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Successfully Mastering the Journey for African American Male Youth



Learn the seven African-centered psychological strengths Black boys will need on the journey into manhood, from one of the “fathers” of Black psychology, Dr. Joe White.

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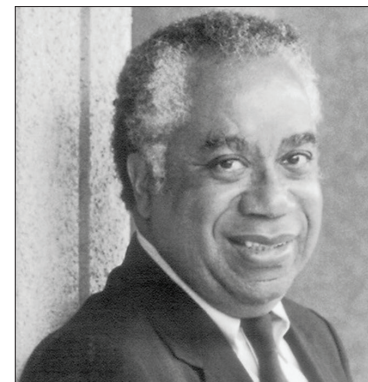
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Parent-to-Parent Outreach to Reduce Youth Violence: A Conversation with Dr. Joseph White



This spring and summer, MEE has provided technical assistance and comprehensive training to the Neighborhood Recovery Initiative (NRI), a comprehensive effort to reduce youth violence and increase adult engagement and leadership in the Chicago area. One of the two components based on MEE community-engagement models is the Parent Leadership in Action Network (PLAN). More than six hundred sixty local parents, caregivers, grandparents and foster parents have been trained

to engage their peers in dialogue and problem-solving about youth violence prevention, mental wellness and positive coping strategies to stress and trauma. One of the key training tools used was a customized video featuring Dr. Joseph White, known to many as one of the “fathers of Black psychology.”

MEE has a long-standing relationship with Dr. White, who, in addition to being Professor Emeritus of Psychology and Psychiatry at University of California Irvine, also served as an expert resource for *Moving Beyond Survival Mode: Promoting Mental Wellness and Resilience as a Way to Cope with Urban Trauma*, the report MEE released in May 2010. Many of you have seen Dr. White featured in our video, *Successfully Mastering the Journey For African American Male Youth*, as he presents an African-centered perspective on what it takes for Black males to navigate the obstacle course of identity, intimacy, racism and self-doubt. He is also the author of *Black Man Emerging: Facing the Past and Seizing a Future in America* and *African American Fathers: An Invisible Presence*.

In this issue of *UrbanTrends*, we are pleased to share a recent interview conducted with Dr. White. He provides great cultural insights for parents and caregivers who are committed to raising members of today's hip-hop generation youth into healthy men and women. His insights are a strong foundation for a collaborative exchange of ideas, strategies and solutions that can strengthen the protective shield around underserved youth and their families.



Parenting Today's Teen

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For parents and caregivers, and for those who care about today's hip-hop generation and about those to come, Dr. White addresses these complex issues impacting the social and emotional development of our youth. The goal is to share a strong message of hope.

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FromThePresident

Parents and caregivers can be very credible and effective message senders in mental wellness promotion efforts. For example, mothers are the “leaders” and the primary caregivers in many low-income homes, and they can be a valuable resource in supporting the mental and emotional health of their children. MEE’s Parent Leadership in Action Network (PLAN) model incorporates evidence-based violence prevention practices that have undergone rigorous experimental design, have shown significant deterrent effects on violence, have been replicated, and sustain their effects over a period of time. A key practice is the use of parent-to-parent education and outreach.

PLAN evolved organically from MEE’s intention to use a trauma-informed approach that includes research-based practices that were developed and are effective in low-income, urban areas. We recognized that peer-to-peer communication was the most cost-effective and culturally relevant way to reach and influence parents, leaving important parenting skills in the community and strengthening families and increasing the support system for local youth. Parents who have successfully raised their own child through adolescence are the best “teachers” to share strategies that increase protective factors within the home and community.

Ivan Juzang, President
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1 Ages and Stages

MEE: Thank you Dr. White, for taking the time to talk to us about mental wellness and mental health, particularly for parents of adolescents, and what we need to do get parents prepared to deal with, as you like to say, “the psychological challenges” that are going to be coming at their young people, both males and females. How do we make parents aware of the developmental realities for their adolescents?

Dr. Joseph White: We’re talking about kids roughly between the ages of 13 and 19, but in the urban areas, it [adolescence] comes a little sooner. For urban Black/Latino youth, the difference is that the teenage decisions come down on them much sooner. At 11 and 12, they have to start making major decisions about sex, drugs, school performance and the future, so there’s no kind of “waiting period,” as it were. A lot of kids in the suburbs can delay that ‘til they’re 16 or 17, but kids in the urban areas have to be ready because [if they are not] it can take them under.

