Child, Teen & Young Adult Resources

“Friendship is born at the moment that one person says to another, What! You too? I thought I was the only one”
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phone: 508-767-9725  •  website: [www.ppal.net](http://www.ppal.net)
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| ADHD/ADD       | Attention deficit hyperactivity disorder (ADHD) is one of the most common mental disorders in children and adolescents. Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and very high levels of activity. Studies show that the number of children being diagnosed with ADHD is increasing, but it is unclear why. National Institute of Mental Health | *Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)* 1-508-302-2425  
*Parent/Professional Advocacy League (PPAL)* 1-508-767-9725 | *http://helpguide.org/mental/adhd_add_signs_symptoms.htm*  
*http://www.spedchildmass.com*  
*http://www.chrisdendy.com/executive.htm* | *Organizing the Disorganized Child: Simple Strategies to Succeed in School* by Dr. Kutscher; ADHD Book:  
*Living Right Now* by Dr. Kutscher  
*The Kid-Friendly ADHD & Autism Cookbook, Updated and Revised: The Ultimate Guide to the Gluten-Free, Casein-Free Diet* by Pamela Compart  
*Special-Needs Kids Eat Right: Strategies to Help Kids on the Autism Spectrum Focus, Learn, and Thrive* by Judy converse, MPH, RD, LD | *NIMH (National Institute of Mental Health) 6001 Executive Blvd., Room 8184, MSC 9663, Bethesda, MD 20892-9663 PHONE: 1-866-615-6464*  
*www.chadd.org - Chapter is located in Wayland, MA PHONE: 1-508-302-2425. Meets every 2nd Tuesday of the month, from 7-9PM at Wayland Town Hall, School Committee Meeting Room, 41 Cochituate Road. CONTACT: Wendy Peverill-Conti, 508-655-2590 E-MAIL: metrowestchadd@verizon.net*  
*Parent/Professional Advocacy League*: 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111.  
*FREE Support Groups*: For more information call 508-767-9725 or visit www.ppal.net.
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<tr>
<td>Autism Spectrum Disorders:</td>
<td>All children with ASD demonstrate deficits in 1) social interaction, 2) verbal and nonverbal communication, and 3) repetitive behaviors or interests. In addition, they will often have unusual responses to sensory experiences, such as certain sounds or the way objects look. Each of these symptoms runs the gamut from mild to severe. They will present in each individual child differently. For instance, a child may have little trouble learning to read but exhibit extremely poor social interaction. Each child will display communication, social, and behavioral patterns that are individual but fit into the overall diagnosis of ASD. Children with ASD do not follow the typical patterns of child development. In some children, hints of future problems may be apparent from birth. In most cases, the problems in communication and social skills become more noticeable as the child lags further behind other children the same age. Some other children start off well enough. Oftentimes between 12 and 36 months old, the differences in the way they react to people and other unusual behaviors become apparent. Some parents report the change as being sudden, and that their children start to reject people, act strangely, and lose language and social skills they had previously acquired. In other cases, there is a plateau, or leveling, of progress so that the difference between the child with autism and other children the same age becomes more noticeable. National Institute of Mental Health</td>
<td>(Central MA) Autism Resource Center-Central Massachusetts (HMEA) 1-508-835-4278  (MetroWest MA) Autism Alliance of MetroWest 508-652-9900 Autism Speaks Autism Response Team <a href="mailto:familieservices@autismspeaks.org">familieservices@autismspeaks.org</a>  888 AUTISM2 (288-4762) Parent/Professional Advocacy League (PPAL) 1-508-767-9725</td>
<td><a href="http://www.autismspeaks.org/">http://www.autismspeaks.org/</a>  <a href="http://www.communityresourcesforautism.org/matriarch/default_crpasp">http://www.communityresourcesforautism.org/matriarch/default_crpasp</a>  <a href="http://www.helpguide.org/mentalandbehavior/autism_signs_symptoms.htm">http://www.helpguide.org/mentalandbehavior/autism_signs_symptoms.htm</a>  <a href="http://www.hmea.org/locations.html">http://www.hmea.org/locations.html</a>  <a href="http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml">http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml</a>  <a href="http://www.flutiefoundation.org/">http://www.flutiefoundation.org/</a>  <a href="http://www.autism-help.org/">http://www.autism-help.org/</a>  <a href="http://www.autism-society.org/site/PageServer">http://www.autism-society.org/site/PageServer</a>  <a href="http://www.autismalliance.org/">http://www.autismalliance.org/</a></td>
<td>Autism Spectrum Disorders: The Complete Guide to Understanding Autism, Asperger’s Syndrome, Pervasive Developmental Disorder, and Other ASDs by Chantel Sicile-Kira  Adolescents on the Autism Spectrum: A Parent’s Guide to the Cognitive, Social, Physical, and Transition Needs of Teenagers with Autism Spectrum Disorders by Chantel Sicile-Kira  1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders by Ellen Notbohm</td>
<td>1-508-835-4278 Autism Resource Center-Central Massachusetts (HMEA): Various support groups are held each month: Mom’s and Tots play group, Autism Support Group for Transition Aged Teens Parents, Mothers Network Brunch, Autism Support Group, Sibshop, and more. For more information please visit: <a href="http://www.autismresourcecentral.org/support.html">http://www.autismresourcecentral.org/support.html</a>  Parent/Professional Advocacy League: 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit <a href="http://www.ppal.net">www.ppal.net</a>.</td>
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<td>Asperger’s Syndrome</td>
<td>Asperger’s syndrome (AS) is an autism spectrum disorder. It is milder than autism but shares some of its symptoms. It is more common in boys than girls. An obsessive interest in a single subject is a major symptom of AS. Some children with AS have become experts on dinosaurs, makes and models of cars, even objects as seemingly odd as vacuum cleaners. Their expertise, high level of vocabulary and formal speech patterns make them seem like little professors. Children with AS have trouble reading social cues and recognizing other people’s feelings. They may have strange movements or mannerisms. All of these make it difficult for them to make friends. Problems with motor skills are also common in children with AS. They may be late learning to ride a bike or catch a ball, for example. Treatment focuses on the three main symptoms: poor communication skills, obsessive or repetitive routines, and physical clumsiness. National Institute of Mental Health.</td>
<td>Autism Resource Center-Central Massachusetts (HMEA) 1-508-835-4278</td>
<td><a href="http://www.autismresourcecentral.org">http://www.autismresourcecentral.org</a> <a href="http://www.webmd.com/brain/autism/default.htm">http://www.webmd.com/brain/autism/default.htm</a> <a href="http://www.tonyattwood.com.au">http://www.tonyattwood.com.au</a> <a href="http://www.autism-society.org/site/PageServer">http://www.autism-society.org/site/PageServer</a> <a href="http://www.spedchildmass.com">http://www.spedchildmass.com</a> <a href="http://www.aane.org/">http://www.aane.org/</a></td>
<td>Asperger’s Syndrome: A guide for Parents and Professionals by Tony Attwood  The Asperger’s Answer Book by Susan Ashley, PH.D.  Freaks, Geeks &amp; Asperger Syndrome by Luke Jackson  The Unwritten Rules of Social Relationships: Decoding Social Mysteries Through the Unique Perspectives of Autism by Temple Grandin  Thinking in Pictures (Expanded, Tie-in Edition): My Life with Autism (Vintage) by Temple Grandin Ph.D.  The Out-Of-Sync Child: Recognizing and Coping with Sensory Integration Dysfunction by Carol Stock Kranowitz</td>
<td>Asperger’s Association of New England (AANE) Regional Office: 85 Main Street, Suite 101, Watertown. Phone: 617-393-3824; Email: <a href="mailto:info@aane.org">info@aane.org</a>; Website: <a href="http://www.aane.org">www.aane.org</a>  Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit <a href="http://www.ppal.net">www.ppal.net</a>.  Parents of School-Aged Children: Meets on the 1st Monday from 7:30-9PM (changes on holidays). Contact Brenda Dater, 617-393-3824, Ext. 311; <a href="mailto:Brenda.Dater@aane.org">Brenda.Dater@aane.org</a>  Parents of Teens/Young Adults: online discussion group. Contact Stephanie Loo - 617-393-3824x307 Email: <a href="mailto:Stephanie.Loo@aane.org">Stephanie.Loo@aane.org</a>  AANE Group for Parents of Children and Teens with AS, NVLD and related disorders: Meets the second Friday of the month from 10 AM to 12 PM at the ARC of Greater Plymouth. Call for schedule of monthly events. Contact: 508-732-9292, Ext. 11 or 617-393-3824, ext. 320 Email: <a href="mailto:Catherine.mayes@aane.org">Catherine.mayes@aane.org</a></td>
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<td>Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS)</td>
<td>PDD-NOS is a type of <a href="http://kidshealth.org/parent/medical/learning/pervasive_developmental_disorders.html">autism</a> spectrum disorder. Pervasive Developmental Disorder Not Otherwise Specified is a disorder that looks like autism but does not fit all the symptoms. Although this disorder can be seen at a very young age, most often it is diagnosed in toddlers. PDD-NOS symptoms are much like autism but are often seen in a milder form. You could say that Pervasive Developmental Disorder Not Otherwise Specified is a form of mild autism. Because it is a spectrum disorder, all children diagnosed will show different PDD-NOS symptoms. The two symptoms that bring the most problems in social functioning, are social interaction with other children and communicating problems with parents. <a href="http://www.healthforworld.com">Healthforworld.com</a></td>
<td>Autism Resource Center-Central Massachusetts (HMEA) 1-508-835-4278 (MetroWest MA) Autism Alliance of MetroWest 508-652-9900 Autism Speaks Autism Response Team <a href="mailto:familieservices@autismspeaks.org">familieservices@autismspeaks.org</a> (888) AUTISM2 (288-4762) Parent/Professional Advocacy League (PPAL) 1-508-767-9725</td>
<td><a href="http://kidshealth.org/parent/medical/learning/pervasive_developmental_disorders.html">http://kidshealth.org/parent/medical/learning/pervasive_developmental_disorders.html</a> <a href="http://www.autism-society.org/site/PageServer">http://www.autism-society.org/site/PageServer</a> <a href="http://www.spedchildmass.com">http://www.spedchildmass.com</a></td>
<td>Pervasive Developmental Disorder: An Altered Perspective by Barbara Quinn Pervasive Developmental Disorders: Diagnosis, Options, and Answers by Mitzi Waltz The Out-Of-Sync Child: Recognizing and Coping with Sensory Integration Dysfunction by Carol Stock Kranowitz</td>
