

Families Connections

The Newsletter for Positive Families



Parent and Teen Alert!!!!!!!!!!!!!!

Nearly everyday, I speak to a parent or caregiver about the many challenges of raising a teenager. While the stressors teens face today continues to change and increase, parents are reporting feeling "at a loss" of what to do in today's day and age. Teens that are also affected by or living with HIV themselves are oftentimes faced with increased stressors which makes the teenage years that much more difficult.

Families attending Camp Hope 2007 will have the opportunity to attend a presentation by Dr. Katie Plax, Director of the Adolescent Center at St. Louis Children's Hospital. Dr. Plax additionally works with HIV infected teenagers, or youth, at the Pediatric Infectious Disease Clinic alongside Dr. Gregory Storch & Dr. Ericka Hayes. Her presentation will include normal "developmental" tasks & stages that all youth encounter as well as provide advice on how to survive those years as a parent. She will focus on topics such as teenage sexuality, drug use, & problems with school. For those parents struggling with teens refusing to take their HIV medications, Dr. Plax will focus a portion of her discussion on medical adherence and what we can do together to support these teens.

For families unable to attend Camp this year, there are additional resources at Project ARK to help you & your teen through this time:

- 1) Affected Children's Support Group – Sponsored by Project ARK – This support group is for teens ages 12 – 18 and meets at least four times per year. The group is led by Stacey Slovacek, CCLS & is intended to support teens that have a loved one living with HIV/AIDS.
- 2) Infected Support Group – Sponsored by Project ARK – This group is led by Kelly Nolan, LCSW & Stacey Slovacek, CCLS and meets one time per month. Children and youth who know their HIV diagnosis are welcome to attend this support group to help learn more about their virus, and to help support them through the many issues they face.
- 3) YAC – Youth Advocacy Committee – Led by Joel Jackson, the Youth Advocacy Committee is a new addition to the services offered within Project ARK. The Committee is currently recruiting members/teens ages 13-24. Teens will build new leadership skills as they help shape prevention efforts for youth in the city of St. Louis and state of Missouri. The committee relies on youth input through dialogue and discussions to help shape prevention efforts for youth in the city of St. Louis and the state of Missouri. Overall, the youth/young adults who participate in YAC will help agencies to better support other youth (their peers) in making positive choices along their road of sexual development and responsibility. For more information, please contact Joel at (314) 535-7275.
- 4) HEY – Health and Education for Youth and Young Adults (HEY) is a health care and community education program for youth ages 13-24 who may be at risk for HIV, or who are living with HIV/AIDS. We offer confidential medical care, support groups, psychosocial activities and access to community resources, free HIV antibody counseling and testing, and educational and interactive programs. Please call (314) 535-7275 for more information.

August 06, 2007

Eighteenth Edition

Published by:

Project ARK
4169 Laclede Ave.
St. Louis, MO 63108
Phone: 314-535-7275

In this issue...

- 1
Parent and Teen
Alert!!!!!!!!!!!!!!
- 2
Long-term Side Effects
What Type of Viral Load
Test are you Getting?
- 3
Heterosexuals And HIV:
Dealing With Stress
- 4
Growing up with HIV
- 5
HIV+ Teens – Fitting HIV
into Your Life
- 6
Mental Health and
Substance Use Affect
Adherence
The Connection Between
Mental Health and HIV
- 7
Feeling Good Again:
Mental Healthcare
Works!
- 8
"Advice"
Resource Corner

Long-term Side Effects

By David Pieribone

Long-term toxicities or side effects usually appear after many months of taking a drug or therapy. The following are some side effects that may arise after long-term treatment with anti-HIV drugs:

Elevated blood lipids (fats), such as cholesterol and triglycerides, which may lead to heart disease, are associated with most protease inhibitors.

Lactic acidosis, the buildup of lactic acid in the blood, has been linked to nucleoside analogues (a class of anti-HIV drugs including AZT, ddI and d4T).

Fat redistribution (lipodystrophy) and fat loss in the face, arms and legs (lipoatrophy) are found in many HIV+ people.

Osteonecrosis, when bone cells die due to a lack of blood, and osteoporosis, the thinning of the bones, are other potential problems.

High blood sugar and sexual dysfunction may also develop in HIV+ people on long-term treatment.