Kids face **two** major challenges.

1 The first major challenge is what we call in psychology, “identity.” The kids have to decide who they really are, “Who is the real me? Who is the me nobody knows?” That struggle lasts a few years; kids go through an exploratory period, of adventure, excitement and so forth, before they land on their feet.

2 Then, as they move through those years from 13 to 19, they have to make some major decisions, major decisions about drugs, major decisions about sex, major decisions about peer affiliation--whether it’s gangs or good students--and major decisions about the future direction of their lives, i.e., what is important to them?

MEE: Can you expand on the connection between ages and stages, the whole notion of puberty and hormones raging and how that impacts parent-child communications?

Dr. White: Adolescence is a psychological stage where people are trying to struggle with identity and values. A child not only grows bigger and stronger, but they also become agents of reproduction and hormones start to flashing and then they have a different set of interests than they did when they were seven and eight years old. And that triggers a whole bunch of stresses in parents that are unresolved from the previous generation. It’s hard for the parent to talk to their children about sexuality if they’re not comfortable with it themselves. A whole lot of discomfort is being transmitted and it’s hard to get to honest, effective communication around this topic.

2 Effective Parent-Teen Communication

MEE: How can understanding these youth development stages improve parent communication with their teens?

Dr. White: What parents need to understand is the kids are going to go through mood swings. One day, they’re going to be moving in one direction, the next day, in another. One day, they may be drifting to the edge. My mother was concerned about me when I was 16. The next day--a year and a half later, I was in college making A’s.

Parents need to be patient and to realize that their kids are going to come out the other end and most of them will be okay.

MEE: What are the major things that parents need to think about in terms of improving or enhancing parent-teen communication?

Dr. White: There are **three** major pillars that parents need to understand.

1 First off, teenagers want to speak and be heard. That means that parents have to cut down a little on their lecturing.

2 Number two: [Parents should] improve their listening skills. The most powerful tool in communication is not speaking. It’s listening. Listening

Continued on page 3

System Work for You continued...

Dr. White: [**Four** reasons]

1 One is they think, when you go to a mental health professional, that means you’re crazy. And that’s partly the truth, because there’s a diagnostic manual that all psychologists have and [use] to give you a diagnosis to give to your insurance provider. And historically, psychiatry was [thought to be] for crazy people.

2 Number two is: until recently, the health care givers were all white. They didn’t look like the black patients. Now, you’re going to a white man to say you’re crazy and he’s been persecuting you for 400 years and now, you’ve got to go see him for treatment. That’s a contradiction and the second reluctance.

3 The third is that, if you go to seek professional help, that means you’re not a strong person. You’re weak and you should be able to fight your own battles upon this earth. Okay?

4 And then, the fourth reason is: the health care providers in mental health are strangers in the community, whether they are black or white. You only see them in the office. You don’t see them around the community. You see them in this hidden building that’s marked “Community Mental Health” or something like that. We’ve got to do something to reduce that distance between the provider and the person who needs the services.

MEE: With that said then, what are the ways that we can empower Black and Latino families to seek service when they need it?

Dr. White: First of all, the mental health caregivers need to be seen in the market, at the church, at the lodge meeting, at the community dinner, and so on. They should not be strangers to the community. The second thing we need to do is have some mental health mini-conferences or meetings where we talk about, “What’s the difference between sadness, grief and depression?” We use these [meetings] to talk about some of these issues in a language that can be



understood.

MEE: How can our peer educators support other parents in that process?

Dr. White: These peer educators know the gatekeepers and the go-to people in the community and in people’s extended families. These caregivers are the first line of mental health defense. They are the ones who can make the transition to the formal mental health clinic.

Then, if the formal health clinic is not providing the kinds of services the clients need, then the peer educators, gatekeepers and the other people in the community need to go down to the clinic and say, “You need to go over to this training program and hire a black psychologist or a bilingual psychologist.” Demand the kind of services that are needed because “I’ve got these people. I’m bringing them in here. You’re being paid, so let’s go.”

MEE: What’s that last hurdle, in terms of that person who is just too proud to seek help? What would be the message

that would get a parent to deal with their pride and say, “It’s all right - go get these services.”

