

Minister Destiny Testimony Schools

Adult: Parenting Under Stress: Anger, Substance Use, Mental Health, and Asking for Help Before Crisis

Adult — Class Book · Section 6

Minister Destiny Marie Morgan
Minister & Founder

A Prayer Before You Begin

In the name of God, the Most Gracious, the Most Merciful.

Lord, bless this reader on their journey. Guard their health in body, mind, and spirit as they study. Open their heart to knowledge and their mind to understanding, and let what they learn here become light in their hands. Guide them to the places where they are needed — to help others, and to save lives, safely. Bless their steps, their work, and every life their learning will one day protect.

Amen.

— Minister Destiny Marie Morgan

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Minister Destiny Testimony Schools — Adult: Parenting Under Stress: Anger, Substance Use, Mental Health, and Asking for Help Before Crisis.

Published by Minister Destiny Marie Morgan, Minister & Founder.

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The lessons in this book are educational information, Massachusetts-first, and are not legal advice. If you have a real case, talk to a lawyer. Help lines: National Domestic Violence Hotline 1-800-799-7233 · 988 Suicide & Crisis Lifeline (call/text 988) · Childhelp 1-800-422-4453.

How This Book Works

This book is one class of Minister Destiny Testimony Schools — Adult: Section 6 — Parenting Under Stress: Anger, Substance Use, Mental Health, and Asking for Help Before Crisis. It is the study book for this class's test. Everything the test asks is taught in this book, in plain language: the full lesson, Words to know, the stories to think through, the Try-this activity, and Resources to keep.

Minister Destiny Testimony Schools is a free school. The classes, the tests, and the certificates are free online at destinymorganbooks.com — nothing about this class costs money. This book is the print edition, for people who want the class in their hands. You never need to buy a book to take a class or a test.

How to use this book: read the lesson, learn the Words to know, think through the stories, and do the activity. Try the word search for fun. Then take the Chapter Test at the back of the lesson — printed without answers marked. Score 80% or higher to complete the class and earn its certificate (the certificate page is in this book; write your name on it after you pass). The Answer Key is at the back of the book, for parents, teachers, and self-checking after you finish. Go at your own pace.

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Before You Start

This lesson is educational information, Massachusetts-first, and is not legal advice. It is also not medical or mental-health treatment and does not replace a doctor, therapist, or recovery program. If you may hurt yourself, call or text 988 or call 911. If a child is in immediate danger, call 911.

Before you start

- **This school never asks your name.** Your progress and quiz answers stay on your own device. If you pass this section's quiz (80% or higher, retakes allowed), you earn a downloadable certificate with a blank line — you write your own name on it after you save it. Quiz answers are not shown; if you miss a question, re-read the lesson and try again.
- This is the section many students have been quietly waiting for, so hear this first: **struggling does not make you a bad parent; struggling alone and silent is what turns stress into harm.** Anger, addiction, depression, and anxiety are common, treatable human conditions — and they are also, untreated, the most frequent ingredients in the neglect and abuse cases of Section 2. The people in those cases almost never lacked love for their children. They lacked sleep, treatment, money, relief, and one person they could tell the truth to. This lesson is about getting those things in the right order — beginning with yours, because a parent is the environment a child lives in.

Section 6 — Parenting Under Stress: Anger, Substance Use, Mental Health, and Asking for Help Before Crisis

Minister Destiny Testimony Schools — Adult

The lesson

1. Stress, the body, and why good parents snap

Parenting runs on a nervous system, and stress changes that system in predictable ways. Sleep deprivation, financial pressure, a child with high needs, conflict at home, untreated pain or illness, and caring for everyone while nobody cares for you — the load accumulates. Under enough load, the brain shifts into threat mode: patience narrows, voices sound louder, a spilled cup registers as defiance, and the gap between *feeling* anger and *acting* on it shrinks to nothing.