<td>Autism Resource Center-Central Massachusetts (HMEA) 1-508-835-4278 Autism/PDD Parent Group meets monthly at the Resource Center. Groups run with and without outside speakers. Check Calendar for dates, registration is required. For more information visit: <a href="http://www.autismresourcecentral.org">www.autismresourcecentral.org</a> Parent/Professional Advocacy League: 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit <a href="http://www.ppal.net">www.ppal.net</a>.</td>
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| Bipolar Disorder  | Bipolar disorder is a serious brain illness. It is also called manic-depressive illness. Children with bipolar disorder go through unusual mood changes. Sometimes they feel very happy or “up,” and are much more active than usual. This is called mania. And sometimes children with bipolar disorder feel very sad and “down,” and are much less active than usual. This is called depression. Bipolar disorder is not the same as the normal ups and downs every kid goes through. Bipolar symptoms are more powerful than that. The illness can make it hard for a child to do well in school or get along with friends and family members. National Institute of Mental Health. | National Institute of Mental Health, Bethesda, MD 1-866-615-6464 Email nimhinfo@nih.gov  
Child & Adolescent Bipolar Foundation 1-847-256-8525  
Depression and Bipolar Support Alliance (DBSA) 1-800-826-3632  
Families for Depression Awareness 1-781-890-0220  
National Alliance on Mental Illness (NAMI) 1-703-524-7600  
National Mental Health Association 1-703-684-7722  
Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://helpguide.org/topics/bipolar.htm  
http://www.nami.org/  
http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4058/  
www.nimh.nih.gov  
www.bpkids.org  
www.dbsalliance.org  
www.familyaware.org  
www.nmha.org  
http://www.jbrf.org/edu_forum/issues.html  
Break the Bipolar Cycle: A Day-By-Day Guide to Living with Bipolar Disorder by Elizabeth Brondolo  
The Bipolar Workbook: Tools for Controlling Your Mood Swings by Monica Ramirez Basco PhD  
The Bipolar Child: The Definitive and Reassuring Guide to Childhood’s Most Misunderstood Disorder -- Third Edition by Demitri Papolos M.D. and Janice Papolos  
The Bipolar Teen: What You Can Do to Help Your Child and Your Family by David J. Miklowitz PhD and Elizabeth L. George PhD  
The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children by Ross W. Greene | Child & Adolescent Bipolar Foundation 847-256-8525  
Web site: www.bpkids.org  
Depression and Bipolar Support Alliance (DBSA) Phone: (800) 826-3632  
Web site: www.dbsalliance.org  
Families for Depression Awareness Phone: (781) 890-0220  
Web site: www.familyaware.org  
National Alliance on Mental Illness (NAMI) Phone: (703) 524-7600  
Web site: www.nami.org/  
National Mental Health Association Phone: (703) 684-7722  
Web site: www.nmha.org  
Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net. |
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| Childhood Obesity         | Obesity is an excess percentage of body weight due to fat that puts people at risk for many health problems. In children older than 2 years of age, obesity is assessed by a measure called the Body Mass Index (BMI). Children and adolescents with a BMI over the 85% but less than 95th percentile are considered overweight and those with a BMI greater than the 95th percentile are considered obese. As a result these children are at increased risk of developing diseases such as, type 2 diabetes, high blood pressure, osteoarthritis, stroke, certain kinds of cancer, and other debilitating diseases. In addition to the physical health consequences, overweight and obese children also suffer from social and emotional health consequences. These consequences are often overlooked but should not be. Obese children have lower self-esteem, are more likely to be depressed, suffer from bullying and teasing, and have lower academic achievement. Medicalhomeinfo.org | National Institute of Health (NIH) 1-877-946-4627  
Weight-Control Information Network 1-877-946-4627  
Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://helpguide.org/mental/childhood_obesity.htm  
http://www.med.umich.edu/your_child/topics/obesity.htm  
http://kidshealth.org/parent/general/body/overweight_obesity.htm  
http://www.myoverweightchild.com/  
http://www.cdc.gov/HealthyYouth/obesity/ | Overcoming Childhood Obesity by Colleen Thomason MS RD  
Our Overweight Children: What Parents, Schools, and Communities Can Do to Control the Fatness Epidemic (California Studies in Food and Culture) by Sharron Dalton  
Underage and Overweight: America's Childhood Obesity Epidemic--What Every Parent Needs to Know by Frances M. Berg | Eating Disorder Information Center  
http://www.edreferral.com/states/ma.html  
http://groups.yahoo.com/group/youaremorethanwhatyouweigh  
Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net. |
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<td>Cutting-Self Injurious behavior (SIB)</td>
<td>When you hurt your body on purpose it is called “self-injury”. Other names for self-injury are “cutting”, “self-harm”, or “self-mutilation”. Some ways that people hurt themselves are by cutting, scratching, picking, or burning their body. People who self-injure sometimes hurt themselves repeatedly, and often have scars. While you are self-injuring you might not feel pain, and could do more damage than you mean to. People who injure themselves are experiencing overwhelming feelings, like extreme anxiety or tension, and in the moment self-injury may seem to provide a feeling of escape or relief. Some people also experience &quot;depersonalization&quot;, which is when a person doesn't feel real, or feels she is outside of her body watching herself. People who feel this way might cut or harm themselves to help themselves feel “real” again. Others cut or injure themselves as a way of punishing themselves. Many people who self-injure have a history of physical, emotional or sexual abuse, and have a sense of shame about themselves. Most people who self-injure haven't yet learned healthier ways to cope with negative feelings. Although you might feel stuck in a pattern of injuring yourself, there is definitely a way out.</td>
<td><strong>Center for Young Women’s Health, Boston</strong>&lt;br&gt;1-617-355-2994</td>
<td><a href="http://kidshealth.org/parent/emotions/behavior/cutting.html">http://kidshealth.org/parent/emotions/behavior/cutting.html</a></td>
<td><a href="http://www.youngwomenshealth.org/si.html">The Scarred Soul: Understanding &amp; Ending Self-Inflicted Violence by Tracy Alderman, Ph.D.</a></td>
<td><a href="http://breeze.cce.cornell.edu">Helping Teens Who Cut: Understanding and Ending Self Injury by Michael Hollander</a></td>
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| Depression        | Only in the past two decades has depression in children been taken very seriously. The depressed child may pretend to be sick, refuse to go to school, cling to a parent, or worry that the parent may die. Older children may sulk, get into trouble at school, be negative, grouchy, and feel misunderstood. Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child is just going through a temporary "phase" or is suffering from depression. Sometimes the parents become worried about how the child’s behavior has changed, or a teacher mentions that “your child doesn’t seem to be himself.” In such a case, if a visit to the child's pediatrician rules out physical symptoms, the doctor will probably suggest that the child be evaluated, preferably by a psychiatrist who specializes in the treatment of children. National Institute of Mental Health. | Depression and Bipolar Support Alliance http://www.dbsalliance.org 1-800-826-3632  
Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://helpguide.org/mental/childhood_obesity.htm  
http://helpguide.org/mental/post traumatic_stress_disorder_symptoms_treatment.htm  
http://helpguide.org/mental/depression_tips.htm  
Understanding Teenage Depression: A Guide to Diagnosis, Treatment, and Management by Dr. Maureen Empfield and Nicholas Bakalar  
Your Child: Emotional, Behavioral, and Cognitive Development from Birth through Preadolescence by Aacap and David Pruitt  
Meets every Wednesday from 7pm – 9pm at McLean Hospital, 115 Mill Street, Belmont, MA in the deMarneffe Building cafeteria. There are drop-in groups on Monday, Thursday, Friday, and Saturday from 1:30pm-3:30pm in room 132 in the deNarbeffe Building cafeteria.  
Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111.  
FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net.  
http://www.familyaware.org/online-support-groups.html  
NAMI Massachusetts; 400 West Cummings Park/Suite 6650, Woburn, MA 01801; 1-800-370-9085; Website www.namimass.org. |
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| Diabetes          | Diabetes mellitus, often simply referred to as diabetes—is a group of metabolic diseases in which a person has high blood sugar either because the body does not produce enough insulin or because cells do not respond to the insulin that is produced. This high blood sugar produces the classical symptoms of frequent urination, increased thirst and increased hunger. There are three main types of diabetes:  
  **Type 1 diabetes:** results from the body’s failure to produce insulin, and presently requires the person to inject insulin. (Also referred to as insulin-dependent diabetes mellitus, IDDM for short, and juvenile diabetes.)  
  **Type 2 diabetes:** results from insulin resistance, a condition in which cells fail to use insulin properly, sometimes combined with an absolute insulin deficiency. (Formerly referred to as non-insulin-dependent diabetes mellitus, NIDDM for short, and adult-onset diabetes.)  
  **Gestational diabetes:** is when pregnant women, who have never had diabetes before, have a high blood glucose level during pregnancy. It may precede development of type 2 DM. American Diabetes Association. | Joslin Diabetes Center 1-617-732-2603  
National Diabetes Education Program (NDEP) 1-888-693-6337  
National Diabetes Information Clearinghouse 1-800-860-8747  
Centers for Disease Control and Prevention 1-800-311-3435  
American Association of Diabetes Educators 1-800-TEAM-UP4 1-800-832-6874  
American Diabetes Assoc. 1-800-DIABETES 1-800-342-2383  
Juvenile Diabetes Research Foundation International 1-800-223-1138  
Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://www.joslin.org/  
http://www.diabetes.org/  
http://www.dlife.com/diabetes/information/type-1/  
www.yourdiabetesinfo.org  
www.cdc.gov/diabetes  
www.diabeteseducator.org  
www.diabetes.org  
www.jdrf.org | Even Superheroes Get Diabetes (Insulin Comics) by Sue Ganz-Schmitt  
Taking Diabetes to School (Special Kids in Schools Series) by Kim Gosselin  
The Everything Parent’s Guide To Children With Juvenile Diabetes by Moira McCarthy and Jake Kushner  
Getting a Grip on Diabetes: Quick Tips for Kids and Teens by Spike Loy and Bo Loy  
Real Life Parenting of Kids with Diabetes by Virginia Loy  