Dr. White: For the person who needs the services, but refuses to go, **two** things we can do.

1 Number one, we can go back to the old kinds of interventions we used to use. Family intervention where the family gets to sit down and say, “Now, look, Grandma, your son was killed a year or so ago and you’re still in bed every day. You can’t get up out of the bed. You’re not eating, you’re losing weight. You ain’t taking your medicine. Now, Grandma, we know you loved that boy, but we’ve got to try to move along.”

2 The other way is the peer educator or trusted caregiver goes with them and sits in on the first [mental health] interview. Sign a confidentiality slip, whatever you need to sign so that they can sit right up in there with them.

MEE: Thanks, Dr. White.

Building Resilience continued...

moving through and I just moved right behind him.

The second thing is that children need to learn stress relievers. The stress is going to be there, so they need to learn what stress relievers work for them that are constructive. Drugs is a stress reliever you could use to self-medicate, but that's going to take you down. Unprotected sex is a stress reliever, but then that might cause you to have three kids by the time you're 15, with three different girls. Youth need productive stress relievers.

What is it that works for you? Is it prayer? Is it athletics, going out dancing, running, boogying, drawing, playing music? Once you know what works for a child, you can build that into the childrearing process.

MEE: What have you found in your research, in your practice, in your life experiences, that enables folks to land on their feet? What enables some to thrive in the worst conditions? What are some of those things that we need to make sure the community is aware of, so we can transmit those thriving psychological strengths?

Dr. White: [Three things]

Number one is hope. Jesse Jackson always says, "Keep hope alive," but the deeper meaning is, if you have hope, you have a belief in the future. Keeping hope alive, that the darkness of the night will pass and there will be a brighter tomorrow. That was a theme all the way through Martin Luther King, Jr. Keep hope alive and that keeps you energized because, once you lose hope, then it shuts down.

The second thing is: you have to have some victories along the way. That reinforces self-confidence.

And, the third thing is: with the hope, with the self-confidence, then you begin to learn that you can be resourceful, you can be resilient, you can connect to people who will do you some good, and you will have that deep spiritual base.

with the hope, with the self-confidence, then you begin to learn that you can be resourceful, you can be resilient, you can connect to people who will do you some good, and you will have that deep spiritual base.

Kids have to learn opportunity-seizing skills. I don't care how bleak the neighborhood is. Something is going on in the way of opportunity, but the child has to find it. It won't come to them. You've got to reach out and get it and be prepared that somebody's going to say, "No" to you. That shouldn't discourage you forever. You just go knock on another door and keep knocking 'til something happens.

MEE: Any thoughts on how to develop strong social, life and emotional skills in youth?

Dr. White: The core of it all is that there has to be a "love machine" operating somewhere in that child's life. Confidence comes from love, even disciplined love. I don't care whether it comes from grandma, your auntie, your momma, somebody has got to love that child and create a sense of worth, to say, "you are worthwhile, you are somebody." And then, on top of that core, can be built expectations. Adults should say, "Not only do I love you, but I also have expectations for you and I'm going to try to give you whatever support I can to help you meet these expectations."

With the love and the support and the confidence-building, then you've got the foundation to build the resilience and the opportunity-seizing skills.

MEE: Any thoughts on what parents

can do to share the importance of faith and spirituality with youth, without being specifically religious about it?

Dr. White: That's a hard one, separating religion from spirituality. Separating the church from religion and spirituality is hard, because many adults can't do it. And then they get mad at the church and lose their spirituality. I think, in terms of building a spiritual base, what children need to have some open discussion about, is, "Where do we come from? What is this big old world all about and who started it?" And begin to get some sense of the Creator and eternity, as opposed to the rituals of the church.

5 Parent First Aid-Support and Strength in a Crisis

MEE: What are the things a parent should know when their child has experienced trauma?

Dr. White: [Two things]

What that child or young adult needs is somebody to be there for them, even if they can't talk about the trauma. There is a vast potential for healing in all human beings, to become stronger in the broken places. They've been raped, Grandma died, there's no food in the house. The caregiver's got to get their feet on the ground and be able to be comfortable sitting with somebody who's experiencing powerful human trauma.

The second thing is what I mentioned earlier: we need to create more of these healing circles in the community where we can get together, where we can pray together, burn some incense, hold hands, sing, but be there for each other. The human contact is what people need, the love.