Two conclusions follow. First, snapping is information, not identity: it tells you the load exceeded current capacity, and both sides of that equation can change — reduce the load, increase capacity and support. Second, willpower is the weakest tool for the hottest moments, because the hot moment is exactly when willpower is offline. What works is what this section builds: early recognition of your own escalation, pre-decided exits, drivers treated at the root, and help recruited *before* the arithmetic fails.

Learn your own escalation ladder, because yours has a signature: perhaps a clenched jaw and a voice going quiet before it goes loud; perhaps a specific thought ("nobody listens to me") that reliably precedes losing control; perhaps it is always the same hour, the same transition, the same child behavior on the same empty stomach. Parents who can name their first two rungs can exit on rung two. Parents who only recognize rung nine meet themselves there repeatedly.

2. Anger — the ten minutes that decide everything

Anger itself is not the enemy; it is a normal signal of overload, injustice, or exhaustion, and parents are allowed to feel it. Harm lives in the unplanned ten minutes after anger peaks. Plan those minutes now, while you are calm:

1. **Put safety first, instantly.** If your hands or voice feel out of your control: the child goes somewhere safe (crib, playpen, their room, with a safe older person) and you leave the room. A crying child in a safe place is a parenting success in that moment. Never shake a child, never handle a baby roughly in anger, and never discipline while driving or holding anything dangerous.

2. **Run the body down, not the argument up.** Slow breathing with longer exhales; cold water on the face or an ice cube in the hand; a walk to the mailbox; counting down slowly. These sound small because they are physical, and so is the problem: you

are bringing a heart rate down, not winning a debate.

3. Suspend the verdict. Tell yourself the sentence this school gives you: "This can be handled in twenty minutes, better." Almost no child behavior is an emergency requiring an immediate consequence. Delayed, calm, related consequences (Section 5) teach more anyway.

4. Return, repair, reconnect. When settled: brief acknowledgment ("I got too loud. I'm sorry — you deserved a calm voice"), the teaching point, the child's repair if one is owed, and warmth restored. Repair is not weakness; a child who watches a parent lose control *and then own it* learns the complete skill, including the part most adults never saw modeled.

5. Log it like data. Afterward, note the pattern: hour, sleep, food, which stress was loudest. Three logged incidents usually reveal a fixable structure — a shift swap, a snack before the hard hour, a routine from Section 5 — hiding inside what felt like a character flaw.

When anger is becoming a pattern, escalate your response, not your self-blame.

Repeated loss of control, frightening your children regularly, any physical incident, or anger fused with drinking are signals for outside structure: a doctor, a therapist, an anger-management or parenting program, an honest conversation with your support people. Section 2's Andre escalated his response — treatment, relief nights, telling the pediatrician — and that escalation is precisely what separates a hard chapter from a case file.

3. Substance use and parenting — the honest picture

This school does not do shame, and it does not do pretending. The honest picture:

- **Impairment and caregiving do not mix.** A parent who is intoxicated or in withdrawal cannot supervise to the standard Section 5 described, cannot respond to a child's emergency, and may not remember the evening a child will remember for years. Driving with children while impaired converts a private problem into a criminal one with Section 1's full weight of consequences.
- **The environment itself becomes a hazard.** Substances, pills especially, within a child's reach are a leading route to accidental poisoning (keep Poison Control, 1-800-222-1222, in your phone). Visiting adults who use in the home, unsafe sleep arrangements for infants when a caregiver is impaired, and children left supervising children while a parent is incapacitated — each is the kind of fact pattern that fills real neglect cases.
- **Addiction is a medical condition, and treatment works.** It is also a condition that lies to its owner about time: "I'll stop when things calm down" reverses the actual sequence, because use is frequently *why* things do not calm down. Treatment exists on a spectrum — helplines and assessment, outpatient counseling, medication-assisted treatment, structured programs, peer recovery communities — and SAMHSA's National Helpline (1-800-662-4357) is a free, confidential, 24/7 place to find what fits

your situation and location.