Not everyone will develop these, or other, long-term side effects. However, if you are having any unusual symptoms or abnormal lab tests that you think may be caused by your anti-HIV drugs, talk to your doctor. There could be ways to treat these symptoms, with or without using additional drugs, which will allow you to stay on your current anti-HIV regimen. If necessary, switching anti-HIV medications may also help improve some side effects. Always discuss starting, stopping or switching medications with your doctor. **RW**

David Pieribone is the Associate Director of Education at AIDS Project Los Angeles.

Reprinted courtesy of www.PositiveWords.com
© 2001 by Dallabrida & Associates

What Type of Viral Load Test are you Getting?

By Bertrand Toulouse

A viral load test measures the amount of HIV in your blood.

The test is useful in three ways:

- To see how fast HIV is multiplying
- To figure out when it's time to start treatment
- To check how well your HIV drugs are working

You should have a viral load test every three to six months (more frequently if you are starting or changing medications).

Three types of tests use different methods to measure viral load:

PCR

Who makes the test: Roche

Name: Amplicor HIV-1 Monitor Test, v1.5

- Standard (measures down to 400 copies)
- UltraSensitive (measures down to 50 copies)

bdNA

Who makes the test:

Bayer HealthCare

Name: Versant HIV-1 RNA 3.0 (measures down to 75 copies)

NASBA (not commonly used)

Who makes the test: BioMérieux

Name: NucliSens HIV-1 v1.1 (measures down to 50 copies)

When your viral load goes below about 50 copies, the current tests are not sensitive enough to detect (find) any virus in your blood. This is called an "undetectable" viral load. It does not mean that there is no more HIV in your body. The virus is still there, but in very small amounts.

All of the above tests are approved by the Food and Drug Administration and are available at labs, clinics and hospitals. Although they all measure viral load accurately, there are significant differences in the technology they use which can affect the test results.

It's best to take the same type of viral load test each time so that the information you get is consistent. Find out which test your doctor uses (sometimes this depends on your insurance) and try to make sure the same test is done each time. If you go to the same lab, that may be automatic. But people who go to different labs need to be careful. **RW**

Bertrand Toulouse is a long-time HIV/HCV treatment educator.

Reprinted courtesy of www.PositiveWords.com
© 2004 by Prochilo Health, Inc.

Staff Members

Project ARK Family Advisors

Heterosexuals and HIV

HIV can bring a lot of stress into your life. Certain concerns and problems affect everyone with HIV. But if you're heterosexual (straight), there are some things that you may have to deal with that others don't.

Assumptions about sexuality

The problem: For males, people often assume that you are gay. HIV+ straight men may have to deal with sexual advances from other men or disbelief when they reveal how they were infected. For females, the assumption may be that you are promiscuous. HIV+ straight women may have to deal with scorn, verbal abuse or unwelcome sexual advances.

Dealing with it: Even if the assumption is true, you have the right to be treated with courtesy and dignity. The most important thing is to stay calm. Reacting with anger generally makes the situation worse. If at all possible, use humor or laughter to cope.

Assumptions about drug use

The problem: Often, if people don't assume that you're gay or promiscuous, they think you got infected through drug use. This can be a particular problem in dealing with healthcare providers, who may want to withhold appropriate medications out of concern that you could become addicted.

Dealing with it: Tell your physician the truth about your drug history or lack of it, and discuss any concerns you have. You should never have to go without appropriate treatment due to your real or perceived drug history. If this happens, file a complaint.

Always remember that you do not have to disclose how you were infected to anyone. The only person who really needs to know is your physician. That's because you may be at risk for other medical problems (i.e. hepatitis) if you were infected in certain ways. If anyone other than your doctor asks how you were infected, you can always say, "I'm not really comfortable discussing that with you."

Isolation

The problem: Many heteros feel like they are the only ones around who are HIV+. They are often less likely to disclose to friends and family. This can lead to loneliness and even depression.

Dealing with it: It is very important to have support. Support groups for heterosexuals are springing up all over the country and so are social groups. If you're really shy about disclosing, consider an internet HIV+ hetero chat room.

Dealing with Stress

Sandra K. Trisdale, Ph.D.

(Try www.geocities.com/SouthBeach/cove/1812/home2.html or www.geocities.com/gene316) But never try to deal with being HIV+ all by yourself.