6 Making the System Work for You

MEE: Why are some parents reluctant to seek help when they see a problem developing?

Parent-Teen continued...

to hear the real message. What is the person trying to share with you? What are they trying to tell you?

The third piece is that the parent needs to learn the specific skills in communication, like reflecting, clarification, paraphrasing, letting the speaker know that you are hearing the message along the way. Kind of repeat the message to make sure you're still on the same page. The temptation for parents is to lecture rather than to listen.

MEE: Even though kids complain about their parents, they still say that they want to get information on a variety of life choices and decisions from their parents. How do we help parents have a genuine dialogue with their kids?

Dr. White: We want parents to be able to give kids the information they need about sex, about school, about after-school programs, about gangs. [You have] to give them the information and allow the child some time to work through and process that information, check it out, come back, argue, and so on.

The children may say "no" before they say "yes." And then, what the children need to learn is that, when they do behave in ways that please the parents, the parents will cut them some slack.

MEE: How can we train peer educators to help other parents be better communicators?

Dr. White: What we want to do as we move through the training program is do some role-playing with parents and teenagers, role-playing on both effective communication and ineffective communication. When I'm talking about the art of listening, I want some tapes developed that show parents as good listeners in the role-playing, where parents reflect, where they summarize the conversation, where they do the "head nods." I think if parents can see effective communication in action, they will utilize it.

MEE: What is some advice when par-

ents see their teens acting or behaving differently?

Dr. White: Behaving differently is a sign that something is going on. When children begin to push that limit, something is going on and the parent needs to try and talk with their children and find out what is triggering it. Are they starting to have unprotected sex? Are they starting to smoke dope? Are they starting to hang with gangs? Once the parent finds out what is triggering the change then we can figure out what to do about it. You want to get it and nip it in the bud, if possible.

MEE: But sometimes we wait too long to respond.

Dr. White: I think you deal with the issue as soon as it comes up, without creating panic and accusation. Parents know their children. As soon as you begin to spot something going on different, maybe you need to have a little

lightweight, my mother used to call it a "come to Jesus meeting." Say, "We need to sit down, son, and something is going on around here."

MEE: What would be a message you think we should now give to parents to pass on to young people? That, on one hand, acknowledges their realities, but at the same time, is positive and talks about the resiliency and the strengths that they have. How do you marry both of those, so that you say, "Look, we're not discounting, but here is more of an aspirational message to be coupled with the reality that you're dealing with."

Dr. White: The parent, too, has struggled with all the stresses of urban America and, sometimes, [it has] beaten them down.

But, the child needs to see the parent getting up every morning with hope still alive, no matter how bleak it is.

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MEE's Parent Training DVD and Toolkit Component Supports Mental Wellness Dialogue

Storytelling, historically, has been the most common way of teaching others, particularly in oral tradition-based cultures (African Americans and Latinos). It still is a valuable learning and training tool. Many parents are natural storytellers and are interested in using their strong oral communications, persuasion and interpersonal skills for improving outcomes in their own homes and in their community as a whole. MEE's latest parent-focused DVD and guide will help them be prepared to hold effective dialogue with their peers (other parents/caregivers), focusing on six critical topic areas:

- Parenting Today's Teens: Adolescent "Ages and Stages"
- Effective Parent-Teen Communication: Intent vs. Impact
- Mental Wellness for Parents: Taking Care of One's Self and Soul
- Building Resilience in Our Children: Protective Factors that Make a Difference
- Support and Strength in a Crisis: Providing Urgent Mental/Emotional Support for Youth
- Making the System Work for You: How to Navigate Public Systems

The guide that accompanies the DVD contains a variety of training tools. Vignette scenarios, including multiple characters, summary dialogue (including take-away messages) and an authentic, credible theme to illustrate each key content area. These vignettes can be used as is, or tailored to reflect the themes pertinent to each parent's situation. The guide also includes role-playing exercises that help parents develop effective counter-arguments that are critical to changing behavior and attitudes. Included with the DVD and guide are components from MEE's groundbreaking Community Wellness Toolkit.

Parent-Teen continued...

He's [parent] getting up every morning, looking for a job, taking a class at the church in computer skills, finding some food, trying to be resourceful, trying to be resilient, being spiritual, being connected.