- **If you are in recovery, guard it like the parenting asset it is.** A relapse plan written in advance (who takes the children, who you call, what you do in the first hour), honest sponsors or counselors, and telling one trusted person the truth early are what keep a lapse from becoming a collapse. Seeking treatment — including when a court or agency later learns of it — is consistently viewed as a protective act, the opposite of hiding use until it is discovered.
- **For the other parent or caregiver:** you cannot control another adult's use, but you can control the child's exposure: no riding with an impaired driver, no leaving children in an impaired person's sole care, and documentation of incidents if custody or safety decisions ever need facts. Al-Anon-style support and the same SAMHSA line can advise family members, too.

4. Mental health — yours is part of the child's environment

Depression in a parent can look like neglect from the outside and feel like drowning from the inside: the parent who cannot get off the couch, whose baby cries unanswered because responding requires energy that does not exist, whose older child quietly becomes the household's organizer. Postpartum depression and anxiety — which can affect any parent in the first year, including partners and adoptive parents — deserve naming plainly, because they are common, dangerous when ignored, and highly treatable when named.

Anxiety can parent in the opposite costume: hypervigilance, no sleep, a child kept from every ordinary risk and a parent whose own fear runs the house. Trauma — including a parent's own childhood abuse — can make ordinary child behavior (crying, defiance, a raised voice) land like an attack, because the nervous system is answering an old emergency in the present room. None of these are character verdicts. All of them change what a child experiences daily, which is why **your treatment is a parenting intervention**: the therapy appointment, the medication review, the support group are not time taken from your children; they are maintenance on the environment your children live in.

Warning signs that your mental health needs prompt, professional attention: weeks of low mood or numbness; losing interest in everything, including your children, in a way that frightens you; rage episodes escalating despite your efforts; panic that disrupts daily functioning; thoughts of harming yourself; thoughts of harming your child that scare you (having such a thought is a signal to get help immediately — call 988 — not a reason to hide in shame while it grows); and any point where you no longer trust yourself alone with your children. That last one has a correct action attached: get another safe adult present *now*, and then get professional help — this is the early-help principle of Section 2 operating in real time.

5. Asking for help — the skill, practiced step by step

Everything in this section converges here, because most overwhelmed parents know help exists in the abstract and cannot perform the concrete steps at 11 p.m. while depleted. So practice them in the calm:

1. **Build the list before the crisis.** One page, physical or in your phone: two relief adults (asked in advance, per Section 2), your children's doctor, your own doctor or therapist, and these lines — 988 (call/text) for mental-health crisis, Crisis Text Line (text HOME to 741741) when you cannot speak aloud, SAMHSA 1-800-662-4357 for substance-use treatment, Childhelp 1-800-422-4453 for parenting support and crisis guidance, Poison Control 1-800-222-1222.

2. **Use the smallest true sentence.** You do not owe anyone your whole history to deserve help. "I'm not coping tonight and the kids need a safe adult here" is complete. "I've been drinking again and I need treatment, not judgment" is complete. Small true sentences get spoken; grand confessions get postponed.

3. **Ask for the specific thing.** People help best when handed a task: "Can you take the kids Saturday so I can sleep and call about counseling?" beats "I'm overwhelmed," which leaves willing people unsure what to do. Receiving help awkwardly is fine. Awkward help still helps.

4. **Expect the system, when you meet it voluntarily, to differ from the one you fear.** Parents who walk into a family support program, a pediatrician's office, a recovery intake, or a therapist's practice are met as clients seeking services — that is a different doorway from an investigation, and keeping your feet on the voluntary side of the line is exactly what *early* means.

5. **Close the loop with your children, age-appropriately.** "Mom is getting help so our home feels calmer. Grown-ups handle grown-up problems; your job is being a kid." Children who watch a parent seek help learn the behavior that will one day save them, too.