Disclosure

The problem: Many HIV+ heteros are reluctant to disclose. Straight people are often afraid that their children will suffer discrimination and/or that they will never be able to find romantic partners.

Dealing with it: Being open about your HIV status will probably have some effect on your kids, but often it's less than you would think. Just make sure your kids have support options too.

As for dating, think about the support and social groups mentioned previously. If you're interested in someone HIV-, be prepared to disclose

as soon as you can. Generally, if someone is going to reject you, he or she will do it whether you've known each other a minute or a year. The "I'll wait until s/he really likes me first" strategy just doesn't work.

Resources

The problem: Many of the resources out there are still aimed at gay men.

Dealing with it: The only way to get services for heteros and/or women is to make your voice heard. Many of the available resources were started by one person who wanted to make a difference. Go to meetings and join committees. If you stay invisible because there are no resources in your area, you help guarantee that everyone will continue to ignore the HIV+ hetero community.

Childbearing

The problem: While many gay people want children, this is more a concern in the hetero community. Many HIV+ heterosexuals assume being positive means they cannot have children.

Dealing with it: There are actually a number of options for both male and female HIV+ heteros who want to have children. Contact WORLD at (510) 986-0340 or www.womenhiv.org for free information. Make sure that the information is up to date; things change in this area constantly.

Coping

Always remember two important points: knowledge = power, silence = death. 

Sandra K. Trisdale, Ph.D., an expert in HIV and mental health, writes frequently for PositiveWords, WORLD, and other HIV-related publications. She lives in San Diego, CA.

Reprinted courtesy of www.PositiveWords.com © 2002 by Dallabrida & Associates

Growing up with

HIV

By Bryan Robinson

The good news is that children born HIV+ are living much longer than first expected because of advances in medicine. But they are also facing new and unexpected challenges.

Problems in Early Childhood Lead to Problems Later On

The mothers of many of these children abused drugs while they were pregnant, and experts are not sure how much parental drug abuse affected child development.

Some children did not receive the best prenatal care or were diagnosed with HIV/AIDS late and did not receive the medical care they needed, as soon as they needed it. As children have grown older, some of them suffer from attention-deficit disorder, depression and various learning disabilities.

In addition, some children are behind in their schooling because survival was stressed early in their lives. Education was not their first priority.

Others who live at home with their biological families may also have to help their HIV+ parent struggle with their own illness. This takes away time for other things, and the burden can be too much for any teenager.

“These kids can be so angry. They hold a lot inside of them,” said Luella Purse, a former volunteer coordinator at The Incarnation Children's Center, who has helped mentor children born HIV+. “Often they take on the family responsibilities – the parents’ responsibilities – because their parents are having trouble dealing with their own problems. So when someone

confronts them (at school), they get angry and act out, cursing the teachers out and blaming everyone around them. And the thing is they know they’re angry, and they don’t know why.”

Thinking About the Future

As these teenagers become adults, another challenge providers face is helping them get a sense of their future. Part of that involves helping teens find out what they want out of their relationships, what they want out of their lives and what goals are realistic.

“Helping kids connect to their own sense of what they want, what’s possible will be a challenge,” said Dr. Donna Futterman, director of the Adolescent AIDS Program at Montefiore Medical Center in the Bronx. “In relationships, (it will be) teaching them not to be afraid to have love as a very important part of their lives and what role sex will have in their lives and helping them make reasonable decisions when they’re ready.”

Experts say teens must continue to learn about their illness and continue to take their medication. Safe and responsible sex must be stressed. Women must know about and have access to good prenatal care to protect their newborns.

Adjusting to Life with HIV

A sense of normalcy for these teenagers

may be just as vital. Their HIV status may prevent them from ever leading a completely “normal” life. But caregivers and counselors must help the children realize their own self-worth and overcome fear of isolation. Support groups of peers, like Montefiore’s Adolescent AIDS Program, and

a circle of family, friends and care providers are crucial.

“With many young people, so few are willing to share their status publicly. There is still a tremendous amount of fear about being isolated from their friends, being cut off,” said Futterman. “In relationships, we’ve found that a lot of teens are afraid of disclosing their HIV to their partners. They fear they won’t be loved, that their partner will break up with them.”