Think Like a Pancreas: A Practical Guide to Managing Diabetes with Insulin by M.S. Gary Scheiner M.S. | Western MA Support Group: Meetings take place the second Sunday of every month at 3 pm with a diabetes-friendly potluck. Location varies month to month. Contact Ami Morrison for more information and meeting locations (413)247-3373 or AEMorrison@msn.com  
Baystate Pediatric Diabetes Support Group: This group runs the first Tuesday of every month from September-May. Parents, teens (13-18 years old), and 7-12 year olds are encouraged to attend. Each session is lead by Clinical Social Workers and interns and is held at 3300 Main St. 4th Floor, Springfield, MA. For more information, please contact Beth Russell-Smith, LICSW at (413) 794-7343.  
JDRF New England Chapter | Bay State Branch | 60 Walnut Street, Wellesley Hills, MA 02481  
tel: (781) 431-0700 | | For support in your area please visit the following website address: http://www.childrenwithdiabetes.com/support/us-ma.htm | Parent/Professional Advocacy League  | 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111.  
FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net |
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| EATING DISORDERS:     | Eating disorders refer to a group of conditions defined by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual’s physical and mental health. Bulimia nervosa and anorexia nervosa are the most common specific forms in the United States. Though primarily thought of as affecting females (an est. 5–10 million being affected in the U.S.), eating disorders affect males as well (an est. 1 million U.S. males being affected). Although eating disorders are increasing all over the world among both men and women, there is evidence to suggest that it is women in the Western world who are at the highest risk of developing them and the degree of westernization increases the risk. The precise cause of eating disorders is not entirely understood, although, there is evidence that it may be linked to other medical conditions and situations. One study showed that girls with ADHD have a greater chance of getting an eating disorder than those not affected by ADHD. One study showed that foster girls are more likely to develop bulimia nervosa. Some also think that peer pressure and idealized body-types seen in the media are also a significant factor. However, research shows that for some people there is a genetic reason why they may be prone to developing an eating disorder. | Eating Disorders Treatment Centers 1-800-941-5313  
Rader Programs 1-877-581-2046  
National Eating Disorders 1-800-931-2237  
MEDA 1-866-343-MEDA or 1-617-558-1881  
http://www.something-fishy.org/  
http://www.eating-disorders-treatment.com/eating-disorders-contact  
www.NationalEatingDisorders.or g  
www.achancetoheal.org  
www.edreferral.com  
www.anad.org/site/anadweb  
www.voicesnotbodies.org  
www.pbs.org/perfectillusions/index.html  
http://medainc.org/ | Help Your Teenager Beat an Eating Disorder by James Lock MD PhD and Daniel Le Grange PhD  
When Your Child Has an Eating Disorder: A Step-By-Step Workbook for Parents and Other Caregivers by Abigail Natenshon  
Eating Disorder Information Center www.edreferral.com/states/ma.html  
http://groups.yahoo.com/group/youarem orethanwhatyouweigh  
Workbook: The Body Image Workbook: An Eight-Step Program for Learning to Like Your Looks by Thomas F. Cash  
Parent/Professional Advocacy League: 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net.  
MEDA, Newton, MA: Free Support Group. Hope and Inspiration is a free drop-in group that takes place the first Saturday of every month from 10:00-11:00am at the MEDA (an eating disorder treatment and prevention organization) office in Newton, located at 92 Pearl Street. During the hour, a recovered individual shares his or her story of recovery, leaving time for discussion and questions. Contact MEDA at 617-558-1881 ext. 12 for more information or visit www.medainc.org. |
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| Anorexia Nervosa | Anorexia nervosa also known as simply Anorexia is an eating disorder characterized by refusal to maintain a healthy body weight and an obsessive fear of gaining weight. It is often coupled with a distorted self image which may be maintained by various cognitive biases that alter how the affected individual evaluates and thinks about her or his body, food and eating. Persons with anorexia nervosa continue to feel hunger, but deny themselves all but very small quantities of food. The average caloric intake of a person with anorexia nervosa is 600–800 calories per day, but there are extreme cases of complete self-starvation. It is a serious mental illness with a high incidence of comorbidity and the highest mortality rate of any psychiatric disorder. Anorexia most often has its onset in adolescence and is most prevalent among adolescent girls. While it can affect men and women of any age, race, and socioeconomic and cultural background. Anorexia nervosa occurs in females 10 times more than in males. | Rader Programs 1-877-581-2046  
National Eating Disorders 1-800-931-2237  
Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://www.something-fishy.org/  
www.NationalEatingDisorders.org  
www.anred.com | Help Your Teenager Beat an Eating Disorder by James Lock MD PhD and Daniel Le Grange PhD  
Eating with Your Anorexic: How My Child Recovered Through Family-Based Treatment and Yours Can Too by Laura Collins | Eating Disorder Information Center  
www.edreferral.com/states/ma.html  
http://groups.yahoo.com/group/youaremorethanwhatyouweigh  
Parent/Professional Advocacy League: 51 Union Street, 3rd Flr/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net. |
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<td>Binge Eating</td>
<td>Binge eating disorder (BED) is the most common eating disorder in the United States affecting 3.5% of females and 2% of males and is prevalent in up to 30% of those seeking weight loss treatment. Although it is not yet classified as a separate eating disorder, it was first described in 1959 by psychiatrist and researcher Albert Stunkard as “Night Eating Syndrome” (NES), and the term “Binge Eating Disorder” was coined to describe the same binging-type eating behavior without the exclusive nocturnal component. BED usually leads to obesity although it can occur in normal weight individuals.</td>
<td>Rader Programs 1-877-581-2046 National Eating Disorders 1-800-931-2237 Parent/Professional Advocacy League (PPAL) 1-508-767-9725</td>
<td><a href="http://www.something-fishy.org/">http://www.something-fishy.org/</a> <a href="http://win.niddk.nih.gov/publications/binge.htm">http://win.niddk.nih.gov/publications/binge.htm</a> <a href="http://www.NationalEatingDisorders.org">www.NationalEatingDisorders.org</a></td>
<td>Help Your Teenager Beat an Eating Disorder by James Lock MD PhD and Daniel le Grange PhD</td>
<td>Eating Disorder Information Center <a href="http://www.edreferral.com/states/ma.html">www.edreferral.com/states/ma.html</a> <a href="http://groups.yahoo.com/group/youaremorethanwhatyouweigh">http://groups.yahoo.com/group/youaremorethanwhatyouweigh</a> Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit <a href="http://www.ppal.net">www.ppal.net</a>.</td>
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<td><strong>Body Dysmorphic Disorder (BDD)</strong></td>
<td>Body dysmorphic disorder (BDD) is a condition that involves obsessions, which are distressing thoughts that repeatedly intrude into a person's awareness. With BDD, the distressing thoughts are about perceived appearance flaws. People with BDD might focus on what they think is a facial flaw, but they can also worry about other body parts, such as short legs, breast size, or body shape. Just as people with eating disorders obsess about their weight, those with BDD become obsessed over an aspect of their appearance. They may worry their hair is thin, their face is scarred, their eyes aren't exactly the same size, their nose is too big, or their lips are too thin. BDD has been called &quot;imagined ugliness&quot; because the appearance issues the person is obsessing about usually are so small that others don't even notice them. Or, if others do notice them, they consider them minor. But for someone with BDD, the concerns feel very real, because the obsessive thoughts distort and magnify any tiny imperfection.</td>
<td>Rader Programs 1-877-581-2046</td>
<td>National Eating Disorders 1-800-931-2237</td>
<td>Parent/Professional Advocacy League (PPAL) 1-508-767-9725</td>
<td><a href="http://www.somethingfishy.org/whatarethey/other.php">Help Your Teenager Beat an Eating Disorder</a> by James Lock MD PhD and Daniel Le Grange PhD</td>
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<td>Bulimia Nervosa</td>
<td>Bulimia nervosa is an eating disorder characterized by restraining of food intake for a period of time followed by an over intake or binging period that results in feelings of guilt and low self-esteem. The median age of onset is 18. Sufferers attempt to overcome these feelings in a number of ways. The most common form is defensive vomiting, sometimes called purging; fasting, the use of laxatives, enemas, diuretics, and over exercising are also common. Bulimia nervosa is nine times more likely to occur in women than men. <a href="https://en.wikipedia.org/wiki/Bulimia_nervosa">Wikipedia</a></td>
<td>Rader Programs 1-877-581-2046</td>
<td><a href="http://www.something-fishy.org">http://www something-fishy.org</a>/whatarethey/exercise.php</td>
<td><a href="http://www.ppal.net">Help Your Teenager Beat an Eating Disorder</a> by James Lock MD PhD and Daniel Le Grange PhD</td>
<td>Eating Disorder Information Center <a href="http://www.edreferral.com">www.edreferral.com</a>/states/ma.html</td>
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<td>Parent/Professional Advocacy League (PPAL) 1-508-767-9725</td>
<td><a href="http://www.annawestinfoundation.org">www.annawestinfoundation.org</a></td>
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<td><a href="http://www.bulimiaquide.org">www.bulimiaquide.org</a></td>
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<td>Compulsive Exercise</td>
<td>Compulsive exercise (also called obligatory exercise and anorexia athletica) is best defined by an exercise addict's frame of mind: He or she no longer chooses to exercise but feels compelled to do so and struggles with guilt and anxiety if he or she doesn't work out. Injury, illness, an outing with friends, bad weather — none of these will deter those who compulsively exercise. In a sense, exercising takes over a compulsive exerciser's life because he or she plans life around it. <a href="http://www.kidshealth.org">Kidshealth.org</a></td>
<td>Rader Programs 1-877-581-2046</td>
<td><a href="http://something-fishy.org/whatarethey/exercise.php">http://something-fishy.org/whatarethey/exercise.php</a></td>
<td><a href="http://www.ppal.net">The Exercise Balance: What's Too Much, What's Too Little, and What's Just Right for You?</a> by Pauline Powers M.D. and Ron Thompson Ph.D.</td>
<td>Eating Disorder Information Center <a href="http://www.edreferral.com">www.edreferral.com</a>/states/ma.html</td>
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### Compulsive Overeating