6. The family stress plan — putting the section on one page

The deliverable of this section is a written plan, made in a calm hour, covering: my top three stress signals; my exit steps when anger spikes; my relief adults and exactly what I've asked each of them; my treatment contacts and next appointment; my children's safe arrangements for my worst nights; and my first call for each kind of crisis (anger, relapse urge, mental-health spiral, child emergency). Keep it where you will actually see it — refrigerator, phone lock-screen note, wallet card. Sections 2 through 6 have now given you reporting knowledge, safety planning, workplace footing, daily parenting skills, and this: the plan for the days when you are the one who needs protecting the plan. A family that has one is not a family without problems. It is a family whose problems meet preparation instead of improvisation — and that difference, compounded over years, is most of what childhoods are made of.

Words to know — Section 6

- **Escalation ladder** — your personal sequence of physical and mental signs as stress builds toward loss of control; the early rungs are where exits work.
- **Relief valve** — a pre-arranged source of respite — a person, program, or routine — that lowers caregiving load before it becomes dangerous.
- **Co-occurring** — when substance use and a mental-health condition exist together, each worsening the other; treatment works best when both are addressed.
- **Medication-assisted treatment** — the use of prescribed medication, with counseling, to treat substance-use disorders; a standard, effective form of care.
- **Relapse plan** — a written, advance plan for what happens in the first hours of a return to use: who takes the children, who is called, what happens next.
- **Postpartum depression / anxiety** — mood and anxiety conditions arising in the first year after a child's arrival, affecting any parent, treatable, and dangerous mainly when hidden.
- **Respite care** — short-term care of a child by another safe person or program so a caregiver can rest, attend treatment, or recover capacity.
- **Voluntary services** — help a family seeks on its own initiative, as clients — distinct from services ordered within an investigation or court case.
- **988** — the Suicide & Crisis Lifeline number (call or text) for mental-health crisis support, for yourself or about someone else.

Myths vs facts — Section 6

- **Myth:** Asking for help is how parents get their children taken away. **Fact:** Voluntary help-seeking — treatment, counseling, family support programs — is a protective factor that professionals and courts recognize. It is concealed, untreated crisis that produces reports and removals.
- **Myth:** A parent who loved their children enough would not struggle with anger, addiction, or depression. **Fact:** These are load and health conditions, not love measurements. They occur in devoted parents constantly — which is why treatment, not devotion, is the remedy.
- **Myth:** If I have the thought that I might harm my child, I am a monster and must never say it aloud. **Fact:** Frightening intrusive thoughts are a known symptom pattern and a signal to get help immediately — telling a professional or calling 988 is how parents protect their children from exactly the thing they fear.
- **Myth:** I should stop using or stabilize my mental health first, and *then* involve anyone. **Fact:** The sequence runs the other way: support and treatment are how stopping happens. Waiting to be stable before asking for help is asking the problem to solve itself.

Think it through — Section 6

Denise works overnight shifts and sleeps in fragments while her mother watches her toddler, Noah, in the daytime. Twice this month, after being woken repeatedly, Denise has screamed at Noah hard enough that he froze and went silent — a response she recognizes from her own childhood and hates. She has started skipping sleep entirely some days because "sleeping makes it worse," she is tearful most of the day, and yesterday she thought, clearly: *he'd be better off with someone else*. Denise asks: *"Nothing has 'happened.' Am I making too much of this?"*

Walk it through: (1) Name what is actually present, without waiting for an incident: chronic severe sleep deprivation, daily tearfulness, escalating rage responses, a toddler already showing a freeze response, and hopelessness about her own worth as a parent. Under subsection 4, this is a mental-health situation asking for prompt attention — "nothing has happened" is the early window working, not evidence there is no problem. (2) Sequence the first moves by urgency: rest is treatment here, not indulgence — Denise's mother is already a trusted caregiver, so the honest small sentence ("I'm not coping; I need two full sleep days a week and I'm calling my doctor") recruits existing help rather than inventing new help. (3) Professional steps within days, not months: her own doctor or an urgent call to 988 for guidance about postpartum-and-beyond depression symptoms (Noah's age does not disqualify her feelings from being real and treatable), plus telling Noah's pediatrician about the home strain. (4) Meanwhile, install the Section 2 exits: when woken into rage, Noah goes to his safe crib space, Denise leaves the room, runs the body down, returns and repairs — and she logs incidents to show the pattern shrinking as sleep and treatment land. (5) The verdict on her question: Denise is making exactly the right amount of this, at exactly the right time. Every element she listed is this section waving its hand early, while the fixes are sleep, a doctor, and honesty — instead of later, when the same list would be read aloud in a very different room.