With support groups, teens can at least openly discuss issues that only others similar in age and circumstances would understand. It enables them to cope with living with their illness.

“It’s very, very important for them to have age-appropriate peers with whom to share common issues,” said Chris Waisman, a social worker with Montefiore’s program. “That can be a steppingstone to adjustment and living with HIV.”

To find out more about peer programs for children living with HIV/AIDS, go to the Web site for Montefiore’s Adolescent AIDS Program at www.adolescentaids.org.

Bryan Robinson is a reporter for ABCNEWS.com in New York City. This article first appeared on ABCNEWS.com in April 2002.

*Reprinted courtesy of www.PositiveWords.com
© 2003 by Dallabrida & Associates*

HIV+ Teens Fitting HIV into Your Life

By Marsha Edell, CSW

The teen-age years are tricky for everyone.
But HIV+ teens have even more challenges to face.

They may think along the following lines:

- What is happening to me? My body is changing and I can be so moody!
- My doctors always tell me not to skip my anti-HIV drugs, but I often do.
- Will anyone want to be my friend or date me if I tell them I have HIV?
- How can I protect my boyfriend or girlfriend when we have sex?

Puberty causes many body changes. HIV seems to affect normal body development in some teens. You may be shorter or thinner than your friends, which can be hard to deal with. Talking to someone in your clinic about diet and exercise might help. Getting involved with sports or other interests can keep you feeling good about yourself.

Puberty also causes hormone changes. This can lead to mood swings and feelings of depression and confusion. At the same time, many teens feel invincible. For HIV+ teens, this can make them feel as if the virus "can't get them," especially if they feel healthy. Speaking honestly with a counselor, parent or health care provider can help you make good decisions in many areas of your life – from anti-HIV treatment to avoiding things that can harm your health like smoking, drinking and drug use.

Teenagers like to be independent thinkers. Yet your doctors are telling you to listen to their advice and take your medications. Adherence, which means taking your drugs exactly as prescribed, keeps the virus from getting stronger. Good adherence can be a challenge since it's hard to remember to take medicine and you may have side effects. But taking your medicine regularly allows the drugs to do

their job of fighting HIV.

Keeping an open line of communication with your doctor can help both of you. You should find out which anti-HIV drugs work best for you and have the fewest side effects. Being honest about how often you take your medicine and how often you skip doses is also very important.

Feeling accepted by your friends and not risking rejection is a big issue. Deciding who you can trust with your "secret" is very hard. What if you tell your friends and they tell other people or they don't want to hang out with you anymore? The problem gets even trickier when it comes to having sex. How can you protect yourself and your partner?

Medical clinics that specialize in seeing teenagers are good places to get care. The staff there is used to the problems that teens face and can discuss safe sex practices with you. They may know about support groups for HIV+ teens. Find a safe place to talk about your issues, whether with a friend, family member, youth support group or professional person.

With the availability of strong anti-HIV drugs, more and more teens are living healthy and productive lives. With the guidance of family, friends and doctors, HIV+ teens can get good information to help them live up to their highest potential.

To learn more, go to:
www.adolescentaids.org/index.html 

Marsha Edell, CSW, is Co-Director of Developmental Family Services Unit at the Kennedy Center, CERC, Albert Einstein College of Medicine.

*Reprinted courtesy of www.PositiveWords.com
© 2002 by Dallabrida & Associates*

Get Involved!!!! Get Involved!!!!

Join the

YOUTH ADVOCACY COMMITTEE

The Youth Advocacy Committee (YAC) is a group of youth who serve as an advisory board for the St. Louis Regional Advisory Planning Group on HIV Prevention and the Missouri Community Planning Group on HIV Prevention. It is a great opportunity for youth/young adults to get involved as change agents and to give input and advocate for youth-sensitive practices. The members of YAC will be youth liaisons and serve in a needs assessment capacity evaluating activities, videos and brochures from a youth perspective. In addition to enhancing leadership skills, YAC is also designed to build peer relationships that increase youth's sense of empowerment and self-esteem.

The Youth Advocacy Committee relies on youth input through dialogue and discussions to help shape prevention efforts for youth in the city of St. Louis and the state of Missouri. Overall, the youth/young adults who participate in YAC will help agencies to better support other youth (their peers) in making positive choices along their road of sexual development and responsibility.