Compulsive overeating, also sometimes called food addiction, is characterized by an obsessive/compulsive relationship to food. Professionals address this with either a behavior-modification model or a food-addiction model. An individual suffering from compulsive overeating disorder engages in frequent episodes of uncontrolled eating, or binge eating, during which they may feel frenzied or out of control, often consuming food past the point of being comfortably full. Binging in this way is generally followed by feelings of guilt and depression. Unlike individuals with bulimia, compulsive overeaters do not attempt to compensate for their binging with purging behaviors such as fasting, laxative use or vomiting. Compulsive overeaters will typically eat when they are not hungry. Their obsession is demonstrated in that they spend excessive amounts of time and thought devoted to food, and secretly plan or fantasize about eating alone. Compulsive overeating usually leads to weight gain and obesity, but not everyone who is obese is also a compulsive overeater. While compulsive overeaters tend to be overweight or obese, persons of normal or average weight can also be affected.

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National Eating Disorders 1-800-931-2237  
www.NationalEatingDisorders.org | Help Your Teenager Beat an Eating Disorder by James Lock MD PhD and Daniel le Grange PhD | Eating Disorder Information Center  
www.edreferral.com/states/ma.html  
http://groups.yahoo.com/group/youaremorethanwhatyouweigh  
Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net.
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| Eating Disorders (NOS)       | The Diagnostic and Statistical Manual – 4th Edition (DSM-IV) recognizes two distinct eating disorder types, anorexia nervosa and bulimia nervosa. If a person is struggling with eating disorder thoughts, feelings or behaviors, but does not have all the symptoms of anorexia or bulimia, that person may be diagnosed with eating disorder not otherwise specified (EDNOS). Eating Disorder NOS typically begin in adolescence or early adulthood although they can occur at any time throughout the lifespan. Like anorexia nervosa and bulimia, EDNOS is far more common in females; however, among those individuals whose primary symptom is binge eating, the number of males and females is more even. Because EDNOS has not been studied as extensively as anorexia and bulimia, it is harder to gauge an exact prevalence, but estimates suggest that EDNOS accounts for almost three quarters of all community treated eating disorder cases. | Rader Programs 1-877-581-2046  
National Eating Disorders 1-800-931-2237  
MEDA 1-866-343-MEDA or 1-617-558-1881  
Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://helpguide.org/topics/eating_disorders.htm  
www.NationalEatingDisorders.org  
http://groups.yahoo.com/group/youaremoredanwhatyouweigh  
MEDA http://medainc.org/about/support_groups.asp  
Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net.
Orthorexia Nervosa
Orthorexia nervosa (also known as orthorexia) is a term used by Steven Bratman to describe people who have developed a fixation with healthy or righteous eating and has been referred to as a mental disorder. It is not a medically recognized term. Bratman claims that in rare cases, this focus may turn into a fixation so extreme that it can lead to severe malnutrition or even death. Even in less severe cases, the attempt to follow a diet that cannot provide adequate nourishment is said to lower self-esteem as the orthorexics blame themselves rather than their diets for their constant hunger and the resulting cravings for forbidden foods. 

