets and capsules	Tablet, liquid or skin application	Brown, cut up leaves
Smoked, brewed into tea or mixed into foods	Swallowed, injected, snorted or smoked	Swallowed or injected	Swallowed or injected	Swallowed, injected or snorted	Swallowed, applied to skin or injected	Smoked or chewed
Relaxing, not dangerous and often easier to get than alcohol	Can keep you going for days	A free high, straight from the medicine cabinet	A great release of tension	Keeps you attentive and focused	Will guarantee a spot on the starting lineup	An oral fixation and appetite suppressant
Can cause memory and learning problems, hallucinations, delusions and depersonalization	Chronic long-term use, or high dosages, can cause psychotic behavior (including paranoia, delusions, hallucinations, violent behavior, insomnia and strokes	A large single dose can cause severe respiratory depression that can lead to death	Slows down the brain's activity and when a user stops taking them, there can be a rebound effect, possibly leading to seizures and other harmful consequences	Taking high doses may result in dangerously high body temperatures and an irregular heartbeat. Potential for heart attacks or lethal seizures	Boys can develop breasts, girls can develop facial hair and a deepened voice. Can cause heart attacks and strokes	Cigarette smoking harms every organ in the body and causes coronary heart disease, and stroke, as well as many forms of cancer
1 in 6 teens has abused inhalants in their lifetime	1 in 12 teens has abused methamphetamine in their lifetime	1 in 7 teens has abused prescription pain relievers in their lifetime	1 in 13 12th graders has abused sedatives and/or tranquilizers in their lifetime	1 in 8 teens has abused Ritalin or Adderall in their lifetime	1 in 15 teens has abused steroids in their lifetime	1 in 5 teens smoked cigarettes in the last 30 days
Missing household products, a drunk, dazed or dizzy appearance	Nervous physical activity, scabs and open sores, decreased appetite, inability to sleep	Medicine bottles present without illness, Rx bottles missing, disrupted eating and sleeping patterns	Slurred speech, shallow breathing, sluggishness, disorientation, lack of coordination	Lack of appetite, increased alertness, attention span and energy	Rapid growth of muscles, opposite sex characteristics and extreme irritability	Smell on clothes and hair, yellowing of teeth and fingers that hold cigarettes
More than 1000 common products are potential inhalants that can kill on the first use or any time thereafter	Meth has a high potential for abuse and addiction, putting children at risk, increasing crime and causing environmental harm	Abusing prescription painkillers is just as dangerous, addictive and deadly as using heroin	Using prescription sedatives and tranquilizers with alcohol can slow both the heart and respiration and possibly lead to death	Many teens abuse this prescribed medication to help them cram for exams or suppress their appetite	Teens who abuse steroids before the typical adolescent growth spurt risk staying short and never reaching their full adult height	Secondhand smoke contributes to more than 35,000 deaths related to cardiovascular disease

ADDITIONAL PICTURES OF DRUGS OF USE



Marijuana paraphernalia



Blunts



Ecstasy



Heroin



OxyContin



Cocaine paraphernalia



K2/Spice



Bath salts



Salvia Divinorum



LSD blotter paper

Street names: Acid, blotter, yellow sunshines, microdot, boomers, cubes; **Looks like:** odorless, colorless liquid used on blotter paper, sugar cubes, tablets; **How it's used:** Swallowed; **Signs/Symptoms of Use:** Dilated pupils, altered states of perception



Rohypnol – Date Rape Drug

Street names: Roofies, Fly, Spanish Fly, R-Z; **Looks like:** Tasteless, odorless, dissolves in beverages; **How it's used:** Swallowed; **Signs/Symptoms of Use:** Small amounts cause unconsciousness and/or amnesia



Psilocybin Mushroom

Street names: Purple passion, magic mushrooms, shrooms; **Looks like:** Natural mushrooms-fried or dried; **How it's used:** Eaten, brewed or consumed as tea; **Signs/Symptoms of Use:** Same as LSD, paranoia, nervousness, nausea

Thank You

BROOKFIELD CARES thanks you for taking the time to read, to attend meetings, to learn, and to stay involved in your children's lives.

We continue to work hard to reach the entire community on issues that have an impact on our lives. Feedback enables us to improve. Please let us know if you have any suggestions on how we can improve this guide or any of the efforts we undertake. You can reach us by email at info@brookfield-cares.org

www.brookfield-cares.org



BROOKFIELD CARES

Promoting social and emotional wellness in our community.



WESTERN CT COALITION
promoting best practices in prevention and behavioral health

BROOKFIELD CARES thanks WCTC for its strong and ongoing support.
Visit them at: www.wctcoalition.org



BROOKFIELD CARES

Promoting social and emotional wellness in our community.



The Parent Support Network of Brookfield

A program of The Youth Mental Health Project™

Monthly meetings to support parents and caregivers with mental health concerns of a young person between the ages of 0–24.

For more info: www.brookfieldpsn@ymhproject.org



C.A.R.E.S Hope & Support Group

For Families Affected by Substance Abuse

Meetings Every Monday
7:00 PM — 9:00 PM

C.A.R.E.S is offering Virtual Meetings
until it is safe for in-person meetings.

Check their website to find the best way to join the Meetings.

www.thecaresgroup.org

Staff can be reached day or night by calling 855-406-0246

BROOKFIELD CARES encourages you to get informed and stay involved in your loved ones' life. To learn more, visit our website, click on the Resources tab, and explore the Parent Resources.

www.brookfield-cares.org

This guide has been paid for by Brookfield Cares.