Each member is expected to attend at least one monthly, 2-hour meeting. The exact meeting times and dates are still being planned. Topics discussed and explored will include basic helping and counseling, identifying youth in crisis, values and decision making, communication skills, systems of oppression, LGBT youth issues, sexuality development, alcohol and other substances, dating violence, and sexual health. Members are provided with food at each meeting and bus tickets upon request. Members must reapply after one year of service in order to remain a part of the Youth Advocacy Committee. All interested youth/young adults between the ages of 13 and 24 who are open to working with peers from diverse backgrounds are encouraged to apply. Please feel free to contact me for more information.

Joel D. Jackson
Youth Advocacy Coordinator
Project ARK/Washington University
4169 Laclede Avenue
St. Louis, MO 63108
314-535-7275

Calendar of Events

- Hope Is Vital - July 27, 2007
- School Supply Drive- August 2007
- Camp Hope - August 17-19, 2007
- Pediatric Infected Support Gr-TBD


The Connection Between Mental Health and HIV

By Keith Crawford R.Ph., Ph.D.

Hormones and chemicals regulate our behavior and emotional state. Imbalances in these chemicals can cause mental, emotional or behavioral disorders known as psychiatric conditions. Drug addiction, substance abuse and depression are psychiatric conditions. Furthermore, people with undiagnosed or untreated psychiatric conditions may also become addicted to drugs. Many people suffer from these conditions and do not seek treatment because of shame or fear.

Some psychiatric conditions cause people to act in a self-destructive way. This can lead to the high-risk behaviors linked to HIV transmission. Intravenous drug use is a major risk factor for HIV infection because the virus is spread through sharing contaminated needles. Individuals who are addicted to crack may trade unsafe sex for money to buy drugs. Drug and alcohol abuse, as well as psychiatric conditions like bipolar (manic-depressive) illness, impair judgment and can lead to high-risk sexual behavior.

For HIV+ people with psychiatric conditions, the impact of HIV may cause added stress. This can lead you to do things that are not good for you like neglecting your health. People with psychiatric problems may not come for medical visits consistently and they are much less likely to take anti-HIV medications correctly. Depression and substance abuse are two of the main factors associated with poor adherence.

If you are dealing with psychiatric conditions, it is important to seek and accept help. There are many types of mental health treatments such as medication, therapy, support groups and 12-step programs. Speak to your doctor, local AIDS service organization or social worker. You do not have to fight this battle alone, there are understanding, non-judgmental people who can help you! 

Keith Crawford R.Ph., Ph.D. is a Research Assistant Professor of pharmacology at Howard University College of Medicine, and a clinical pharmacist. He is also the Director of Clinical Research at Howard University School of Pharmacy.

Reprinted courtesy of www.PositiveWords.com
© 2002 by Dallabrida & Associates

An obstacle is something you see when you take your eyes off the goal.

Mental Health and Substance Use Affect Adherence

Sandra K. Trisdale, Ph.D.

Adherence means taking medications correctly. So why is adherence to HIV drugs such a big deal? Because if you miss too many doses, the virus in your body can change to avoid the effects of the medications. When this happens your medications can stop working. Studies show that taking your HIV medications correctly 95% the time gives the drugs the best chance of working well to control your virus.

Taking your medication correctly nearly 100% of the time can be hard for some obvious reasons, including too many doses per day or pills per dose, side effects, lack of support, food restrictions, simple forgetfulness or being too busy. But in many studies, two of the biggest reasons for non-adherence are substance abuse and mental health problems.

If you use drugs or alcohol excessively, you may skip doses because you are high, drunk or hung over. If so, it's time to cut down or clean up. Ask your physician or AIDS service agency for help. If you drink or use drugs, but are really good about adherence – for instance, you didn't miss a dose of HIV medications for the past month – it's still important to inform your physician about what you use, so that he/she can think about drug interactions, liver function tests, etc.

Mental health issues can also keep you from taking your medications correctly. Depression is a key factor and is very common in HIV+ people. Other problems include bipolar illness (manic-depression), psychotic disorders (such as schizophrenia) and post-traumatic stress disorder (PTSD). Some of the warning signs for these conditions are:

Depression: No energy, lack of enjoyment, short temper, sleep problems, no appetite and/or lack of sex drive.