Books
Help Your Teenager Beat an Eating Disorder by James Lock MD PhD and Daniel le Grange PhD

Support Groups
Eating Disorder Information Center
www.edrefererral.com/states/ma.html
http://groups.yahoo.com/group/youaremorethanwhatyouweigh
Parent/Professional Advocacy League
51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111.
FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net.

Pica
Pica is a medical disorder characterized by an appetite for substances largely non-nutritive (e.g., metal, clay, coal, sand, dirt, soil, feces, chalk, pens and pencils, paper, batteries, spoons, toothbrushes, soap, mucus, ash, gum, etc.) or an abnormal appetite for food ingredients (e.g. flour, raw potato, raw rice, starch, ice cubes, salt). For these actions to be considered pica, they must persist for more than one month at an age where eating such objects is considered developmentally inappropriate. Pica is seen in all ages, particularly in pregnant women, small children, and those with developmental disabilities. Pica is more common in women and children.

Support Groups
Latham School, 1646 Main Street, Brewster, MA; 508-896-5776; website www.lathamcenters.org
Parent/Professional Advocacy League
51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111.
FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net.

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National Eating Disorders 1-800-931-2237  
Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://www.somethingfishy.org/whatarethey/other.php  
www.NationalEatingDisorders.org  
http://groups.yahoo.com/group/youaremorethanwhatyouweigh | Help Your Teenager Beat an Eating Disorder by James Lock MD PhD and Daniel le Grange PhD | Eating Disorder Information Center
www.edrefererral.com/states/ma.html  
http://groups.yahoo.com/group/youaremorethanwhatyouweigh  
Parent/Professional Advocacy League
51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111.
FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net. |

| Pica                | Pica is a medical disorder characterized by an appetite for substances largely non-nutritive (e.g., metal, clay, coal, sand, dirt, soil, feces, chalk, pens and pencils, paper, batteries, spoons, toothbrushes, soap, mucus, ash, gum, etc.) or an abnormal appetite for food ingredients (e.g. flour, raw potato, raw rice, starch, ice cubes, salt). For these actions to be considered pica, they must persist for more than one month at an age where eating such objects is considered developmentally inappropriate. Pica is seen in all ages, particularly in pregnant women, small children, and those with developmental disabilities. Pica is more common in women and children. | Rader Programs 1-877-581-2046  
Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://www.somethingfishy.org/whatarethey/other.php  
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<td><strong>Prader-Willi Syndrome</strong></td>
<td>Prader-Willi Syndrome is a complex genetic condition that affects many parts of the body. In infancy, this condition is characterized by weak muscle tone, feeding difficulties, poor growth, and delayed development. Beginning in childhood, affected individuals develop an insatiable appetite, which leads to chronic overeating and obesity. People with Prader-Willi Syndrome typically have mild to moderate intellectual impairment and learning disabilities. Behavioral problems are common, including temper tantrums, stubbornness, and compulsive behavior. Many affected individuals also have sleep abnormalities. Additional features of this condition include distinctive facial features, short stature, and small hands and feet. Some people with Prader-Willi syndrome have unusually fair skin and light-colored hair. Both affected males and affected females have underdeveloped genitals. National Institute of Health</td>
<td><strong>Rader Programs</strong>&lt;br&gt; 1-877-581-2046  &lt;br&gt; <strong>Parent/Professional Advocacy League (PPAL)</strong>&lt;br&gt; 1-508-767-9725</td>
<td><a href="http://www.somethingfishy.org/whatarethey/other.php">http://www.somethingfishy.org/whatarethey/other.php</a>&lt;br&gt; <a href="http://www.keepkidshealthy.com/welcome/conditions/prader_willi_syndrome.html">http://www.keepkidshealthy.com/welcome/conditions/prader_willi_syndrome.html</a>&lt;br&gt; <a href="http://www.fpwr.org/">http://www.fpwr.org/</a>&lt;br&gt; <a href="http://www.pwsusa.org/syndrome/index.htm">http://www.pwsusa.org/syndrome/index.htm</a></td>
<td><a href="http://www.pwsusa.org/syndrome/index.htm">http://www.pwsusa.org/syndrome/index.htm</a></td>
<td><strong>Latham School</strong>, 1646 Main Street, Brewster, MA; 508-896-5776; website <a href="http://www.lathamcenters.org">www.lathamcenters.org</a>&lt;br&gt; <strong>Parent/Professional Advocacy League</strong>: 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. <strong>FREE Support Groups</strong>: For more information call 508-767-9725 or visit <a href="http://www.ppal.net">www.ppal.net</a>.</td>
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<td>Non-Verbal Learning Disability (NVLD or NLD)</td>
<td>Nonverbal learning disabilities can be tricky to recognize and diagnose. Children with this disorder are unable to recognize and translate nonverbal cues, such as facial expressions or tone of voice, into meaningful information. Nonverbal learning disorders (also called “right-hemisphere learning disorders”) often go unrecognized and unaided by teachers and other professionals for a large part of a child’s schooling. Overall, there has been an inadequate awareness of the underlying causes for the difficulties these students encounter in school. These children are often labeled “behavior problems” or “emotionally disturbed” because of their frequent inappropriate and unexpected conduct, but NLD is known to have a neurological rather than a deliberate and/or an emotional origin.</td>
<td>National Information Center for Children and Youth with Disabilities 1-800-695-0285</td>
<td><a href="http://specialchildren.about.com/od/nonverballd/b/nldresources.htm">http://specialchildren.about.com/od/nonverballd/b/nldresources.htm</a></td>
<td>Nonverbal Learning Disabilities At Home: A Parent's Guide by Pamela B. Tanguay</td>
<td><a href="http://groups.yahoo.com/group/NLD-In-Common/">AANE Group for Parents of Children and Teens with AS, NVLD and related disorders</a></td>
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**Special Note:**