One more real-life story — Section 6

Robert, a single father in recovery with fourteen months sober, lost his job on a Tuesday and by Friday night was sitting in his truck outside a liquor store, engine running, his 8-year-old daughter at his sister's house for the weekend. What saved the evening was not willpower — Robert says his willpower was fully occupied arguing *for* going in. What saved it was the relapse plan he had written at six months sober: he called the number taped inside his wallet — his sponsor — read the plan's first line aloud ("A lapse is an emergency, not a verdict"), and drove to his sister's instead, where he told her the truth that night rather than a cleaned-up version later. On Monday he called SAMHSA (1-800-662-4357) to re-engage counseling, and told his daughter, in her terms, that Dad's brain illness had a hard week and Dad used his plan.

Takeaway: Robert's plan worked because it was written for the version of Robert who could not think straight — by the version who could. That is the entire technology of this section: calm-you makes the decisions, crisis-you just follows them, and children learn that hard weeks have procedures, not explosions.

Try this — Section 6

Write your family stress plan — the real one, tonight, in a calm hour.

- My top three personal stress signals are: (write them)
- My exit steps when anger spikes: safe place for the child, where I go, how I settle, when I return.
- My two relief adults, what I have asked each of them, and their numbers, are written down.
- My phone contains: 988, Crisis Text Line (text HOME to 741741), SAMHSA 1-800-662-4357, Childhelp 1-800-422-4453, Poison Control 1-800-222-1222.
- I know my smallest true sentence for asking help, and I have said it out loud once to practice.
- If substances are part of my picture, my relapse plan exists and one other person has seen it.
- My next step for my own health — doctor, therapist, program, or group — has a date attached to it.

Resources to keep — Section 6

- **988 Suicide & Crisis Lifeline** — **call or text 988** — mental-health crisis support, day or night, for you or about you.
- **Crisis Text Line** — **text HOME to 741741** — when speaking aloud is impossible or unsafe.
- **SAMHSA National Helpline** — **1-800-662-4357** — free, confidential treatment referrals for substance use and mental health.
- **Childhelp** — **1-800-422-4453** — parenting crisis support and guidance.
- **National Domestic Violence Hotline** — **1-800-799-7233; text START to 88788** — if stress in your home involves a partner's control or violence.
- **Poison Control** — **1-800-222-1222** — medication and poisoning emergencies.
- **911** — immediate danger to you or your child.
- **mass.gov** — for finding Massachusetts family support, respite, and parenting programs near you.

What you earned / what's next — Section 6

Section 6 complete (quiz score 80% or higher): You can read your own escalation ladder, run a planned ten-minute anger exit, describe honestly how substance use and untreated mental illness affect children, and build a written family stress plan that recruits help early — while help is still simple, voluntary, and kind.

Word Search — Section 6

Find the words from this class's Words to know. Words run across, down, or diagonally.

F V V Z Q K W K R D Y Z B
C I R Y B D G S E R L T Q
O N R Y B L K G S Z V O H
O R E L A P S E P L A N T
C Y L K R L M T I A N K M
C B I Q J E Q P T N I V D
U Z E I Y Y V G E K X I Q
R B F J F L E C C R U O O
R O V S G E O D A A U T W
I C A S T R T O R O V C C
N S L L M G Z G E D H A U
G I V T S Y N A B K I X P
B B E X C C M I R L O F O

Words to find: Reliefvalve · Cooccurring · Relapseplan · Respitecare

Words to Remember — Say It in Your Own Words

Cover the Words to know page. For each word from this class, write what it means in your own words, the way you would explain it to a friend. Then check yourself against the lesson.