Manic Phase of Bipolar Illness: Feeling




like you're on speed, too buzzed to sleep, shopping binges, sex binges and/or unclear or unrealistic beliefs.

PTSD: Vivid "flashback" memories of traumatic incidents, nightmares about the past, being easily startled, avoidance of area where incident occurred and/or problems in personal relationships.

If you think you may have one of these conditions, the good news is that they are very treatable through therapy (either individual or group), medications or alternative treatments. If you decide to try medications, work with both a psychiatrist and your HIV provider to make sure there are no drug interactions. Once you go on medications for mental health problems, don't go off without close supervision.

The bottom line? If you suspect any substance abuse or mental health issue is preventing you from taking your medications correctly, get help! Addressing these issues will not only make it more likely that you will be adherent to your HIV medications, it could improve your overall quality of life as well.

Resources: NAMI at 800-950-NAMI or www.nami.org and SAMSHA at 800-729-6686 or www.samhsa.gov. 

Sandra K. Trisdale, Ph.D., an expert in HIV and mental health, writes frequently for HIV-related publications. She lives in San Diego, CA.

Reprinted courtesy of www.PositiveWords.com
© 2003 by Dallabrida & Associates

Feeling Good Again: Mental Healthcare Works!

By Alisa Lewis

"I just don't feel like myself anymore," she mumbled as she sat drooping in her chair. Ms. B. described feeling sad, withdrawn and hopeless since diagnosed HIV+ six months ago. She is a mother of two and feared that she would not be able to care for herself or her children. Ms. B. talked about not having any energy or appetite, not enjoying doing anything and not even answering her phone. She didn't understand what was happening. As we talked more, I told her it sounded like she was suffering from depression. Have you ever felt like Ms. B.?

One survey found that more than 80% of HIV+ people have symptoms of depression or anxiety. Being HIV+ brings up many questions and negative feelings. The downward cycle might go like this:

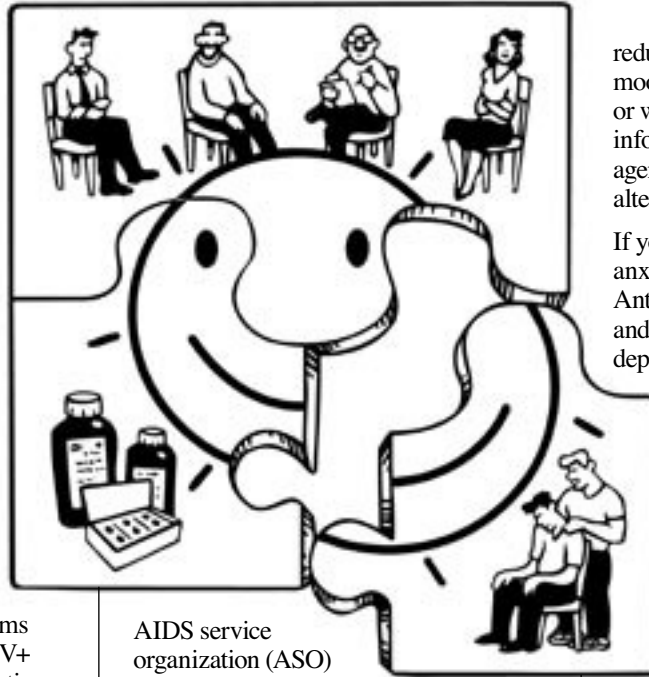
1. Many of these feelings are hard to talk about and then ignored.
2. By not talking about these questions and feelings, you can feel alone.
3. Feeling alone can cause you to feel depressed, anxious and hopeless about your situation.

Some of the HIV medications may also affect your mood and your body's ability to cope with stress. It is important to let your doctor know if your mood has changed since taking any medications to treat HIV or HIV-related conditions.

What will help

Therapy (both individual and group), alternative therapies and antidepressant medications have all helped people feel better.

Individual therapy is a way to help you understand your feelings. You work with someone dedicated to helping you figure out why you feel bad. Being able to talk to someone who is educated about HIV is important. They can understand what you are going through and answer questions you may have. Call your local



AIDS service organization (ASO) and ask if they offer psychotherapy or can refer you to a therapist.