- **LDonline.org**
- **National Information Center for Children and Youth with Disabilities**
- **LDA (Learning Disabilities Association) of America**
- **Parent/Professional Advocacy League (PPAL)**

**Books**

- NLD From the Inside Out: Talking to Parents, Teachers, and Teens about Growing Up with Nonverbal Learning Disabilities by Michael Brian Murphy
- On Their Own: Creating an Independent Future for Your Adult Child with Learning Disabilities and ADHD: A Family Guide by Anne Ford

**Support Groups**

- [AANE Group for Parents of Children and Teens with AS, NVLD and related disorders](http://groups.yahoo.com/group/NLD-In-Common/): Meets the second Friday of the month from 10 AM to 12 PM at the ARC of Greater Plymouth. Call for schedule of monthly events. CONTACT: 508-732-9292, Ext. 11 or 617-393-3824, ext. 320 EMAIL: Catherine.mayes@aane.org
## CHILD, TEEN & YOUNG ADULT RESOURCES

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| Obsessive Compulsive Disorder (OCD) | Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by unreasonable thoughts and fears (obsessions) that lead you to do repetitive behaviors (compulsions). With obsessive-compulsive disorder, you may realize that your obsessions aren’t reasonable, and you may try to ignore them or stop them. But that only increases your distress and anxiety. Ultimately, you feel driven to perform compulsive acts in an effort to ease your stressful feelings. Obsessive-compulsive disorder often centers around themes, such as a fear of getting contaminated by germs. To ease your contamination fears, you may compulsively wash your hands until they’re sore and chapped. Despite your efforts, thoughts of obsessive-compulsive behavior keep coming back. This leads to more ritualistic behavior — and a vicious cycle that’s characteristic of obsessive-compulsive disorder. *Mayo Clinic* | A Place of Hope 1-888-771-5166  
http://kidshealth.org/kid/feeling/emotion/ocd.html  
http://www.childrenshospital.org  
http://helpguide.org/mental/obsessive_compulsive_disorder_ocd.html | Freeing Your Child from Obsessive-Compulsive Disorder: A Powerful, Practical Program for Parents of Children and Adolescents by Tamar E. Chansky  
What to Do When Your Brain Gets Stuck: A Kid’s Guide to Overcoming OCD (What-to-Do Guides for Kids) by Dawn Huebner  
Up and Down the Worry Hill: A Children’s Book about Obsessive-Compulsive Disorder and Its Treatment by Aureen Pinto Wagner and Paul A. Jutton  
Parent/Professional Advocacy League: 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111.  
FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net.
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<td>Oppositional Defiance Disorder (ODD)</td>
<td>It’s not unusual for children -- especially those in their “terrible twos” and early teens -- to defy authority every now and then. They may express their defiance by arguing, disobeying, or talking back to their parents, teachers, or other adults. When this behavior lasts longer than six months and is excessive compared to what is usual for the child’s age, it may mean that the child has a type of behavior disorder called oppositional defiant disorder (ODD). ODD is a condition in which a child displays an ongoing pattern of uncooperative, defiant, hostile, and annoying behavior toward people in authority. The child’s behavior often disrupts the child’s normal daily activities, including activities within the family and at school. WebMD</td>
<td>Parent/Professional Advocacy League (PPAL) 1-508-767-9725</td>
<td><a href="http://www.nlm.nih.gov/medlineplus/ency/article/001537.htm">http://www.nlm.nih.gov/medlineplus/ency/article/001537.htm</a> <a href="http://www.mayoclinic.com/health/oppositional-defiant-disorder/DS00630">http://www.mayoclinic.com/health/oppositional-defiant-disorder/DS00630</a></td>
<td>The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children by Ross W. Greene Your Defiant Teen: 10 Steps to Resolve Conflict and Rebuild Your Relationship by Russell A. Barkley PhD ABPP ABCN</td>
<td>Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit <a href="http://www.ppal.net">www.ppal.net</a>.</td>
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<td>Panic Disorder/ Attacks</td>
<td>Panic Disorder is different from the normal fear and anxiety reactions to stressful events in our lives. Panic disorder is a serious condition that strikes without reason or warning. Symptoms of panic disorder include sudden attacks of fear and nervousness, as well as physical symptoms such as sweating and a racing heart. During a panic attack, the fear response is out of proportion for the situation, which often is not threatening. Over time, a person with panic disorder develops a constant fear of having another panic attack, which can affect daily functioning and general quality of life. Panic disorder often occurs along with other serious conditions, such as depression, alcoholism, or drug abuse. WebMD.</td>
<td>Parent/Professional Advocacy League (PPAL) 1-508-767-9725</td>
<td><a href="http://www.anxietypanic.com/">http://www.anxietypanic.com/</a> <a href="http://mentalhealth.samhsa.gov">http://mentalhealth.samhsa.gov</a></td>
<td>Power Over Panic (2nd Edition) by Bronwyn Fox Anxiety and Panic Attacks (Teen Mental Health) by Judith Levin What to Do When You're Scared and Worried: A Guide for Kids by James J. Crist</td>
<td>Messiah Lutheran Church, 750 Rindge Road, Fitchburg <a href="http://www.namincm.org/">http://www.namincm.org/</a> Every Thursday of the month 7:00 - 8:30p Parent/Professional Advocacy League: 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit <a href="http://www.ppal.net">www.ppal.net</a>.</td>
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**Child, Teen & Young Adult Resources**