Escalation ladder

Relief valve

Co-occurring

Medication-assisted treatment

Relapse plan

Postpartum depression / anxiety

Respite care

Voluntary services

988

Chapter Test — Section 6

Answer every question. Score 80% or higher to complete this class and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. Denise works nights, sleeps in fragments, screams at her toddler when woken, is tearful daily, and thinks 'he'd be better off with someone else' — but nothing has 'happened' yet. How does this lesson respond?

- A. She is making too much of normal tiredness
- B. She should wait for an incident before judging the situation
- C. This is the early window working: sleep deprivation, escalating rage, and hopelessness call for prompt help now — full sleep shifts with her trusted caregiver, her doctor or 988, and crib-and-step-away exits in the meantime
- D. She should stop sleeping entirely, since sleeping makes it worse

2. What does this lesson mean by learning your 'escalation ladder'?

- A. A ranking of which child misbehaves most
- B. Naming your own first physical and mental signs of building stress, so you can exit on an early rung instead of meeting yourself at the top
- C. A discipline chart for the refrigerator
- D. The stages of a child's tantrum

3. Your anger spikes while you are holding your baby. What is the planned first move in this lesson?

- A. Finish the feeding quickly, then take space
- B. Put the baby down in a safe place such as a crib and leave the room until your body settles — a crying baby in a safe place is a success in that moment
- C. Hand the baby to any older child nearby regardless of age
- D. Discipline immediately so the moment is not lost

4. Robert, 14 months sober, sits outside a liquor store after losing his job. What saves the evening, in the lesson's account?

- A. Pure willpower, strengthened by shame
- B. His daughter's weekend visit schedule
- C. A promise he made to never struggle again
- D. His written relapse plan and the sponsor's number in his wallet — decisions made by calm Robert that crisis Robert only had to follow

5. Which statement about seeking help matches this lesson?

- A. Voluntary help-seeking — treatment, counseling, family support — is a protective factor; concealed, untreated crisis is what produces reports and removals
- B. Asking for help is how parents get children taken away, so hide struggles
- C. Help should only be sought after you have stabilized on your own
- D. Only court-ordered help counts as real help

6. A parent has a frightening thought about harming their child that scares them. What does this lesson direct?

- A. Never say it aloud to anyone, ever
- B. Treat the thought as a signal to get help immediately — get another safe adult present and call 988 — rather than hiding in shame
- C. Assume it means the child must be removed permanently that day
- D. Wait a month to see if the thought returns

7. What is a 'smallest true sentence' for asking help?

- A. A complete life history explaining everything
- B. A short, complete statement of need — such as 'I'm not coping tonight and the kids need a safe adult here' — that can actually be spoken under stress
- C. An apology for existing
- D. A text that says only 'whatever'

8. How does this lesson frame a parent's own therapy or medication review?

- A. Time taken away from the children
- B. A reward after the children are grown
- C. Maintenance on the environment the children live in — a parenting intervention, because a parent's untreated condition is part of the child's daily world
- D. Irrelevant to parenting outcomes

9. Which picture of substance use and caregiving does this lesson teach?

- A. Impairment is fine if the children are asleep
- B. Treatment should wait until life calms down, since stress causes use
- C. Children can supervise themselves briefly if a parent plans ahead
- D. Impairment and caregiving do not mix; substances within reach endanger children, addiction is treatable, and seeking treatment is a protective act — SAMHSA (1-800-662-4357) is a first call

10. What is the deliverable this section asks you to build?

- A. A written family stress plan — your stress signals, exit steps, relief adults, treatment contacts, safe arrangements for your worst nights, and your first call for each kind of

crisis — made in a calm hour

B. A list of punishments for future use

C. A letter of apology to your children

D. A new household budget

Certificate — Section 6

Minister Destiny Testimony Schools

Certificate of Completion — Section 6: Parenting Under Stress: Anger, Substance Use, Mental Health, and Asking for Help Before Crisis

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Adult

Section 6: Parenting Under Stress: Anger, Substance Use, Mental Health, and Asking for Help Before Crisis

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You faced the hardest truth in parenting — that the parent needs care, too — and you built a plan instead of a promise. Asking for help before crisis is not weakness; it is how strong families are made. — Minister Destiny Marie Morgan

Educational completion certificate only — not a state license, POST certification, or government credential.