One good place for finding encouragement is a support group. Joining a support group allows you to meet other people who have learned to cope in similar situations. You are both the giver and receiver of support. Groups help relieve the feelings of isolation and hopelessness that may come with an HIV diagnosis. They give you a chance to express your thoughts and feelings. Studies show that support groups improve quality of life for HIV+ people and may protect people from stress.

Some ASOs also have buddy or peer programs, where you are not in formal therapy or a support group, but are simply matched to a volunteer who you can talk to and share your feelings with. Check with your local ASO for support group listings and day treatment, buddy or peer programs.

Meditation, massage, yoga, breathing and relaxation exercises are all alternative therapies that may help you feel better. Acupuncture and acupressure therapies (that some insurances now cover!) may help

reduce stress and improve your mood. (Try www.nccam.nih.gov or www.yogasite.com for more information). Check with local agencies specializing in these alternative therapies.

If you think you are depressed or anxious, talk to your healthcare provider. Antidepressants such as Prozac, Zoloft and Paxil are often prescribed for depression or anxiety and have been shown to help decrease symptoms. Taking more pills may seem unbearable, but antidepressants have had great results for some. If your provider suggests them, ask about possible side effects and interactions with your HIV drugs. You may want to give them a try and then decide if you want to continue.

There are many approaches to mental healthcare. Try out some of the different things described above and see what works for you:

Do

- Seek support and help
- Ask for a provider who specializes in HIV

Don't

- Wait or be embarrassed to ask for help
- Withdraw from others

Wondering what happened to Ms. B.? She joined a day treatment program and kept coming to individual therapy. She soon began to feel better. "I felt so alone, like no one would understand. I never knew other people were going through the same kind of things as me. Talking to someone one on one and having other people who I can relate to has changed my life forever. I never thought I would feel good again." **RW**

Alisa Lewis, LICSW is a Psychotherapist for Whitman Walker Clinic in the Washington, D.C area.

*Reprinted courtesy of www.PositiveWords.com
© 2003 by Dallabrida & Associates*

"Advice"

There is something my loved one has, That yooh might know as a disease. It's what she has, not who she is. This disease is called "HIV" There are people everyday finding out they have it. Being told that taking meds, was to become their brand new habit. We always look out at the world, and see so many faces. But never think about the consequences, that we seem to be facing. Young teen girls walking around acting like garden tools, but if you give them one word of advice, they end up breaking all the rules. Young teen boys making mature choices, trying to act like a man. But if they end up with something they can't handle, they leave the situation at hand. Teen girls and boys having sex, some with no regret. But something they don't understand, is what they all could get. So parents if you see your teens, in a situation such as this. Then sit them down and don't hesitate to tell them, this is something they won't want to miss. Give them advice that they SHOULD hear, because in the end, they're going to do something that will fill them with fear. So to all the teens out there, take my advice and just wait, because it's not worth it to grow up too soon and experience an unexpected FATE!!!!!!

~Markysha Marks~

Resource Corner

School Supplies are coming! Project ARK conducts and annual school supply drive. Please contact your case manager in Missouri or Southern Illinois in order to get school supplies for your children grades Kindergarden through senior year of high school.

Tax free day August 3-5, 2007 in Missouri. Purchase school related items and you don't have to pay tax! This includes; any clothes not to exceed \$100, school supplies not exceeding \$50 per purchase, computer software valued at \$350 or less, personal computers not to exceed \$3500, computer peripheral devises not to exceed \$3500.

I was unable to locate any Illinois information on a tax free day. So, if you live in Illinois, come on over to Missouri August 3-5, 2007 for the tax free weekend.

St. Patrick's Center has utility assistance for City residence only. For more information please call 314-802-0700

This newsletter was produced using PositiveWords.com, a web site created by Dallabrida & Associates and made possible by an unrestricted educational grant from Agouron Pharmaceuticals, Inc. This site provides information to help people living with HIV/AIDS who wish to take an active role in managing their own health. The information in this newsletter is meant to complement, not replace, the advice or care of a medical professional. Please consult with your health care provider(s) before you decide that you have a particular medical condition or start or change any particular treatment.

Neither Dallabrida & Associates nor Agouron Pharmaceuticals, Inc. has responsibility for any of the content of this newsletter.