phone: 508-767-9725  •  website: [www.ppal.net](http://www.ppal.net)
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| Post Traumatic Stress Disorder (PTSD) | Post-Traumatic Stress Disorder, PTSD, is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat. People with PTSD have persistent frightening thoughts and memories of their ordeal and feel emotionally numb, especially with people they were once close to. They may experience sleep problems, feel detached or numb, or be easily startled. National Institute of Mental Health | SAMHSA National Mental Health Information Center 1-800-789-2647  
Attachment and Trauma Network 1-240-357-7369  
Justice Resource Center -Trauma Center in Brookline, MA 1-617-232-1303 or 1-617-450-0500  
Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://www.aacap.org/ (click on the “For Families” tab at the top of the page)  
http://kidshealth.org/parent/positive/talk/ptsd.html  
www.NCTSNet.org  
www.apa.org  
http://www.apa.org/topics/trauma/index.aspx  
http://mentalhealth.samhsa.gov  
http://www.traumacenter.org/  
http://www.attachmenttraumanetwork.org/  
http://www.childrenshospital.org/az/Site1470/mainpageS1470PO.html | Stress 101: An Overview for Teens (Teen Overviews) by Margaret O. Hyde and Elizabeth H. Forsyth  
Hot Stones and Funny Bones: Teens Helping Teens Cope with Stress and Anger by Brian Luke Seaward Ph.D. | Webcasts/resources on the Web: http://ptsd.about.com/od/additionalresources/PostTraumatic_Stress_Disorder_Additional_Resources.htm  
Attachment and Trauma Network: http://www.attachmenttraumanetwork.org/SupportGroup.htm  
Parent/Professional Advocacy League: 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net |
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| Reactive Attachment Disorder (RAD)            | An attachment disorder is a condition in which individuals have difficulty forming loving, lasting intimate relationships. Attachment disorders vary in severity, but the term usually is reserved for individuals who show a nearly complete lack of ability to be genuinely affectionate with others. They typically fail to develop a conscience and do not learn to trust. The process of developing healthy attachments may be disrupted by abuse, neglect, abandonment, multiple changes in caregivers, foster care, adoption, painful illness, exposure to alcohol/drugs in utero, maternal depression, and/or inconsistent day care. | **New Haven Residential Treatment Center** 1-888-877-3044  
**Justice Resource Center - Trauma Center** in Brookline, MA  
1-617-232-1303 or Main Number  
1-617-450-0500  
**Attachment Institute of New England** 1-508-799-2663  
**Parent/Professional Advocacy League (PPAL)** 1-508-767-9725 | **http://helpguide.org/mental/parenting_bonding_reactive_attachment_disorder.htm**  
**http://www.nlm.nih.gov/medlineplus/ency/article/001547.htm**  
**http://www.attachmenttraumanetwork.org/**  
**http://www.attachmentdisorder.net**  
**http://www.attachmentnewengland.com/website/index.html**  
**http://www.radzebra.org**  
**http://www.attachment.org**  
**www.thelittleprince.org**  
**www.loveandlogic.com**  
**www.NancyThompsParenting.com**  
**www.ATTACH.org**  
**www.Instituteforattachment.org** | **http://www.bondingbook.com/**  
**Healing Parents: Helping Wounded Children Learn To Trust & Love by Michael Orlans, Terry M. Levy**  
**When Love Is Not Enough: A Guide To Parenting Children With Reactive Attachment Disorder by Nancy Thomas**  
**Parenting Teens with Love and Logic by F. Cline, M.D. and J. Fay**  
**Hope For High Risk and Rage Filled Children by Foster Cline, M.D.** | **Trauma Headquarters: http://adsg.syix.com/**  
**Glenhaven Academy in Marlborough http://www.jri.org/vanderkolk/**  
**http://www.adsgwestchesterpa.homestead.com/**  
**A_Garden_of_RADishes@yahoogroups.com**  
**ADN_Parents@yahoogroups.com**  
**RAD101@yahoogroups.com**  
**Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net.** |
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| Selective Mutism| Selective Mutism is a disorder in which an individual cannot or will not speak in specific situations when there is an expectation of conversational speech. Communicative language is generally intact in such individuals, although Selective Mutism can coexist with language and communication disorders. Selective Mutism is accompanied by shyness and anxiety in many cases. Selective Mutism is defined by the Diagnostic and Statistical Manual of Mental Health Disorders, Fourth Edition Text Revision (DSM-IV-TR) as a disorder primarily affecting children. In some cases, adolescents and adults continue to experience an inability to speak in public. This inability is generally most disabling at school, as the child cannot be assertive and speak when called on by teachers. In adults, functional impairment occurs when public speaking or lecturing are required in one's vocation. **Medscape Reference** | Parent/Professional Advocacy League (PPAL) 1-508-767-9725 | http://www.selectivemutism.org/  
http://www.selectivemutismcenter.org/  
http://www.social-anxiety.com/area-selective-mutism.html | Several books listed at:  
http://www.drelisashipblum.org/SMarfMart.html  
http://www.selectivemutism.org/find-help/recommended-reading  
Helping Your Child with Selective Mutism: Steps to overcome a fear of speaking by Ph.D. Angela E. McHolm, Ph.D. Charles E. Cunningham | http://www.selectivemutism.org/resources/expert-chat-overview. Chat sessions occur monthly. View website for more information  
Parent/Professional Advocacy League; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111. FREE Support Groups: For more information call 508-767-9725 or visit www.ppal.net. |
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| **Social Anxiety (Social Phobia)** | Social Anxiety is the fear of social situations that involve interaction with other people. Put another way, social anxiety is the fear and anxiety of being judged and evaluated by other people. If a person usually becomes anxious in social situations, but seems fine when they are alone, then "social anxiety" may be the problem. People with social anxiety are many times seen by others as being shy, quiet, backward, withdrawn, inhibited, unfriendly, nervous, aloof, and disinterested. People with social anxiety want to be "normal" socially, they want to make friends and they want to be involved and engaged in social interactions. Having social anxiety prevents people from being able to do the things they want to do. People with social anxiety want to be friendly, open, and sociable. It is fear (anxiety) that holds them back from participating. Social anxiety is a fully treatable condition and can be overcome with work and patience. | **SAMSHA** 800-789-2647  
**Parent/Professional Advocacy League (PPAL)** 1-508-767-9725 | [http://www.helpguide.org/mental/social_anxiety_support_symptom causes_treatment.htm](http://www.helpguide.org/mental/social_anxiety_support_symptom causes_treatment.htm)  
[www.socialphobia.org](http://www.socialphobia.org) | **Painfully Shy: How to Overcome Social Anxiety and Reclaim Your Life** by Markway, Barbara G., Ph.D. and Markway, Gregory P., Ph.D.  
[When My Worries Get Too Big](http://childrens-books.lovetoknow.com/Books_for_Children_on_Social_Anxiety_Disorder) by Kari Dunn Buron  
Several books listed at: [http://childrens-books.lovetoknow.com/Books_for_Children_on_Social_Anxiety_Disorder](http://childrens-books.lovetoknow.com/Books_for_Children_on_Social_Anxiety_Disorder) | **Parent/Professional Advocacy League**; 51 Union Street, 3rd Floor/Suite 308, Worcester, MA 02111.  
**FREE Support Groups:** For more information call 508-767-9725 or visit [www.ppal.net](http://www.ppal.net). |
# CHILD, TEEN & YOUNG ADULT RESOURCES

**Other Resources and Additional Information:**

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| Born Addicted Behaviors   | Prenatal drug exposure has the potential to cause growth defects and other ailments in unborn children. When the chemicals from drugs enter the mother's womb, she is exposing her baby to toxins that can alter neurological development to the point that nerves become damaged. Seizures are another neurological disorder that can result from children being exposed to drugs in the womb. If parents use drugs after a child has already been born, they can still do damage to the child's physical health. Smoking inside of the home, for instance, can cause asthma in young kids. Children born of drug addicted parents are at risk for developing emotional disturbances, such as depression or anxiety disorders. When children grow up in a home that is unstable, or where they witness their parents behaving inappropriately due to the influence of drugs, it can scar a child and cause permanent emotional damage. This is especially the case if Child Protective Services gets involved and has to remove a child from his or her home. | **Narcanon Trois-Rivieres** 1-877-782-7409  
[http://www.mass.gov/dph/earlyintervention](http://www.mass.gov/dph/earlyintervention)  
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| GLBTQ Resources  | LGBT (or GLBT) is an initialism used since the 1990s as a self-designation by what was formerly known as the "gay community". It refers collectively to "lesbian, gay, bisexual, and transgender" people. In use since the 1990s, the term "LGBT" is an adaptation of the initialism "LGB", which itself started replacing the phrase "gay community" beginning in the mid-to-late 1980s, which many within the community in question felt did not accurately represent all those to whom it referred. The term LGBT is intended to emphasize a diversity of "sexuality and gender identity-based cultures" and is sometimes used to refer to anyone who is non-heterosexual instead of exclusively to people who are homosexual, bisexual, or transgender. To recognize this inclusion, a popular variant adds the letter Q for those who identify as queer and questioning their sexual identity (e.g., "LGBTQ" or "GLBTQ"), recorded since 1996. | National Youth Talk Line 1-800-246-7743  
Parent/Professional Advocacy League (PPAL)  
1-508-767-9725 | [www.safehomesMA.org](http://www.safehomesMA.org)  
[www.jri.org/glass](http://www.jri.org/glass)  
[www.gably.org](http://www.gably.org)  
[http://www.familyacceptance.org/about_us/about_us.html](http://www.familyacceptance.org/about_us/about_us.html)  
[http://www.cdc.gov/lgbthealth/youth-resources.html](http://www.cdc.gov/lgbthealth/youth-resources.html)  
[http://www.safeschoolscoalition.org/RG-parents_guardians_glbts_youths.html](http://www.safeschoolscoalition.org/RG-parents_guardians_glbts_youths.html)  
[Always My Child: A Parent’s Guide to Understanding Your Gay, Lesbian, Bisexual Transgendered or Questioning Son or Daughter by Kevin Jennings & Pat Shapiro](http://www.advocatesforyouth.org/g/qlgbtq-issues-home) | TRACS (Transition Resources and Community Supports) at South Shore Mental Health and STEPS Young Adult Resource Center                                                                 |