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My Agenda — Class Tracker

Everything in this agenda is yours to write in. It stays in your book — nothing is collected.

Step	Done	Date	Score	Grade
Week 1 — Study the lesson				
Week 2 — Study + Words to know				
Week 3 — Stories + Try-this activity				
Week 4 — Chapter test (pass at 80% or higher)				

Letter grades: A 90–100 · B 80–89 · C 70–79 · D 60–69 · F below 60.

My goals for this class

Write the goals you are working toward in this class — and for yourself.

My Weekly Planner

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Notes

Resources to Keep

This class's resources, in one place. Keep this page.

- 988 Suicide & Crisis Lifeline — call or text 988 — mental-health crisis support, day or night, for you or about you.
- Crisis Text Line — text HOME to 741741 — when speaking aloud is impossible or unsafe.
- SAMHSA National Helpline — 1-800-662-4357 — free, confidential treatment referrals for substance use and mental health.
- Childhelp — 1-800-422-4453 — parenting crisis support and guidance.
- National Domestic Violence Hotline — 1-800-799-7233; text START to 88788 — if stress in your home involves a partner's control or violence.
- Poison Control — 1-800-222-1222 — medication and poisoning emergencies.
- 911 — immediate danger to you or your child.
- mass.gov — for finding Massachusetts family support, respite, and parenting programs near you.

Answer Key

For parents, teachers, and self-checking after you finish the chapter test.

Section 6 Test — Parenting Under Stress: Anger, Substance Use, Mental Health, and Asking for Help Before Crisis

1. This is the early window working: sleep deprivation, escalating rage, and hopelessness call for prompt help now — full sleep shifts with her trusted caregiver, her doctor or 988, and crib-and-step-away exits in the meantime
2. Naming your own first physical and mental signs of building stress, so you can exit on an early rung instead of meeting yourself at the top
3. Put the baby down in a safe place such as a crib and leave the room until your body settles — a crying baby in a safe place is a success in that moment
4. His written relapse plan and the sponsor's number in his wallet — decisions made by calm Robert that crisis Robert only had to follow
5. Voluntary help-seeking — treatment, counseling, family support — is a protective factor; concealed, untreated crisis is what produces reports and removals
6. Treat the thought as a signal to get help immediately — get another safe adult present and call 988 — rather than hiding in shame
7. A short, complete statement of need — such as 'I'm not coping tonight and the kids need a safe adult here' — that can actually be spoken under stress
8. Maintenance on the environment the children live in — a parenting intervention, because a parent's untreated condition is part of the child's daily world
9. Impairment and caregiving do not mix; substances within reach endanger children, addiction is treatable, and seeking treatment is a protective act — SAMHSA (1-800-662-4357) is a first call
10. A written family stress plan — your stress signals, exit steps, relief adults, treatment contacts, safe arrangements for your worst nights, and your first call for each kind of crisis — made in a calm hour

Sources & Credits

The lessons in this book were written for Minister Destiny Testimony Schools from public sources — official websites, public health and safety organizations, help lines, and the law itself. The sources each chapter was built from, and the help resources it points you to, are listed under that chapter's name, with credit, so you can check anything in this book and keep learning. Court opinions and laws are public documents that belong to everyone. Everything here is retold in the school's own plain words — nothing in this book is copied from anyone else's book.