No matter how poor and how bad it is, children need to see that the parent is still in the struggle.

Once that struggle is modeled for that child, that child picks it up non-verbally. If life has taken the parent totally under--drugs, bad health, no job, bad nutrition--it's hard for a four-year old to think they can stand up to life if they can't see somebody standing up to it. But, if they see somebody keeping hope alive with an upbeat attitude toward life, it will make them begin to believe, "Yeah, something can happen, even though all these bad things are out here."

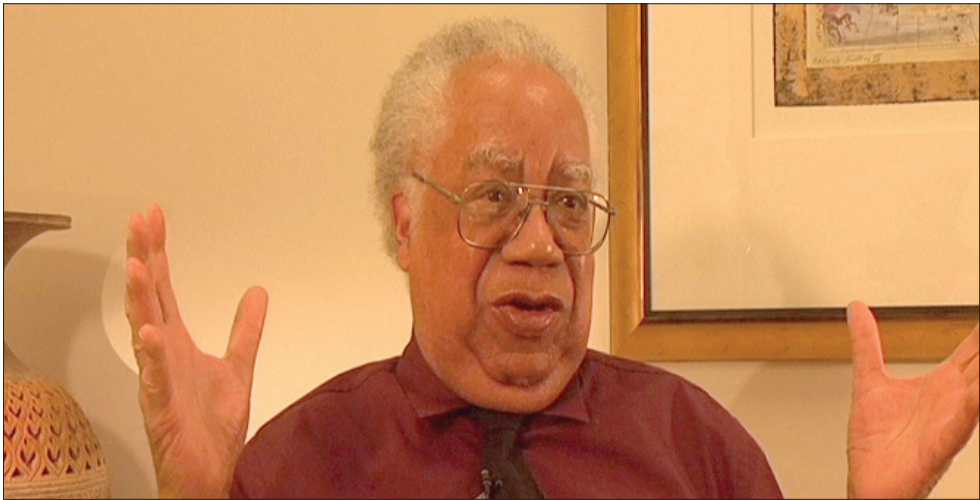
3 Mental Wellness for Parents

MEE: How do we explain the notion to our peer educators of "keeping their cup full?" Any thoughts on being balanced and well before they go out and talk to other parents?

Dr. White: My grandmother was a storefront preacher. I always remember one of her sermons about "What does it profit a man to gain the whole world and lose his own immortal soul?"

The universal challenge that confronts all caregivers, every one of us, is not taking care of ourselves. We're so busy taking care of everybody and his mama that we don't take care of ourselves. From the jump, all caregivers need to be trained to think about what they can do to care of themselves.

Think about what you really like to do. Do you like to go for a walk? You like to make love? You like to go to church and holler and shout? You like to go boogying on Friday night? Going to see your grandkids? What makes you feel good?



You need to identify that and make sure that is built into your week. Don't put it off 'til the next month, the month after next. You have to make sure that there are some joyful things built into your weekly or daily schedule. You have to build priority time to do those things you know that you like to do. And that's the hardest thing, because caregivers put themselves last.

You also need to recognize the symptoms of not taking care of yourself: feeling overwhelmed and then feeling resentful of the people you're taking care of.

I talked to a lady the other day. Her husband had a stroke and he's not doing too good, but she was going to take care of him. No home health care, no nothing and now, she's just drained.

MEE: How do you take care of yourself within the context of sustained stress and trauma... living in poverty, living in communities that are filled with violence, living in communities where there's constant police harassment, living in communities where you're afraid about how you're going to take care of the rent, how you're going to get your kids in college, and just maybe even keeping them in school? How do we still get parents to prioritize themselves within the constant strain of stress and trauma in their lives?

Dr. White: I think there are **three** pieces to that.

1 One piece is the deep spirituality that is part of the African American and African ethos. My grandmother used to

say, "God is not going to give you no more than you can bear and you'll be surprised what you can stand up under when you have to if you keep the faith." If you lose the faith, then you're going to be filled with resentment and bitterness.

2 The second thing for helping parents cope with stress and trauma in their lives is: we have healing circles. In some communities, we have people who band together once a week, either through the church or the lodge or through a community mental health center. They band together in a healing circle, they hold hands, they pray, and they share.