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**Note:** The information provided is for awareness and educational purposes. Always consult a professional for guidance on specific needs and concerns.
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| **Teenage Self Medicating**     | Teenagers who abuse the use of over-the-counter (OTC) and other legal and illegal medications intentionally or unintentionally. | **Luk Crisis Center** 99 Day Street Fitchburg, MA 1-978-345-0685  
**Youth Opportunities Upheld, Inc.** 81 Plantation St Worcester 1-508-770-0511  
**Motivating Youth Recovery Program (MYR)** 1-508-860-1244  
**Parent/Professional Advocacy League (PPAL)** 1-508-767-9725 | http://www.drugfree.org/  
http://family.samhsa.gov/get/otc
drugs.aspx  
http://www.teendrugabuse.us/index.html  
http://kidshealth.org/parent/h1n1_center/h1n1_center_treatment/cough_cold_medicine_abuse.html  
**FREE Support Groups**: For more information call 508-767-9725 or visit [www.ppal.net](http://www.ppal.net) |
| **Trauma & Abuse and Other Resources** | Certain types of Trauma & Abuse are Child Abuse and Neglect, Post Traumatic Stress Disorder, Emotional and Psychological Trauma.  
These children live in fear, feel battered by words, feel like they have to walk on eggshells—constantly controlling what they say and do in order to keep the peace. The traumatic event may have happened years ago or yesterday. The person may have witnessed the event or been personally involved. | **Parent/Professional Advocacy League (PPAL)** 1-508-767-9725 | http://helpguide.org/topics/trauma_abuse.htm  
http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/  
**FREE Support Groups**: For more information call 508-767-9725 or visit [www.ppal.net](http://www.ppal.net) |
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| Suicide           | Suicide is the act of a human being intentionally causing his or her own death. Suicide is often committed out of despair, or attributed to some underlying mental disorder which includes depression, bipolar disorder, schizophrenia, alcoholism and drug abuse. Financial difficulties, troubles with interpersonal relationships and other undesirable situations play a significant role. | Parent/Professional Advocacy League (PPAL) 1-508-767-9725  
Link2Health Solutions Hotline: 1-800-273-TALK  
National Suicide Hotline: 1-800-SUICIDE | www.masspreventsuicide.org  
www.samaritanshope.org  
www.save.org  
www.suicidepreventionlifeline.org  
http://www.afsp.org/ | A Parent's Guide for Suicidal and Depressed Teens: Help for Recognizing If a Child is in Crisis and What to Do About It by Kate Williams  
| Teenage Specific Resources |                                                                 | http://www.teenhelp.com  
Grants and Other Funding Available

- Local Autism Resource Center affiliated with HMEA, Local Autism Resource Centers near you
- **Council Empowerment Funds Program**

Attention Individuals with Developmental Disabilities (and Family Members)
The Massachusetts Developmental Disabilities Council provides funds for individuals who are legal residents of Massachusetts with developmental disabilities and/or a family member or guardian to attend conferences or other events in Massachusetts or another state. Applications must be received and approved before the event. The Council will respond to requests based on set program guidelines.

**Council Empowerment Funds**
The goal of this program is to promote the empowerment of individuals with developmental disabilities and their families by assisting them in their efforts to achieve independence, productivity and inclusion.

If you would like to receive more information, please call, write or email:

Massachusetts Developmental Disabilities Council
Attn: Harold Lieberman
1150 Hancock Street
Third Floor, Suite 300
Quincy, MA 02169
Phone: (617) 770-7676 ext. 115
Fax: (617) 770-1987
Email: Harold.Lieberman@state.ma.us

Please note that in all categories, individuals will not receive funds to attend conferences or other events specifically related to their professions.
What is a Recovery Learning Community?

RLCs are consumer-run networks of self help/peer support, information and referral, advocacy and training activities. Training in recovery concepts and tools, advocacy forums and social and recreational events are all part of what goes on in a Recovery Learning Community.

CENTRAL MASS
Central Mass. RLC
91 Stafford Street
Worcester, MA 01603
Phone: 508-751-9600
Fax: 508-751-9601
info@centralmassrlc.org
Director: Brenda Vezina
brendavezina@aol.com or Brenda.Vezina@yahoo.com

METRO SUBURBAN
Metro Suburban RLC
460 Quincy Ave.
Quincy, MA 02169
Phone: 617-472-3237
Fax: 617-786-7513
info@metrosubrlc.org
Website: http://metrosubrlc.org
Director: Rhiannon Kimbell
rkimball@metrosubrlc.org
Acting Director: Brenda Vezina brendavezina@aol.com or Brenda.Vezina@yahoo.com
Assistant Director: Rhiannon Kimball rkimball@metrosubrlc.org
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NORTH EAST
North East RLC
Northeast Independent Living Program
20 Ballard Road
Lawrence, MA 01843
Phone: 978-687-4288 (V/TTY)
Fax: 978-689-4488
Website: http://www.nilp.org/RLC.html
Director: Joe Bower jbower@nilp.org

SOUTHEAST
Southeastern RLC
71 Main Street, Suite 1100
Taunton, MA 02780
Phone: 508-880-8527
Fax: 508-880-8976
Director: Elaine Campbell ecampbell@comcounselling.org
Covering for Elaine Campbell until further notice: Elizabeth Amaral eamaral@comcounselling.org

WESTERN MASS
Western Mass. RLC
Western Massachusetts Training Consortium
187 High Street, Suite 303
Holyoke, MA 01040
Phone: 413 539-5941
Toll free 866-641-2853
Fax: 413 536-5466
info@westernmassrlc.org
www.westernmassrlc.org
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Websites for Special Health Care Needs/ Education Resources

Children Behavioral Health Initiative http://Cbhi.gov
Citizens Housing and Planning Committee http://www.chapa.org/
BU on Psychiatric supports http://www.bu.edu/cpr/
Mass Families Organizing for Change http://mfofc.org
Disability Information http://www.disabilityinfo.org/
American Academy of Child and Adolescent Psychiatry http://www.aacap.org/
American Pediatric Academy www.apa.org
Federation for Children with Special Needs http://www.fcsn.org/
Wrightslaw http://www.wrightslaw.com
Parent/Professional Advocacy League http://ppal.net/
Mental Health Help http://www.mentalhelp.net/
National Alliance of Mental Illness –Massachusetts http://www.namimass.org/programs/support-groups
Mass Club Houses http://www.massclubs.org/
M-Power http://www.m-power.org/
Samsha http://store.samhsa.gov/home
Presidents New Freedom Commission on Mental Health http://store.samhsa.gov/product/SMA03-3831

**Excellent Resource book for parents of any child**


Resources listed are for emotional, behavioral, and mental health needs in which our families feel have limited information available to them. (PPAL Central Region Parent Feedback 2010-2011)