Section 6 — Parenting Under Stress: Anger, Substance Use, Mental Health, and Asking for Help Before Crisis

- 988 Suicide & Crisis Lifeline — call or text 988 — mental-health crisis support, day or night, for you or about you.
- Crisis Text Line — text HOME to 741741 — when speaking aloud is impossible or unsafe.
- SAMHSA National Helpline — 1-800-662-4357 — free, confidential treatment referrals for substance use and mental health.
- Childhelp — 1-800-422-4453 — parenting crisis support and guidance.
- National Domestic Violence Hotline — 1-800-799-7233; text START to 88788 — if stress in your home involves a partner's control or violence.
- Poison Control — 1-800-222-1222 — medication and poisoning emergencies.
- 911 — immediate danger to you or your child.
- mass.gov — for finding Massachusetts family support, respite, and parenting programs near you.
- The environment itself becomes a hazard. Substances, pills especially, within a child's reach are a leading route to accidental poisoning (keep Poison Control, 1-800-222-1222, in your phone). Visiting adults who use in the home, unsafe sleep arrangements for infants when a caregiver is impaired, and children left supervising children while a parent is incapacitated — each is the kind of fact pattern that fills real neglect cases.
- Addiction is a medical condition, and treatment works. It is also a condition that lies to its owner about time: "I'll stop when things calm down" reverses the actual sequence, because use is frequently why things do not calm down. Treatment exists on a spectrum — helplines and assessment, outpatient counseling, medication-assisted treatment, structured programs, peer recovery communities — and SAMHSA's National Helpline (1-800-662-4357) is a free, confidential, 24/7 place to find what fits your situation and location.
- For the other parent or caregiver: you cannot control another adult's use, but you can control the child's exposure: no riding with an impaired driver, no leaving children in an impaired person's sole care, and documentation of incidents if custody or safety

decisions ever need facts. Al-Anon-style support and the same SAMHSA line can advise family members, too.

- Build the list before the crisis. One page, physical or in your phone: two relief adults (asked in advance, per Section 2), your children's doctor, your own doctor or therapist, and these lines — 988 (call/text) for mental-health crisis, Crisis Text Line (text HOME to 741741) when you cannot speak aloud, SAMHSA 1-800-662-4357 for substance-use treatment, Childhelp 1-800-422-4453 for parenting support and crisis guidance, Poison Control 1-800-222-1222.
- Myth: If I have the thought that I might harm my child, I am a monster and must never say it aloud. Fact: Frightening intrusive thoughts are a known symptom pattern and a signal to get help immediately — telling a professional or calling 988 is how parents protect their children from exactly the thing they fear.
- My phone contains: 988, Crisis Text Line (text HOME to 741741), SAMHSA 1-800-662-4357, Childhelp 1-800-422-4453, Poison Control 1-800-222-1222.
- Help lines: National Domestic Violence Hotline 1-800-799-7233 · 988 Suicide & Crisis Lifeline (call/text 988) · Childhelp 1-800-422-4453.

The school itself is free: every class in this book, with its test and certificate, is free online at destinymorganbooks.com.

About the Author

Minister Destiny Marie Morgan is an ordained Muslim minister. She was ordained on May 15, 2025, through the Universal Life Church, and she is registered clergy in Massachusetts.

Her ministry is advocacy — standing up to injustice and helping people, locally and internationally.

She is the founder of Minister Destiny Testimony Schools, a free school. She built it so people can learn for free what cost her years to learn — people who may not have jobs, good credit, or loans, and who deserve real knowledge anyway. Every class is free online, for every age, with no sign-up and nothing collected.

She is also the author of two testimony series — Chronicles of Destiny Morgan and The Chronicle Trials — her own story, in her own words. Those books are her testimony; these school books are her teaching.

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From Minister Destiny

You finished this book — but the learning does not stop here. Keep your resources close, keep asking questions, and use what you now know to help the people around you. If this book helped you, pass it to someone who needs it. I built this school for you, and I am proud of you for showing up for yourself. — Minister Destiny Marie Morgan

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