3 And then, the third thing is trying to do something about all the stresses from the gangs, from the police, no job, the Welfare Department, your son's in prison. You are not powerless. We can join together and we can fight these things. We may not be able to solve them all, but if we can feel a sense of being mobilized, that we're not always just responding to things, but that we can be active controllers of our destiny, that helps.

MEE: How do we give parents/caregivers that permission to take care of themselves, to really get them to "keep their cup full?"

Dr. White: [**Three** things]

1 We give them permission by starting with their stated goal. They state that they want to be effective [as a caregiver]. For example, they say, "I want to work with my kids. I want to make sure my

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Mental Wellness continued...

grandmother has health care. I want to see my son once a week who's in jail. I want to get some food for the lady next door."

2 Now, we have to say, "You cannot be effective over time if you don't take care of yourself." You say you want to do these things for others without getting drained. To accomplish your goal, you have to keep your cup full; otherwise, you're going to be filled with fatigue and resentment."

3 Also the caregiver has to identify others who can help carry the burden, so one person doesn't have to do everything themselves. A caregiver should have a network of caregivers, so that they can shift the burden to other people who could help them out. [Sometimes] they can see you going down before you recognize that you've gone down.

4 Building Resilience in Our Children

MEE: What psychological strengths and protective factors should our peer educators be teaching other parents to fold into their home or in their community?

Dr. White: The goal of the childrearing process is to get their kids to land on their feet in adult life with some constructive choices. There are **four** pieces to that.

1 One piece is that children who land on their feet tend to have adults who love them and care about them. Not only the parents, but also uncles, coaches, the minister; they have an adult circle that loves them and takes care of them. That is a key, essential, non-negotiable feature.

2 Number two is: those adults that provide the love and the care have clear expectations. [For example] My mother was very clear that I would graduate from high school. She did not demand that I go to college, but that I would

There is a vast potential for healing in all human beings, to become stronger in the broken places. What that child or young adult needs is somebody to be there for them, even if they can't talk about the trauma.

graduate from high school, I wouldn't get any girls pregnant, and she wanted me to play ball because she thought that would keep me out of trouble.

3 Number three is: even in the most bleak community, there are resources that a child or adolescent needs to be connected to. They may be hidden, but there are after-school programs, there are Boys' and Girls' Clubs, sometimes the churches have programs, American Legion, fraternal orders.

4 And then, number four is that African Americans have survived; some of us have thrived for 400 years in America. Children need to understand what it was that enabled us to survive and thrive. Resourcefulness or improvisation is number one. Resilience is number two. Being connected to others is number three and number four is spirituality. And I want to add, four and a half is a commitment and hope for the future. If you have hope for the future, you'll do constructive things. If you don't think you're going to live or that you're headed to jail, then you'll do destructive things. Children need to internalize all of these. Once you learn to be resourceful, resilient, have good connections and a commitment to the future, you will make it.

MEE: What do we teach peer educators to teach other parents in terms of

dealing with the stressors that their kids are going to bring home from the community, from school, from their peers?

Dr. White: [**Two** things]

1 We want to make sure that every teenager has a "listening post" somewhere in the community or the extended family. Is there an aunt they can go to? Is there an uncle they can go to? A Minister? A Coach? Does that child have somebody that they can go to who will hear them out?

2 Number two is: are there groups within the community that can provide support to the child as they're moving through and struggling with these difficult transitions, with gangs, pregnancies, drugs? For example, a 15-year old young woman told me the other day her boyfriend had beat her up and she thought that that was an expression of love. She didn't have anybody she could talk to, really, about that, because her girlfriends were telling her, you know, "That's what boyfriends do." So, we need to get her outside of that network, to both understand what she's going through and give her some skills to set limits on the boyfriend or to cut the boyfriend loose.

MEE: One of the things we've heard recently is the fact that young people are telling us overwhelmingly that, because the social fabric in many communities actually has broken down, that they don't even trust anyone. So how do we give parents some tools that they can teach their kids in terms of what kids can do to take care of themselves while they may be needing time to get to someone they trust?

Dr. White: [**Two** things]

1 Look at kids who have landed on their feet, who are only two or three years older than these kids, and use these kids as role models. For example, my first role model was a boy three years older than me, Donnie. Donnie seemed to always be able to get through the next stage. I don't care if it was school, dealing with girls, playing sports, so I could see something concretely, what Donnie was doing to survive. I could see him

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